

**പതിമൂന്നാം കേരള നിയമസഭ  
പതിനഞ്ചാം സമ്മേളനം**

നക്ഷത്രചിഹ്നമിടാത്ത ചോദ്യം നം. 2481

14/12/2015 ൽ മറുപടിക്ക്

**സി എച്ച് സി-കളിലെ സ്റ്റാഫ് പാറ്റേൺ**

<p align="center"><b>ചോദ്യം</b></p> <p align="center"><b>ശ്രീ. കെ. വി. വിജയദാസ്</b></p>	<p align="center"><b>ഉത്തരം</b></p> <p align="center"><b>ശ്രീ. വി.എസ്. ശിവകുമാർ</b></p> <p align="center"><b>(ആരോഗ്യവും കുടുംബക്ഷേമവും ദേവസ്വവും വകുപ്പ് മന്ത്രി)</b></p>
<p>(എ) എല്ലാ സി എച്ച് സി -കളിലെയും സ്റ്റാഫ് പാറ്റേൺ അംഗീകരിച്ചിട്ടുണ്ടോ; എങ്കിൽ വിശദാംശം നൽകുമോ ; ബന്ധപ്പെട്ട ഉത്തരവുകളുടെ പകർപ്പ് ലഭ്യമാക്കുമോ;</p>	<p>(എ) ഉണ്ട്. 16/05/2008 ലെ നം. 156/2008/ആ.ക.വ. 06/11/2008 ലെ സ.ഉ.(എം.എസ്.)നം. 568/2008/ആ.ക.വ. സർക്കാർ ഉത്തരവുകൾ പ്രകാരം കമ്മ്യൂണിറ്റി ഹെൽത്ത് സെന്ററുകളുടെ സ്റ്റാഫ് പാറ്റേൺ നിശ്ചയിച്ചിട്ടുണ്ട്. പകർപ്പ് അനുബന്ധമായി ചേർത്തിരിക്കുന്നു.</p>
<p>(ബി) ആയതു പ്രകാരമുള്ള സ്റ്റാഫ് പാറ്റേൺ അനുസരിച്ച് ഉത്തരവായിട്ടുണ്ടോ; എങ്കിൽ ബന്ധപ്പെട്ട ഉത്തരവിന്റെ പകർപ്പ് നൽകുമോ;</p>	<p>(ബി) സി.എച്ച്.സി.കൾ ഉൾപ്പെടെയുള്ള എല്ലാ ആരോഗ്യസ്ഥാപനങ്ങളിലും സ്റ്റാഫ് പാറ്റേൺ അനുസരിച്ച് തസ്തികകൾ സൃഷ്ടിക്കുന്നത് പൊതുവായ ഒരു ഉത്തരവിലൂടെയല്ല. ഓരോ സ്ഥാപനത്തിൽ നിന്നും അതാത് ജില്ലാ മെഡിക്കൽ ഓഫീസർ ശുപാർശ ചെയ്ത് അയക്കുന്ന തസ്തികകൾ സൃഷ്ടിക്കുന്നതിനുള്ള പ്രൊപ്പോസൽ ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ പരിശോധിച്ച് സർക്കാരിന്റെ പരിഗണനയ്ക്കായി സമർപ്പിക്കുന്നു. സർക്കാർ ഇക്കാര്യത്തിൽ ആവശ്യമായ തസ്തികകൾ സൃഷ്ടിച്ച് ഉത്തരവ് പുറപ്പെടുവിക്കുകയും ചെയ്യുന്നു. ആയതിനാൽ ഒരു സി.എച്ച്.സി.യിൽ തന്നെ സ്റ്റാഫ് പാറ്റേൺ അനുസരിച്ചുള്ള തസ്തികകൾ സൃഷ്ടിക്കപ്പെടുന്നത് കാലകാലങ്ങളിൽ പുറപ്പെടുവിക്കുന്ന ഉത്തരവുകൾ അനുസരിച്ചായിരിക്കും.</p>
<p>(സി) ഇക്കാര്യത്തിൽ പ്രസ്തുത സ്റ്റാഫ് പാറ്റേൺ അനുസരിച്ച് നിയമങ്ങൾ നൽകുന്നതിന് നടപടി സ്വീകരിച്ചിട്ടുണ്ടോ; ഇല്ലെങ്കിൽ എന്തുകൊണ്ടാണെന്ന് വ്യക്തമാക്കുമോ?</p>	<p>(സി) പുതുതായി സൃഷ്ടിക്കുന്ന തസ്തികകളിലാണ് നിയമനങ്ങൾ നടത്തുന്നത്. സ്റ്റാഫ് പാറ്റേൺ പ്രകാരം പുതിയ തസ്തികകൾ സൃഷ്ടിക്കുന്നതനുസരിച്ച് നിയമനങ്ങൾ നൽകുന്നതാണ്.</p>

