



MAMCOS

e-Synergy

Maulana Azad Medical College Old Students Association's e-News Letter

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MAY 2019

e-Synergy



From the Dean's Desk,

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It is indeed a great pleasure to extend my greetings and best wishes to MAMCOS on this wonderful initiative to launch a e-newsletter. This is a great moment that offers an opportunity to share knowledge, encourage professional networking and connect to all generations of Maulanians worldwide.

Moving forwards the next logical step in the evolution of this initiative would be for this newsletter to become a great link across various associations and chapters of MAMC Alumni in different parts of the world.

I extend my heartiest greetings to each one of you.

(Dr. Sanjay Tyagi)





President's Pen...

In the Diamond jubilee Year of MAMC I am privileged and honoured to address you as the President of MAMCOS. Dear Friends MAMCOS is a unique Alumnus Organization which has grown in great strength over the years on the foresight and hard work of its founders, Past presidents and dedication of its dynamic Executive members. Today the Ex Students are the proud Members of MAMCOS.

My Journey at MAMC started almost 40 years ago when I entered the Portals of this hallowed Institution as a fresher. I have spent the most memorable years of my life in this Institution first as a student and then thanks to our Alumni body MAMCOS. I am humbled by the privilege given to me to serve this Association with other Executive Members.

MAMCOS gives us the privilege of keeping in touch with our Alma Mater and its Teachers and the students who pass through these gates every year. Every year we add to our strength as a new batch of graduates join MAMCOS. This year we have more than 200 graduates as new Members and I welcome them to our fold. Through MAMCOS our college has the unique privilege of organising a get together at least twice a year for the alumni where we meet our Maulanian friends and renew our ties with them.

This year we have celebrated MIDCON with the batch of 1991 and they will be celebrating their Silver Jubilee next year. They helped in putting up a great MIDCON function this year. My team and I look forward to working with them again in their Silver jubilee year.

On behalf of my team I would like to thank our Patron Dean Professor Dr Sanjay Tyagi for all the Cooperation and help extended to the MAMCOS for the MIDCON function and last Annual Day Function.

You will be pleased to know that last year the first batch of MAMC celebrated its Platinum Jubilee. This year the Golden Jubilee batch of 1969 is looking forward to their Reunion. The Ruby batch of 1975 have also started their preparations and the batch of 1990 celebrates its Silver Jubilee. My team and I are here to assist you in your celebrations and hope to make MAMCOS Annual December 2019 function a great show.

We have added to our strength but every year we lose some of our stalwarts. My Deepest Condolences to the families of those we lost. You are still part of our MAMCOS family and we will be there if you need us.

Many of our MAMC graduates have brought Laurels to our alma mater. We can, through the aegis of MAMCOS use the experience of these stalwarts to guide and assist. My aim as President is to bring together more and more alumni in its fold for Fellowship and then together we are a Powerful Voice and can help to find many healthcare solutions for the Common man of India. Being a Premier Institute, people of this country look forward to Great Ideas from its Ex Students and their Execution for the Welfare of the Community.

Thank You once again MAMCOS members and Good Wishes to you and your families.

DR. SANJAY SOOD
President





Secretary's Pen...

Dear friends,

I am pleased to present E-bulletin of MAMCOS after a gap of couple of years. We at MAMCOS are trying to bring some changes including the website which was inaugurated by our patron Dr. Sanjay Tyagi, Dean MAMC.

I sincerely hope that bulletin is up to your expectations. Waiting for your valuable feedback.

Bye

Dr Ashwini Dalmiya
Secretary





From the Desk of Editor

Respected Seniors and Dear Friends ,

It's a matter of immense pleasure and pride to write this column for our journal. As we celebrate this achievement, it is important not to lose sight of what helped us reach this milestone- Our commitment to excellence, our belief in our mission and the collective hard work of the MAMCOS family.

Every day, across every dimension of not only our institute but all across the globe we strive for excellence in all that we do. At the same time, we remain grounded in our belief that medicine is a force for good and that we, as a community, have a responsibility to carry that mission forward.

I believe MAMCOS as an organization can move forward, I believe, with taking two steps.

First, we need to look inward and question our core purpose as individuals and organisation.

