

Ministry of Health and Family Welfare,  
Government of India  
Drug De-Addiction Programme (DDAP)

Strengthening the Drug De-addiction Programme:  
Establishment of DTCs  
**Progress Report**

**2015-2016**

**Submitted by**

**NDDTC, AIIMS, New Delhi**

## Team at NDDTC AIIMS: National Coordinating centre for the scheme

- **Chief** Prof. S K Khandelwal
- **In-charge** Dr. Atul Ambekar, Additional Professor
- **Team Member** Dr. Ravindra Rao, Assistant Professor
- **Team Member** Dr. Alok Agrawal, Assistant Professor
- **Team Member** Dr. Biswadip Chatterjee, Assistant Professor

## Staff of National coordination centre

- **DTC Coordinator** Dr. Swati Kedia Gupta
- **Training-cum-Field Coordinator** Ms. Anshika Tyagi
- **Account-cum-Administrative Assistant** Mr. Lalit Bansal
- **Programmer** Mr. Mohit Shakya



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## 1. Background

In India, the demand reduction for alcohol and drug use is the mandate of primarily two ministries of the union government, (a) Ministry of Social Justice and Empowerment (MSJE) and (b) Ministry of Health and Family Welfare – through its Drug De-Addiction Program (DDAP). While the MSJE program is implemented by NGOs, the DDAP provided a one-time grant to establish about 124 De-addiction centres (DACs) in various Government district hospitals and psychiatry departments of medical colleges. DACs located in the North-eastern states also receive recurring grants from DDAP. Evaluation exercises carried out in the last decade show that almost one-third of the DACs were non-functional, one-third were partially functioning and only one-third were functioning adequately. Clearly, there was a need to strengthen the Drug De Addiction Programme (DDAP).

In order to “Strengthen the Drug De-addiction Programme”, DDAP, MoH&FW has approved an activity through which ‘Drug Treatment clinics’ (DTCs) will be established in various parts of the country (henceforth, the ‘DTC scheme’). These DTCs would be associated with a Government hospital, and would be provided with exclusive contractual staff (doctor, nurse, counsellor), and medicines for the treatment of all types of substance use disorders; the expenses for these would be borne by the DDAP. This activity would be coordinated at the National level by National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi. As a ‘National coordinating centre’, NDDTC, AIIMS would be responsible for identifying health facilities to run the proposed DTCs and to provide out-patient care for all type of substance use disorders. It was proposed that a total of 22 DTCs will be established by the end of Financial Year (FY) 2016-17.

The scheme became fully operational initiated in November 2014. To begin with, the following hospitals were identified by NDDTC for initiation of DTCs – two located in the district hospitals of Punjab (Kapurthala and Bathinda), one in King Edward Memorial (KEM) Hospital, Mumbai and one in Regional Institute of Medical Sciences (RIMS), Imphal, Manipur.

## 2. Activities Conducted by NDDTC

### 2.1 In FY 2014-15

In the first financial year (2014-15), following activities were undertaken by NDDTC:

- As an administrative procedure, approval of Director, AIIMS was obtained to implement the DTC scheme
- A team was constituted at NDDTC to manage the activities of the scheme under the leadership of Professor S K Khandelwal, Chief, NDDTC:
  - Dr. Atul Ambekar, Additional Professor, NDDTC, AIIMS (In-charge)
  - Dr. Ravindra Rao, Assistant Professor, NDDTC, AIIMS (team- member)
  - Dr. Alok Agrawal, Assistant Professor, NDDTC, AIIMS (team- member)
  - Dr. Biswadip Chatterjee, Assistant Professor, NDDTC, AIIMS (team- member)
- A budget of Rs. 60 lakhs was ear-marked from NDDTC budget for the FY 2014-15
- Shortlisted Institutions/hospitals were contacted, and agreement to participate in the activity was obtained from the heads/in-charge of these institutions/hospitals. A ‘feasibility assessment’ was conducted by NDDTC faculty to assess the feasibility of these institutions to establish DTC. The institutions included:
  - Regional Institute of Medical Sciences (RIMS), Imphal;

- King Edward Memorial (KEM) hospital, Mumbai;
  - Civil Hospital, Kapurthala, Punjab; and
  - Civil Hospital, Bathinda, Punjab.
- Following satisfactory feasibility, all the four listed institutes entered into an agreement with NDDTC to implement this activity at their respective hospitals. In November 2014, the funds allocated to each DTCs as per the proposal were transferred to each centre.
  - All the posts of the contractual staffs for NDDTC, AIIMS as National Resource Coordination Centre were advertised in February 2015, and the DTC coordinator was employed on contractual basis in March 2015. Staff members were also selected and appointed on contractual basis at all the other DTCs.