*Parala*

**സെക്ഷൻ ഓഫീസർ**



GOVERNMENT OF KERALA

Abstract

HEALTH & FAMILY WELFARE DEPARTMENT—REPORT ON STANDARDIZATION OF  
MEDICAL INSTITUTIONS UNDER KERALA HEALTH SERVICES DEPARTMENT—  
IN CONSISTENT WITH THE GUIDELINES ON STANDARDIZATION OF  
HEALTH INSTITUTIONS TO INDIAN PUBLIC HEALTH STANDARDS  
(IPHS) ISSUED BY MINISTRY OF HEALTH & FAMILY WELFARE,  
GOVERNMENT OF INDIA UNDER NRHM—  
APPROVED—ORDERS ISSUED

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G. O. (P) No. 156/08/H&FWD. Dated, Thiruvananthapuram, 16th May, 2008.

- Read:—
1. Proceedings No. PLB3-74500/97/DHS dated 13-5-2002 of the Director of Health Services, Thiruvananthapuram.
  2. Report on standardization of Medical Institutions under Kerala Health Services Department prepared by the Committee for Standardization.
  3. Guidelines on Standardization of Health Institutions to Indian Public Health Standards (IPHS) issued in February 2007 by Ministry of Health and Family Welfare, Government of India.

ORDER

The Committee for Standardization of Medical Institutions in the State under Health Services Department constituted as per the order read as 1st paper above has submitted their report in 2002. The standardization process was earlier proposed to be funded through the erstwhile European Commission Sector Investment Programme.

GCPT. 3/1952/2008/DTP.

2. The report contains recommendation for standardization of various levels of institutions under Health Services Department. Recommendations include—

- (1) Service delivery and standardization norms
- (2) Infrastructure requirement
- (3) Manpower requirement
- (4) Standardization of Laboratory services

Ministry of Health and Family Welfare, Government of India, National Rural Health Mission (NRHM) and one of the components under the programme is upgradation of Health Institutions to Indian Public Health Standards (IPHS). Under NRHM, the upgradation of Health Institutions is funded by Ministry of Health and Family Welfare, Government of India and the Ministry has published Indian Public Health Standards (IPHS) for PHC, CHC and Sub Centres. Govt. of India have already released partially funds for upgrading these institutions. Hence, it is better to opt for upgradation of hospitals to meet IPHS. However, most of the components of standardization included in IPHS have to be extended for other category institutions like General Hospitals, District Hospitals, Taluk Headquarters Hospitals, Speciality Hospitals and other Government Hospitals for which the recommendations in the Standardization Report can be accepted as a basic document for upgradation.

4. Hence co-ordination between the Standardization Programme under NRHM and Standardization of Medical Institutions based on the report of the Standardization Committee is required.

5. Government have examined the matter in detail and are pleased to approve the report of the Standardization Committee with the following changes annexed to this order to make the report in conformity with guidelines issued by Ministry of Health and Family Welfare, Government of India for upgradation of Health Institutions to Indian Public Health Standards (IPHS).

