



SANCHAR NIGAM PENSIONERS' WELFARE ASSOCIATION

CENTRAL HEAD QUARTERS, NEW DELHI.

OUT COME OF THE MEETING WITH ADDITIONAL SECRETARY & DG, CGHS, MOHFW, ON CRITICAL ISSUES ADVERSELY AFFECTING BOTH BENEFICIARIES AND DOCTORS ARISING OUT OF THE ARBITRARY TRANSITION FROM NIC TO CDAC PLATFORM, WITHOUT ADHERING TO PRESCRIBED TRANSITION PROTOCOLS:

Date: 3rd June 2025

Delegation: SNPWA and MREWA comprising GS/SNPWA, Dy. GS/SNPWA, Com. D.C. Sharma, GS/MREWA, Com. R.K. Mudgil, and Com. O.K. Raina, CS/SNPWA, Delhi.

A marathon and brainstorming two-hour discussion was held with Respected Madam Roli Singh Ji, Additional Secretary & Director General, CGHS, covering wide-ranging issues.

1. Courtesies & Opening Remarks:

The meeting began with warm courtesies and the presentation of a bouquet to the Additional Secretary. Madam expressed her regret for not being able to meet us the previous day due to the untimely demise of a close family friend, for which we extended our heartfelt condolences.

2. Constructive Dialogue on Platform Transition:

The General Secretary (GS) presented a comprehensive overview of the post-transition scenario from the NIC to CDAC platform. The AS listened attentively and empathetically, engaging in a detailed and open discussion.

Issues Highlighted by the Delegation:

The CDAC software was launched without trial runs, pilot testing, or adherence to the mandatory transition protocol.

- Long queues and inordinate delays at Wellness Centres (WCs).
- Delays in the delivery of medicines, particularly indented/life-saving drugs.
- System-generated chaos at Medical Store Depots (MSDs).
- No SMS updates or beneficiary notifications.
- CGHS card issuance is paralyzed due to software glitches.

3. Response & Assurance from the Additional Secretary:

Madam candidly acknowledged the seriousness of the situation and shared the following key points:

Glitches Admitted: She admitted that the transition faced multiple challenges. The CGHS IT team informed her that the technological architecture of the CDAC platform is incompatible with the NIC platform, which makes parallel operation infeasible.

Reason for Transition: NIC had, over a prolonged period, expressed its unwillingness to continue CGHS services and recommended transition to the government-owned CDAC

platform, which, according to Madam, offers innovative and advanced features to considerably enhance and improvise service delivery over time.

Training Gap: Lack of adequate training and staff adaptability worsened the situation. Madam noted that this resistance, common with any technological transformation, is gradually diminishing.

Monitoring & Oversight: Field reports are being reviewed regularly, and progress is underway.

Immediate Action Taken:

AS directed Respected Director/CGHS and other senior officers (on speakerphone) to prepare a point-wise compliance report on all the 26 issues raised by SNPWA (as submitted in our PDF). Madam personally had a very close look at all the issues contained in our submission.

Resolved issues are to be highlighted in green, unresolved in red, with clear timelines for resolution.

She instructed that additional technical manpower from CDAC be deployed immediately.

We, in turn, acknowledged the tireless efforts of the Director/CGHS and AD/MSD in mitigating the crisis caused by the system collapse.

4. Infeasibility of Running NIC and CDAC in Parallel:

When the GS insisted on retaining the NIC platform temporarily, Madam clarified:

Technical incompatibility of the CDAC platform with NIC prevents simultaneous operation.

NIC itself had expressed unwillingness to continue supporting CGHS services, prompting the move to switch over to an improvised CDAC.

5. Direct Accountability & Stakeholder Engagement:

The MSD in-charge was connected via speakerphone to give a live update.

Madam emphasized the need for full transparency, as she is directly accountable to higher authorities.