## 2.2 In FY 2015-16

A total budget of Rs. One Crore was earmarked from the NDDTC budget for carrying out activities under the scheme. The following activities were undertaken by NDDTC in the FY 2015-16:

- **Recruitment of contractual staff for National Coordinating Centre**
- **Training / workshop for DTCs**
- **Identification of and establishment of Regional Resource and Coordinating Centres**
- **Management of finances**
- **Procurement of Medicines**
- **Development of recording and reporting formats**
- **Establishment of new DTCs**
- **Development of online portal for Information Management**

A brief description of these activities follows:

- **Recruitment of contractual staff for National Coordinating Centre:** At NDDTC, AIIMS, contractual positions for the following posts were filled-up following due procedure laid down by AIIMS administration and as per the provisions of approved scheme, field-cum-training coordinator, account-cum-administrative assistant and programmer were.

#### **Staff of National coordination centre**

<b>Position</b>	<b>Name of staff</b>	<b>Date of Joining</b>
<b>DTC Coordinator</b>	Dr. Swati Kedia Gupta	16 <sup>th</sup> March 2015
<b>Training-cum-Field Coordinator</b>	Ms. Anshika Tyagi	3 <sup>rd</sup> December 2015
<b>Account-cum-Administrative Assistant</b>	Mr. Lalit Bansal	7 <sup>th</sup> September 2015
<b>Programmer</b>	Mr. Mohit Shakya	24 <sup>th</sup> December 2015

- **Training / workshop for DTCs:** A five-day workshop (a four-day training programme for staff followed by one-day workshop for staff and nodal officers) was organized by NDDTC, AIIMS from 4 – 8 May, 2015. The purpose of the training was to train the newly inducted staff members of the DTCs on various aspects of substance use disorder and orient them to their own terms of reference, under this activity. Ten participants, comprising of medical officers, nurses, and counsellors from all the four DTCs participated and underwent training. On the fifth day, a meeting and workshop was also conducted, chaired by Professor SK Khandelwal, Chief, NDDTC. The primary objective of the workshop/meeting was to conduct detailed discussions on the operational, logistics and administrative issues with regard to the functioning of the DTCs. The workshop was attended by all the team-members looking after this scheme

at NDDTC, the participants of the training, and the nodal officers from the four DTCs. This workshop was extremely successful in its objectives of building the technical skills of the service delivery staff as well as building consensus on operational and managerial aspects of the DTC scheme. Immediately, following the workshop all the DTCs started providing clinical services to patients.

- Identification of and establishment of Regional Resource and Coordinating Centres (RRCCs):** In accordance to the plan for the second year under this scheme, two centers namely, KEM hospital, Mumbai and RIMS, Imphal were designated as Regional Resource and Coordinating Centres (RRCC). Both the institutes entered into an agreement with NDDTC, AIIMS to function as RRCC and to conduct the activities as per the terms of reference mentioned in the approved action plan. These activities include assisting the national coordinating centre in establishing new DTCs in their areas and coordinating the scheme at the regional level.

Name of institute	Name of nodal officer	Date of signing the agreement
KEM hospital, Mumbai	Professor Shubhangi Parker	06/07/2015
RIMS, Imphal	Professor R K Lenin Singh	29/06/2015

- Management of finances:** In August 2015, as per the envisaged budget, all DTCs were transferred funds for FY 2015-16 after adjusting for the balance of FY 2014-15. Funds for RIMS, Imphal and KEM hospital, Mumbai included budgeted amount for their functioning as RRCC as well as for the new DTCs to be established.

