

**INDIAN MEDICAL ASSOCIATION**

**IMA House, I.P.Marg, New Delhi, India**



**Government of India- Quality Council of India**

**Survey Report & Recommendations**

**Of**

**Clinical Establishments**

# **IMA-GoI/QCI Survey of Clinical Establishment in Four States & Seven Union Territories**

## **Summary**

### **State**

**Arunachal Pradesh**

**Himachal Pradesh**

**Sikkim**

**Mizoram**

### **Union Territories**

**Andaman & Nicobar Islands**

**Chandigarh**

**Delhi**

**Daman & Diu**

**Dadar Nagar Haveli**

**Lakshadweep**

**Pondicherry**



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**Survey in the Selected States/  
UTs of the Country by IMA for  
Defining the Minimum  
Requirements for Different  
Types of Clinical Establishments**

## **Introduction:**

The Govt. of India is planning to implement the Clinical Establishment Act, 2010. A survey was proposed to define the Act & formulate the standards for the different health care facilities, in the country. The objective of this survey to assess the existing models across the country covering the entire spectrum of health care delivery i.e. Private clinic(s), Poly clinics, PHC, Nursing home, Medical college, Ayush clinic etc along with the consideration given to rural, semi urban and urban divide in relation to space, manpower, equipment, water & electricity, air-conditioning, regulatory approvals and quality indicators. The survey was completed in 2 phases as per following methodology. A survey was proposed by the Ministry of Health & Family welfare, Govt. of India. It was conducted in collaboration with Quality Council of India (NABH) & Indian Medical Association (HQ). IMA agreed to conduct the survey of the existing clinical establishment of the medical practitioners, for its presence & accessibility to the medical practitioners in all the state, funded by MOH & FW, GOI. The main purpose of this survey is to enlist different kind of clinical establishments in the selected states and union territories and to obtain the ground reality, in respect of how the health care facilities are actually functioning, based on which the QCI (NABH) will formulate the standards for use under Clinical Establishment Act. The target audience for the survey were all the stake holders viz; medical practitioners, nurses & patients, etc.

## **Aim:**

To carry out survey in all the districts of the 4 states and 7 Union Territories so as to help QCI in defining the minimum requirements for different types of Clinical establishments” for implementation of the Clinical Establishment Act 2010.

## **Methodology:**

Following methodology was adopted to carry out the process:

### **1. Formation of core committee and defining their terms of reference:**

The IMA constituted a core committee with representation of technical experts from all the sector of the healthcare industry like Indian Dental Association (IDA), Pharmacy Council and AYUSH Council too in the study so as to integrate their observation at appropriate field. The core committee members are as follows:

S. No.	NAME	ASSOCIATION NAME
1	Dr. V. P. Gupta	Delhi Council for Physiotherapy
2	Dr. Zainab Zaidi	Quality Council of India
3	Dr. D. R. Rai	IMA HQ
4	Dr Narender Saini	IMA HQ
5	Dr. V. K. Narang	IMA HQ
6	Dr. Aditya Kaushik	Delhi Homeopathic Board
7	Dr. K. K. Juneja	Board of Homeopathic
8	Dr. O.P. Rajoura	UCMS, Delhi
9	Dr. N. Usman	DBCP
10	Dr. Mahesh Verma	Director Principal MAIDS
11	Dr. Abdul Haseeb	Delhi Bhartiya Chikitsa parishad
12	Dr. Aarti Verma	Max Health
13	Dr. S. P. Aggarwal	President IDA
14	Dr. Ashok Rana	CMO Guru Govind Singh Hospital
15	Dr. Tajendra Pal	Physiotherapy
16	Dr Pradeep Sharma	IDA Delhi state

***Terms of reference (TOR) of the Core committee:***

TOR of the committee was defined as follows:

- Designing the Study methodology, which included survey designing, sampling & coverage.

- They were entailed to carry out other necessary tasks, like drafting questionnaire and formation of survey team, and coining the definitions for the facilities.
- Reporting and sorting of data to be analysed by the committee before finalization of the survey report.
- Evaluation of survey report and recommendation to QCI technical committee for drafting of standard.

## **2. Development of Questionnaire:**

3 formal meetings of core committee were conducted before finalization of questionnaire Following were the steps:

- Selection of Facilities (as per Registration form - Type of Establishment) which need to be covered. Following categories was selected:
  - Allopathy Hospitals and Nursing Home
  - Allopathy Clinic
  - Ayurveda hospitals
  - Homeopathy Hospitals/clinics
  - AYUSH clinics
  - Dental Hospitals/Centres
  - Physiotherapy Centres
  - Diagnostic centres (lab and imaging facility)
- Drafting of questionnaire for 1<sup>st</sup> and 2<sup>nd</sup> phase of survey for different kind of establishments
- Seeking approval of Questionnaire from MOHFW
- Incorporating corrections
- Administration of Questionnaire

## **3. Identification of workforce from IMA**

Identification of workforce so as to study the existing types of facilities across the country:

*Monitoring and central capacity building:*

- Designated IMA officials were sensitized regarding the process through a workshop
- Monitoring in each selected state and UTs were done directly by these officials

### *Formation of Data management cell at IMA head quarter*

- A team of 4 officials were formed at IMA head quarter along with a data entry operator for management & analysis of the survey data in soft copy.

### *Monitoring and capacity building in each state by IMA:*

- Senior IMA member of the state branch will monitor the activity in each district of that selected state/UT. In case IMA branch not available in that area IMA member from nearby state branch were allotted this job
- In one state at least 10 man days in a month is to be spent for this purpose.

### *Survey by Field Workers:*

- To carry out 1<sup>st</sup> and 2<sup>nd</sup> phase survey in each state field worker was deployed.
- Training was given to each worker regarding the interpretation and filling of forms and formats
- In order to cover all the districts in selected states and UTs i.e 61 districts one field worker was deployed in each district
- The activities of field worker are directly monitored by Supervisor

### *Supervisor in each State:*

- To monitor and overview field activities supervisors were engaged
- 1-2 day training was given to the supervisor for interpretation of the forms & formats
- Two supervisors were deployed in each
- The activities of supervisor are directly monitored by designated State official

## **4. Survey Methodology**

1. In the Survey : After approval of survey forms by MOHFW in multi- stage sampling technique, each districts of the selected states/UT has been marked and field worker from the area selected.



2. The survey was conducted in all the 61 districts of 4 states & 7 UTs. In every district total 40 units (types of hospital/ clinic, etc) were proportionately selected from different kind of clinical establishment as selected during the drafting of forms and formats.
3. Detailed survey of at least 40 selected clinical establishments (proportionately) in each district to collect information in relation to the parameters under the template of Standards was carried out In this way total no. of PSU (primary sampling units) were 2440.
4. While carrying out survey, spread of the district was also taken into account so as to cover peripheral and remote areas proportionately.
5. Except Delhi, Himachal Pradesh and Chandigarh, the detailed survey covered most of the existing clinical establishments in the other states and UTs, as the total number of establishments were not large.
6. Data base of the survey was simultaneously entered into computer at the IMA head quarter during the data collection. Hard copies of the collected data was also retained and forwarded to IMA headquarter.
7. Forms for 1<sup>st</sup> Phase survey was based to fence in basic information of the facility hence following broad categories was used:
  - Locality Type
  - Name of the Clinic /Centre
  - System of service offered
  - Ownership of the Clinic/Centre
  - Specialty of the Clinic
8. Forms for 2<sup>nd</sup> phase of survey however were in detail so as to broadly cover all the parameters included in the broad template as given under:
  - Definition and type of Establishment
  - Scope & Services
  - Physical Infrastructure: Space, Furniture, Communication, Water, Electricity etc.
  - Human Resources
  - Instruments & Equipments, Drugs.
  - Support Services & Supplies.
  - Legal/Statutory requirements
  - Records maintenance & reporting
  - Any other (pl specify).

9. All the information received through these forms were transferred into the database so as to analyse the outcome of the survey.

### **5. Final outcome:**

- After the survey, minimum standards for all types of clinical establishments are recommended
- The survey report was analysed and detailed report with presenting the various outcomes received from this survey were enlisted.
- The Report and findings were presented to IMA officials and Core committee for formulating their recommendation
- Recommendation regarding the minimum standards for Clinical Establishment Act was forwarded based on the aforesaid survey to QCI/ MoH&FW

## **Geographical Reach**

The following states and territories were selected:

	<b>State/Union Territories</b>	<b>No. Of Districts</b>
1	Delhi	9
2	Chandigarh	1
3	HP	12
4	Arunachal Pradesh	16
5	Mizoram	8
6	Pondicherry	4
7	Sikkim	4
8	Daman & Diu	2
9	Dadra Nagar Haveli	1
10	Andaman & Nicobar	3
11	Lakshadweep	1
	<b>TOTAL</b>	<b>61</b>

Selection of Facilities which were covered:

1. Allopathy Clinics
2. Nursing homes/Hospitals
3. Diagnostic centres: Laboratory & Imaging services
4. AYUSH Clinics
5. Physiotherapy Clinics
6. Dental Clinics

## Definitions:

The following definitions were coined for the facilities:

Sl. no	Name	Definition
	<b>Clinic</b>	<p>A standalone healthcare facility that provides healthcare services by Doctors. It is inclusive of Allopathy or/and AYUSH facility.</p> <p><i>Following are included: Clinic-Allopathy, Clinic-AYUSH, Dispensary, Polyclinics, Primary Healthcare Centers</i></p>
	<b>Diagnostic centre</b>	<p>Medical Centers where tests are done on clinical specimen or patient in order to get information about the health of a patient as pertaining to the diagnosis, treatment, and prevention of disease. Laboratory /Imaging Studies/Non Imaging Diagnostic studies are included in these centers.</p> <p><i>Following are included: Stand alone Medical Laboratory, Imaging, non imaging Diagnostic centres</i></p>
	<b>Hospitals/ Nursing Home</b>	<p>An institution in which sick or injured persons are given medical or surgical treatment through Modern System of practice i.e Allopathy. Any institution having admission facilities for patients.</p> <p><i>Following are included: General purpose Hospitals, Multispecialty Hospital, Super speciality Hospital, Nursing Home and Community Health Centres, District Hospitals</i></p>

	<b>Dental Hospital</b>	An institution in which treatment of diseases, disorders and conditions of the oral cavity, maxillofacial area and the adjacent and associated structures are done.
	<b>Ayurveda, Unani, Siddha, Yoga, Naturopathy</b>	An institution in which sick or injured persons are given medical treatment through Ayurveda/ Unani/ Siddha/ Naturopathy/ Yoga system of medicine.
	<b>Homeopathy</b>	An institution in which sick or injured persons are given medical treatment through Homeopathy system of medicine.
	<b>Physiotherapy</b>	The treatment of disease, bodily defects, or bodily weaknesses by physical remedies, as massage, special exercises, etc., rather than by drugs.
	<b>Village</b>	Group of houses located in rural area or outside cities or town where the community is smaller than town.
	<b>Urbanized Village</b>	Town or rural area located near the Cities
	<b>Urban</b>	Town or cities
	<b>Ordinary OT</b>	The ordinary OT should have an OT table, OT lights, Boyles apparatus, an air-conditioner & attached hand washing with changing facility.
	<b>Modular OT</b>	The modular OT is an OT designed with standardized units or dimensions for easy assembling and repair or flexible arrangements having centralized AC.
	<b>Qualified Nurse</b>	A qualified nurse is a registered nurse with Nursing Council of India, and has either a Diploma in Nursing or B.Sc. in Nursing.
	<b>Trained Nurse</b>	A trained nurse is an unqualified nurse having a minimum of 6 months of training in a nursing/ OT/ hospitals.

Identification of workforce from QCI & IMA so as to study the existing types of healthcare facilities across the country.

A core committee of 5-8 members was formed with representatives from QCI, IMA, IDA and AYUSH council for drafting of questionnaire, selecting the workforce and monitoring & reviewing the study. Questionnaire relevant to each type of healthcare

facility were drafted by core committee pertaining to criteria, i.e., Space, Physical facilities, Electricity, Water, Air- conditioning, Manpower, Equipments, Furniture, Regulatory approvals, all relevant process followed, minimum outcome monitoring indicators. An observation checklist prepared by core committee so as to assess the physical facilities available. Detailed survey conducted through questionnaire and observation checklist(s) in the identified clinical establishments in the all the district to collect information on the parameters under the template of minimum Standards for all types of clinical establishments as listed in the Application Format for provisional registration The survey include listing of different types of all clinical establishments along with the number of each type in the selected district. At least 6 core committee meetings conducted

### **Sample collection methodology:**

- 1<sup>st</sup> stage - Selection of Facilities (as per Registration form - Type of Establishment) which have to cover-Annexure A.
- 2<sup>nd</sup> stage - All the districts in identified 11 states/UTs where the Clinical establishment Act would be applicable initially will be selected. In this way total 61 districts were selected.
- 3<sup>rd</sup> stage – IMA carried out capacity building programme in identified state IMA or UT by National IMA. IMA will deploy state IMA official(s) for monitoring of the survey in that state. IMA deployed two supervisors in each state and one field worker in each district to carry out the survey.
- 4<sup>th</sup> stage - From each district we selected 40 (Categories defined earlier) types of hospital/ clinic, etc. In this way total no. of PSU (primary sampling unit) will be 2440. In the time of selection our researcher will stringently follow the rural urban division. So that each type of hospital/ clinic get equal weight age (rural / Urban). Thus the survey include listing of different types of all clinical establishments along with the number of each type in the 11 states/UTs as stated above.

### **Step Two:**

Survey:

Survey is required so as to access the existing practice across all geographic and Socio- economical strata along with rural, semi urban and urban divide.

### **Survey methodology:**

The target audience for the survey would be from all stakeholders i.e. Doctors, Nurses, and Patients etc.

### **Following tools were created:**

Drafting of questionnaire

Seeking approval of Questionnaire

Pre testing the Questionnaire

Incorporating corrections

Administration of Questionnaire

The data thus collected was analyzed and inference made in the form of a report which is presented. Taking a cue from the inference and applying the principles of a structural standards template. We shall be able to prepare the respective structural standards which can be customized in the front of a check list so as to be enabled to be used for a self assessment provisional registration.

## **Results:**

### **Outcome of 1<sup>st</sup> phase survey: (Quantitative Survey):**

- (a) The detailed outcome of the 1<sup>st</sup> phase of the quantitative survey with state/ district wise classifications of clinical establishment is annexed as annexure II;
- (b) Based on the listing of all types of Clinical establishments and practitioners of all systems of medicines in the 61 districts of 4 states & 7 Union Territories of India, the following categorization was done as follows:
  - Hospital/Nursing Home
  - Clinics
  - Ayurveda, Sidha and Unani
  - Homeopathy
  - Diagnostic Centre

- Dental centre/Hospital
- Physiotherapy

(c) The distribution of individual practitioners clinics: as per Table I

The individual practitioner's clinics: (Table -1)

Name of the state	Allopathy clinics	Homeopathy clinics	Ayurvedic clinics	Dental clinics	Physiotherapy clinics	Total
Arunachal Pradesh	106 (67%)	48 (30%)	4 (3%)	-	-	158
Mizoram	61 (77%)	-	-	21 (23%)	-	82
Sikkim	30 (100%)	-	-	-	-	30
Himachal Pradesh	795 (41%)	35 (2%)	1037 (52%)	106 (5%)	2	1976
Pondicherry	388 (76%)	14 (3%)	32 (6%)	64 (12%)	13 (2%)	530
Andaman & Nicobar Island	31 (58%)	16 (30%)	5 (9%)	1(2%)	-	53
Lakshadweep & Minicoy	6 (100%)	-	-	-	-	6
Chandigarh	81 (23%)	192 (56%)	48 (14%)	21 (6%)	-	342
Dadar-Nagar Haveli	12 (67%)	2 (11%)	4 (22%)	-	-	18
Daman Diu	28 (47%)	25 (36%)	9 (13%)	7 (10%)	-	59
Delhi	5512 (68%)	386 (5%)	1199(15%)	986 (12%)	28	8111

In majority of the states the allopathic establishments are proportionately more. However, in Himachal Pradesh the ayurvedic clinics(52% ) are more than Allopathic clinics (40%) . However Sikkim has only allopathic clinics (100%).

(d) Line listing No. of Nursing homes/Hospital & Diagnostic centres as Table II

Name of the state	Allopathy NH/H	Homeopath NH/H	Ayurvedic NH/H	Dental NH/H	Diagnostic Centre	Total
Arunachal Pradesh	70(76%)	-	-	-	22 (24%)	92
Mizoram	41 (68%)	-	-	-	19(32%)	60
Sikkim	8(47%)	-	-	-	9 (53%)	17
Himachal Pradesh	313(40%)	1	28 (4%)	4 (1%)	423 (55%)	769
Pondicherry	70 (35%)	-	6 (3%)	-	123 (62%)	199
Andaman & Nicobar Island	14 (76%)	-	1(5%)	-	4(19%)	21
Lakshadweep & Minicoy	6 (100%)	-	-	-		6
Chandigarh	32(71%)	-	-	-	13 (29%)	45
Dadar-Nagar Haveli	16(66%)	-	-	-	8 (33%)	24
Daman Diu	6 (33%)	2 (11%)	-	-	10 (56%)	18
Delhi	1148(67%)	2 (.11%)	5 (1%)	3	548(32%)	1706

In majority of the state the allopathic nursing homes /hospitals are proportionately more.

