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CHAPTER I**ORGANISATION AND OBJECTIVES OF THE HEALTH DEPARTMENT****Section-A Introduction**

101. True to the ideals of welfare state, the Indian Railways have been pursuing a policy of progressively improving both working and living conditions of staff and providing them with maximum possible amenities in several spheres including medical facilities.

102. Though the Government played the leading part in the development of Railways, there were, till 1947, as many as forty two Railway systems in the country each following a separate policy of its own specially in the matter of medico-social amenities with the result that the medical and health organization had no uniform pattern of development and the level of amenities provided differed widely. The Railway medical services, catered only to routine administrative necessities, viz., medical examination

(prerecruitment

and in service) of staff, issue of fit and unfit certificates, check on malingering, etc., while attention to the curative and promotional health care of the railway staff was meagre or absent. Even in this commitment certain facilities available to Group A, B & C employees and their family members were not extended to Group D employees. Again some Railways provided for treatment of employees only, while others provided for the treatment of family members as well.

103. In April 1954 Dr. E. Somasekhar, the then Chief Medical Officer, Southern Railway had submitted a detailed scheme on planned expansion of the medical facilities on the Railways.

104. With a view to examine and implement the said scheme, a separate cell was created at the Railway Board in August 1955, headed by an Officer on Special Duty(Medical) which post was later on converted to Joint Director (Medical) and then upgraded to Director, Health. There has been a progressive improvement and expansion of the curative and promotional health services on the Indian Railways since then, resulting in an appreciation from the Kunzru committee (1963) as 'being second to none in the country.'

105. All Zonal Railways have now more or less a uniform level and pattern of medical facilities. The policy in this respect is based on the realisation that the expenditure in this direction would pay dividend in the long run. The output of a contented and healthy worker who is relieved of mental and financial worries on account of his own or some family member's sickness, will be better and more conducive to the efficient running of Railways. This is particularly relevant in the case of running staff who have to be away from their homes most of the time.

Section B-Organisation

106. The administrative set up of the Health Department is given in the following chart -

Ministry of Railways

(Railway Board/M.S)

Director General (Railway Health Services)

Dt.e.Gen of Health and F.W. Min.of Rlys. Zonal Railways

E.D(H) D(H&FW) J.D(I.H) D.D.H(A) HEO C.M.D

Headquarters Field (Hosp.& H.U)

Dy.C.M.D(H&F.W) Dy C.M.D(T&A) Dy C.M.D(MS) M.D/CMS/MS/Sr.DMO/DMO/ADMO

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- ii) Conduct normal deliveries independently in hospital or at residences according to the rules in force.
- iii) Assist in the female ward and labour room.
- iv) Maintain record of the delivery cases conducted by her.
- v) Run the maternity and child health centre activities under the direction of a Medical Officer.
- vi) Help the Medical Officer in examining female cases.
- vii) Do the dressing of the female cases in the outdoor and indoor departments.
- viii) Maintain the records of births and deaths in the Railway colony and within the hospital under her charge.
- ix) Collect population census in the colony and educate staff and their families in family welfare programmes.
- x) She may be utilised for nursing duties under the supervision of a trained nurse or a doctor.
- xi) She may also be utilised for vaccination/Immunisation activities.

7. LADY HEALTH VISITOR will :

- i) Be responsible for giving pre-natal and post-natal care to the mothers. She will see each and every expectant mother and every infant at least once a month either at their homes or at the centre and each child between 1-5 years every three months.
- ii) Arrange at least three medical examinations of expectant mothers first between 6th week and 16th week, second from 32nd and 36th week, and the third at 38th or 39th week.
- iii) Conduct normal deliveries independently when required.
- iv) Give treatment to gynaecological cases under the supervision of a doctor.
- v) Attend the maternity and child welfare centres.
- vi) Assist in organising baby shows.
- vii) Assist in family welfare work.
- viii) Hold educational classes and demonstrations in care of mother and child.
- ix) Distribute milk to under weight and under fed children when required.
- x) Weigh and bathe the new born and keep record of weights of infants and toddlers.
- xi) Treat minor ailments and direct other cases to doctors.
- xii) Do inoculations amongst family members and dependent relatives of railway employees.
- xiii) In case of Tuberculosis patients, she will do contact tracing amongst family members and dependent relatives of a railway employee during her domiciliary visit and would see that anti TB. drugs are taken regularly by the patients.
- xiv) Report to the doctor in charge about the occurrence of any epidemic amongst the infants.
- xv) Be responsible for the safe custody of all the Railway property under her charge.
- xvi) Undertake clerical work connected with the maintenance of records of the centre and submit monthly reports.
- xvii) She will maintain a diary of her visits and her other official activities.

8. X-RAY TECHNICIAN/ RADIOGRAPHER :

- i) To assist the Radiologist in discharging his duties such as preparing patients for X-ray.