We might ask ourselves:

- Have I aligned my organisation's goals with what society needs?
- What am I doing to protect the health of the community?
- How am I enabling equal opportunity for everyone and involving all in our effort?

Second, we need to study and learn from the our leaders that are already modeling new visions for the medical society and serving as a force for good. MAMCOS is fortunate to have many of these exemplary individuals within our own alumni community.

This edition of the journal would not have been possible without the dedicated efforts of Dr. Ashwini Dalmiya and Dr. Mandeep Singh.

My best Wishes,

Dr Bharat Gopal
Editor



Date - 3/28/2019



MESSAGE

On behalf of MAMCOAANA - Maulana Azad Medical College Alumni Association of North America, I would like to congratulate MAMCOS on this wonderful initiative to release a newsletter. It is an excellent idea and it is much needed. It will help increase connectivity and awareness amongst MAMC alumni all over the world. It firmly establishes a thread that will help continue to strengthen the bonds across different batches as well as create new friendships.

In addition to helping new graduates connect with seniors, it will also increase awareness about accomplishments of our colleagues that needs to be widely recognized and appreciated.

I am sure this will help more Alumni know about Annual events around the globe and bring us together. We applaud this initiative and firmly stand behind it. Our best wishes to MAMCOS for this incredible start.

Sincerely,

Sunil Malkani
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Iron Deficiency Anemia in Children: Frequently Asked Questions



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Q1. Is iron deficiency common in children?

Ans. Yes, it very much is. According to the National Family Health Survey - 4 (2015-16), the average prevalence of anemia (<11.0 g/dl) in children of age 6-59 months in India is 58.4%. The prevalence in Delhi (National Capital Territory) is 59.7%.

Q2. Has the prevalence of anemia in children reduced over the years in India, and in Delhi?

Ans. As indicated in Table 1, the average prevalence of anemia in children in India has reduced marginally from 69.4% to 58.4% in the last decade. On the other hand, the prevalence has to some extent increased in Delhi.

Table 1. Prevalence of anemia in children (Age: 6-59 months) in India and Delhi as per the National Family Health Survey (NFHS)

	NFHS-4(2015-16)	NFHS-3(2005-06)
India	58.4%	69.4%
Delhi (National Capital Territory)	59.7%	57.0%

Q3. What is the prevalence of anemia in children in developed countries?

Ans. The worldwide average prevalence of anemia in children (<5 yrs) in selected countries is indicated in Table 2.

Table 2. The worldwide average prevalence of anemia in children (<5 yrs)

The worldwide average prevalence of anemia in children (<5 yrs)	
USA	6%
UK	13%
Australia	15%
Japan	13.2%
Germany	12.4%
China	21.4%
Bangladesh	40.3%
Sri Lanka	25.6%
Nepal	42.7%
India	59%

Q4. Why is the prevalence of anemia so high in children in India as compared to other countries?

Ans. The predominant reasons are:

a) Excessive intake of cow's milk. Milk (cow's milk) is a favorite 'food' for children in India. Parents tend to consider milk as 'whole food' for children. Indeed, exclusive breast milk is recommended until 6 months of

age by the Indian Academy of Pediatrics. However, weaning with adequate solid foods must start at 6 months of age, which is very often delayed or inadequate in children in India. There is low concentration and poor bio availability of iron in cow's milk.

- b) Predominantly wheat or rice-based diet. The diet in India typically lacks protein and has wheat or rice as an essential component. Wheat is an iron-rich grain; however, it contains inhibitors of iron absorption. Although a vegetarian diet is likely to contain iron in amounts equivalent to that in non-vegetarian diets, animal-based hemoglobin iron is better absorbed (15–40%) compared with plant-based iron (1–15%).
- c) Lack of fortification of food with iron. The Govt. of India has tried sporadically to encourage fortification of wheat or other foods. However, availability is limited. In addition, there are cultural issues in acceptance. E.g., the rotis made from iron-fortified wheat flour (atta) are darker in color.
- d) Maternal iron deficiency during pregnancy
- e) Premature birth

Q5. Is iron deficiency anemia a significant medical concern? Does mild or moderate anemia lead to any problems in children?