## **Phase 2: (Qualitative Survey):**

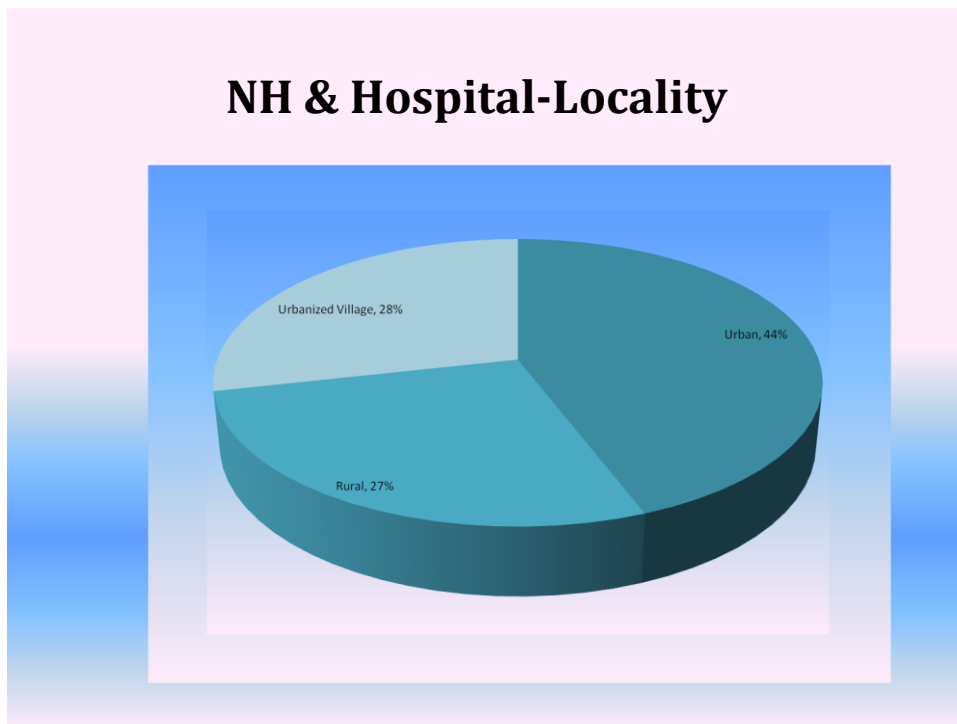
Detailed survey of at least 40 selected clinical establishments (proportionately) in each of 61 district to collect information in relation to the parameters under the template of Standards was carried out. But there were certain limitation, as for example: Arunachal Pradesh was supposed to consider 16(districts)\*40(selected Facilities)=640 establishment were to be surveyed. But one can see that total facilities in Arunachal Pradesh are 250. (Table-1&2).in this type all the available facilities were surveyed. Most of the health facilities are covered in Arunachal Pradesh, Sikkim, Mizoram, Andaman Nicobar, Pondicherry, Lakshadweep, and Daman as the facilities existing are less than the required numbers

**Qualitative survey was done based on the categorization as per Phase I survey**



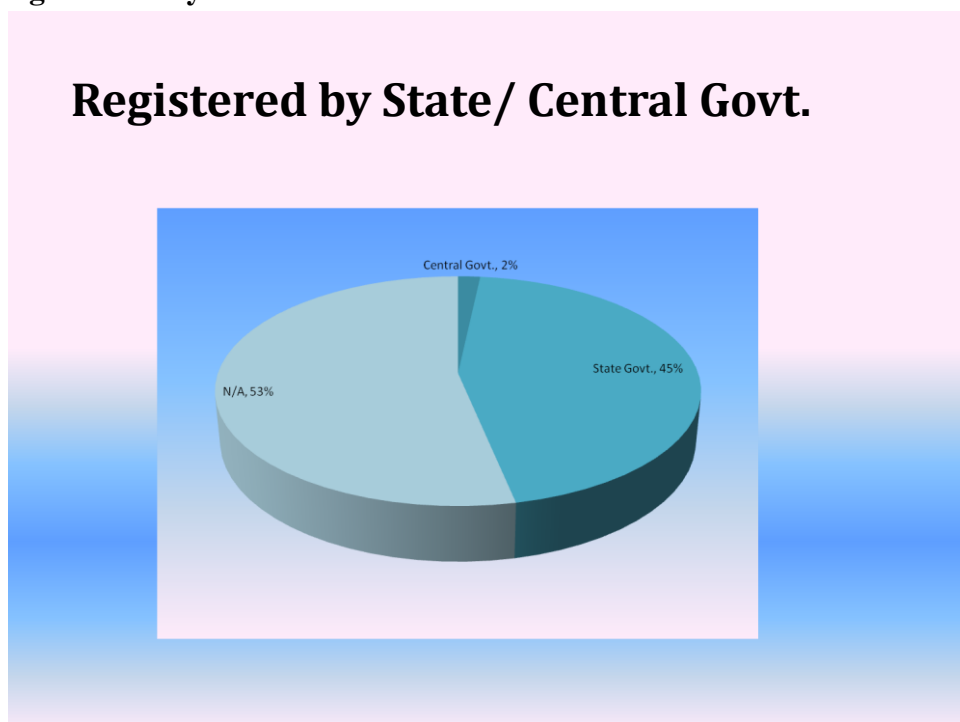
# **Standards of Parameters: Nursing Homes & Hospitals**

## 1.NH & Hospital-Locality



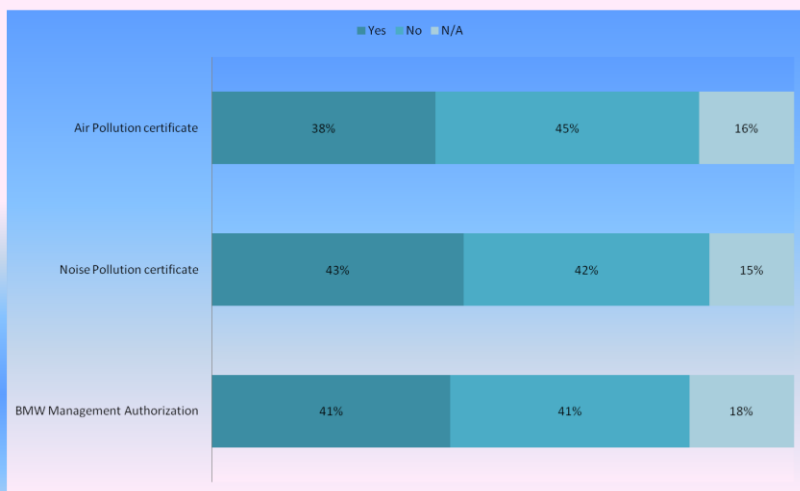
NH/H are more in urban areas (44%)

## 2. Registration by State/ Central Govt.



The registration with the state govt./central govt. was nearly 47% , however the 53% were unable to show any documentary evidence for the registration ( many of them applied for the registration also establishments have started recently, some were expecting their certificates.

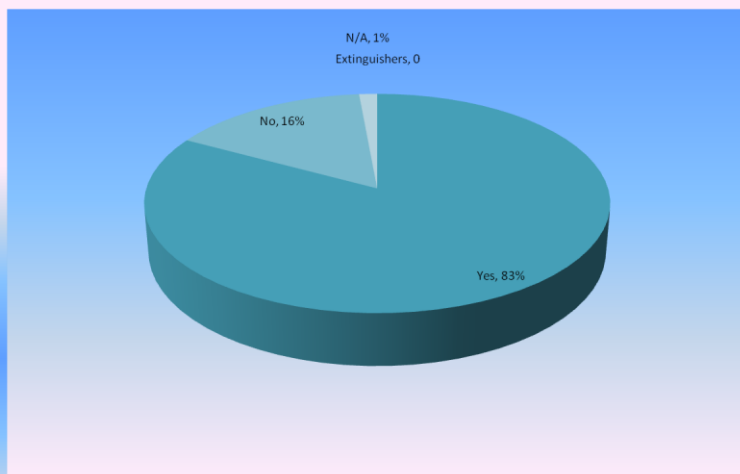
## NH & Hospital-Waste Management



Almost 38%-43% are having authorization certificate some of the nursing homes and hospitals have also applied for which the certification and authorization are waited.

## Fire Safety Measures

Extinguishers



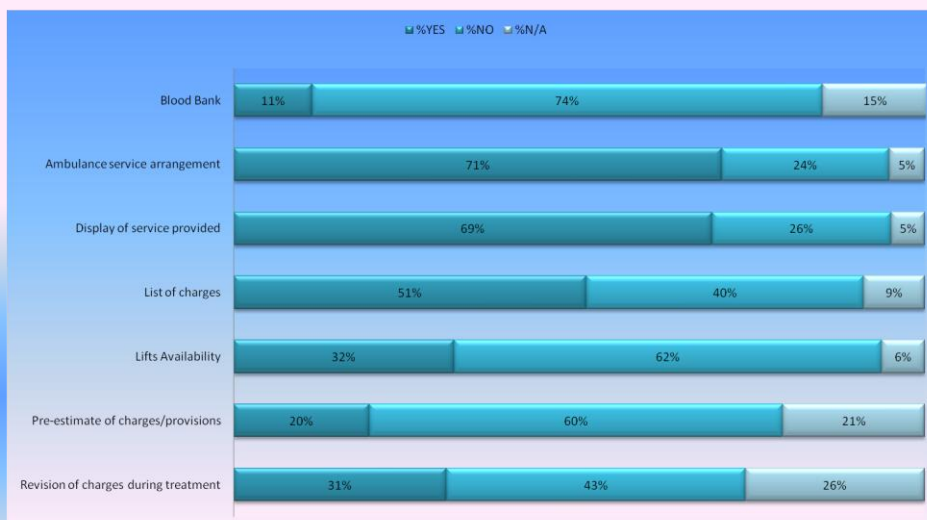
Majority of the nursing homes and hospitals have fire extinguishers (83%).

## Support Services - 1



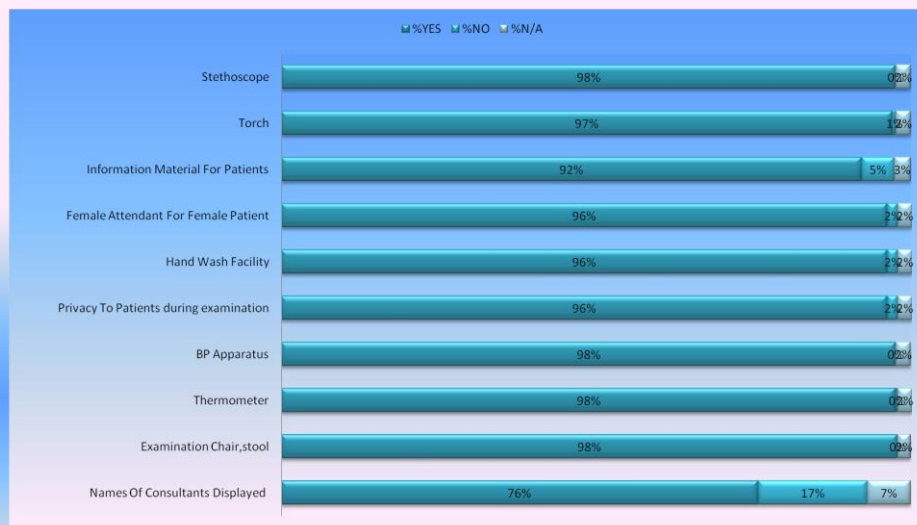
In support services the back up of electricity(85%) & medical records(89%) are present however at many places the laundry arrangements(48%) are present , in many cases they have tie up with some laundry set up, but in big multi speciality hospital the have their own services. Pantry availability atr nursing homes, is not essential for the working of the NH. However in big hospitals (multispecialty), additional sitting arrangements are available. Medical records (88%) are in hard copies, however soft copies are also available(electronic records) at many big facilities.

## Support Service-2



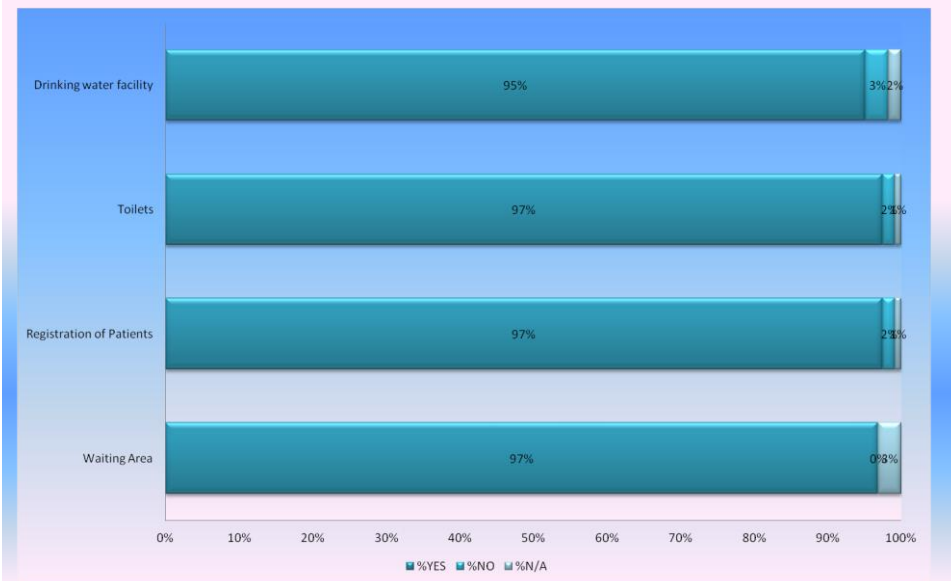
The presence of own blood bank is only in 11% NH & hospitals, however majority of the nursing homes have some attachment/ arrangement with the blood bank. Many nursing homes/ hospitals have ambulance service arrangements, although they may not own it but are outsourcing it. Pre-estimate charges, of planned elective surgery, normal delivery, etc., is made available which may change if any complication happens, hence revision of charges is also there. The consultation fee of the consultant is customized & fixed for all the patients.

## NH & Hospital-OPD details



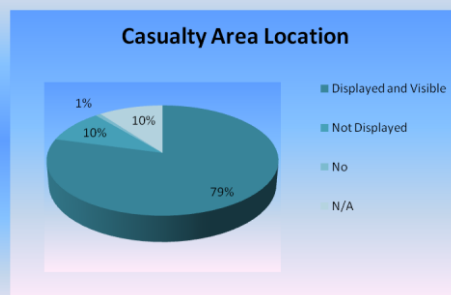
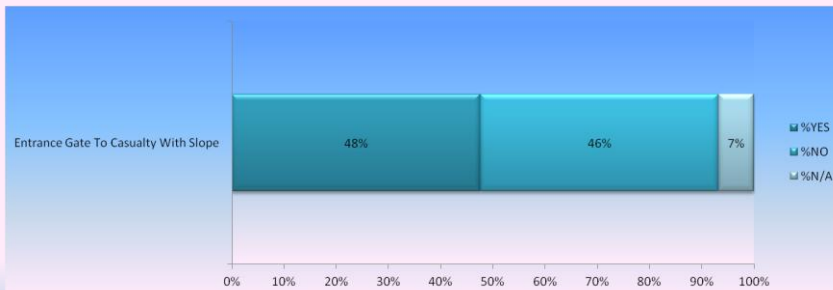
In majority of the hospitals the essential OPD requirement was present in 95% of nursing homes and hospitals. However, names of the consultants are displayed but many of them are on call.

## Facilities for Waiting Patients in OPD



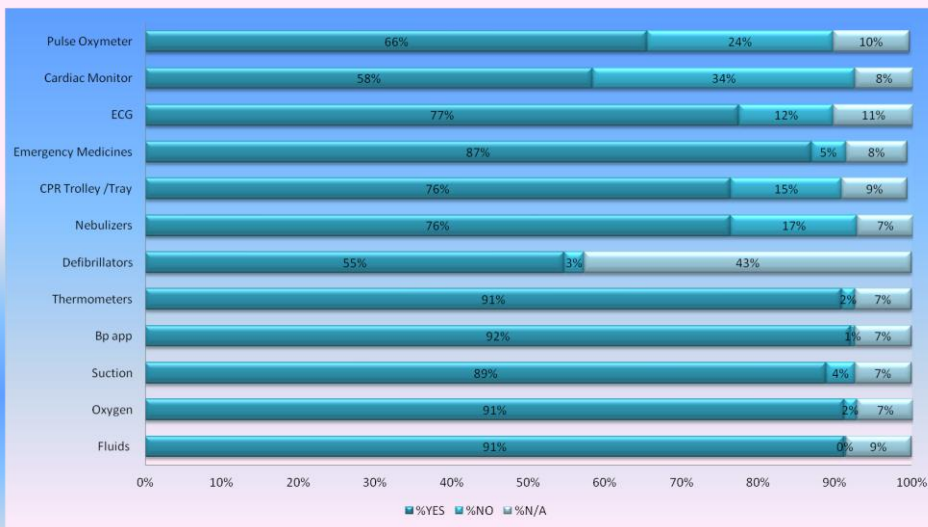
Waiting facility requirement has been with majority of the nursing homes/ hospitals (95%-97%).

## NH & Hospital-Emergency/Casualty



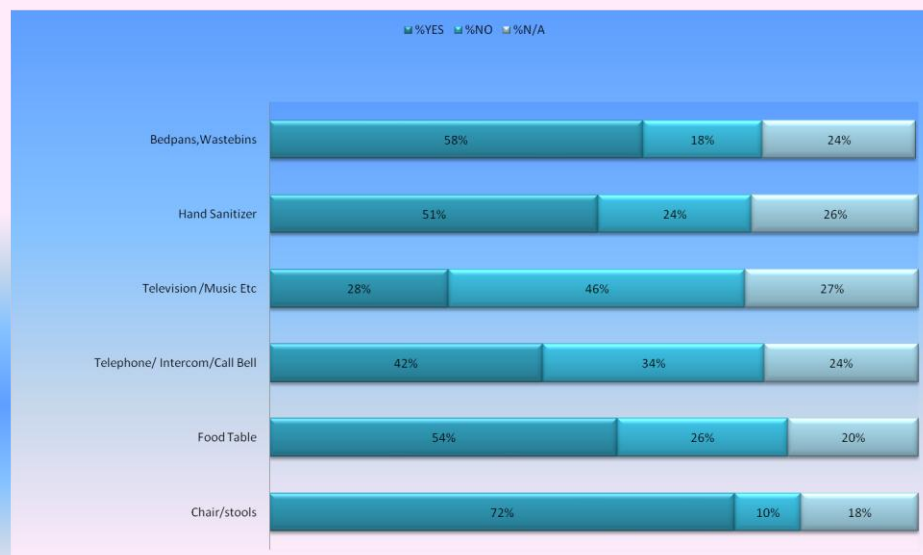
Good number of hospitals & nursing homes have the arrangement of entrance gate with a slope for transferring the patient (emergency) by a stretcher/ wheelchair, and the signage of the casualty/emergency location are well displayed (79%), and visible from long distance.

## NH & Hospital-Patient Care Facility in Emergency



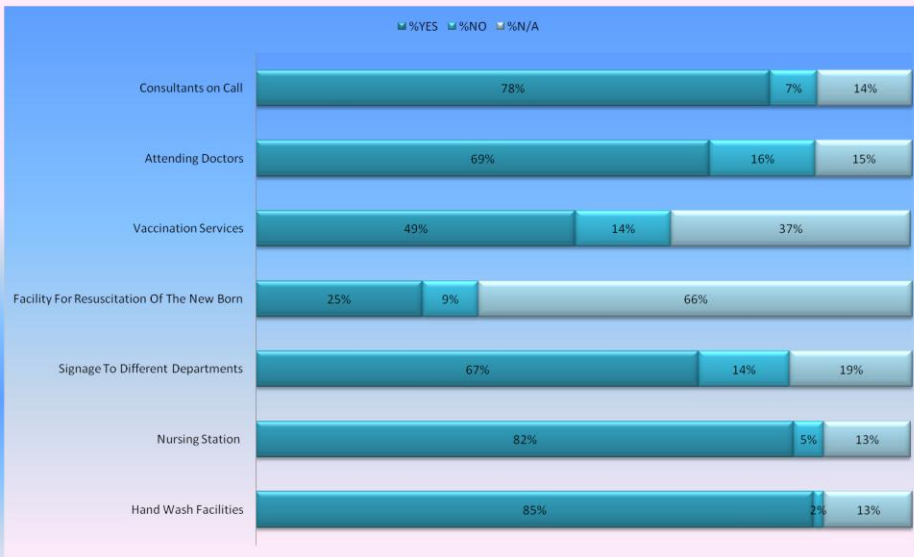
The patient care facility has been displayed as above of which some are essential and rest of them are desirable and optional. (see in recommendations).