6. Creation of posts and other financial commitments if any, in regard will not form part of this order giving approval of the report, but will be ordered separately.

By order of the Governor,

DR. VISHWAS MEHTA,  
Secretary to Government

## ANNEXURE

## STAFF PATTERN FOR SUB CENTRES/PHCS/CHCS

<i>Staff pattern proposed in the report</i>		<i>As per Indian Public Health Standards</i>	
(1)		(2)	
<b>(a) Sub Centre</b>			
Jr. Public Health Nurse	1	Health Worker (Female)	1
Jr. Health Inspector	1	Health worker (Male)	1
		Voluntary worker (optional)	1
<b>(b) Primary Health Centre</b>			
Medical Officer	1	Medical Officer (at least 1 female)	3
Staff Nurse	1	Staff Nurse (Mid wife)	5
Pharmacist	1	Pharmacist	2
Hospital Attendant	2	Health Assistant (male & female)	2
Lab Technician	1	Lab technician	2
Nursing Assistant	1	Health worker (female)	1
Clerk	1	Clerks	2
P. T. Supervisor	1	Class IV	4
Health Inspector	1	Health Educator	1
Lady Health Inspector	1	Account Manager	1
JPHN as per norms			
Jr. Health Inspector— as per norms		Driver—Optional/ may be out sourced	
<b>(c) Community Health Centre</b>			
<i>Medical Officers</i>		Block Health Officer / Superintendent Senior most among the below mentioned Specialists	
General Medicine	1	Physician	1
General Surgery	1	General Surgeon	1
Obstetrics and Gynaec	1	Obstetrics and Gynaec	1
Pediatrics	1	Pediatrics	1
Anaesthesia	1	Anaesthesia	1
Family Welfare/General	2	Public Health Manager	1
Superintendent Administrative- cum-Public Health	1	Eye Surgeon	1
		(1 for 5 CHCs)	
		Dental Surgeon	1
		General Duty Medical Officer	6
		(at least 2 female doctors)	

(1)		(2)	
<i>Nursing Staff</i>			
Nursing staff (8+2 as leave reserve)	10	Staff Nurse	19
Pharmacist	1	JPHN	1
Lab Technician	2	ANM	1
Laboratory Attender	1	Pharmacist/Compounder	3
Ophthalmic Assistant	1		
Nursing Assistant	6	Lab. Technician	3
Hospital Attendant Gr. I	2	Radiographer	2
Hospital Attendant Gr. II	5	Ophthalmic Assistant	1
Store Keeper-cum-Accountant (LDC)	1	Dresser	2
Computer (Data Entry Operator)	1	Ward Boys/Nursing orderly	5
Driver	1	Sweeper	5
Clerk	1	Chawkidar	5
Peon	1	Dhobi	1
P. T. Sweeper	1	Mali	1
Radiographer	1	Aya	5
Field Staff	1	Peon	2
Health Supervisor	1	Ophthalmic Assistant	1
Lady Supervisor	1	Regn. Clerk	2
Health Inspector	1	Statistical Assistant/ Data Entry Operator	1
Lady Health Inspector	1	Accountant/Administration Assistant	1
Jr. Health Inspector	As per norms	OT Technician	1
JPHN	"		

2: The above staff details are only indicative. The actual number of posts in each category to be created in the institution is to be worked out by Director of Health Services in consultation with State Mission Director, National Rural Health Mission. The details of staff pattern proposed for Taluk Hospitals, District Taluk Hospitals, General Hospitals and Speciality Hospitals and Medical College Hospitals is shown at P. 87-93 and P. 94-95 of the Report. But the staff pattern as per the IPHS for these institutions will be worked out by the Director of Health Services/State Mission Director in consultation with, National Rural Health Mission.

