



Sanchar Nigam Pensioners' Welfare Association

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SNPWA/ CHQ/Hon MOH&FW/2/25 Dated 29th April, 25

To
Shri J. P. Nadda,
Hon'ble Union Minister for Health and Family Welfare,
Government of India, New Delhi.

Subject: Devastating Impact of Unprepared and Unstable CDAC HMIS Platform on CGHS Beneficiaries — Urgent Need for Immediate Corrective Action

Respected Sir

We, the Sanchar Nigam Pensioners' Welfare Association (SNPWA), representing thousands of senior citizens and retired government servants across India, are compelled to draw your immediate attention to the catastrophic situation arising out of the abrupt and ill-planned and ill conceived transition of CGHS operations from the time-tested NIC platform to the newly introduced and grossly unprepared CDAC-based HMIS software.

And this is unfortunately happening at a time when technological innovation and transition to newer and newer software Platforms have taken centre stage in the Country and these transitions are absolutely seamless and hassle-free.

The launch of this platform on April 28, 2025, without thorough testing, field trials, or stakeholder feedback, has brought the entire CGHS system to its knees, seriously compromising patient care and severely endangering the lives and health of thousands of pensioners and family members. We place on record the following serious consequences already being experienced:

Enumerated Hardships Faced by CGHS Beneficiaries:

1. Registration Chaos:

Patients are forced to wait for hours due to registration failures. The system frequently crashes or hangs, forcing staff to manually manage queues in utter confusion.

2. Consultation Failures:

Doctors are unable to access patient records, past prescriptions, or medical histories due to data retrieval glitches, jeopardizing patient safety and continuity of care.

3. Referral Dysfunction:

Referrals to empanelled hospitals are either not getting generated or are delayed indefinitely,

denying timely specialist care and critical procedures.

4. Medicine Issuance Disruption:

Medicine dispensing at CGHS Wellness Centres has become paralyzed. The ALC module is defunct, and stock management is unreliable, forcing patients to go without essential medication.

5. Lab and Diagnostic Service Paralysis:

Lab test referrals and report generation are inoperative, effectively halting even basic diagnostic services. Emergency tests are not being entertained.

6. No Medical Certificates:

Software glitches have rendered the issuance of medical certificates impossible. Many beneficiaries are being denied leave and benefits in their workplaces.

7. Extreme Staff Stress and Mental Burnout:

Doctors, pharmacists, and clerical staff are under intense pressure from irate beneficiaries and are being forced to operate beyond their capacity, often manually, under duress.

8. Beneficiaries Driven to Private Hospitals at Their Own Cost:

Due to referral failure and medicine unavailability, poor and elderly pensioners are compelled to approach private hospitals and chemists, incurring huge expenses.

9. Data Privacy and Security Concerns:

The system has not undergone any independent cybersecurity audit. Sensitive personal and medical data of lakhs of citizens are at serious risk of leakage and misuse.

10. Lack of Proper Training and Orientation:

CGHS staff were given barely any practical training, and no simulation exercises or dry runs were conducted before the switchover.

Our Strong Demands:

1. Immediate Suspension of the CDAC Platform:

Revert to the stable NIC platform until all modules in the CDAC system are fully functional, tested, and proven in real-time conditions.

2. Constitution of an Independent Technical Committee:

Involve CGHS staff, IT professionals, and beneficiary representatives to evaluate the CDAC system's readiness and security.

3. Fix Accountability:

Take administrative action against officials responsible for enforcing such a disruptive transition without adequate preparation or pilot testing.

4. Compensation for Affected Beneficiaries:

Reimburse pensioners who were forced to pay out of pocket for treatment or medicines due to

CGHS failure.

5. Ensure Transparent Communication:

Publish real-time updates and helplines for affected beneficiaries. Avoid hiding behind vague notices and shifting responsibility.

6. Parallel run of both old and new System:

Ideally, both the Old and the New systems should have run parallel for some time till Technical issues in the new system were addressed and sorted out in their totality

Conclusion

The transition to a digital platform should enhance healthcare delivery, not endanger lives. What we witness today is a classic example of bureaucratic insensitivity, technological arrogance, and complete disregard for ground realities.

We demand your urgent intervention before irreparable harm is caused to CGHS beneficiaries.

Yours Sincerely,



(G. L. Jogi)
General Secretary

Copy to:

1. Respected Ms Punya Salila Srivastava, IAS, Secretary, MoHFW
2. Respected Ms Roli Singh, AS & DG, MoHFW
3. Dr. Manshvi Kumar, Joint Secretary & Director (Policy), MoHFW
4. Dr. Sateesh Y H, Director, CGHS
5. Dr. Praveen Bala, Addl. DDG (HQ), CGHS
6. Shri Rajesh Kumar Verma, Deputy Secretary, MoHFW
7. All ADs. They are requested to closely monitor as much smooth functioning of WCs as possible under their jurisdiction.