## NH & Hospital-IPD Bed Side Facility



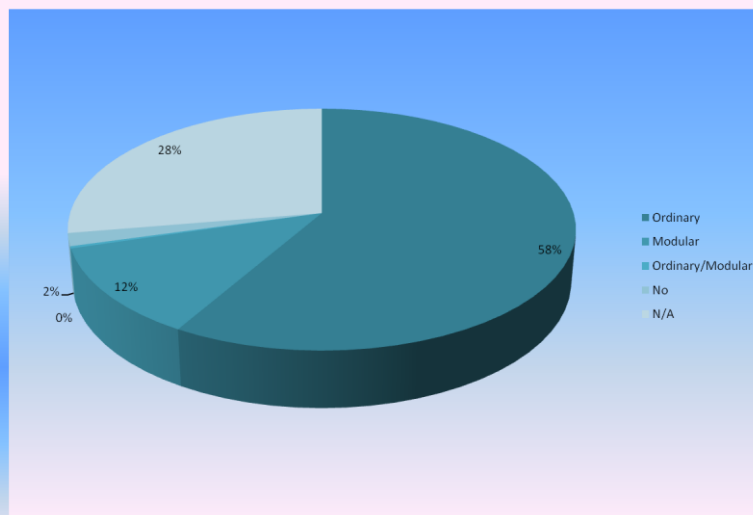
This gives the picture of the availability of the bedside facility in indoor admitted patients of the nursing homes/hospitals. All of them are not essential. However call bell/intercom facility is essential for calling the nurse/ attendant.

## NH & Hospital-IPD Details



The consultants are on call/ attending doctors are available, for attending the patients. Many of the nursing homes are unable to provide the residence within the premises of the hospitals; they are adjusted in some nearby residence, for attending the duties and call. However vaccination services will be made available as per the preference for the national program.

## Type of OT



The ordinary OT is present in the nursing homes/ clinics, however modular OT are present in super speciality hospitals. Although some of the OT (28%) are not standardised as per the definition of



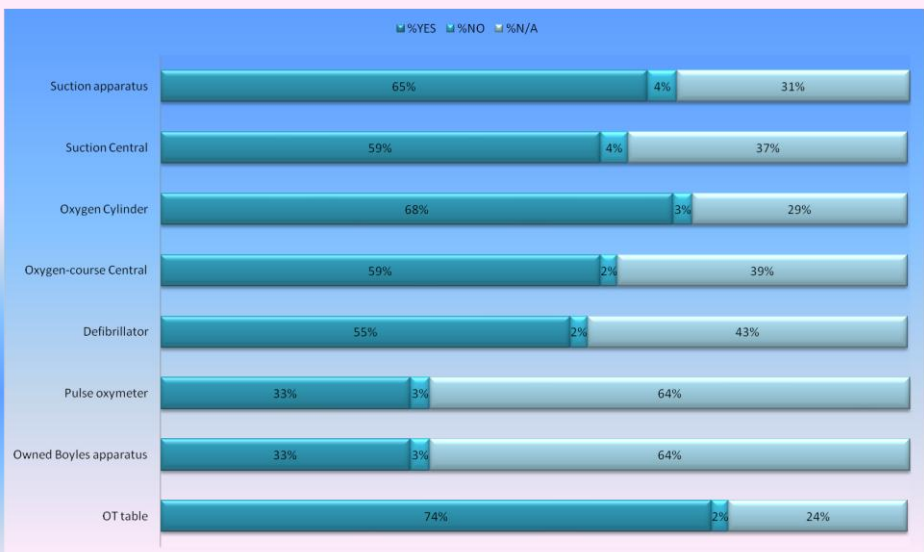
ordinary OT. The ordinary OT should have an OT table, OT lights, Boyles apparatus, an air-conditioner & attached hand washing with changing facility.

## NH & Hospital-Operation Theater

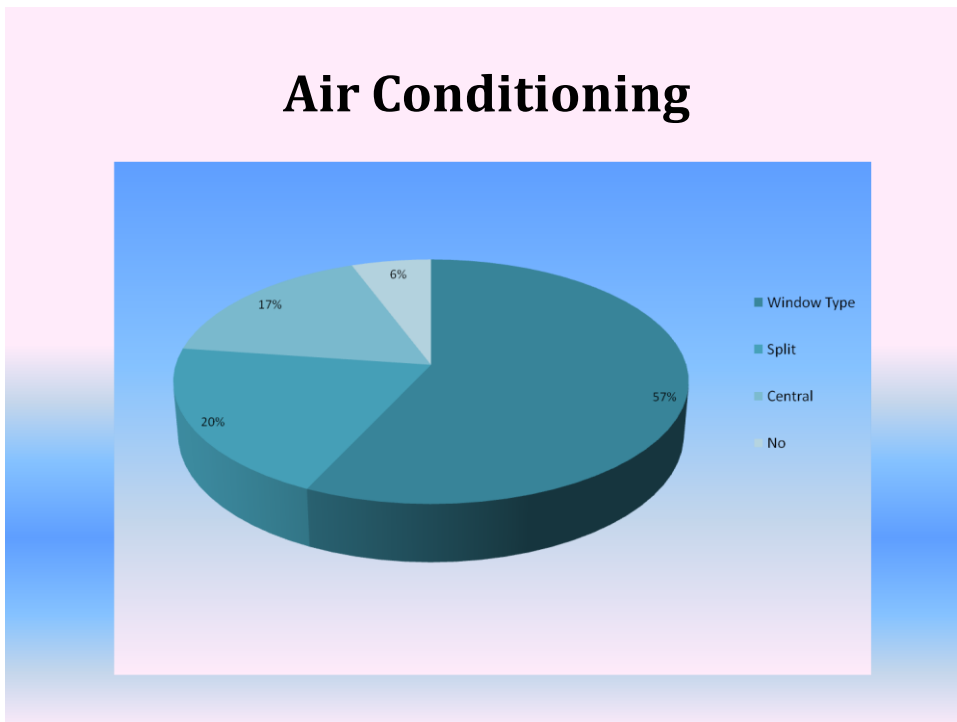


OT trained nurses are available in 52% & OT trained technician in (48%). In simple OT, there should be a trained OT technician & a trained OT Nurse.

## NH & Hospital-Equipments of OT



Some of the OT equipment are essential, and some are desirable or optional which are shown in recommendation.



Majority the ordinary OT window AC has been fixed , split and central A/C are also present in modular OT.

### HUMAN RESOURCE -1 (Nurses)

Beds	Total NH/H	Qualified Nurses	Trained Nurses	Average Nurses/NH in each category
< 30	215	508	405	4.2
31 to 100	73	451	97	7.5
> 100	24	562	85	26.9

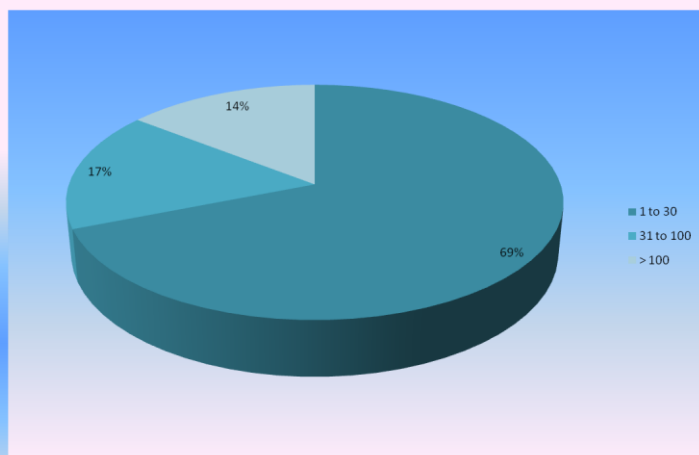
The trained nurses are proportionately, higher than qualified nurses, in less than 30 beds, but bigger hospitals have proportionately more qualified nurses, than trained nurses. The possibility of lesser no of qualified nurses & there non availability, necessitates the importance of trained nurses, for the nursing homes.

## HUMAN RESOURCE -2 (Doctors)

<b>Beds</b>	<b>Total NH/H</b>	<b>Doctors</b>	<b>Average Doctors/NH in each category</b>
<b>&lt; 30</b>	<b>215</b>	<b>410</b>	<b>1.9</b>
<b>31 to 100</b>	<b>73</b>	<b>241</b>	<b>3.3</b>
<b>&gt; 100</b>	<b>24</b>	<b>292</b>	<b>12.1</b>

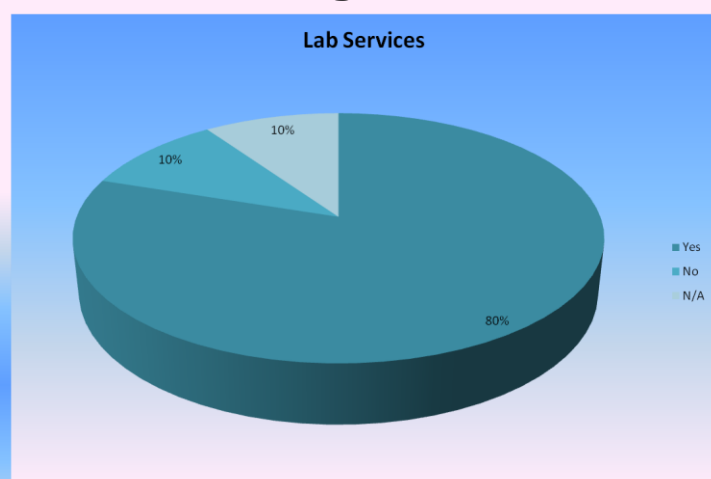
The bigger hospitals have proportionately more doctors. It has been observed 48% bed occupancy are in private sector. In this scenario 2 doctors are proportionately available, for smaller nursing home. In addition, the smaller nursing homes of doctor owners, themselves take care of the nursing homes.

## Distribution of Trained Nurses



Total distribution of trained nurses is maximum with the smaller nursing homes.(69%)

## NH & Hospital-Lab Services Arrangement



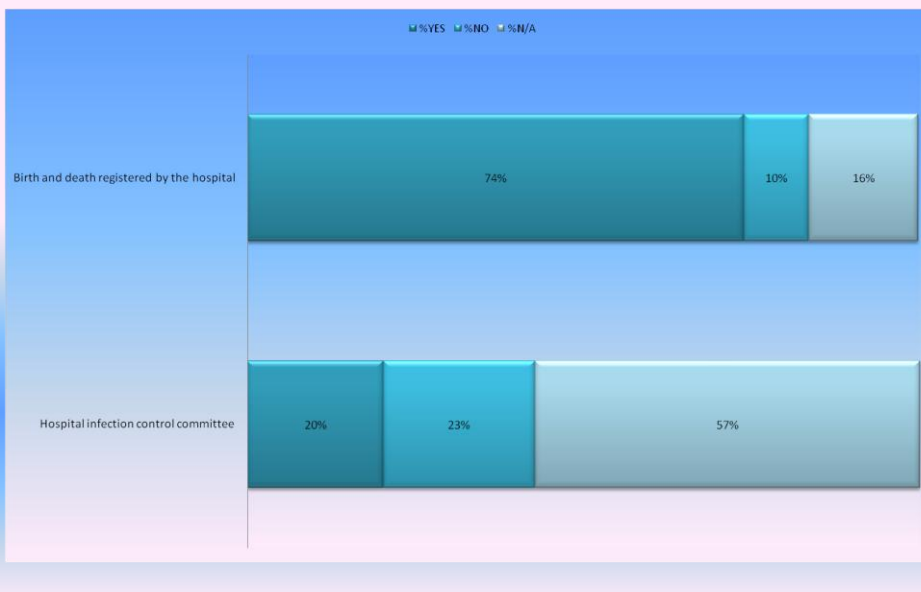
In majority of the hospitals/nursing homes the lab services (80%) or some outsourcing tie up is available.

## NH & Hospital-Imaging Services



After lab services the 2<sup>nd</sup> maximum services are imaging facility - X –Ray (65%), ultrasound scanning (54%) CT scans (20%).

## NH & Hospital- Others

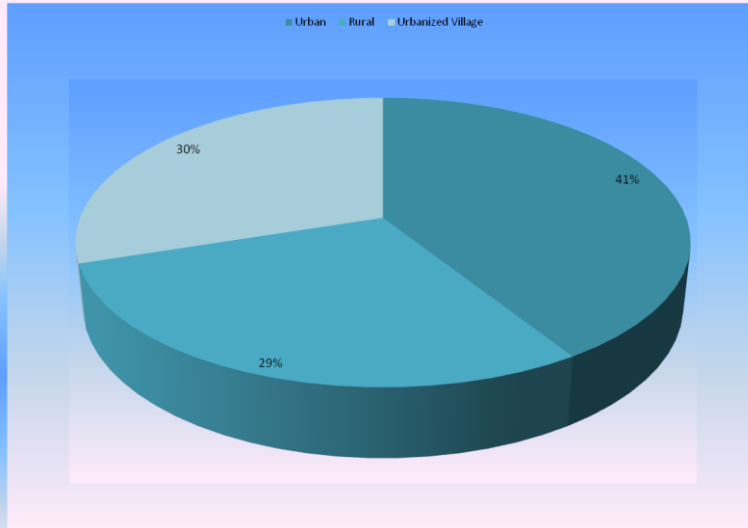


The birth & death information is to be provided by the Nursing homes & hospitals (74%). However, the hospital infection control committee has been formed in (20%).

# **ALLOPATHIC CLINICS**

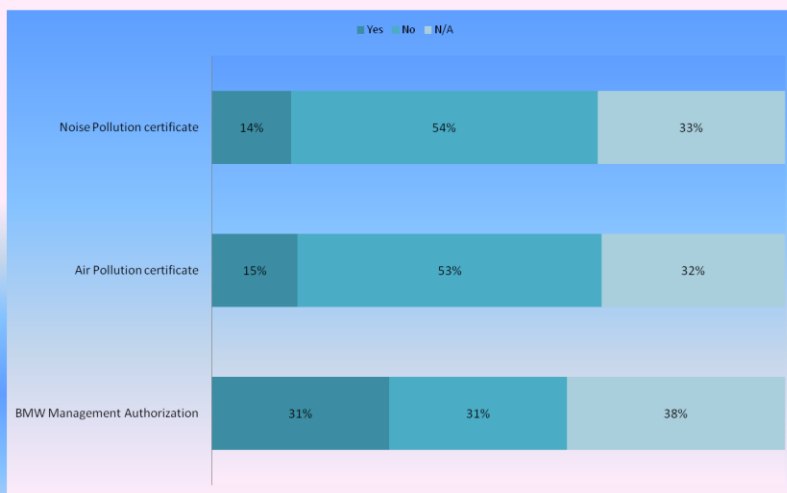
**ALLOPATHIC CLINICS:**

### Clinic - Locality Type



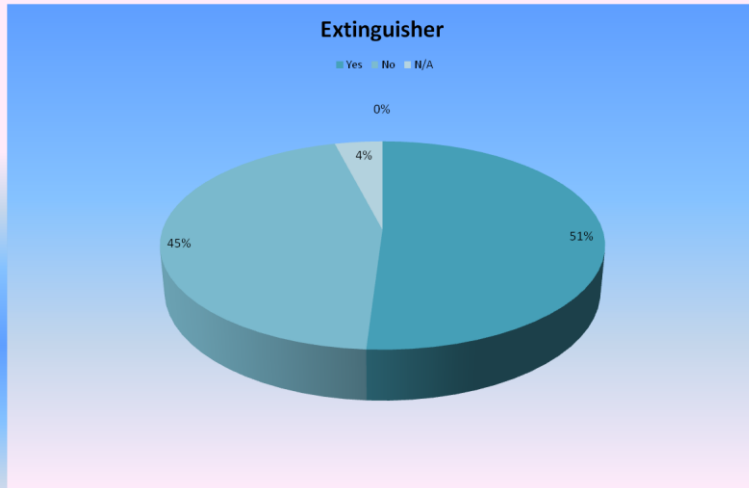
The majority of the clinics are in urban area (41%).

### Clinics-Waste Management



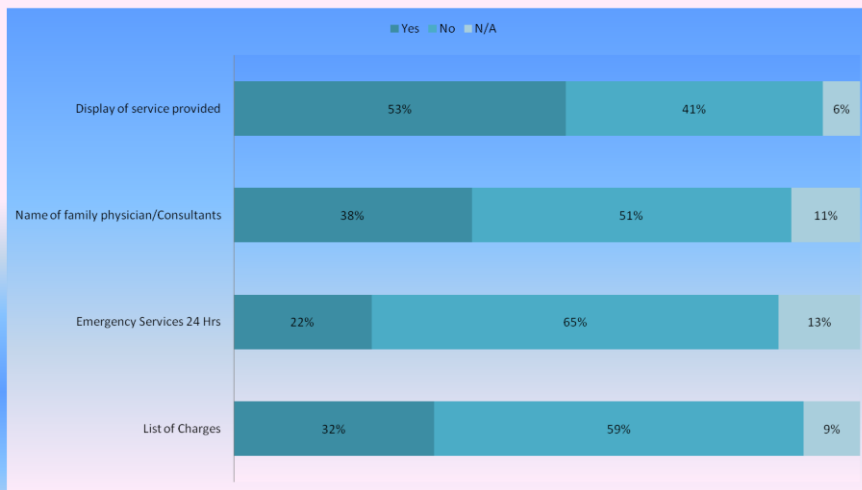
31% of clinics, have BMW management authorization, however many clinics have applied for the authorization certificate from the pollution control board.

## Clinics-Fire Safety Measure



51% of the clinics have Extinguishers for fire safety.

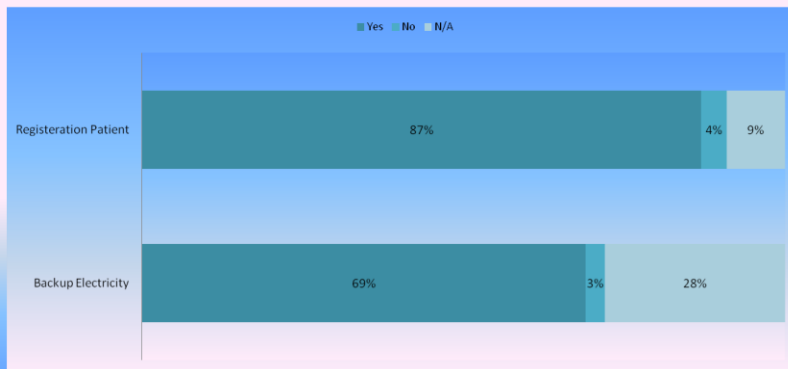
## Clinics-Basic Information



The display of services are provided ( 53%), display of name of physician(39%),Emergency services(22%),list of charges with (32%).