3. Regarding the infrastructure as per standardization norms, the Report suggest that the structural design should depend on the actual requirements and availability of land and resources. The same is shown at P. 47-80 of the Report.

4. Regarding the equipment requirements as per standardization norms, the Report says that it is not feasible to fix standards because of the inherent danger of any equipment becoming obsolete at any point of time and necessity of adding newer equipment to the armamentarium of the service providers as and when they became available. However the Report has mentioned a list of equipments with recommendations that the list have to be periodically updated at intervals of at least 2 years and not more than 3 years under any circumstances. The list is shown at P. 97-144 of the Report.

5. The following charges are recommended as per IPHS:

(i) Presently there is one post of JPHN in the sub centre. NRHM has provision for appointment of one additional JPHN in sub centers on contract basis. Each sub centre is provided with a maintenance grant of Rs. 10,000 and untied fund of Rs. 10,000 per year under NRHM. NRHM also provides drug kit for sub centers. In such circumstances Government may follow the Indian Public Health Standards (IPHS) for sub centers.

(ii) Under the standardization pattern the committee has not suggested any provision for IP facility in primary health centers. When institutions are being considered for upgradation to Community Health Centres; these institutions are to be given priority over the institutions currently not having any IP facility.

(iii) The present mini PHC may be re-designed as P.H. Centre.

(iv) Each Primary Health Centre is provided with a maintenance grant of Rs. 25,000 and untied fund of Rs. 25,000 per year under NRHM. Moreover, Rs. 1 lakh will be given as one time grant to Hospital Development Committee/Hospital Management Committees.

(v) Committee has recommended that there may be one CHC in every Block Panchayat. In Block Panchayaths having more than one such institution, one may be redesignate as Community Health Centre. The others may continue to provide service at a level that deems fit to the Local Self Government Institutions.

IPHS recommends minimum infrastructure requirement, manpower requirement, equipments, investigation facilities, essential drugs needed for CHC, blood storage facility etc. NRHM provides Rs. 20 lakh per Community Health Centre for upgradation to IPHS standard. Government will follow Indian Public Health Standard for upgradation of CHCs.

6. Standardization Committee recommended, there shall be a Taluk Hospital at each Taluk, which may also provide preventive services. When One Taluk Hospital in each Taluk is established to fill up the gap, the following institutions are to be upgraded/re-designated to respective Taluk Hospitals:

<i>District</i>	<i>Taluk</i>	<i>Name of Institution to be re-designated as THQH</i>
Thiruvananthapuram	Nedumangadu	CHC, Nedumangadu
Kollam	Kottarakkara	CHC, Kadakkal
Pathanamthitta	Adoor	CHC, Adoor
Alappuzha	Chengannoor	CHC, Chengannoor
Kottayam	Vaikom	CHC, Vaikom
Ernakulam	Kothamangalam	CHC, Kothamangalam
Palakkad	Alathoor	CHC, Alathoor
Malappuram	Ernad	CHC, Malappuram
Wayanad	Vythiri	CHC, Vythiri
Idukki	Adimali	CHC, Adimali
Idukki	Nedumkandam	CHC, Nedumkandam
Pathanamthitta	Ranni	CHC, Ranni Perinad

7. Standardization committee proposes each district to have a designated District Hospital.

The districts such as Thiruvananthapuram, Ernakulam and Kozhikkode shall have a designated District Hospital; GH, Peroorkada in Thiruvananthapuram and GHI, Aluva in Ernakulam can be considered for upgradation as District Hospitals. In Kozhikkode District, Kozhikkode Taluk has Medical Colleges and other major hospitals, so any of the following Taluk Hospitals/CHCs such as Badagura/ Kuttiyadi or Koilandy can be considered for upgradation into DH.