- Procurement of Medicines:** As envisaged in the action plan, the process of procurement of the following medicines was handled by NDDTC, AIIMS. After procurement, the medicines were supplied to all the DTCs. To decide the quantity of medicines required, opinion were sought from nodal officers of DTCs regarding the expected load of patients and their own capacities of providing treatment. (Such as Buprenorphine, Buprenorphine-Naloxone combination, Naltrexone, and Methadone) were procured by NDDTC and was supplied to. Medicines other than those listed below were procured by the respective institutions as per their requirements.

Name and strength of medicine	Total Quantity procured and distributed to DTCs in 2015-16
Syrup Methadone (5mg.ml)	235 litres
Tab Buprenorphine 2mg	17,250 tablets
Tab Buprenorphine-Naloxone combination (2mg+0/5mg)	27740 tablets
Tab Naltrexone 50mg	11,250 tab

- Development of recording and reporting formats:** Various record keeping formats to be maintained at the DTCs were prepared by NDDTC in the current FY and were shared with the staff of all the DTCs. All the DTCs were asked to record their various activities in the new record keeping formats. Additionally, formats for stock management as well as for monthly reporting to NDDTC were prepared and shared with the DTCs for effective monitoring of the activities. The DTCs have started using

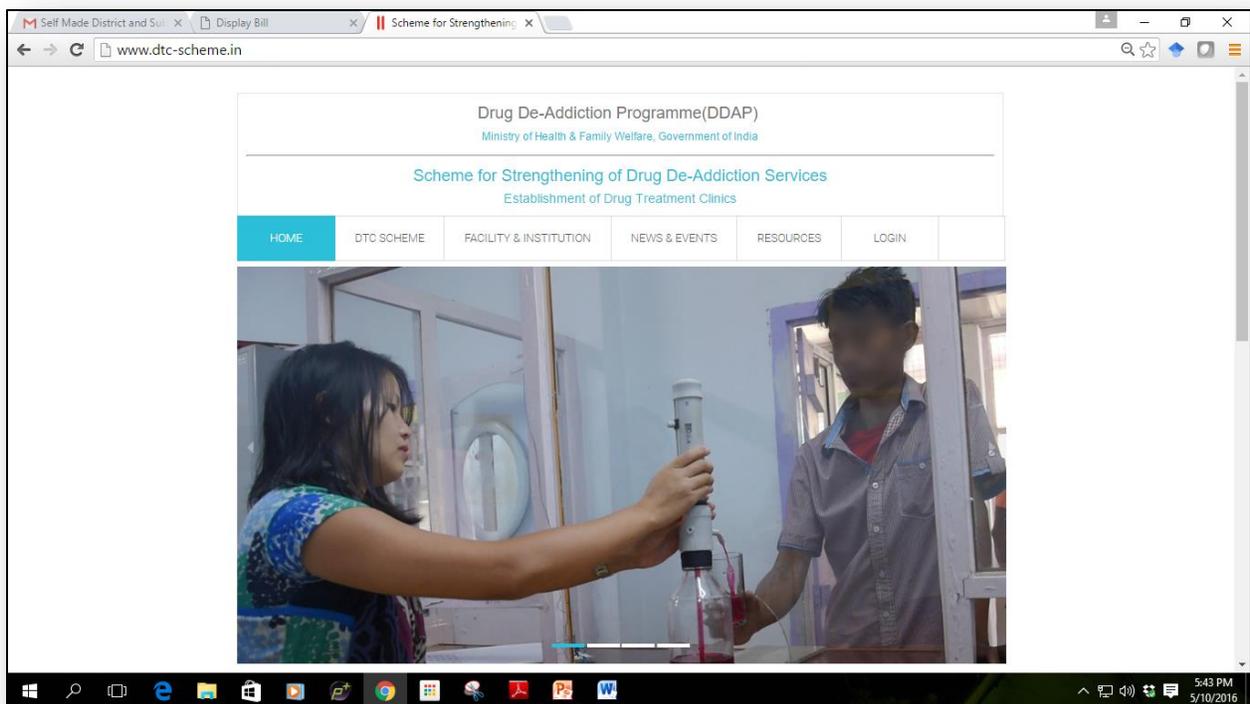
these formats, and are submitting their monthly reports in the new format. The stock related records have helped NDDTC in effective monitoring of the medicine stocks so as to ensure timely procurement and delivery of the medicines, and prevent any stock-out of the essential medications.