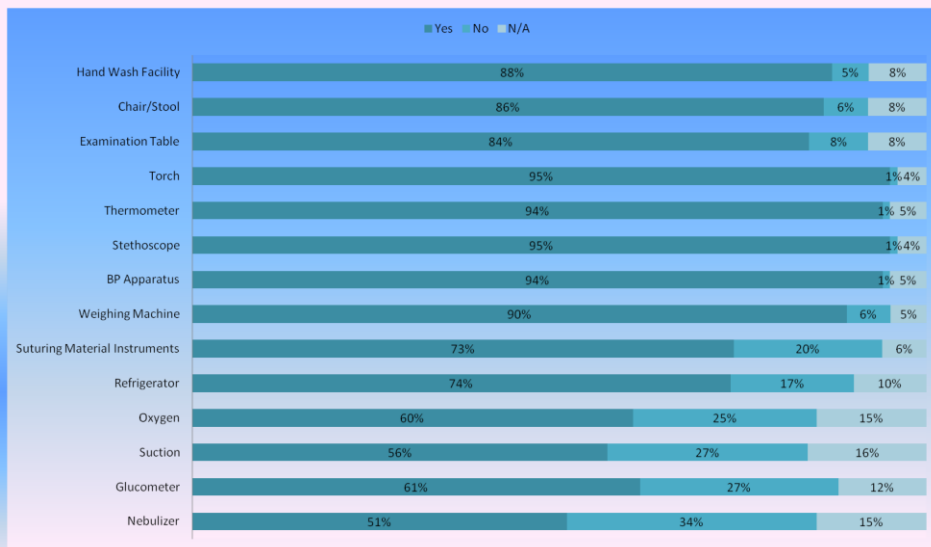


## Clinics-Support Services



There was no proper registration register, however many were having patients prescription for dispensing,(87%). Back up electricity was seen in (69%).

## Clinics-Facilities



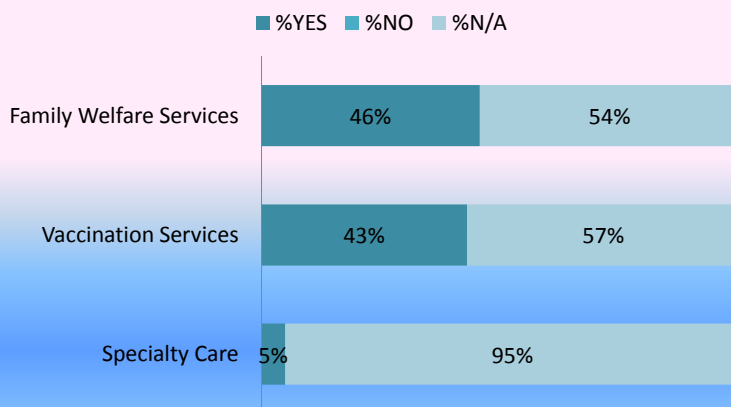
The clinics were having above facilities, as per need based practice. However, the basic essential recommendations are mentioned at the end .

## Clinics-Facilities for waiting patients



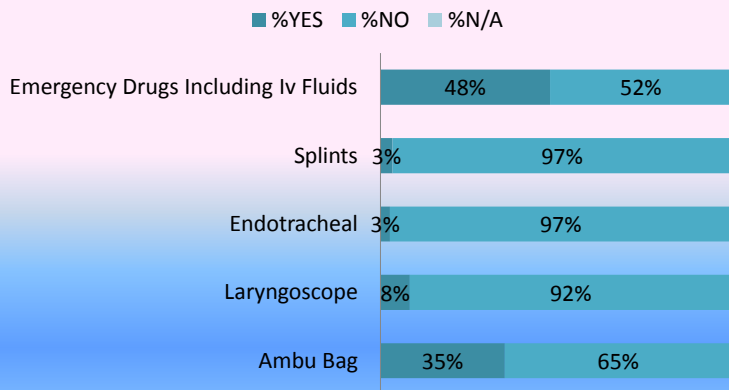
Waiting Area facilities are present in majority of the clinics.

## Clinics-Type of Services Provided



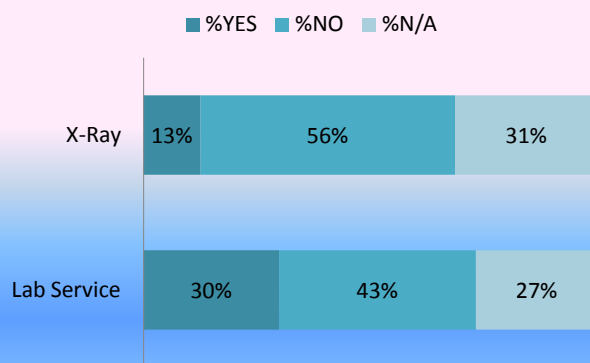
This is need based, and those who are willing to participate, in national program of family welfare services, vaccination services. Specialty care is minimum.

## Clinics-Emergency Kit



The emergency kit of the clinic contains the above mentioned utilities.

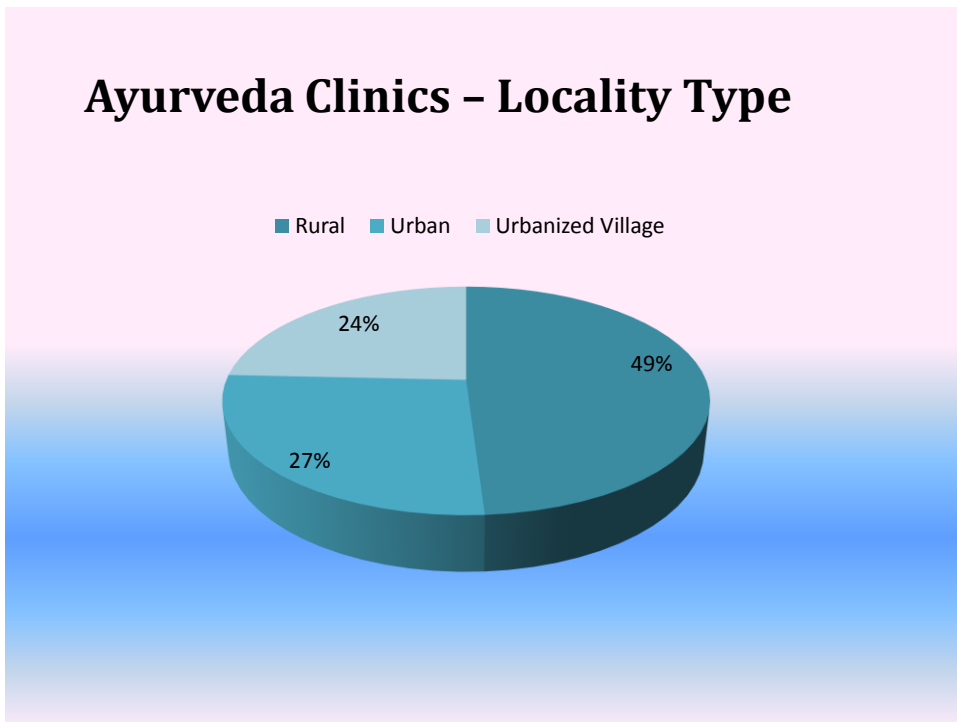
## Clinics- Facilities



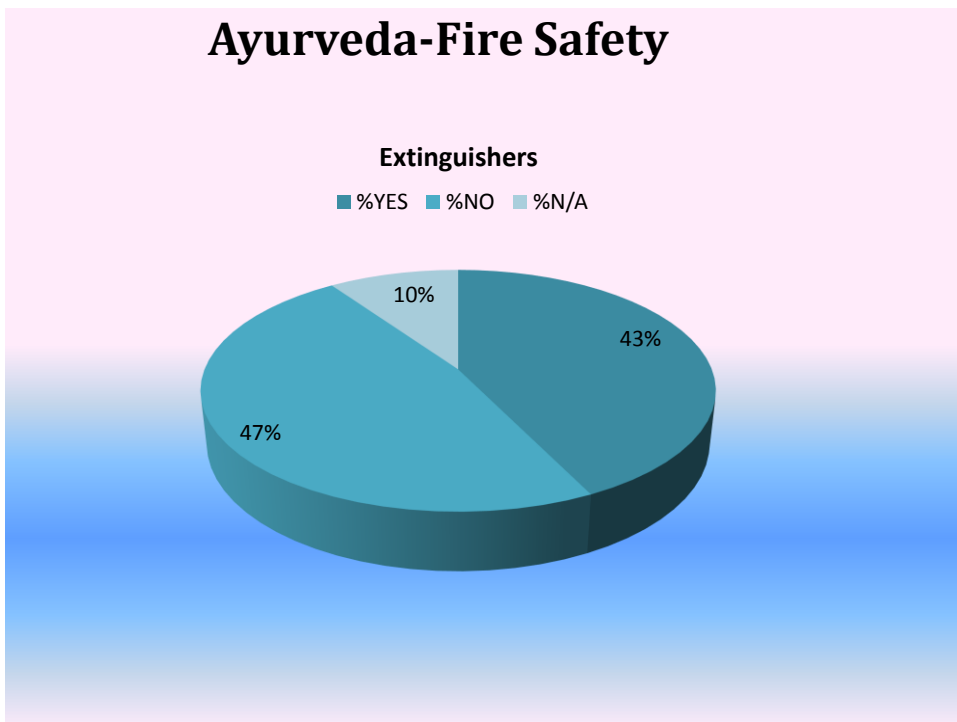
Only 30% of the clinic either their own lab, collection center, or some lab tie up with some diagnostic services. 13% were having X-Ray facility.

# **AYURVEDA CLINICS**

## AYURVEDA CLINICS:

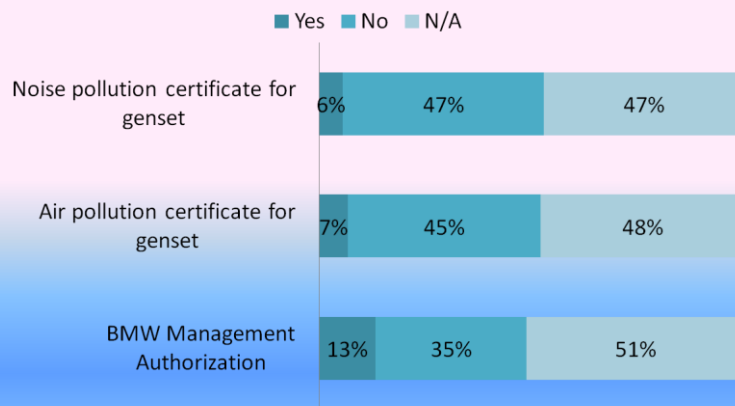


Majority of the Ayurvedic clinics, are present in rural area.(49%).



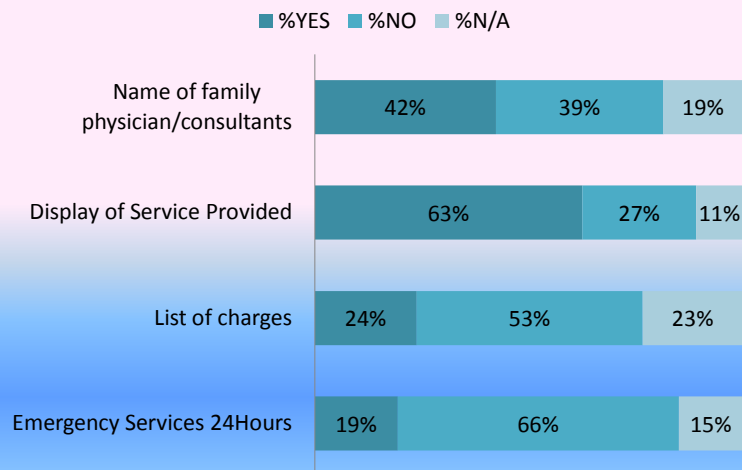
Extinguishers (43%) are present .

## Ayurveda-Waste Management



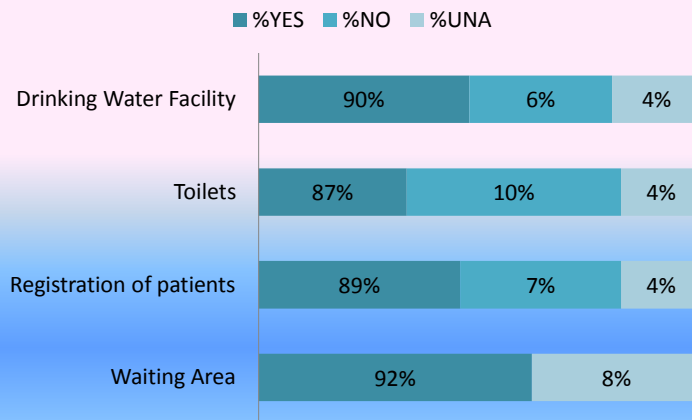
Only 13% are having BMW management authorization certificate.

## Basic Information



The above are the basic information of Ayurvedic clinic.

## Ayurveda-Facilities for waiting Patients

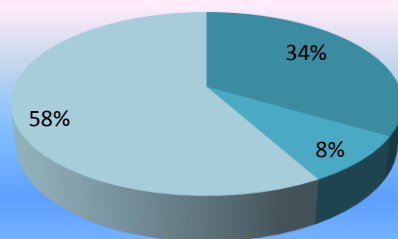


Waiting facility are present majority of clinics.

## Ayurveda-Support Services

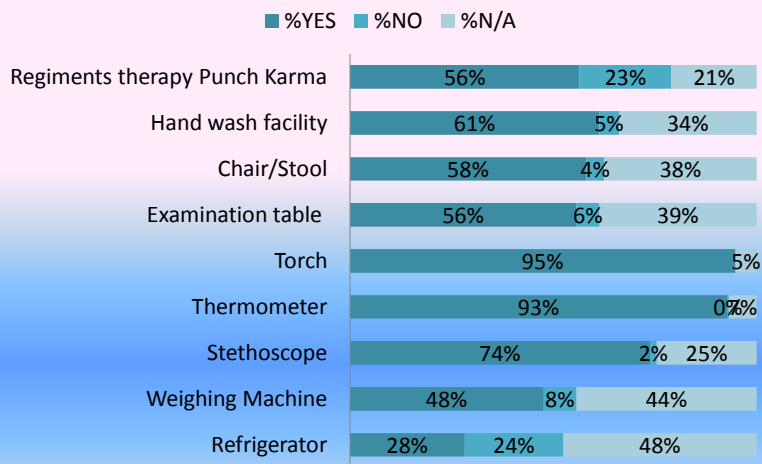
### Alternate source of electricity

Legend: %YES (dark teal), %NO (medium teal), %N/A (light teal)



Back up electricity is present in 34% only.

## Ayurveda-Facilities



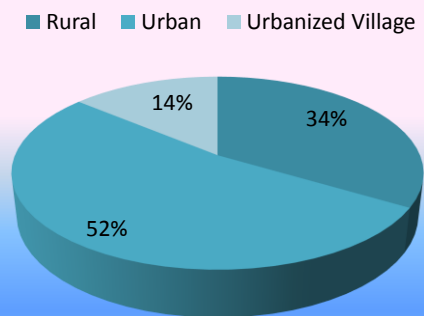
The ayurvedic clinics have the above facilities



# HOMEOPATHIC CLINICS

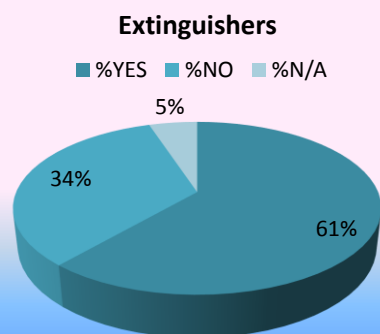
## HOMEOPATHY CLINICS

### Homeopathy Clinics - Locality Type



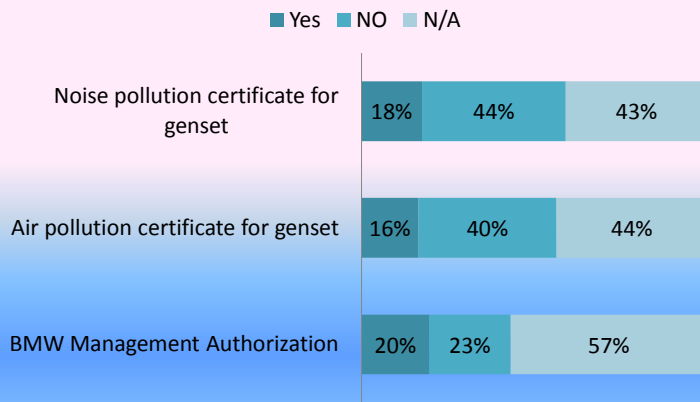
Homeopathic clinic are more in Urban area(52%).

### Homeopathy Clinics-Fire Safety



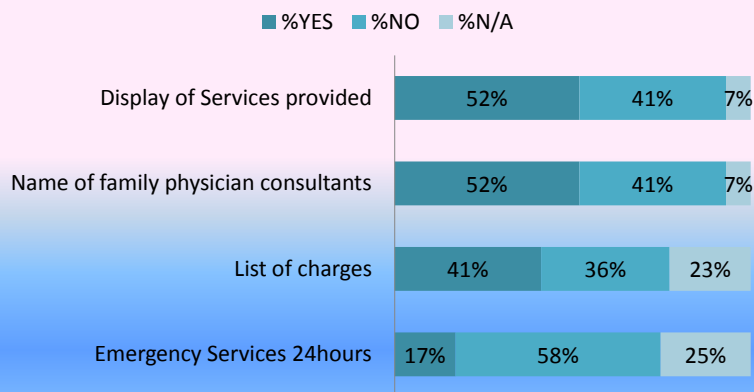
Extinguishers (61%) are present as fire safety device.

## Homeopathy -Waste Management



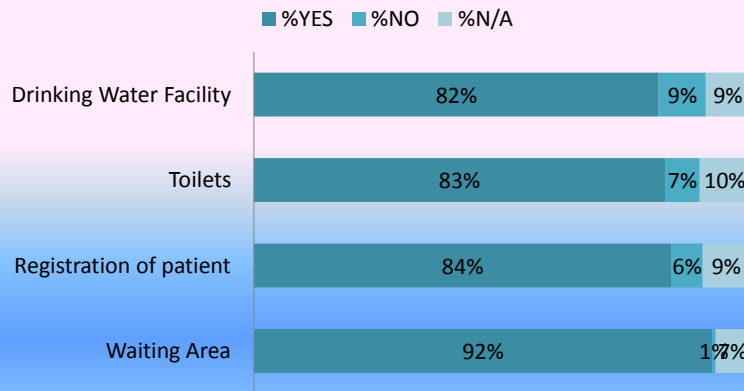
BMW management authorization is low (20%).