8. T.B. Sanatorium may be developed as Department of Pulmonology.

9. The Leprosy Sanatoria, Nooranadu and Leprosy Hospitals at Chevayor and Koratty may be re-designated as Institutes for teaching, training, research and rehabilitation of patients. Since the inpatients in the T.B. and Leprosy Hospitals are diminishing the excess staff/ posts in these institutions may be adjusted/ redeployed against the requirements in other institutions.

10. Mental Health Centres are located in Thiruvananthapuram, Thrissur, and Kozhikkode and these will have to function as per the Guidelines and Direction as per Mental Health Act and of Hon'ble High Court.

11. At present there is no Urban Sub Centre in urban areas under Health Services Department. For the proper implementation of National Health Programmes and Primary Health Care Delivery in urban areas, Standardization Committee recommended one Urban Sub Centre to cater to the need of an approximate population of 10000 each to deliver all services as in case of rural sub centre. In the Urban Health Centres residential facility need not be provided. Urban Health Centers may be included in the NRHM urban RCH PIP.

12. Standardization Committees has recommended norms for standardization of infrastructure, quarters for-staff, staff pattern for the hospital, standardization norms for equipment and standardization norms for laboratory services.

13. General Hospitals are to provide all types of tertiary level services. These institutions are to provide greater quantum of all the services provided at the District Hospitals level and are also expected to provide the super speciality services like Cardiology, Neurology, Plastic Surgery, Urology and Pediatric Surgery .

14. As regards tertiary level referral Hospital of Gynaecology, Obstetrics and Pediatrics, in districts where there are separate W&C Hospitals, the District Hospitals need not provide these services.



Standardization Committee recommended that, in those districts where the W&C Hospitals are geographically closely located to the District Hospitals, it would be worthwhile bring them under the District Hospitals to dispense with the administrative duplications and also to increase the efficiency of service provision.

15. The institutions like Government Hospitals, Dispensaries with or without beds, T.B. Clinics, certain PHC's etc. which do not come under the purview of recommended standard norms of institutions and are out of pattern; these institutions shall be converted/ modified/ upgraded to the standard norms institutions.

To

The Principal Accountant General (Audit) Kerala, Thiruvananthapuram.  
The Accountant General (A&E) Kerala, Thiruvananthapuram.  
The Director of Health Services, Thiruvananthapuram.  
The State Mission Director, NRHM, Thiruvananthapuram.  
All District Medical Officers.  
All District Collectors.  
Heads of concerned Local Self Government Institutions (Through SMD, NRHM).  
Stock File/OC.

Copy to:

PS to Minister (Health)  
PA to Secretary (Health)  
CA to Special Secretary (Health).

*Parala*  
Section Officer

2008/08/11  
2481



GOVERNMENT OF KERALA  
Abstract

Health & Family Welfare Department - Standardization of Public Health institutions and upgradation of PHCs,/CHCs, Taluk and other Government Hospitals under Health Services Department - Orders issued.

**HEALTH & FAMILY WELFARE (M) DEPARTMENT**

G.O.(MS)No.568/08/H&FWD Dated Thiruvananthapuram, 6.11.2008.  
Read: G.O.(P).No.156/08/H&FW dated 16.5.2008.

ORDER

Various categories of Health Care institutions namely Primary Health Centres, Community Health Centres and different categories of Government Hospitals existing in Kerala are not having a uniform pattern and the required minimum requirements have not been clearly specified. This has created various types of regional imbalances in the availability of health care institutions, adversely affecting the availability of services in the backward districts/areas. In the absence of clear-cut standardization criteria, systematic and uniform institutional development strategies have not been followed in the state. Based on some of the fundamental principles of Public Health Planning followed in the Standardization Committee report and the recently developed Indian Public Health Standards (IPHS) as approved vide G.O. above read and giving due consideration to the special features of the public health scenario and institutional development pattern of Kerala it has been decided to standardize health institutions coming under the Health Services Department.

2. As per the standardization process the institutions will be classified based on the bed strength/and the field requirements. Accordingly the Institutions will be classified as follows, with the facilities and staff strength indicated under each category to be provided in due course..