She instructed the Director/CGHS and MSD in-charge to maintain regular communication with SNPWA and involve us in feedback mechanisms.

We reiterated our appreciation for the exemplary role played by the AD/MSD in ensuring the supply of life-saving medicines during the acute crisis.

6. Proposals & Suggestions Discussed:

Dwarka Wellness Centre Overcrowding:

We flagged the overburdened WC at Sector 9. Madam noted that land in Sector 12 is owned by CGHS and is under consideration for a new centre.

State Government Collaboration:

Discussions are ongoing to utilize state hospital infrastructure for CGHS services, with central compensation.

Home Delivery of Medicines:

A major initiative is under active consideration— direct delivery of life-saving indented medicines to beneficiaries' homes. We strongly endorsed this proposal, highlighting its enormous operational and political benefits.

Meanwhile, we requested that instead of requiring beneficiaries to collect life-saving drugs from Central Stores in areas like Ghaziabad, Noida, and Gurgaon, etc etc, they be delivered to the respective WCs to ease patient hardship.

7. A Candid Conclusion:

Madam appreciated the forthright and constructive tone of our delegation, saying:

“I was apprehensive about this meeting, but you’ve held a mirror to us. And one can never ignore their own reflection.”

She appealed for cooperation and made an impassioned appeal to SNPWA to withdraw its proposed Protest. The GS responded graciously:

“We are not here to agitate, but to advocate for our members. On your kind and concrete assurance that the issues are being and will be resolved on a priority basis, we are withdrawing our protest programme.”

8. Feedback from Doctors & CMOs – Systemic & Technical Issues in CDAC Platform:

Critical Functional Deficiencies:

- System does not allow editing repeated medicines.
- Inventory mismatch between actual WC stock and the doctor’s module.
- Same-day consultation by another doctor or CMO not permitted.
- No correction facility for stock entry mistakes.
- Diagnosis needs to be re-entered each time.
- No date-wise stock entry as available in NIC.
- Incomplete referral and medicine history.
- Indented medicines not visible at CMO/ALC ends.
- Duplicate patient registrations possible.
- Doctors cannot view workload or number of patients attended.
- Two-step medicine entry (vs one-step in NIC).
- Missing essential medicines like Diavit that were available in NIC.
- Operational Consequences:
 - Doctors take nearly twice the time per patient.
 - Indented medicines are delayed by over a week, forcing market purchases.
 - System failures lead to manual distribution and long queues.
 - ALC billing inconsistencies — same medicine appears at two rates.
 - Unavailability of legacy NIC data disrupts continuity of care.

Reimbursement Delays:

We raised the critical issue of reimbursement delays for costly life-saving medicines procured from the open market. Madam assured that a mechanism is being developed in consultation with concerned officers to prioritize such reimbursements.

Expediting setting of six WCs at Udaipur, Kollam, Warangal, Alwar etc. etc.

AS informed that clarifications were sought for by D.O E with regard to earlier proposal of setting up of 22 WCs sent to D.O E. These clarifications are being addressed by CGHS and once clarifications are finalized entire proposal of 28 WCs (22+6) will be sent to D.O.E for approval of requisite funds. We requested to expedite the process and Madam responded very affirmatively. We shall continue to monitor the progress of the issue.

9. Conclusion & Way Forward:

The meeting was cordial, transparent, and focused on resolution. The AS showed sincere concern and a strong commitment to redressal. The SNPWA delegation left reassured by the promise of a written response detailing actions taken and planned on all 26 issues— a crucial step towards restoring faith among thousands of suffering CGHS beneficiaries.

All said and done, extraordinary and visible sense of compassion, sensitivity and concern exhibited by AS in getting the system back on track as expeditiously as possible left an indelible mark on us with regard to unwavering commitment and resolution of AS to mitigate the existing sufferings that Beneficiaries are facing as expeditiously as possible.



(G.L.Jogi)
General Secretary,
SNPWA CHQ.