## Basic Information



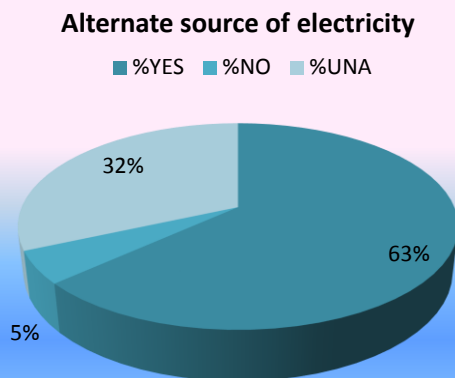
The above basic information is present in Homeo clinic

## Homeopathy -Facilities Available for Waiting Patients



Waiting facility is present majority of the clinics.

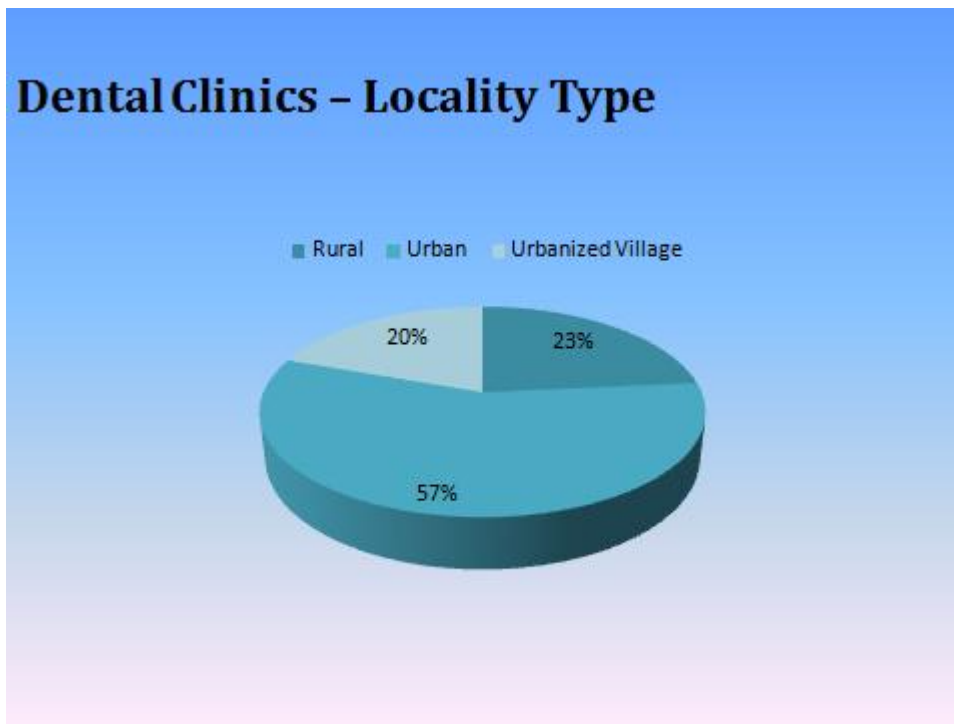
## Homeopathy -Support Services



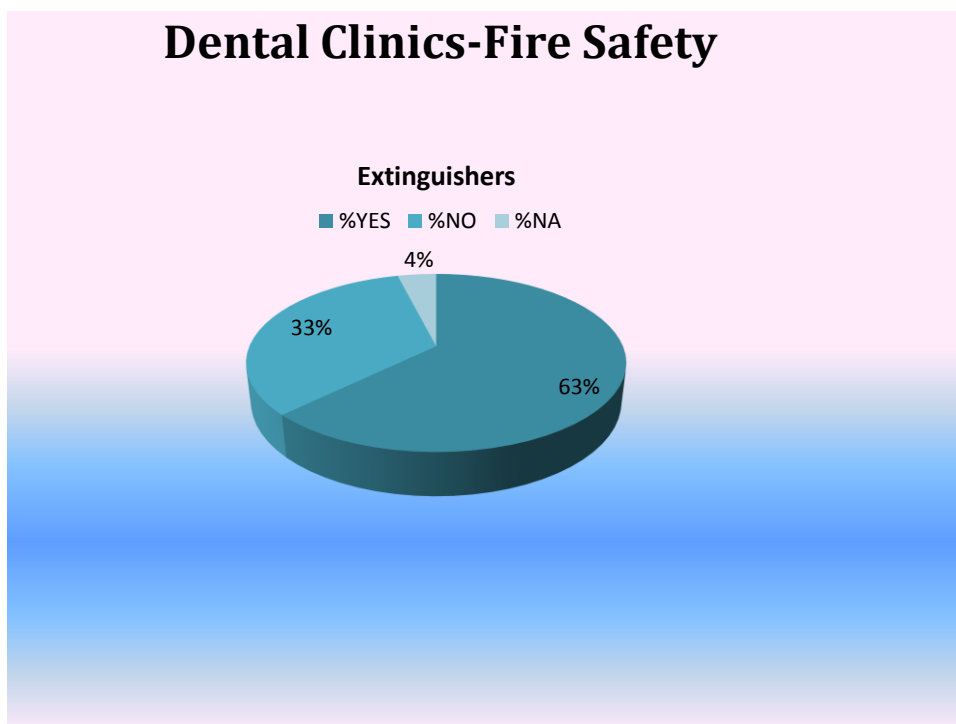
Back up electricity is in 63% of cases.

# **DENTAL CLINICS**

DENTAL CLINICS:

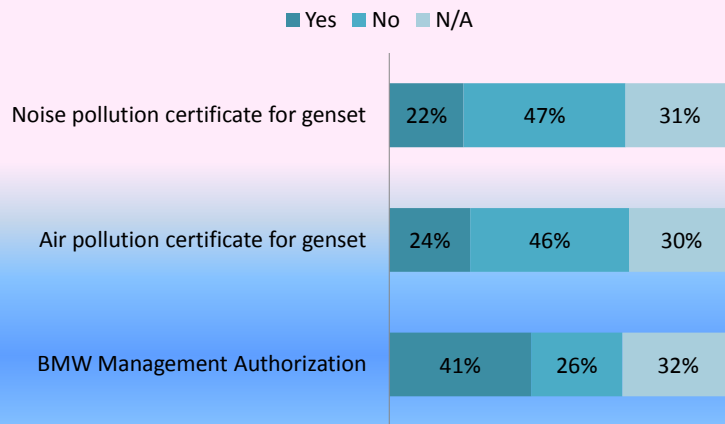


57% of dental facility is in urban area.



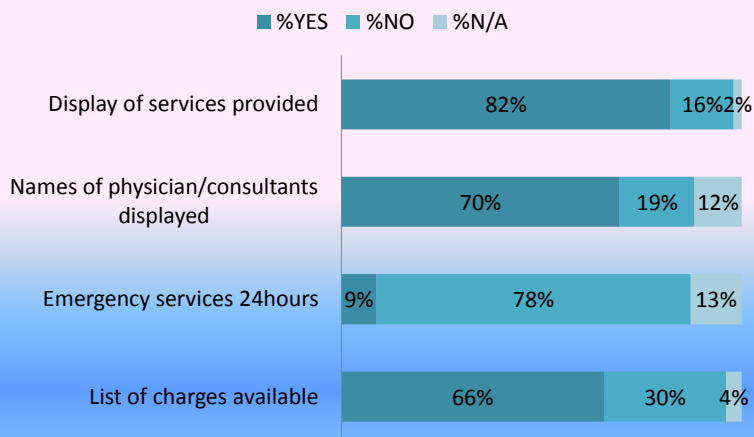
63% of facilities have fire extinguishers.

## Dental Clinics-Waste Management



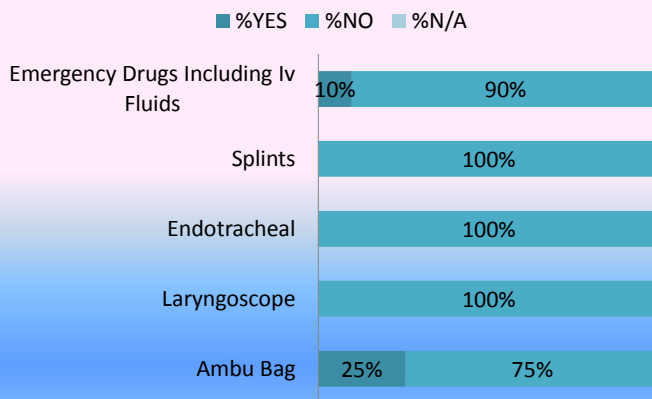
BMW management services are in 41%.

## Dental Clinics-Basic Information



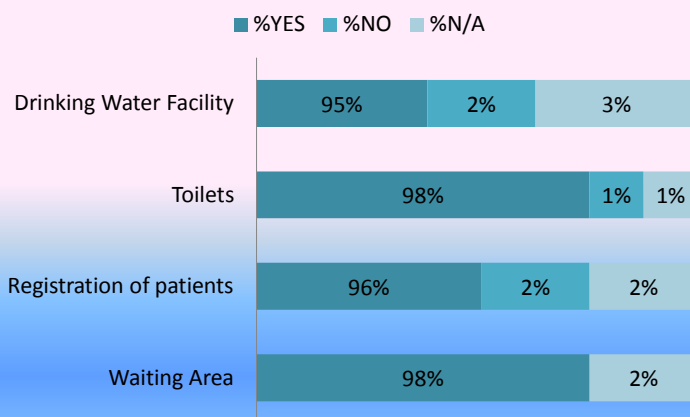
The above basic information are present in a dental clinic.

## Dental Clinics-Emergency Kit



The above mentioned are present in a Emergency kit in Dental clinic.

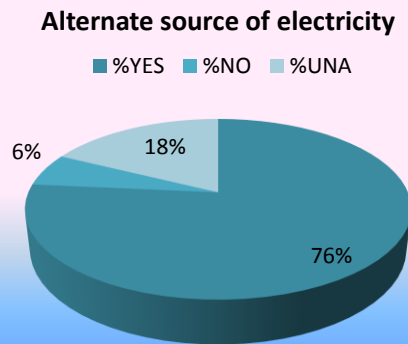
## Dental Clinics-Facilities for waiting Patients



Majority of the clinics have waiting facility.

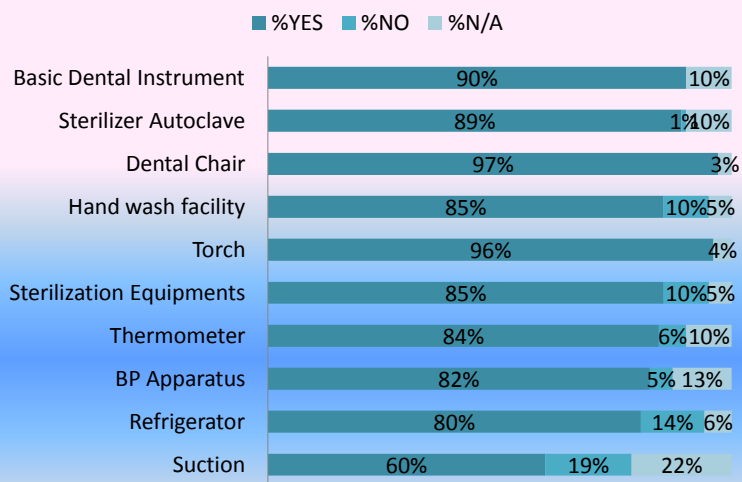


## Dental Clinics-Support Services



76% were having Back up facility.

## Dental Clinics-Facilities

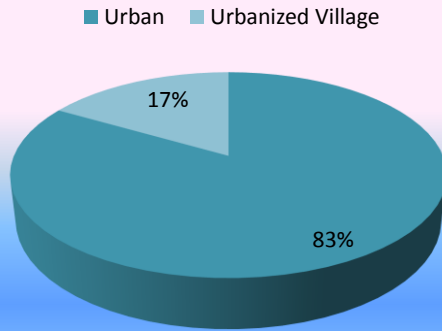


The above mentioned facilities are present in dental clinics. Dental chair is present in 97%.

# **PHYSIOTHERAPY CLINICS**

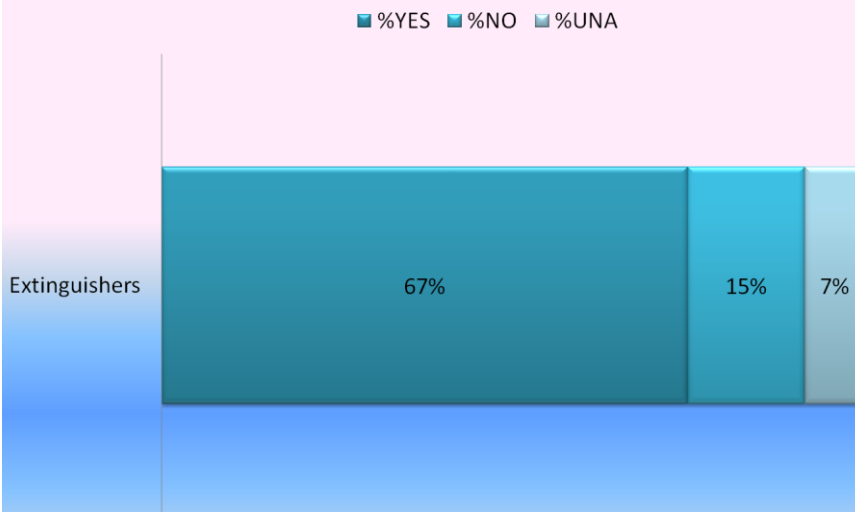
## PHYSIOTHERAPY CLINICS

### Physiotherapy Clinics Locality Type



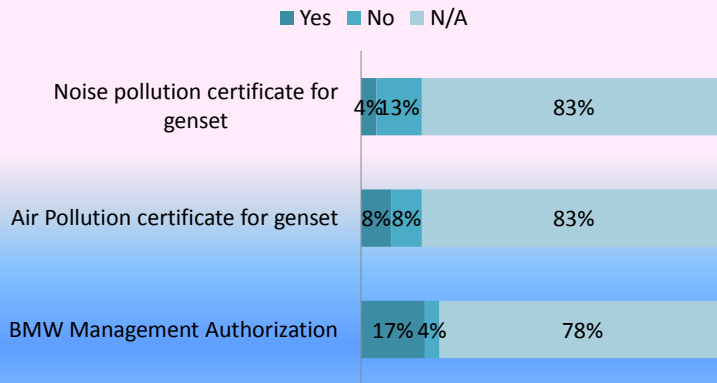
Majority of the physiotherapy clinics are Urban ( 83%).

### Physiotherapy Clinics-Fire Safety



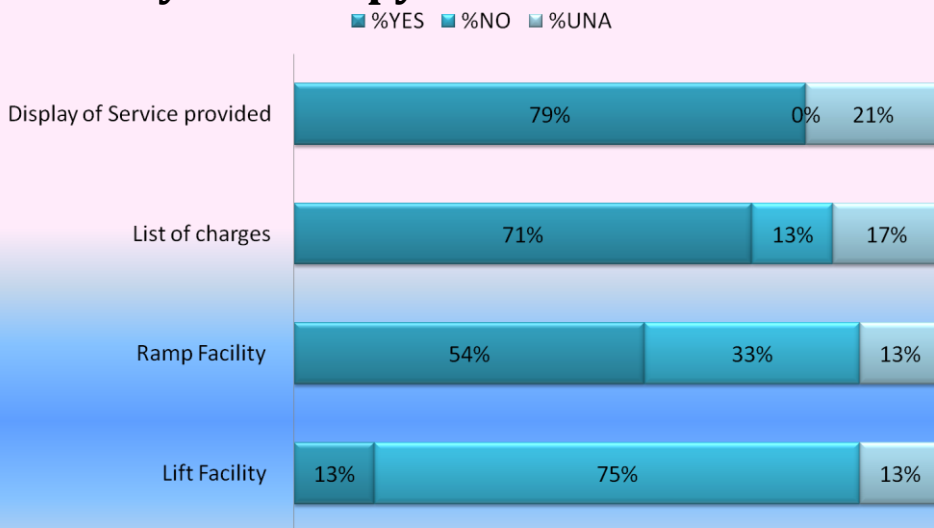
Extinguishers are present in( 67%.)

## Physiotherapy Clinics-Waste Management



BMW Management Authorization is with only (17%)

## Physiotherapy - Basic Information

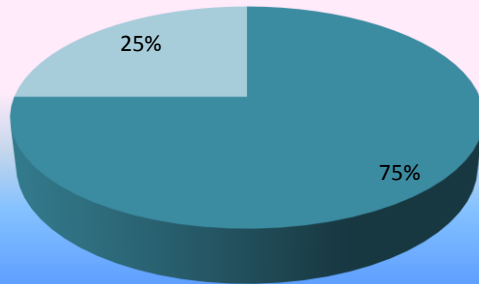


Many have got ramp (54%) facilities,& Display of service are provided in (79%)

## Physiotherapy -Support Services

Alternate source of electricity

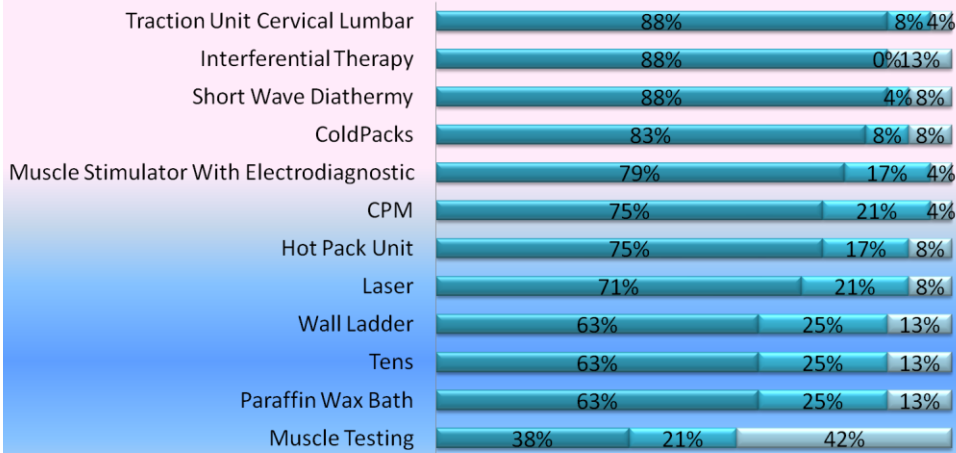
■ %YES ■ %NO ■ %N/A



74% have got alternate source of electricity

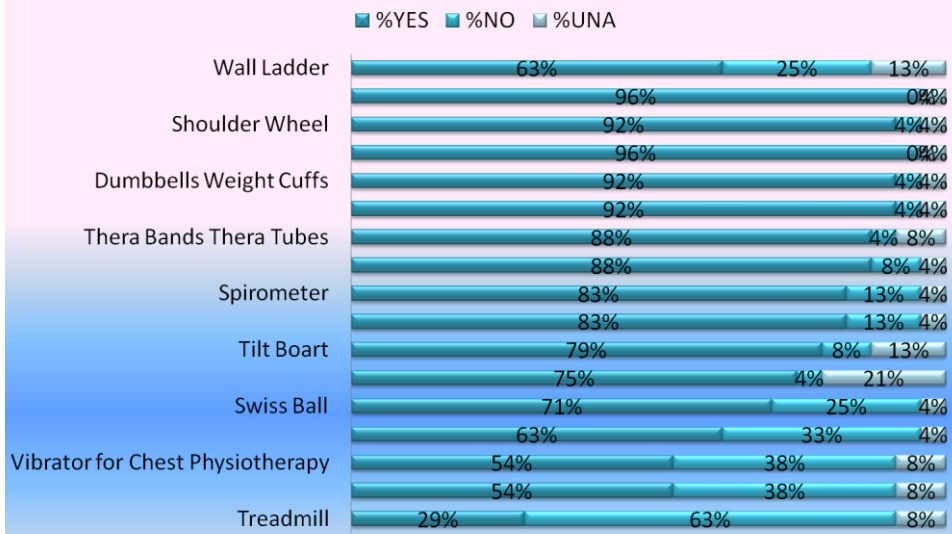
## Physiotherapy Electrotherapy Equipments

■ %YES ■ %NO ■ %UNA



Above mention equipments are recommended later

## Physiotherapy Exercise Therapy Equipments

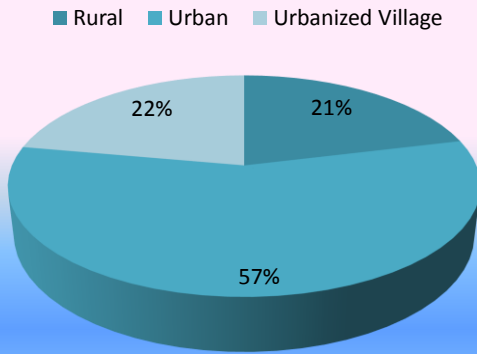


Above mention equipments are recommended later.