Ans. Yes, iron deficiency anemia has major medical concerns, which often get ignored. Symptoms of anemia, including pallor, fatigue, irritability are easily overlooked. What is more significant is that in young children, iron deficiency anemia leads to impaired neurocognitive development, including slower auditory and visual processing. The neurocognitive outcomes are worse for children with more severe and chronic iron deficiency anemia. Trials of administration of iron in young children have demonstrated benefits in psychomotor development. However, there is some evidence that psychomotor development does not always recover after iron replacement.

Q6. Which foods are rich in iron? What dietary advice should I give to the parents of a child with anemia?

Ans. The overwhelming cause of anemia in children below 5 years of age is excessive intake of cow's milk. It is not easy to change dietary habits (e.g., the introduction of egg in diet). Vegetarian foods that are rich in iron, e.g., green

leafy vegetables, lentils, beans, jaggery, etc. are unlikely to be taken in large quantity by children. As such iron deficiency anemia in children is best prevented and treated by supplementation of iron.

Q7. How best should the high prevalence of iron deficiency anemia in children in India be managed?

Ans. The Ministry of Health and Family Welfare, Government of India, in 2013, launched the National Iron Plus Initiative as a comprehensive strategy to combat the public health challenge of iron deficiency anemia. There are age-specific interventions with supplementation with iron-folic acid and deworming for all age groups, i.e., children ages 6-59 months, children ages 5-10 years, adolescent girls and boys ages 11-19 years, pregnant and lactating women, and women in the reproductive age group (20-49 years). The National Iron Plus Initiative attempts to holistically address preventive as well as curative aspects of the challenge across all age-groups. The schedule of iron-folic acid supplementation has been reviewed to render administration as well as compliance simpler.

Q8. Has the anemia prophylaxis program been successful?

Ans. Iron supplementation has been the backbone of the national nutritional anemia prophylaxis programme. However, it has had limited success in dealing with iron deficiency anemia. This is chiefly because of frequent disruption in the supply chain of iron folic acid tablets and low compliance to iron supplementation. In addition, several states are not prioritizing the interventions of both iron-folic acid supplementation and deworming. A disciplined implementation at the grass root level is necessary for the success of the ambitious, though the critically desired program. Iron fortification of salt or flour is an alternative strategy to address iron deficiency anemia in India.

Q9. As per the National Iron Plus Initiative Program, when and for how long should a child be on iron?

Ans. In India, every child should be on iron – all the time... The supplementation with iron is illustrated in Table 3. In addition, periodic, bi-annual deworming with albendazole is recommended.

Table 3. Supplementation of iron-folic acid, as per the National Iron Plus Initiative Program

Age	When	How much?
6 to 60 months	Fixed days: twice a week	1 ml IFA syrup = 20 mg elemental iron + 100 mcg FA
5-19 years	Once a week	5-10 years: 45 mg elemental iron + 400 µg folic acid tablets 10-19 years: 100 mg elemental iron + 500 µg folic acid tablets

Pregnant and lactating women	Every day for at least 100 days, starting after the first trimester, at 14–16 weeks of gestation followed by the same dose for 100 days in the post-partum period.	100 mg elemental iron and 500 mcg of folic acid
Women in Reproductive Age Group (15–45 Years)	Once a week	100 mg elemental iron and 500 mcg of folic acid throughout the calendar year

Q10. How best to treat iron deficiency in children?

Ans. Ferrous sulfate has stood the test of time and is still the preparation of choice. Three mg/kg/day of elemental iron in 2–3 divided doses is recommended. Once a daily dose is equally effective. It is good to instruct rinsing of mouth after syrup to avoid staining of teeth. Parents should be told not to interrupt therapy for minor inter-current ailments. The author does not prefer highlighting GI adverse effects, as these are uncommon in children. Iron is continued for 2 months following normalization of Hb to replace stores. Excess milk and relative lack of solid food is a common underlying cause, which should be rectified. The patient should be deformed.

Q11. Which iron preparations should be prescribed to children?

Ans. Large numbers of commercial preparations are available that companies aggressively market on presumed benefits. The gold standard continues to be ferrous sulfate which has good bio availability and is inexpensive. Govt. of India supplies ferrous sulphate syrup (5 mL = 20 mg elemental iron + 0.5 mg folic acid), pediatric strength tablets (20 mg elemental iron + 0.1 mg folic acid) and adult strength tablets (100 mg elemental iron + 0.5 mg folic acid), free of cost. Ferrous fumarate is tasteless and stable in syrup as compared to sulfate. A combination of iron with ascorbate increases iron absorption, however at the cost of more adverse effects, therefore carrying little advantage. Heme-based preparations, Ferric ammonium citrate, and iron polymal tose complex, may be less efficacious. It is a good practice to check labels, as a variety of strengths are available. Parenteral iron is rarely indicated.