**2.(1) Primary Health Centres (PHCs)**

(a) Primary Health Centres are, basically Grama Panchayat level health institutions intended for providing the basic promotive/preventive health care services including the implementation of the national and state level Public Health programs along with minimum curative services. Though observation beds are provided in these institutions elaborate in-patient care is not expected at this level normally. However, at present there are many Primary Health Centres with functioning Inpatient services, Lab

services, Vehicles with driver etc. In these institutions will be continued. But considering the fact that the efforts for converting the inpatient facilities into full fledged IP units in many of these institutions have repeatedly failed, the nonfunctioning (sanctioned) bed strength and additional staff created in some of these institutions may be transferred, if required, to other institutions requiring additional staff and bed strength.

(b) Hospital Staff pattern ( Minimum staff required).

1. Medical Officers: 2 (Preferably one male and one female - increased from existing 1, the remaining 1 can be provided by NRHM till sanctioned posts are created)
2. Pharmacists - 1,
3. Staff nurse - 3 (increased from existing 1, the remaining 2 can be provided on contract basis with NRHM funding till sanctioned posts are created)
4. Nursing Assistant - 1,
5. Hospital Attendant - 1,
6. Part time sweeper - 1

(c) Public Health Wing

One Junior Public Health Nurse & Junior Health Inspector each for one sub Center i.e. for 5000 population, (for 3000 population in tribal and hilly areas.)

One Health Inspector, One Lady Health Inspector (Additional Staff required to be provided by NRHM)

(d) Office

One LD/UD Clerk, One peon

2.2. Primary Health Centres with 24 Hour on call Service (24x7 PHCs)

(a) After upgrading the eligible Block PHCs into CHCs as per the standardization criteria, the remaining block PHCs with functioning In patient facilities along with other existing Mini PHCs with functioning IP facilities will be categorized as 24 Hr PHCs as per Indian Public Health Standard. One Hospital in each block will be designated thus as 24x7 PHC and should have bed strength of up to 30, with the following staff strength.

(b) Staff Strength:

Medical Officer - 4, Pharmacist -2; Lab Technician - 2; Staff Nurse- 9

Nursing Assistant - 3; Hospital Attendant - 3; Part Time Sweeper - 2

Preferably a vehicle, which can be taken by outsourcing.

(c) Staff nurse and other category of staff are to be provided as per the existing bed strength and other available facilities. Public Health wing staff and Office Staff will be as per existing norms. Additional Staff requirement will be provided by NRHM.

(d) The institution will have OPD services, emergency 24x7 services that could be attended by nurses and one Medical Officer, well functioning Hospital Management Committees(HMC), referral services, in-patient services, minor surgeries, management of wound and fracture, MCH care including FP services including facility for MTP, nutritional services, School Health Programs, and Monitoring & Supervision of National Health Programs including ASHA. Full

*laboratory facilities shall be available and availability of drugs and key diagnostic tests is to be ensured.*

laboratory facilities shall be available and availability of drugs & key diagnostic tests is to be ensured.

### **2.3. Community Health Centres(CHC)**

(a) Community Health Centres are Block level Health care institutions providing basic and Secondary Health Care services along with the planning, implementation and coordination of the Public Health Programs at the Block level. There will be one Community Health Centre each in all the Health Blocks in the State. At present some of the CD Blocks are not having a CHC. In such cases one block PHC/Govt.Hospital will be upgraded into CHC and with the support of Government of India these centres along with the existing CHCs shall be upgraded to Indian Public Health Standards (IPHS). The CHCs will have bed strength of 30 to 100 with theatre facility, Laboratory, X-ray, ECG and Ultrasound

#### **(b)Staff required**

Doctors - 5 specialists (Medical Consultants or Junior Medical Consultants) in General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics and Anesthesiology.