- Establishment of new DTCs:** NDDTC also initiated the process of opening of new DTCs in the current FY. Institutions/hospitals which would be part of this initiative in the current FY were identified and were invited to take part in the activities. Institutions were chosen on the basis of need of DTC in the city, their own willingness and ensuring a geo-spatial balance. These decisions were taken by the team at NDDTC, AIIMS through in-house consultation. Following agreement from the respective heads/in-charge of these institution, these institutions also underwent a ‘feasibility assessment’. Each institution completed a feasibility assessment tool, and a visit was undertaken by one of the NDDTC team-members to determine their feasibility and to orient the in-charge of the department/unit on the DTC scheme. A total of three new DTCs contracted by NDDTC in the FY 2015-16, which included:

Name of institution	Date of joining the scheme
1. Department of Psychiatry and De-addiction Centre, King George Medical University, Lucknow	18/01/2016
2. Department of Psychiatry and De-addiction Centre, PGIMS, Rohtak	18/01/2016
3. Department of Psychiatry, Kota Medical College, Kota	18/01/2016

- All the centres were provided funds in the current FY. All the centres are currently carrying out refurbishment as well as recruitment of staff. A training programme for the newly appointed DTC staff members will be carried out after their appointment.

- To establish its own DTC, the team members sought to develop an innovative model of service delivery, aimed at a population which is not being adequately covered in the existing models. Thus, NDDTC plans to address the *addiction treatment needs of homeless population in Delhi*. A night shelter for homeless persons supported by the Delhi Urban Shelter Improvement Board (DUSIB) and run by a NGO (Society for Promotion of Youth and Masses, SPYM) has been chosen to set up a DTC at **Kotla Mubarakpur, Delhi**. This would be the third community clinic being run by NDDTC in Delhi. Subsequently, permission was also sought from Director, AIIMS. Approval for the same from the director as well as SPYM and DUSIB was received in March 2016. Currently, NDDTC is in the process of recruiting staff for the new DTC for homeless population, following which it would begin providing services. This would be a unique model of service delivery, which could be then replicated at other places as well.
- **Development of online portal for Information Management - [www.dtc-scheme.in](http://www.dtc-scheme.in):**



NDDTC started working to create a web portal in order to (a) enhance the visibility of DTC activity, (b) educate the potential patients, as well as for (c) smoother coordination and information management for all the DTCs and the coordinating agencies. For this purpose, a computer programmer was recruited at NDDTC (Mr. Mohit Shakya), who joined the team on 24th December 2015. A domain ([www.dtc-scheme.in](http://www.dtc-scheme.in)) as well as hosting rights for the same has been purchased. An online application is being developed in which all centres and their staff will be registered in either National, regional or DTC panels. Details of all the centres will be accessible on this domain for the registered users. Moreover, the users will be able to upload all reports and proformas on the domain. The website is currently functional as the beta version and is being regularly updated. The portal, at present, \highlights the role of DDAP, provides information regarding the DTC scheme, information about all DTCs and other resource materials for professionals and patients.

- **Monitoring and Supervision Visits:** Monitoring and Supervision visits were conducted by the NDDTC team for the existing DTCs as well as RRCCs. The DTCs were assessed on the following criteria:
  - existing infrastructure and refurbishment;
  - recruitment and training details;
  - role clarity of each staff member;
  - record keeping and stock maintenance
  - challenges faced by DTCs and future plans.

Similarly, NDDTC also carried out supervisory visits to both the RRCCs to assess their functioning and to handhold the staff in case of any shortcomings. The following aspects have been covered in the visits to the RRCCs:

- recruitment and training details;
- details of new DTCs under each RRCC;
- training conducted by RRCC;
- coordination between RRCCs and new DTCs
- challenges faced by RRCCs and future plans.