Q12. Does the timing of umbilical cord clamping at birth influence iron stores?

Ans. Holding the baby 10–15 inches below the introitus in vaginal deliveries and below the level of the incision in cesarean sections; and delaying the cord clamping for 30–60 seconds after birth increases the blood volume in the newborn. It augments the iron stores in the vulnerable period of infancy. WHO recommends delayed umbilical

cord clamping (not earlier than 1 min after birth) for improved maternal and infant health and nutritional outcomes.

Q 13. When to start iron in exclusively breastfed, full-term neonates?

Ans. American Academy of Pediatrics recommends iron supplements from 4 completed months of age in the healthy, term, breastfed infants (1 mg/kg/d), until appropriate iron-containing complementary foods are introduced. Iron is started as early as 2 weeks in preterm babies who are tolerating full feeds, at a dose of 2–3 mg/kg/day and continued till 1 year.

Q 14. What if there is a suboptimal response to iron?

Ans. The most common cause is poor compliance with iron. Often the administration of iron is interrupted or stopped entirely in the mistaken belief of adverse effects or during intercurrent minor illnesses. Celiac disease is to be excluded in refractory iron deficiency anemia; typical GI symptoms may be lacking.

Q 15. What are the essential messages regarding iron deficiency anemia in children?

Ans.

- a) Iron deficiency anemia is widespread in children in India, including urban areas, and across all socio-economic status. The prevalence is 60% in Delhi in children <5 years.
- b) The most common causes include the delayed and suboptimal introduction of solid food, excessive intake of cow's milk, and a predominantly wheat or rice-based diet.
- c) Iron deficiency leads to impaired neurocognitive development.
- d) Regular supplementation with iron-folic acid is necessary to prevent anemia.
- e) Every girl/woman in India should be on iron supplements from 6 months of age, till 45 years.
- f) Every boy should be receiving iron supplements from 6 months of age, till 19 years.
- g) Ferrous sulfate is the recommended preparation. Adverse effects are uncommon, and should not be highlighted in children.
- h) Ensure compliance with iron-folic acid. Do not interrupt therapy for minor intercurrent illnesses or fevers. Inform parents that iron deficiency lowers the IQ... it shall ensure compliance.

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INTRODUCTION

Equipment cost is a major cost in any hospital project. Moreover, the recurrent annual cost of equipment maintenance too can be very high. This cost will vary depending on the services being offered in the hospital and therefore, it may not be possible to quote a percentage figure. However, it can be easily appreciated that it is crucial to plan and procure the equipment in sync with the strategic goals of the hospital.

Hospital Equipment Planning requires a clear understanding of the clinical need, budgeting, architectural design and building process. To be effective this requires a team approach wherein the hospital managers, clinicians, architects, projects managers, finance managers, and others play a part.

The objective is to ensure all products selected are fit for purpose, within budget and, procured, delivered and commissioned in accordance with projects timeline.

EQUIPMENT PLAN FOR A NEW HOSPITAL/NEW DEPARTMENT

- i. Have a clear understanding of the scope of services to be offered in the hospital.

Defining the scope of services is crucial first step for planning the building layout, manpower and equipment. This understanding then needs to be augmented with expected patient volumes. It is also helpful to consider what all is needed at the time of commissioning the new facility and what can be deferred for a later stage.

- ii. Understand the layouts and floor plans for work flow, spatial relationship of departments, room size, number of workstations, etc. This understanding is helpful in deciding on the quantities of equipment. What all equipment

would be required as per number of workstations, and what all can be shared?