# **DIAGNOSTIC CENTRES**

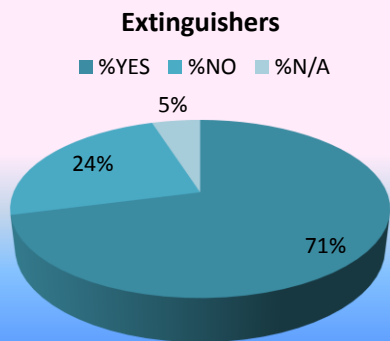
DIAGNOSTIC CENTRES:

### Diagnostic Centre – Locality Type



Majority diagnostic services are present in urban area (57%).

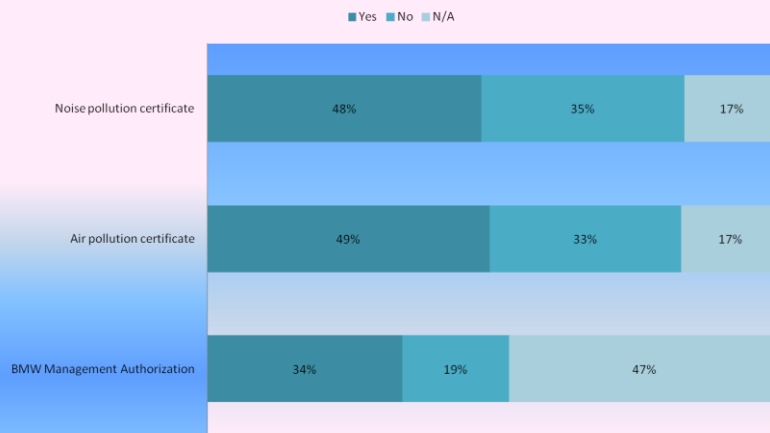
### Diagnostics-Fire Safety Measures



71% of the centres had fire extinguishers.

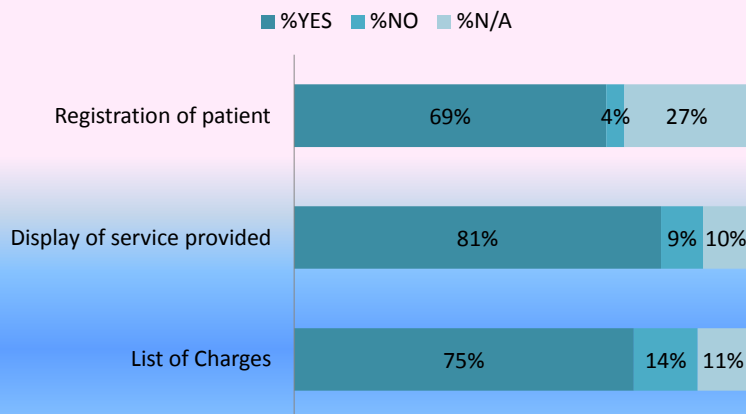


## Diagnostics-Waste Management



BMW management authorization certificate is present in (48%).

## Diagnostics- Basic Information

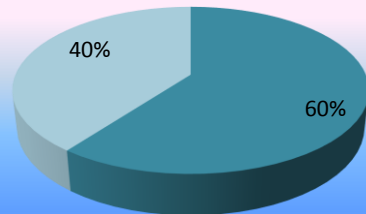


These basic information are displayed in diagnostic services.

## Diagnosics-Support Services

Alternate source of electricity

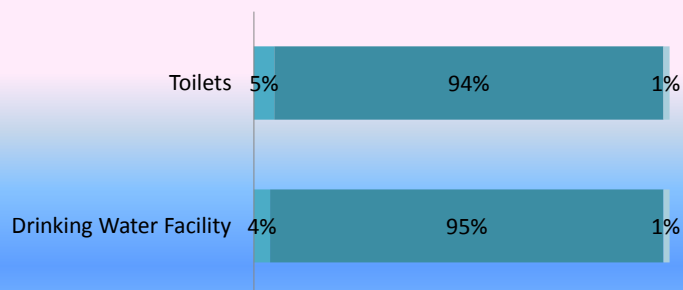
■ %YES ■ %NO ■ %N/A



Alternative source of electricity is present ( 60%.)

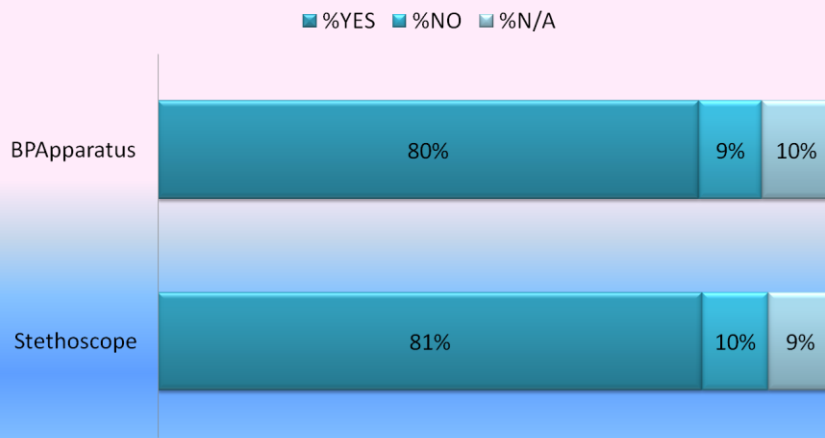
## Facilities Available for Waiting Patient

■ No ■ Yes ■ N/A



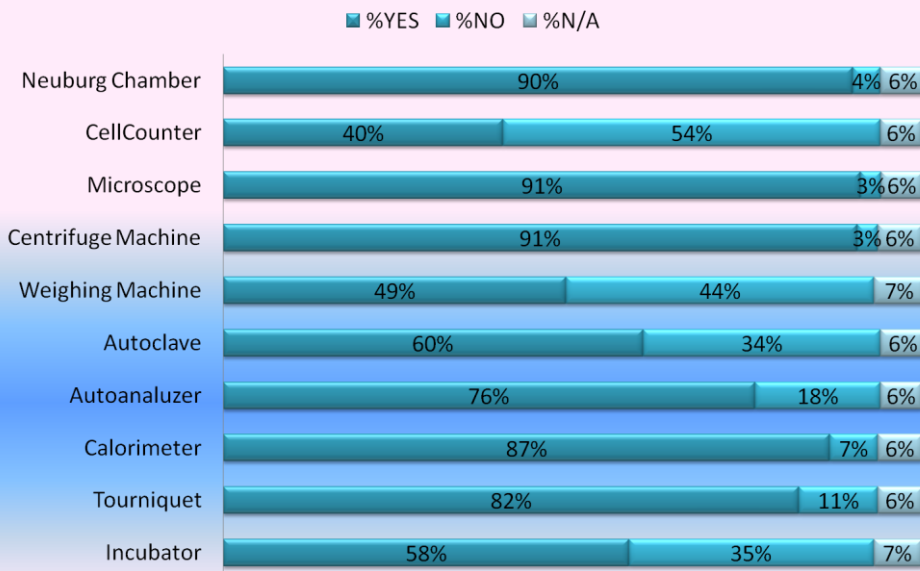
Minimum waiting facility in diagnostic centres.( 95%)

## Diagnostics-Emergency Equipment



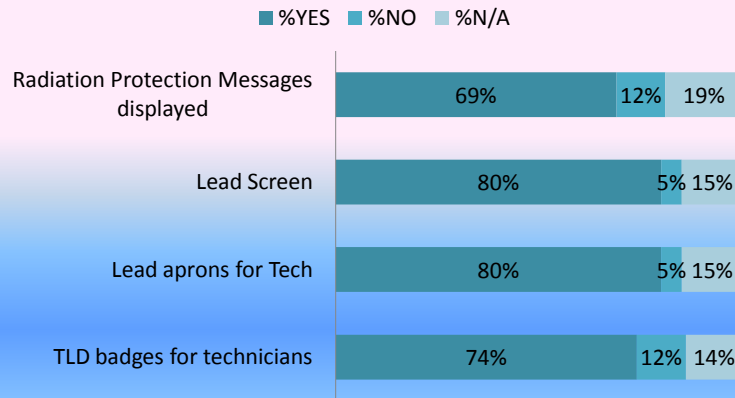
The above emergencies are essential

## Lab Requirements



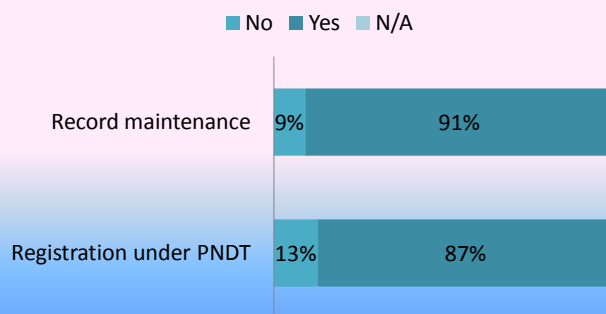
Many of the above are lab requirements

## Radiology Requirement



Some of the above facilities are radiological requirements for an X-Ray facility

## Ultrasound Requirements



In ultrasound imaging centres record maintenance (91%),and registration of PNDT act is essential (87%)

# **CORE GROUP RECOMMENDATIONS**

## **RECOMMENDATIONS:**

The core committee meeting was held to discuss the results of the survey, of 4 states & 7 Union territories .The recommendations are classified as essential & optional for the different categories of clinical establishments.

### **NURSING HOMES/ HOSPITALS**

#### **Essential:**

##### **A. General**

1. Hospital should have infection control measures and it is desirable to have an infection control committee.
2. Bio medical waste management authorization certificate
3. Medical Records maintenance by hard/soft copy
4. Laboratory Services : either owned or Collection Centre should be available.
5. Birth and death information register is to be maintained in the hospital/nursing home.
6. Back up electricity
7. Fire extinguishers
8. Laundry facility-Either in house, or some arrangements for clean/ sterilized linens
9. Ambulance service arrangements
10. Display of services
11. Information of the services and their approximately estimated charges should be provided by the administration of the hospitals/nursing homes. Name of the person responsible for providing such information should be displayed. Service charges are variable according to the service provided but infrastructural charges are fixed. Consultation fee is customized and fixed by individual doctors

##### **B. OPD:**

1. Stethoscope, Torch, Thermometer (Preferably non mercury), BP Apparatus (Preferably non mercury), Hand wash facility, Examination Chair/Table, Female attendant for female patients, Privacy to Patients, Information Material for Patients.
2. Registration of Patients. In registration Name, Age, Sex and contact details (at least mobile number).
3. Waiting Area, Drinking Water facility, Toilets
4. Display of the names of the Consultants.

##### **C. Casualty Services:**

1. Emergency drugs and equipments according to the scope of the services.

2. Wherever casualty services are provided signage should be displayed at the entrance and be easily visible.
3. Ramp/slope facility is essential. Stretchers/wheel chairs should be available

**D. IPD:**

1. Signage to different department
2. Availability of Doctor on call
3. In the survey it is seen that in more than 60% of Nurses in small NH/H are trained Nurses. Since the availability of qualified Nurses as per the requirement is quite low, therefore trained nurses with six months of experience for smaller NH/H under the supervision of a qualified Nurse can solve this issue.
4. Bed facility - A system to call nurses/attendants (Intercom/Call Bell).  
Hand Washing Facility/Hand Sanitizer, Bed pan, Waste bins, Attendant Chair/ Stool.

**E. OT:**

1. According to the survey more than 50% of are ordinary OT. So recommendations are that Operation Theatre should at-least have OT Table, OT Light, Plain Tiles on wall (7 ft), Adjacent hand washing area and Air conditioning.
2. Survey suggested majority of Nurses & Technicians in operation theatre are not having specific qualification but are trained. Therefore our recommendations are Nurses & Technician working in OT should have minimum training of six months for the same.
3. Equipments: Suction (single unit /central), Oxygen, Pulse Oxy-meter, Boyles apparatus

**Optional:**

- For Emergency facilities – pulse oxy-meter, cardiac monitor, nebulizer, defibrillator, suction
- Vaccination and other services under the national health programs
- Facility for the resuscitation of the new born
- In operation theatre defibrillator
- Nursing station at respective floor
- Pantry
- X-ray/CT-Scan service provision
- Noise & Air Pollution authorization certificate

## **Clinics**

### **Essentials:**

1. Name of the physician with qualification & Registration Number inside the clinic.
2. Chairs/Stool, Examination table, Torch, Thermometer (preferably non-mercurial), BP apparatus(preferably non-mercurial), Stethoscope
3. Hand washing facility, Drinking Water and some waiting space
4. Biomedical waste management authorization certificate. The registration should be different from a factory. New user friendly rules are to be framed for the medical fraternity.
5. Display of services provided.
6. Emergency Medicines (Steroids, Hydrocortisone, Adrenaline) and IV fluid

### **Optional:**

- Emergency services for 24 hours
- Noise and Air Pollution authorization certificate.
- Electricity back up
- Glucometer and Specialty Care
- Vaccination services/family welfare services / or other services under national health programs
- Additional instruments like Splint, Endotracheal tube Laryngoscope, Ambu bag.
- X-ray and other diagnostic services
- Fire Extinguisher

## **Laboratories**

### **Essentials**

1. Name of the Consultant with qualification and registration Number displayed
2. Display of services & Charges
3. Fire Extinguisher
4. Bio medical waste management authorization certificate
5. Back up electricity



6. Waiting space, Chair/Stool for phlebotomy, Drinking water/Hand Washing & Toilet facilities
7. Lab facility
  - Neuburg Chamber
  - Microscope
  - Centrifuge machine
  - Calorimeter / Auto analyzer
  - Tourniquet
8. BP apparatus and Stethoscope

### **Optionals**

- Weighing machine
- Incubator
- Autoclave
- Noise & Air Pollution authorization certificate

### **Radiology**

#### **X – Ray**

#### **Essentials**

1. Name of the Consultant with qualification and registration Number displayed
2. Display of Radiation Protection Messages
3. Display of services & Charges
4. Fire Extinguisher
5. Bio medical waste management authorization certificate
6. Back up electricity
7. Waiting space, Chair/Stool, Drinking water/ Hand Washing
8. Lead Apron/ Lead Screen

#### **Optionals**

- TLD Badges for technicians & Doctors
- Toilet facilities
- Noise & Air Pollution authorization certificate

## **Ultra Sound**

1. Registration under PNDDT Act
2. Name of the Consultant with qualification and registration Number displayed
3. Display of services & information regarding Charges
4. Fire Extinguisher
5. Bio medical waste management authorization certificate
6. Back up electricity
7. Waiting space, Chair/Stool, Drinking water, Hand Washing & Toilet facilities
8. Record maintenance

### **Optional**

- Noise & Air Pollution authorization certificate

## **AYURVEDA/ UNANI CLINICS**

### **Essentials**

1. Name of the physicians with qualification & Registration Number inside the clinics.
2. Biomedical waste management authorization certificate. The rules should be different from factory waste management. New user friendly rules are to be framed for the medical fraternity.
3. Fire Extinguisher
4. Display of services provided.
5. Chairs/Stool, Examination table, Torch, Thermometer (preferably non-mercurial), BP apparatus(preferably non-mercurial), Stethoscope
6. Hand washing facility, Drinking Water and some waiting space

### **Optional**

- Noise and Air Pollution authorization certificate.
- Electricity back up
- Toilet facility

## **DENTAL CLINICS**

### **Essential**

1. Name of the physicians with qualification & Registration Number inside the clinics.
2. Fire Extinguisher
3. Biomedical waste management authorization certificate. The rules should be different from factory waste management. New user friendly rules are to be framed for the medical fraternity.
4. Dental Chair
5. Display of service and charges
6. Drinking Water facility, Hand wash facility & Waiting area
7. Registration of the patients
8. Backup Electricity
9. Suction
10. Autoclave/Sterilizer
11. Emergency Kit

### **Optional**

- Noise Pollution Certificate
- Air Pollution Certificate
- Toilet

## **HOMEOPATHY**

### **Essential**

1. Name of the physicians with qualification & Registration Number inside the clinics.
2. Biomedical waste management authorization certificate. The rules should be different from factory waste management. New user friendly rules are to be framed for the medical fraternity.
3. Fire Extinguisher
4. Display of services provided.
5. Chairs/Stool, Examination table, Torch, Thermometer (preferably non-mercurial), BP apparatus (preferably non-mercurial), Stethoscope
6. Hand washing facility, Drinking Water and some waiting space

### **Optional**

- Noise and Air Pollution authorization certificate.
- Electricity back up

- Toilet facility

## **PHYSIOTHERAPY**

### **Essentials**

1. Name of Consultant(s)
2. Fire Extinguisher
3. Display of service provided & Charges
4. Drinking Water facility
5. Registration of the patients
6. Waiting area
7. Backup Electricity
8. Hand wash facility
9. Examination/Treatment tables for patient
10. Torch
11. Bio Medical Waste
12. Thermometer
13. Weighing machine
14. BP Apparatus
15. Electrotherapy Equipments/ Modalities
  - a) Short Wave Diathermy
  - b) Ultrasonic Therapy
  - c) Interferential Therapy
  - d) Hot Packs
  - e) Wax Bath
  - f) TENS
  - g) Traction Unit (Cervical / Lumbar)
  - h) Muscle Stimulator
16. Exercise therapy Equipments/ Modalities
  - a) Cold Packs
  - b) Shoulder Wheel
  - c) Over Head Pulley
  - d) Wall Ladder /Abduction Ladder
  - e) Weight Cuffs / Weights