### 3. Activities conducted at RRCCs

#### 3.1 RRCC, RIMS (Imphal)

RIMS, Imphal joined as a Regional Resource and Coordinating Centre (RRCC) in June 2015, with Prof. RK Lenin as the Nodal Officer, and Dr. Gojendra Singh as the Assistant Nodal Officer. The details of the staff are as follows:

Name of the Centre	Staff	Name of staff	Date of joining
RRCC, RIMS, Imphal	RRCC Coordinator	Ms. T Indira Devi	04/08/2015
	Field-cum-training Coordinator	Mr. M Rubie Singh	04/08/2015
	Account-cum-administrative Assistant	Mr. N C Premica	04/08/2015

- RIMS has identified three Government hospitals that could be included as DTCs under RIMS in the current FY. The centres were contacted and appraised of the DTC activity. Three centres were short-listed as per the feasibility assessment reports and approval from the same was obtained from the State Health Department, Manipur (Director of Health services vide letter dated 16<sup>th</sup> March 2016). Additionally, a feasibility visit was carried out by the NDDTC

team-members and the Government hospitals were found to be suitable for functioning as DTCs. The details of the three centres are given below.

<b>Name of Institute/hospital</b>	<b>Type of Facility</b>	<b>Details</b>
1. District Hospital, Churachandpur	District Hospital	The hospital has a designated Department of Psychiatry, which has both out-patient as well as in-patient facility. Apart from two psychiatrists, the department has psychologist, social workers and nurses. Currently, there is no separate addiction treatment facility and the patients with substance use disorders are seen in general psychiatry OPD. The centre has available space for setting up a separate DTC within the hospital premises.
2. District Hospital, Thoubal	District Hospital	The hospital has a functional OST centre. It has a separate Psychiatry as well as de-addiction OPD, which is managed by a team of psychiatrist, psychologist, nursing staff and social workers. About 95 patients were registered on OST from April-October 2015. The centre has adequate space for setting up a separate DTC facility within the hospital premises.
3. District Hospital, Bishnupur	District Hospital	The hospital has a Psychiatry OPD run by a psychiatrist who manages patients with psychiatric problems as well as substance use disorders. The centre has adequate space for setting up a separate DTC facility within the hospital premises and showed willingness to participate as a de-addiction centre.

- After the feasibility visit by NDDTC team, a letter of approval was given to RRCC, RIMS to establish the new DTCs by the National coordinating centre. Currently, the process of transfer of funds to new DTCs, recruitment of staff and refurbishment of available space is underway.

### **3.2 RRCC, KEM Hospital (Mumbai)**

KEM, Mumbai joined as a Regional Resource and Coordinating Centre (RRCC) in June 2015, with Prof. Shubhangi Parker as the Nodal Officer. The details of the staff are as follows:

<b>Name of the Centre</b>	<b>Staff</b>	<b>Name</b>	<b>Date of joining</b>
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Name of the Centre	Staff	Name	Date of joining
RRCC, KEM, Mumbai	RRCC Coordinator	Dr. Rimple Limbachiya	11/09/2015
	Field-cum-training Coordinator	Mr. Navnath Hile	14/09/2015
	Account-cum-administrative Assistant	Mr Deepak Karpe	01/10/2015

- The RRCC has identified Government hospitals that could be included as DTCs under KEM in the current FY. The centres were contacted and appraised of the DTC activity. Three centres were short-listed as per the feasibility assessment reports and approval from the same was obtained from the Brihanmumbai Municipal Corporation (BMC), Mumbai.>). Additionally, a feasibility visit was carried out by the NDDTC team-members and the Government hospitals were found to be suitable for functioning as DTCs. The details of the three centres are given below.

Name of Institute/hospital	Type of Facility	Details
1. Drug De-addiction Centre, Bhardawadi	BMC Drug De-addiction Centre	The facility is a fully-functional addiction treatment centre, which is currently managed by a trained psychiatrist and two trained non-specialist doctors. The facility has two rooms for OPD and 20 beds for in-patient admissions. Approximately, 60-80 patients attend the OPD in a given month. The primary diagnosis are of opioid use disorders and alcohol dependence. The facility has provision and willingness for enhancing their existing functions, to be able to cater to a wider population.
2. Rajawadi Hospital	BMC run centre	The centre runs a psychiatric facility, which is managed by psychiatrist, psychiatry residents, psychologist, and nursing staff. Currently, they do not run a separate addiction treatment facility and the patients with substance use disorders are seen in the general psychiatry OPD. The facility has provision and willingness for enhancing their existing functions, to be able to cater to a wider population.
3. Civil Hospital, Osmanabad	Civil Hospital	The centre runs a psychiatric facility, which is managed by two psychiatrists, psychologist, and nursing staff. Currently, they do not run a separate