- iii. Map out the quantity of equipment needed room wise, floor wise and the total for the hospital. Can split this into two or more phase depending on commissioning of the building and the expected growth of patient volumes.
- iv. Decide on the technical specifications in consultation with the clinical team. Inputs on hardware and software requirements from clinical team are required. They can also provide feedback on their (or peers') previous experience with the equipment. At this stage it is important to revisit the required quantity as well. This is also the time when the "support equipment" can be better spelled out. Like, the capacity of the compressor, the UPS, etc.
- v. Budget considerations. It may be helpful to have budget limits defined. Also may be classifying equipment as "must have" and "may have". The expected costs with time lines for procurement would help in planning the availability of money and loans (where applicable).
- vi. If usage data of any similar equipment already available, it can be an additional help in Break Even Point calculations, thus aiding in the procurement decision.

FINALIZATION OF EQUIPMENT AND VENDOR

- i. Equipment identification as per scope of services.

At this point we have reached the stage where we can define the type of equipment required.

- ii. Obtain quotes from vendors.

Obtain quotes from multiple vendors where applicable. Ensure that the quoted items are the

same as required by you.

iii. Comparison of equipment:

- a. Technical specifications. The comparison should be as closely matched as possible. If there are variations in the technical details, make a note of the same.
 - b. Note the inclusions like handpieces, lenses, foot pedals, motorized tables, laptops, printers, etc.
 - c. Note the consumables and spares being provided.
 - d. Check for applicable taxes, customs duty, logistics costs, etc.
- iv. If required, ask for demonstration of the equipment to the clinical team.

Seek feedback from the end users. It can sometimes happen that new inputs become available after the demonstration and trial usage.

- v. Vendor selection should be guided by the following:
- a. Final negotiated price.
 - b. Principal and agent reliability.
 - c. After sales service:
 - i. Preventive maintenance visits.
 - ii. Turn Around Time for breakdown calls.
 - d. Terms of warranty, extended CMC, AMC.
 - e. Payment terms.
 - f. Prefer turnkey installation.
- vi. Both equipment and vendor selection can be helped by previous experience and talking to other users.
- vii. At this stage it is advisable to revisit the space and engineering requirements of the room(s)/ areas where the planned equipment is to be installed.

CONTRACT FORMULATION

- i. Are the prices fixed or subject to changes in

currency exchange rates?

ii. Payment modalities:

- a. When will be the initial payment done?
 - ü At time of placing the order?
 - ü At time of receipt of equipment?
 - ü At time of installation?
 - b. When will be next part payment or final payment be done?
 - ü At time of installation?
 - ü After satisfactory performance for a certain time period?
 - c. What would be the mode of payment? Will it be direct payment? Will it be through Letter of Credit?
 - d. Decide if a penalty clause is needed against delay in installation.
- iii. Warranty period:
- a. When will it start at delivery or after installation?
 - b. What is covered under warranty? And what is not covered?
- iv. If required look at the option of Bank Guarantee to be furnished by the vendor towards execution of the agreement and warranty period. Define the penalty clause in case of default.
- v. Decide if the agreement is for what value? Example CIF, CIP, FOB, etc. It is important to understand the terms used.

Example:

CIF (Cost, insurance, freight): the contracted price is inclusive of all expenses up till and including delivery of goods at the port of call (ieport of final destination) - thereafter the buyer gets the goods cleared through customs and moves them to his warehouse.

CIP stands for Carriage and Insurance Paid To (... named place of destination), which means that

the seller delivers the goods to the carrier nominated by him but the seller must, in addition, pay the cost of carriage necessary to bring the goods to the named destination.

FOB stands for Free on Board. It is a trade term that indicates whether the seller or the buyer is liable for goods that are damaged or destroyed during shipping. "FOB shipping point" or "FOB origin" means the buyer is at risk once the seller ships the goods. "FOB destination" means the seller retains the risk of loss until the goods reach the buyer.

The main issue revolves around who pays for what.

- vi. Points to consider for maintaining the equipment after installation:
 - a. Continuing supply of spares.
 - b. After sale service.
 - c. Training of staff.

RECEIVING AND INSTALLATION OF EQUIPMENT

- i. For imported equipment, familiarize yourself with the steps, documentation required and various terminology used.

Example, telegraphic transfer (TT), landing charges, bill of entry, letter of credit (LC), bank release order (BRO), Carriage and Insurance paid to (CIP), airway bill (AWB), demurrage, etc.

- ii. During unpacking, ensure availability of all parts, spare, accessories, etc. as per purchase order and equipment check list.
- iii. Ensure end user training at time of installation.
- iv. Carefully check the installation report and warranty document.