## **Optional**

1. Electrotherapy Equipments/ Modalities
    - a) Micro Wave Diathermy
    - b) LASER Therapy
    - c) Muscle Stimulator Electrodiagnostic
  
  2. Exercisetherapy Equipments/ Modalities
    - a) Cryo Cuff Unit
    - b) Continuous Passive Motion Exerciser
    - c) Supinator Pronator Exerciser
    - d) Heel / Ankle Exerciser
    - e) Tilt Board
    - f) Parallel Bar
    - g) Mat Exercise Facility
    - h) Suspension Therapy Unit
    - i) Stationary Bicycle
    - j) Treadmill
    - k) Vibrator
    - l) Swiss Ball
    - m) Rowing Frame Exerciser
    - n) Gripper / Gel Balls
    - o) Graded Elastic Exercise Bands
    - p) Quadriceps Table
- Toilets
  - Noise Pollution Certificate
  - Air pollution certification

# Annexures

## Annexure I

### Form - I

#### Medical Establishment (Clinic/Centre) Survey Form

Serial No: _____	Date: _____
Name of field worker:	Name of Supervisor:
Name of State	Name of District:
Locality Type	Rural/semi urban/urban/city
Name of the Clinic /Centre	
Address of the Clinic/Center in details	
Business Card (if available pl attach)	Attached/Not Attached/ Not available
System of service offered	Modern medicine /Ayurveda/ Homeopathy/ Unani/Naturopathy/Dental/Other (Specify) _____
Names of the Doctors with their qualification:	1. _____ 2. _____ 3. _____ 4. _____
Owner of the Clinic/Centre	Govt./ Pvt./ Semi Pvt./Charitable/ Other (Specify) _____
If Govt. ownership, then type of Centre:	PHC/Sub-centre/UHC/Dispensary Others (please specify) _____
Specialty of the Clinic:	Medical/Surgical/Cardiac/Ortho/Paeds/Maternity/Eye/ENT/Dental/Mobile/NF/MTP Clinic/Blood Bank/ Other (Specify) _____
Clinic registration	Registered with Municipality/Panchayat/no such requirement

**Form – II**  
**Performa for Survey of Clinical Establishments (Nursing Home/Hospital)**

Serial No:_____	Date:_____
Name of field worker:_____	Name of Supervisor:_____
Name of State:_____	Name of District:_____
Locality Type	Rural/Urbanized Village/Others
Name of the NH/H as displayed on board	
Address with pincode	
Telephone No. (Landline/Mobile)	
Situation of NH/H	Residential area (Residence cum NH/Hospital) Commercial Area
Business Card (if available pl attach)	Attached/Not Attached (not available)
Bed strength	
Information provided/collected by	Self/ local chemist/ Neighbor/RWA/Any other
Ownership	Govt./Non Govt.
Govt.	Central/State/LocalBodies(Municipalities) /Railways/Police Deptt./ Electric Deptt./ Water Deptt./ Public Sector Undertakings/ Others_____
Non Govt.	Single/Partnership/Trust/Society/Company/ Charitable
Type of Hospital	Modern medicine /Dental/ Ayurveda/ Homeopathy/Unani/Siddha/any combination
If modern medicine specialties available	Single/ General/ Multispecialities/ Super Specialities
General Specialities	Medicine/Surgery/Pediatrics/Gynae & Obst/ ENT/Skin/any other
Single Specialities	Please mention name e.g. Eye/ENT/Skin
Super Specialities	Cardiology/Cardio surgery/ Neurology/ Neuro Surgery/ Gastroenterology/ Gastrosurgery/ Nephrology/ Hepatology/ other
Any other details	

Certified that the information as above has been collected by me for IMA and no information in full or any part has been provided to anyone else.

Name of Surveyor & No. of ID Card Provided by IMA:

Signature with date & telephone no.:

**Form - III**

**Diagnostic Establishment (Laboratory/X-ray/CT scan/MRI/Ultrasound/  
BMD/ECG/EEG/EMG/TMT/2DECHO/Nuclear Medicine) Survey Form**

Serial No:_____	Date:_____
Name of field worker:_____	Name of Supervisor:_____
Name of State:_____	Name of District:_____
Locality Type	Rural/semi urban/urban/city
Name of the diagnostic centre	
Address of the diagnostic center in details	
Business Card (if available pl attach)	Attached/Not Attached/ Not available
Name of the technicians with their qualification:	1._____ 2._____ 3._____ 4._____
Owner of the Diagnostic Centre	Govt./ Pvt./ Semi Pvt./Charitable/ Other (Specify)_____
Specialty of the diagnostic center	Laboratory/X-ray/CT scan/MRI/Ultrasound/ BMD/ECG/EEG/EMG/TMT/2DECHO/Nuclear Medicine
registration	Registered with municipality/Panchayath/no such requirement



## Annexure II

### Form 2 Performa for Survey of Clinic

Serial No: _____	Date.: _____
Serial no of preliminary survey	Date
Name of field worker: _____	Name of Supervisor: _____
Name of State: _____	Name of District: _____
Locality Type	Rural/Urbanized Village/Others
Name of the Clinic	_____ Govt ./Pvt/NGO/Other
Type of Clinic	Modern medicine/ Ayurvedic /Homeopathy/Unani/Dental Physiotherapy
Scope	Family physician /Multi-Specialty/ Single-Specialty
Type of practice	Dispenser /prescribe /both
Address	Street Plot No. Pin code
Communication Detail Landline Mobile Fax E mail	
No. of OPD Chambers	
Approval /Permission/ Registration	Yes/ No
Central/ State Govt	

Parking Facilities	Available / Not available
Fire Safety Measures	
Extinguishers	Yes/ No
NOC from Fire Deptt.	Yes/ No
Display of Service provided	Displayed / Not Displayed
List of charges	Available/Not Available
BMW management	Own /. Common treatment facility provider
Authorization obtained	Yes/ No
Alternative source of electricity	Generator / UPS mechanism / inverter
Air Pollution certificate for genset	Yes / No
Noise pollution certificate for genset	Yes / No
Waste disposal	Yes/No
Medical Records	Yes/No
If Yes	Manually/By Computer
Emergency Services 24 hours	Yes/No
Names of family physician/consultants displayed with timings	Yes/ No
Facilities available for waiting patients	
Waiting Area	Chairs/fans/lights
Registration	Yes/No
Toilets	Yes/No
Drinking Water Facility	Yes/No

<b>Facilities available</b>	Examination chair/ table/ Couch Torch thermometer stethoscope BP Apparatus Weighing Machine Refrigerator Oxygen Suction Nebulizer Glucometer Privacy to Patients for examination Chair for attendant/relative Hand wash facility Female attendant for female patient Information material for patients	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Emergency Kit If Yes	Yes/No Ambu bag/laryngoscope/endotracheal tubes/Splints/emergency drugs including IV fluids	
Medical assistant	Nurse/dispenser	
Type of services provided	Primary care including minor surgery Specialty care (eg ophthalmology, skin etc) Vaccination services Family welfare services	
Lab Services If yes	Yes/No Full lab/collection centre	
X-ray	Yes/No	
Sterilization Equipments	Autoclave/ Boiler	
Suturing Material & Instruments	Yes/No	
Dressing Room Available	Yes/No	

## Form 2

### Performa for Survey of Ayurveda/Siddha/Unani Clinic/Centre

Serial No:_____	Date:_____
Serial no of preliminary survey	Date
Name of field worker:_____	Name of Supervisor:_____
Name of State:_____	Name of District:_____
Locality Type	Rural/Urbanized Village/Others
Type of the Centre	Govt /Pvt/NGO/Other
Registration status of Ayurveda/Siddha/Unani If yes Council Name	Yes/No
Address	Street Plot No. Pin code
Communication Detail Landline Mobile Fax E mail	
Approval /Permission/ Registration by Central/ State Govt	Yes/ No
Parking Facilities	Available / Not Available
Fire Safety Measures Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No

Display of Service provided	Displayed / Not displayed
List of charges	Available/ Not Available
BMW management	Own / Common treatment facility provider
Authorization obtained	Yes/ No
Alternate source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Waste disposal Medical Records If Yes	Generator / UPS mechanism / Inverter Yes / No Yes / No Yes/No Yes/No Manually/By Computer
Emergency Services 24 hours	Yes/No
Names of family physician/consultants displayed with timings	Yes/ No
Facilities available for waiting patients Waiting Area Registration Toilets Drinking Water Facility	Chairs/fans/lights Yes/No Yes/No Yes/No
<b>Facilities available</b>	Examination chair/ table/ Couch Yes/No Torch Yes/No thermometer Yes/No stethoscope Yes/No BP Apparatus Yes/No Weighing Machine Yes/No Refrigerator Yes/No Oxygen Yes/No Suction Yes/No Nebulizer Yes/No Glucometer Yes/No Privacy to Patients for examination Yes/No Chair for attendant/relative Yes/No Hand wash facility Yes/No Female attendant for female patient Yes/No Information material for patients Yes/No
Emergency Kit If Yes	Yes/No Ambu bag/Splints

Medical assistant	Nurse/dispenser
Sterilization Equipments	Autoclave/ Boiler
Suturing Material & Instruments	Yes/No
Dressing Room Available	Yes/No
Type of Services	
Regiment therapy Punch karma	Yes/No

## Form 2

### Performa for Survey of Homeopathy Centre

Serial No: _____	Date.: _____
Serial no of preliminary survey	Date
Name of field worker: _____	Name of Supervisor: _____
Name of State: _____	Name of District: _____
Locality Type	Rural/Urbanized Village/Others
Type of the Centre	Govt /Pvt/NGO/Other
Registration status of Homeopathic If yes Council Name	Yes/No
Address	Street Plot No. Pin code

Communication Detail Landline Mobile Fax E mail	
Approval /Permission/ Registration by Central/ State Govt	Yes/ No
Parking Facilities	Available / Not available

Fire Safety Measures Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No
Display of Service provided	Displayed / Not displayed
List of charges	Available/Not Available
BMW management Authorization obtained	Own /. Common treatment facility provider Yes/ No
Alternate source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Waste disposal Medical Records If Yes	Generator / UPS mechanism / inverter Yes / No Yes / No Yes/No Yes/No Manually/By Computer
Emergency Services 24 hours	Yes/No
Names of family physician/consultants displayed with timings	Yes/ No
Facilities available for waiting patients Waiting Area Registration Toilets Drinking Water Facility	Chairs/fans/lights Yes/No Yes/No Yes/No

Facilities available	Oxygen Suction Glucometer
Emergency Kit If Yes	Yes/No IV fluids
Sterilization Equipments	Autoclave/ Boiler
Suturing Material & Instruments	Yes/No
Dressing Room Available	Yes/No

## Form 2

### Performa for Survey of Dental Clinic

Serial No: _____	Date: _____
Serial no of preliminary survey	Date
Name of field worker: _____	Name of Supervisor: _____
Name of State: _____	Name of District: _____
Locality Type	Rural/Urbanized Village/Others
Name of the Clinic	_____ Govt./Pvt/NGO/Other
Scope	Family physician /Multi-Specialty/ Single-Specialty



Type of practice	Dispenser /prescribe /both
Address	Street Plot No. Pin code
Communication Detail Landline Mobile Fax E mail	
No. of OPD Chambers	
Approval /Permission/ Registration  Central/ State Govt	Yes/ No
Parking Facilities	Available / Not available
Fire Safety Measures  Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No
Display of Service provided	Displayed / Not displayed
List of charges	Available/Not Available
BMW management  Authorization obtained	Own /. Common treatment facility provider  Yes/ No
Alternative source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Waste disposal Medical Records If Yes	Generator / UPS mechanism / inverter Yes / No Yes / No Yes/No Yes/No Manually/By Computer
Emergency Services 24 hours	Yes/No

Names of family physician/consultants displayed with timings	Yes/ No																																		
Facilities available for waiting patients Waiting Area Registration Toilets Drinking Water Facility	Chairs/fans/lights Yes/No Yes/No Yes/No																																		
<b>Facilities available</b>	<table border="0"> <tr><td>Examination chair/ table/ Couch</td><td>Yes/No</td></tr> <tr><td>Torch</td><td>Yes/No</td></tr> <tr><td>thermometer</td><td>Yes/No</td></tr> <tr><td>stethoscope</td><td>Yes/No</td></tr> <tr><td>BP Apparatus</td><td>Yes/No</td></tr> <tr><td>Weighing Machine</td><td>Yes/No</td></tr> <tr><td>Refrigerator</td><td>Yes/No</td></tr> <tr><td>Oxygen</td><td>Yes/No</td></tr> <tr><td>Suction</td><td>Yes/No</td></tr> <tr><td>Dental chair/unit</td><td>Yes/No</td></tr> <tr><td>Sterilizer/Autoclave</td><td>Yes/No</td></tr> <tr><td>Basic Dental Instrument</td><td>Yes/No</td></tr> <tr><td>Privacy to Patients for examination</td><td>Yes/No</td></tr> <tr><td>Chair for attendant/relative</td><td>Yes/No</td></tr> <tr><td>Hand wash facility</td><td>Yes/No</td></tr> <tr><td>Female attendant for female patient</td><td>Yes/No</td></tr> <tr><td>Information material for patients</td><td>Yes/No</td></tr> </table>	Examination chair/ table/ Couch	Yes/No	Torch	Yes/No	thermometer	Yes/No	stethoscope	Yes/No	BP Apparatus	Yes/No	Weighing Machine	Yes/No	Refrigerator	Yes/No	Oxygen	Yes/No	Suction	Yes/No	Dental chair/unit	Yes/No	Sterilizer/Autoclave	Yes/No	Basic Dental Instrument	Yes/No	Privacy to Patients for examination	Yes/No	Chair for attendant/relative	Yes/No	Hand wash facility	Yes/No	Female attendant for female patient	Yes/No	Information material for patients	Yes/No
Examination chair/ table/ Couch	Yes/No																																		
Torch	Yes/No																																		
thermometer	Yes/No																																		
stethoscope	Yes/No																																		
BP Apparatus	Yes/No																																		
Weighing Machine	Yes/No																																		
Refrigerator	Yes/No																																		
Oxygen	Yes/No																																		
Suction	Yes/No																																		
Dental chair/unit	Yes/No																																		
Sterilizer/Autoclave	Yes/No																																		
Basic Dental Instrument	Yes/No																																		
Privacy to Patients for examination	Yes/No																																		
Chair for attendant/relative	Yes/No																																		
Hand wash facility	Yes/No																																		
Female attendant for female patient	Yes/No																																		
Information material for patients	Yes/No																																		
Emergency Kit If Yes	Yes/No Ambu bag/laryngoscope/endotracheal tubes/Splints/emergency drugs including IV fluids																																		
Medical assistant	Nurse/dispenser /any other																																		
Type of services provided	Primary care including minor surgery Specialty care (eg ophthalmology, skin etc) Vaccination services Family welfare services																																		
Sterilization Equipments	Autoclave/ Boiler																																		

**Form 2****Performa for Survey of Diagnostic Centre**

Serial No: _____	Date: _____
Serial no of preliminary survey	Date
Name of field worker: _____	Name of Supervisor: _____
Name of State: _____	Name of District: _____
Locality Type	Rural/Urbanized Village/Others
Type of the Centre	Govt /Pvt/NGO/Other
Registration status of Diagnostic If yes Council Name	Yes/No
Address	Street Plot No. Pin code
Communication Detail Landline Mobile Fax E mail	
Approval /Permission/ Registration by Central/ State Govt	Yes/ No
Parking Facilities	Available / Not available

Fire Safety Measures Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No
Display of Service provided	Displayed / Not displayed
List of charges	Available/Not Available
BMW management Authorization obtained	Own /. Common treatment facility provider Yes/ No
Alternate source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Medical Records If Yes	Generator / UPS mechanism / inverter Yes / No Yes / No Yes/No Manually/By Computer
No. of Ancillary Staff/Assistants Available	
Facilities available for waiting patients Waiting Area Registration Toilets Drinking Water Facility	Chairs/fans/lights Yes/No Yes/No Yes/No
Equipments for emergency:	thermometer Yes/No stethoscope Yes/No BP Apparatus Yes/No Oxygen Yes/No Suction Yes/No Glucometer Yes/No

**Form 2****Performa for Survey of Physiotherapy Centre**

Serial No:_____	Date:_____
Serial no of preliminary survey	Date
Name of field worker:_____	Name of Supervisor:_____
Name of State:_____	Name of District:_____
Locality Type	Rural/Urbanized Village/Others
Type of the Centre	Govt /Pvt/NGO/Other
Registration status of physiotherapist If yes Council Name : Qualification : University/Institute Name :	Yes/No
Address	Street Plot No. Pin code
Communication Detail : Landline Mobile Fax E mail	
Approval /Permission/ Registration by Central/ State Govt	Yes/ No
Parking Facilities	Available / Not Available

Fire Safety Measures Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No
Ramp Facility to Department	Yes/No
Lift Facility to Department	Yes/No
Display of Service provided	Displayed / Not displayed
List of charges	Available/Not Available
BMW management Authorization obtained	Own /. Common treatment facility provider Yes/ No
Alternate source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Medical Records If Yes	Generator / UPS mechanism / inverter Yes / No Yes / No Yes/No Manually/By Computer
No. of Ancillary Staff/Assistants Available	
Facilities available for waiting patients Waiting Area Registration Toilets Drinking Water Facility	Chairs/fans/lights Yes/No Yes/No Yes/No
Equipments for emergency	thermometer stethoscope BP Apparatus Oxygen Suction Glucometer Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No

## PHYSIOTHERAPY EQUIPMENTS DETAILS

### Electrotherapy Equipments:

Short Wave Diathermy	Available / Not Available
Ultrasonic Therapy	Available / Not Available
Interferential Therapy	Available / Not Available
Hot Pack Unit	Available / Not Available
Paraffin Wax Bath	Available / Not Available
TENS	Available / Not Available
LASER	Available / Not Available
Traction Unit (Cervical / Lumbar)	Available / Not Available
Muscle Stimulator	Available / Not Available
Muscle Stimulator (With Electro diagnostic Facility)	Available / Not Available
Cold Packs	Available / Not Available
C.P.M.	Available / Not Available
Any Other Electrotherapy Equipment	Please Mention

### Exercise Therapy Equipments:

Shoulder Wheel	Available / Not Available
Over Head Pulley	Available / Not Available
Wall Ladder	Available / Not Available
Supinator Pronator Exerciser	Available / Not Available
Heel Exerciser	Available / Not Available
Ankle Exerciser	Available / Not Available
Tilt Boart	Available / Not Available
Walker / Crutches / Canes	Available / Not Available
Stationary Bicycle	Available / Not Available
Treadmill	Available / Not Available
Vibrator for Chest Physiotherapy	Available / Not Available