Name of Institute/hospital	Type of Facility	Details
		addiction treatment facility and the patients with substance use disorders are seen in the general psychiatry OPD. The centre caters to about 60-80 patients with substance use disorders in a given month. The type of patients they usually see are dependent on alcohol. The facility has provision and willingness for enhancing their existing functions, to be able to cater to a wider population.

- None of the facilities provide long-term treatment and only provides detoxification and psychosocial services. However, all centres have infra-structure that can be enhanced and showed willingness to provide long-term care to patients.
- After the feasibility visit by NDDTC team, a letter of approval was given to RRCC, KEM to go ahead with the establishment of the new DTCs. Currently, the process of transfer of funds to new DTCs, recruitment of staff and refurbishment of available space is underway.

## 4. Activities Conducted at DTCs (KEM, Mumbai; RIMS, Imphal; Civil Hospital, Kapurthala and Civil Hospital, Bhatinda)

### 4.1 Staff Details

NAME OF CENTRE	NODAL OFFICER	STAFF DETAILS	Name of staff
DTC, Mumbai	Dr. Shubhangi Parker	Medical Officer	Dr Kumar Kamble
		Counselor	Ms. Dhvani Parikh
		Nurse	Ms. Rekha Thaiparbil
DTC, Imphal	Dr. R K Lenin	Medical Officer	Dr. N Mahindra Singh
		Counselor	Ms. R.K. Shyamshri Devi
		Nurse	Ms. Y.K. Donguila Thangal
DTC,	Dr. Sandeep Bhola	Medical Officer	not appointed

NAME OF CENTRE	NODAL OFFICER	STAFF DETAILS	Name of staff
Kapurthala		Counselor	Ms. Shaminder Kaur
		Nurse	Ms. Sharanjeet Kaur
DTC, Bhatinda	Dr. Amandeep Goyal	Medical Officer	not appointed
		Counselor	not in place
		Nurse	Ms Gurmeet Kaur

## 4.2 Details of Patients Seen in DTCs

- In the FY 2015-16, a total of about **12,600** new patients were registered in all the four DTCs.
- 2000 patients received Opioid Substitution Treatment (either Buprenorphine or Methadone).
- About 1500 patients received detoxification for alcohol dependence.
- The other substance use disorders for which patients were registered are as follows:
  - Tobacco dependence syndrome- 129
  - Cannabis dependence syndrome- 180
  - Benzodiazepine dependence syndrome- 235
  - Inhalant dependence syndrome- 20
  - Poly-dependence- 116
- Regular sessions were taken by counselors in all centers (including individual sessions and group therapy sessions)
- In DTC, Bhatinda and Kapurthala, the counselor also undertook field visit/home visit, if required.

## 5. Key Targets Achieved

The following targets have been achieved under the DTC scheme:

- NDDTC, as National Coordinating Centre (NCC) communicated to various stakeholders regarding the DTC scheme and requested for their cooperation.
- Two centres were approved as Regional Resource and Coordinating Centres (RRCCs), namely, KEM, Mumbai and RIMS, Imphal

- Four DTCs, located in civil/district/medical colleges were established in FY 2014-15 and induction training for the staff along with a one-day workshop with nodal officers was held in FY 2015-16
- Some medicines like naltrexone, methadone, and buprenorphine were centrally procured and disbursed to the centres. The other medications were purchased locally on need basis, with approval of NDDTC.
- Reporting formats, tools for monitoring and evaluation have been developed and shared with the centres
- Quality assurance visits were carried out by NDDTC faculty
- In year two, ten new DTCs (4 under NDDTC, 3 each by the RRCCs) have been identified and approved subsequent to their feasibility assessment report as well as visits. The total number of DTCs till date is 14.
- An online information management system has been developed and domain and hosting rights have been purchased by NDDTC. Currently, all centres will be registered on the portal and will be able to upload their details and reports online. The plan is to establish a website, which will also have provision for real-time filling of all data and reports.