Other non specialists - 2 (general category) based on the total bed strength will be posted. Paramedical staff and other staff are to be posted based on the bed strength and other facilities available.

#### **(c)Block level Public Health Staff.**

Health Supervisors - 1; Lady Health Supervisors - 1; Staff Nurse- 12

Junior Public Health Nurse- 2; Pharmacist - 2; Lab Technician - 2

Radiographer - 1; Ophthalmic Assistant- 1; Security - 1

#### **Other Public health wing staff and ministerial staff will be as per norms**

(d) The institutions shall have proper waste management system, laundry facilities, full emergency services, shall have a minimum of 7 doctors and 1 Block Coordinator cum PRO. The institution shall provide 24x7 services, shall have separate male and female wards, and shall provide emergency obstetric care including surgical interventions like caesarian section, new born care, emergency care of sick children, lapro services, MTP services, essential lab services, blood storage services and transport services. It shall have ECG facilities, X-ray facility and preferably USS facility and shall have fully functional OT with surgical items. Minimum of two vehicles, one for administrative control over the PHCs and SCs are to be provided. One statistical assistant will be posted as the first level of monitoring/MIS. Minimum one computer with internet connection will be provided. Computerized pharmacy, training and skill development of LSGI staff, ASHAs, JPHNs, Nurses etc. fully functional HMCs, residential accommodation for the staff etc. are to be ensured.

### **2.4.Taluk Hospitals**

(a) There will be at least one Taluk Hospital each in all the taluks. In a few large Taluks, some of the existing CHC/Govt.Hospital, will be upgraded as Taluk Hospital. In some places, Taluk hospitals, which were previously designated as CHCs shall again be re-designated as Taluk Hospitals, The staff pattern will be as per existing norms. Taluk Hospital will have minimum bed strength of 100. All the Taluk Head Quarters Hospitals having more than 100 bed strength will continue to have the existing facilities and staff pattern.

**2.5. District Hospital/General hospital**

There will be one or more District/General hospitals in each district with minimum bed strength of 250. The staff pattern will be as per existing norms.

**2.6. Women & Children's Hospitals & Specialty Hospitals.**

The existing Women and Children's hospitals will continue as Women & Children Hospitals. The minimum bed strength of W&C will be 200, and the bed strength of W&Cs with less than 200 bed strength will be increased accordingly. Considering the need for providing quality Maternal and Child Health, W&C Hospitals will be started in all districts either separately or as part of the District/General Hospitals. The staff strength will be as per existing norms :

**2.7. Specialty hospitals of Mental Health, Leprosy and Tuberculosis etc will continue as Specialty Hospitals as at present.** The bed strength and staff pattern in these hospitals will be reviewed separately.

3. The list of hospitals in the various categories as above is given as Appendix - I. The district - wise summary of the classification of standardized institutions is given as Appendix - II.

4. Separate orders will be issued for additional post creation in institutions, if required. However, postings may be done for the time being on contract basis with funding from NRHM depending on the need.

(BY ORDER OF THE GOVERNOR)

Dr. Vishwas Mehta

Secretary to Government.

To

1. All District Collectors
2. The Director of Health Services, Thiruvananthapuram
3. The Superintendents of Government Hospital/Specialty Hospitals (Through Director of Health Services)
4. All District Medical Officers (Through Director of Health Services)
5. The Secretaries of all Municipal Corporation/Municipalities (Through Director of Urban Affairs)
6. The Secretaries of all Block/Grama Panchayat and all District Panchayat (Through the Director of Panchayats)
7. The Director of Information and Public Relations, Thiruvananthapuram,
8. Local Self Government Department.

Forwarded/by Order

*[Signature]*  
Section Officer.

Copy to: PS to Minister (Health & Social Welfare)  
PS to Minister (Local Self Government )  
CA to Secretary (Health)  
Stock file/Office copy.

*[Signature]*  
Section Officer