Swiss Ball	Available / Not Available
Dumbbells / Weight Cuffs	Available / Not Available
Gripper / Gel Balls	Available / Not Available
Thera Bands / Thera Tubes	Available / Not Available
Any Other Exercise Therapy Equipment	Plz mention
Regular Equipment Calibration / of their functioning	Check-up Yes / No
Spiro meter	Available / Not Available
Peak flow meter	Available / Not Available
Hydrotherapy	Available / Not Available

## Form 2

### Performa for Survey of Nursing Home/Hospital

#### Part- A

Serial No:_____	Date:_____
Serial no of preliminary survey	Date
Name of field worker:_____	Name of Supervisor:_____
Name of State:_____	Name of District:_____
Locality Type	Rural/Urbanized Village/Others
Name of the NH/H	Govt/Pvt/NGO/Other



Scope	Multi-Specialty Single-Specialty
If Multi specialty then Available Department:	Medicine ,Surgery Pediatrics,Orthopaedics,Obstetrics &Gyneoclogy,Opthamology,Ear,Nose,Throat,Skin, Neurology,Nephrology,Neurosurgery,Gastroenterology, Dental Any other specialties
Address	Street Plot No. Pin code
Communication Detail Landline Mobile Fax E mail	
Total area for the hospital/NH	
Total Built up area for hospital/NH	
Approval /Permission/ Registration by Central/ State Govt	Yes/ No
Parking Facilities	Available / Not available
Fire Safety Measures Extinguishers NOC from Fire Deptt.	Yes/ No Yes/ No
Ambulance Service Available	Yes/No
Display of Service provided	Displayed / Not displayed
List of charges	Available/Not Available
Pre-estimate of charges provisions	Provided to patients and signature taken / No mechanism exist but provided on demand
Revision of charges during treatment	Informed and signature taken / No mechanism

Lifts Availability Ramps	Yes/No Yes / No
BMW management  Authorization obtained	Own /. Common treatment facility provider  Yes/ No
Alternate source of electricity Air Pollution certificate for genset Noise pollution certificate for genset Canteen Laundry Medical Records If yes	Generator / UPS mechanism / inverter Yes / No Yes / No Yes/No Yes/No Yes/No Manually/By Computer

**Part B : OPD details**

Entry Gate location from main road with sign posts	Yes/ No
Names of consultants displayed with timings	Yes/ No
Facilities available for waiting patients  Waiting Area Registration Space Toilets Drinking Water Facility	Chairs, fans, lights Yes/No Yes/No Yes/No

Facilities available in consultation room	Examination chair/ table/ Couch Torch thermometer stethoscope BP Apparatus Privacy to Patients Chair for attendant/relative Hand wash facility Female attendant for female patient Information material for patients	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Lab Services	Yes/No	
Lab Sample Collection in OPD	Yes/No	

### Part-C Casualty / emergency services

Casualty area location	Displayed and visible / not displayed
Entrance gate to casualty with RAMP Width of gate	Yes/No app 1.6mtr/less
No of examination Beds	One/ more than one
No of observation Beds	_____
Staff availability to deal emergency patients	Yes/No

Equipments to deal in the facilities If available -	Available/ NA
Facilities to stabilize patients	
Fluids (all types )	Yes/No
Oxygen	Yes/No
Suction	Yes/No
BP apparatus -	Yes/No
Thermometers-	Yes/No
Defibrillators-	Yes/No
Nebulizers -	Yes/No
CPR Trolley /Tray-	Yes/No
Emergency medicines	Yes/No
ECG	Yes/No
Cardiac monitor	Yes/No
Pulse oxymeter	Yes/No

#### Part D IPD

No. of Beds	_____
Total Area for IPD	_____
Beds strength	Ward _____ Room _____
Hand wash facilities	Yes/No
Nursing Station/Reception	Yes/No
Signage to different departments	Yes/No
Toilets in Room Toilets in Wards	Common/ Attached with room Common/ Attached with room

No. of ICCU Beds No. of ICU beds	_____ _____
Labour rooms No. Labour table Facility for resuscitation of the new born	_____ _____
Vaccination services	
Bed side facilities	Call bell for nurses Chair for sitting Food Table Telephone intercom Television / music etc Any other eg bed pans, waste bins Hand Sanitizer
Resident Doctors	Available/Not Available
Blood Bank/Storage	Available/Not Available
Patients records in wards	Properly placed / haphazardly placed
Availability of Consultants	Yes/ No / on call

### Part- E Operation Theatre

No of OTs	
Total area for OTs	
Area of OT where table Placed Major Minor	Yes/No
Type of OT	Ordinary / Modular
Air conditioning	Central / window type/ Split / Laminar flow

Essential Equipments	OT table Boyles apparatus Pulse ox meter Defibrillator Oxygen - Course Central /Cylinder -Suction - Central / individual Cautery
OT Technician OT Nurse	Yes/No Yes/No
Staff posted experience in years	_____
Recovery Room	Yes/No

### Part-F Diagnostic Services

Laboratory Services Available	Yes/No , net worked /not net worked
Hematology Biochemistry Pathology Microbiology	Yes/No Yes/No Yes/No Yes/No
Imaging Services  X ray Ultrasound Scan Echocardiography CT Scan Blood Bank	  Yes/No Yes/No Yes/No Yes/No Yes/No

### Part G: Manpower Available

Criteria	Number
1. Doctors	
2. Nurses a) Qualified b) Trained	
3. Pharmacist	
4. Non Medical Office Staff Helping Staff	
5. Cleaning Staff	
6. Catering Staff	

### Part- H Pharmacy

Pharmacy available in the hospital premises	Yes/No
Generic Medicine available	Yes/No
Medicines prescribed	Charged/Subsidized/Free for distribution to the patients

**Others:**

Hospital infection control committee	
Birth and death registered in this hospital	Yes/No



**Annexure III**

**PROGRESS ON SURVEY OF CLINICAL  
ESTABLISHMENTS AND DEVELOPMENT  
OF MINIMUM STANDARDS  
by  
QCI and IMA**

# Status

Steps	Detail	Current status
Step 1	Quantitative survey of all clinical establishments and medical practitioners through Indian Medical Association in all (61) districts of the 4 states namely Arunachal Pradesh, Himachal Pradesh, Sikkim and Mizoram and 7 Union Territories	
Step 2	Qualitative survey of the facilities in selected states to capture details of each category of centre: infrastructure, regulatory, staffing, services and processes	<p>Performa prepared by the committee</p> <p>Process completed in all the target states and UTs</p>
Step 3	Standard drafting	<p>Committees formulated</p> <p>Minimum essential standards attached</p>

## Step 1: Summary

Sl.No.	State/UT	No. of Clinical establishments
1.	Arunachal Pradesh	1065
2.	Himachal Pradesh	6513
3.	Sikkim	259
4.	Mizoram	591
5.	Pondicherry	883
6.	Andaman & Nicobar	335
7.	Delhi	9768
8.	Daman & Diu	113
9.	Chandigarh	459
10.	Dadar Nagar Haveli	92

**ARUNACHAL PRADESH CLINIC & CENTRE**

S NO	NAME OF DISTRICTS	CLINIC/ CENTRE			POLYCLINIC	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA/ SIDDHA/UNANI	ALLOPATHY/ AYUSH/DENTAL	
1	ANJAW	1	2			
2	CHANGLANG	16	4			
3	LOWER DIBANG VALLEY	10	4			2
4	LOHIT	2	3		1	6
5	WEST SIANG	7	2	1	1	
6	UPPER SIANG	7	3		1	
7	KURUNG KUMEY	1	4		1	
8	UPPER SUBANSIR	11	6			4
9	TIRAP	14	2	1		2
10	EAST SIANG	11	6	2		2
11	LOWER SUBANSIRI	8	5			
12	DIBANG VALLEY	3	3			
13	PAPUM PARE	2	4			
14	TAWANG	3				
15	WEST KAMENG	2			1	3
16	EAST KAMENG	1			2	3
	<b>TOTAL :</b>	<b>99</b>	<b>48</b>	<b>4</b>	<b>7</b>	<b>22</b>

**ARUNACHAL PRADESH NURSING HOME & HOSPITAL**

SI NO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/DENTAL
1	ANJAW	2				1
2	CHANGLANG	4				1
3	LOWER DIBANG VALLEY	2				1
4	LOHIT	5				4
5	WEST SIANG	1				5
6	UPPER SIANG					2
7	KURUNG KUMEY					3
8	UPPER SUBANSIRI	1				2
9	TIRAP	6				
10	EAST SIANG	3				5
11	LOWER SUBANSIRI	1				2
12	DIBANG VALLEY	1				
13	PAPUM PARE	2				7
14	TAWANG	1				1
15	WEST KAMENG	1				4
16	EAST KAMENG					2
	<b>TOTAL :</b>	<b>30</b>				<b>40</b>

**HIMACHAL PRADESH CLINIC & CENTRE**

SI No	NAME OF DISTRICTS	NURSING HOME & HOSPITAL					
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	EYE	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/DENTAL
1	BILASPUR	16		6			3
2	CHAMBA	32		2	4		
3	HAMIRPUR	6		3			13
4	KANGRA	68		5		1	
5	KINNAUR	7		1			
6	KULLU	10		2			3
7	LAHAUL & SPITI	3					1
8	MANDI	38	1	2		2	
9	SHIMLA	30					5
10	SIRMOUR	17		4			2
11	SOLAN	32					9
12	UNA	10		2			
	<b>TOTAL :</b>	<b>269</b>	<b>1</b>	<b>27</b>	<b>4</b>	<b>3</b>	<b>36</b>

**SIKKIM CLINIC & CENTRE**

SI No	NAME OF DISTRICTS	CLINIC/ CENTRE				DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	
1	EAST SIKKIM	12				9
2	WEST SIKKIM	7				
3	NORTH SIKKIM	4				
4	SOUTH SIKKIM	7				
<b>TOTAL :</b>		<b>30</b>				<b>9</b>

**SIKKIM NURSING HOME & HOSPITAL**

SI No	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/HOMEOPATHY/AYURVEDA/DENTAL
1	EAST SIKKIM	1				1
2	WEST SIKKIM	2				
3	NORTH SIKKIM	2				
4	SOUTH SIKKIM	2				
<b>TOTAL :</b>		<b>7</b>				<b>1</b>

**MIZORAM CLINIC & CENTRE**

Sl No	NAME OF DISTRICTS	CLINIC/ CENTRE				DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA/SIDDHA/UNANI	DENTAL	
1	AIZAWL	21			20	13
2	CHAMPHAI	11				1
3	KOLASIB	6			1	1
4	LAWNGTLAI	6				
5	LUNGLEI	9				4
6	MAMIT	7				
7	SAIHA	4				
8	SERCHHIP	5				
<b>TOTAL :</b>		<b>69</b>			<b>21</b>	<b>19</b>



**MIZORAM NURSING HOME & HOSPITAL**

SI NO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/DENTAL
1	AIZAWL	12				7
2	CHAMPHAI	4				1
3	KOLASIB	2				1
4	LAWNGTLAI	3				
5	LUNGLEI	1				4
6	MAMIT	3				
7	SAIHA	1				
8	SERCHHIP	2				
	<b>TOTAL :</b>	<b>28</b>				<b>13</b>

**PONDICHERRY CLINIC & CENTRE**

SI No	NAME OF DISTRICTS	CLINIC/ CENTRE						POLYCLINIC	MISCELLANEOUS	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA/SIDHA/UNANI	DENTAL	PHYSIOTHERAPY	EYE/ENT	ALLOPATHY/AYUSH/DENTAL		
1	PONDICHERRY	376	13	32	64	13	16	3	1 Audiologist & Speech Pathologist Clinic  1 Blood Bank.  1 Yoga Centre.  5 Acupuncture Clinic	123
2	KARAIKAL	11	1							
3	MAHE	1								
4	YANAM									
<b>TOTAL :</b>		<b>388</b>	<b>14</b>	<b>32</b>	<b>64</b>	<b>13</b>	<b>16</b>	<b>3</b>		

**PONDICHERRY NURSING HOME & HOSPITAL**

SL NO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH /DENTAL
1	PONDICHERRY	58		5		1
2	KARAIKAL	5				
3	MAHE	2		1		
4	YANAM	3				1
	<b>TOTAL :</b>	<b>68</b>		<b>6</b>		<b>2</b>

**ANDAMAN & NICOBAR ISLAND CLINIC & CENTRE**

S N O	NAME OF DISTRICTS	CLINIC/ CENTRE				POLY CLINIC	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	ALLOPATHY/AYUSH/DENTAL/EYE/ENT	
1	NORTH & MIDDLE ANDAMAN	7	10	1		1	
2	SOUTH ANDAMAN	16	1	2	1	1	4
3	NICOBAR	6	5	2			
	<b>TOTAL :</b>	<b>29</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>4</b>

**ANDAMAN & NICOBAR ISLAND NURSING HOME & HOSPITAL**

S NO	NAME OF DISTRICTS	ANDAMAN & NICOBAR NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/DENTAL
1	NORTH & MIDDLE ANDAMAN	2				
2	SOUTH ANDAMAN	10		1		2
3	NICOBAR	2				
	<b>TOTAL :</b>	<b>14</b>		<b>1</b>		<b>2</b>

**DELHI CLINIC & CENTRE**

S L N O	NA ME	CLINIC/ CENTRE						POLYCLINIC	MISCELL ANEOUS	DIAGN OSTIC CENTR E
		ALLOP ATHY	HOMEO PATHY	AYURVE DA/ SIDDHA/ UNANI	DEN TAL	PHYSIOT HERAPY	EYE/ ENT	ALLOPATHY/AYUSH/D ENTAL/EYE/ENT		
1	DEL HI	5456	386	1199	986	28	47	9	46 - Naturopa thy Clinics	548
	<b>TO TAL :</b>	<b>5456</b>	<b>386</b>	<b>1199</b>	<b>986</b>	<b>28</b>	<b>47</b>	<b>9</b>		5 - Skin Clinics

**DELHI NURSING HOME & HOSPITAL**

SL NO	NAME	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA/SIDDHA/UNANI	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/ DENTAL
1	DELHI	707	2	5	1	2
	<b>TOTAL :</b>	707	2	5	1	2

**DAMAN & DIU CLINIC & CENTRE**

SL NO	NAME OF DISTRICTS	CLINIC/ CENTRE					POLY CLINIC	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA /SIDDHA/UNANI	DENTAL	EYE	ALLOPATHY/AYUSH/DENTAL	
1	DAMAN & DIU	25	25	9	7	1	2	7
	<b>TOTAL :</b>	25	25	9	7	1	2	7

**DAMAN & DIU NURSING HOME & HOSPITAL**

S NO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/ DENTAL
1	DAMAN & DIU	5	2			1
	<b>TOTAL :</b>	5	2			1

**CHANDIGARH CLINIC & CENTRE**

SL NO	NAME OF DISTRICTS	CLINIC/ CENTRE					POLYCLINIC	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA /SIDDHA/ UNANI	DENTAL	EYE/ENT	ALLOPATHY/ AYUSH/DENTAL/EYE/ENT	
1	CHANDIGARH	73	192	48	21	6	2	13
	<b>TOTAL :</b>	73	192	48	21	6	2	13

**CHANDIGARH NURSING HOME & HOSPITAL**

SNO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/DENTAL
1	CHANDIGARH	31				1
	<b>TOTAL :</b>	31				1

**DADRA NAGAR HAVELI CLINIC & CENTRE**

SI NO	NAME OF DISTRICTS	CLINIC/ CENTRE				POLY CLINIC	DIAGNOSTIC CENTRE
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	ALLOPATHY/AYUSH/DENTAL	
1	DADRA NAGAR HAVELI	12	2	4			8
	<b>TOTAL :</b>	12	2	4			8

**DADRA NAGAR HAVELI NURSING HOME & HOSPITAL**

SL NO	NAME OF DISTRICTS	NURSING HOME & HOSPITAL				
		ALLOPATHY	HOMEOPATHY	AYURVEDA	DENTAL	MULTIPLE SERVICES NH/H ALLOPATHY/AYUSH/ DENTAL
1	DADRA NAGAR HAVELI	14				2
	<b>TOTAL :</b>	<b>14</b>				<b>2</b>



## Details of Government Clinical Establishments

STATE	SUB CENTRE	PHC/PUHC	CHCs	DISTRICT HOSPITALS	OTHERS
ANDAMAN & NICOBAR	114	19	4	3	AYURVEDA HOSPITAL - 1 UNANI HOSPITAL-1 HOMEOPATHIC HOSPITAL-1 AYURVEDA DISPENSARIES-5 HOMEOPATHIC DISPENSARIES-15
ARUNACHAL PRADESH	592	116	44	14	AYURVEDA HOSPITAL-1 HOMEOPATHIC HOSPITAL-2 AYURVEDA DISPENSARIES-2 HOMEOPATHY DISPENSARIES-44
MIZORAM	366	57	9	8	HOMEOPATHIC DISPENSARIES-1
HIMACHAL PRADESH	2071	449	73	12	AYURVEDA HOSPITALS - 25 HOMEOPATHIC HOSPITAL -1 AYURVEDA DISPENSARIES-1109 HOMEOPATHIC DISPENSARIES-14 UNANI DISPENSARIES - 3
DELHI	41	8		9	AYURVEDA HOSPITAL - 10 HOMEOPATHIC HOSPITAL - 2 UNANI HOSPITAL - 2 AYURVEDA DISPENSARIES - 148 HOMEOPATHIC DISPENSARIES - 98 UNANI DISPENSARIES -25

<b>CHANDIGARH</b>	<b>17</b>	<b>15</b>	<b>2</b>	<b>5</b>	<b>AYURVEDA DISPENSARIES -9</b> <b>HOMEOPATHIC DISPENSARIES - 10</b> <b>UNANI DISPENSARIES - 1</b> <b>ESI DISPENSARIES - 3</b> <b>RURAL DISPENSARIES - 7</b> <b>CIVIL DISPENSARIES - 3</b>
<b>SIKKIM</b>	<b>147</b>	<b>24</b>	<b>4</b>	<b>4</b>	<b>AYURVEDA HOSPITAL -1</b> <b>AYURVEDA DISPENSARIES -1</b> <b>HOMEOPATHIC DISPENSARIES - 1</b>
<b>DAMAN &amp; DIU</b>	<b>22</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>AYURVEDA DISPENSARIES - 1</b>
<b>DADRA NAGAR HAVELI</b>	<b>38</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>AYURVEDA DISPENSARIES -3</b> <b>HOMEOPATHIC DISPENSARIES - 1</b>
<b>PONDICHERRY</b>	<b>77</b>	<b>39</b>	<b>4</b>	<b>4</b>	<b>AYURVEDA HOSPITAL -1</b> <b>AYURVEDA DISPENSARIES - 16</b> <b>HOMEOPATHIC DISPENSARIES -7</b>

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**EOM**

**INDIAN MEDICAL ASSOCIATION**  
**IMA House, I.P.Marg, New Delhi, India**



July 12, 2013