## 6. Challenges

In carrying out various activities of DTC, a number of challenges have been encountered. Some of these include:

- With increasing patient load, the staffs have been finding it increasingly difficult to manage all DTC activities particularly the **extensive documentation and reporting requirements**. During supervisory field visits by NDDTC and RRCC officers, the staffs have expressed difficulty in maintaining the level of record keeping and reporting expected from the DTCs. In other centrally sponsored schemes with extensive documentation requirements such as OST clinics under the National AIDS Control Programme, there is **provision of a separate position of data manager** to manage the record keeping and reporting responsibilities.
- Looking at the phenomenal response to the scheme and need of medicines for the large number of patients, the **budget originally earmarked for purchase of medicines is proving to be inadequate**. The shortage of funds is being felt in both the centrally

procured medicines as well as the medicines purchased directly by DTCs. There is a need to increase the budget allocated for procurement of medicines. Additionally, the provision of budgets on per DTC basis may be relooked as some of the clinics have much higher patient load as compared to others. Instead, the budget for medicines may be estimated based on the projected requirement for various medicines during the financial year.

- The scheme envisages establishment of 22 DTCs by the end of FY 2016-17. However, NDDTC and other Regional Centres have been receiving requests for support under the scheme from several government hospitals / institutions. Many of these hospitals / institutions are located in states with high burden of drug abuse problems such as Punjab, Manipur, Nagaland, Rajasthan, etc.
- The entire **process of establishing a new DTC is longer** than envisaged. From identification to making a DTC functional takes up to six months or even longer on most occasions.
- **Attrition in the staff** appointed at DTCs leads to staff turnover, and consequently there is a need for training the newly inducted staff.
- In some instances, the **remuneration provided in the DTC scheme is lower** than the salary being offered for similar positions elsewhere in the state. This has resulted in nil-response to advertisements for DTC posts in some cases and is one of the reasons for staff attrition in others.
- The team looking after the DTC scheme at NDDTC is required to play the role of a National Coordinating Centre for the entire scheme as well as Regional Centre for the North region. This has resulted in excessive **administrative workload on the scheme staff engaged by NDDTC** especially the DTC coordinator. With the further increase in number of DTCs envisaged in FY2016-17, it is expected that this workload will increase even further. Hence, there is a need to strengthen the project team at NDDTC to ensure timely and effective management of the scheme.

## 7. Financial Expenditure

The table below provides an overview of the amount sanctioned and expenses incurred for the DTC activity

<b>FINANCIAL YEAR</b>	<b>FUNDS ALLOTTED (IN RUPEES)</b>	<b>FUNDS SPENT (IN RUPEES)</b>	<b>PERCENTAGE EXPENDITURE</b>
2014 – 2015	60,00,000	36,72,000	61.2%
2015 – 2016	1,00,00,000	94,68,762	94.6%

## 8. Future Plans

### a) NDDTC as National Coordinating Centre

- Continue to engage with the DDAP, MOH&FW. Work on the revision of the scheme document as per the experiences of ongoing implementation at the national level.
- Continue to actively support and guide the two new regional centres (viz. KEMH, Mumbai and RIMS, Imphal)
- Actively support and guide the new DTCs in the North region (under NDDTC) as well as those under other regional centres
- Start identifying new DTCs to be opened in FY 2016-17
- Continue to monitor and guide other DTCs through on-site visits as well as through training workshops
- Continue to manage the procurement and supply chain of medicines for the DTCs
- Development of SOPs for ensuring minimum standard of care and financial guidelines to be applicable to all centres

b) KEM, Mumbai and RIMS, Imphal as Regional Resource and Coordinating Centres

- Actively support the functioning of the new as well as existing DTCs and manage the procurement and supply of medicines to DTCs
- Identify new DTCs to be opened in FY 2016-17
- Plan training workshop for newly appointed staff and refresher courses for staff already engaged in the DTCs
- Along with NDDTC, AIIMS, carry out monitoring and evaluation activities of the DTCs.