EQUIPMENT MAINTENANCE AFTER INSTALLATION

- i. Equipment inventory update.
- ii. Bring the equipment under insurance cover.
- iii. Maintain tracker containing details of warranty/AMC/CMC period.
- iv. End user, head of department and biomedical engineer should have contact details of service team of the vendor.
- v. Ensure ongoing preventive maintenance as per manufacturer's recommendations and as per CMC terms.

- vi. CMC, AMC or per visit service charges? This decision needs inputs of breakdown history, frequency of breakdowns, costs involved, criticality of equipment, capabilities of in-house engineer, availability of spares, etc.

- vii. It is advisable to maintain history sheet of the equipment, which can include the following details:

- a. Equipment name, model, serial number.
- b. Purchase details.
- c. Vendor details.
- d. Date of manufacture.
- e. Date of installation.
- f. Location within the hospital.
- g. Environment control requirements.
- h. Spares inventory.
- i. Relevant technical details- product manuals.
- j. Breakdown and down-time.
- k. Condemnation (as may be applicable)
- l. Any other (as may be applicable)

HISTORY OF

Maulana Azad Medical College

Dr. Daljeet Singh
Prof of Neurology, GBPH

Year 2019 - 61st Batch of Maulanian has already entered. Hard to believe but it looks realistic now that in just a decade time we would be celebrating Golden Jubilee year of MAMC.

Being a student of Maulana Azad Medical College and having spent nearly two decades in this campus, I am rather deeply touched and fascinated to review the birth and growth of this 30 acre campus. In what was a previous jail complex, are associated memories of several historical events including Harding bomb case.

Lok Nayak Hospital christened in 1989 from Lok Nayak Jai Prakash Hospital (LNJP) was originally popular and still continues to be known as Irwin Hospital. Lord Irwin laid down the foundation stone of this old hospital on 10 January 1930, Initial hospital had 350 bed, which was big enough to cater the small population of Delhi during that era. In November 1977 name of Irwin Hospital was changed to LNJP Hospital following central rule of Janta Dal.

It was in 1936 Lt. Col. Curickshank IMS then Medical Superintendent and Chief Medical Officer of Irwin Hospital saw the dream of building a medical college complex near Ramlila Ground Unfortunately due to the start of Second world war in 1939, this plan was dropped. During Second World War some barracks were rapidly constructed near Safdarjung tomb to establish a medical center for American Troops fighting in this region. This hospital was well equipped with x-ray machine, laboratory and other facilities for various emergency procedures. After the Second World War was over American handed over this place to Government of India. This place, where the present Safdarjung Hospital exists was to be taken over as an extension of Irwin Hospital Later CGHS took over this place directly to be run by Central Health Ministry.

Foundation stone of AIIMS was initially laid in this campus near abandoned jail area but was later shifted to present site for AIIMS, after it was decided to make later an autonomous institution.

Recognizing the need for medical college in this area Government of India recommended in Second Five Year Plan for opening of a "Composite Medical College" in August 1957, Irwin Hospital was obviously chosen to be the venue for this college with provision of teaching Gynecology at Lady Harding Medical College. This composite medical college was started with 50 male and 50 female students without any entrance test. The governing body of LHMC then an autonomous institution of only medical college for Girls in the world filed a suit against starting of this medical college. Court decision favoured LHMC. The classes of this composite medical college were stopped merely two days after the start. Girls were then shifted to LHMC and Boys to AIIMS as a supplementary batch. Government sanction was finally granted in Feb. 1958. The Medical College attached to Irwin Hospital was named as "Delhi Medical College". Col. B.L. Taneja (Bashi Lal Taneja) was appointed as first Principal in April 1958. College was housed in new three-storey block designated at Anatomical Block (present Burns & Plastic Surgery Ward). Anatomy block of that time was in ground floor. Principal room and administrative block were also in ground floor just near old lift area. First and second floor were occupied by dept. of physiology & biochemistry respectively. There was a small lecture theater, library and laboratory in second floor.

Dr. I. D. Bajaj was first reader of anatomy dept. He later worked as Director General of Health Services, Dr. S. N. Chowdhry headed biochemistry, Dr. B P Sinha physiology, Dr. R K Sanyal was the head of pharmacology dept. Dr. R. Nigham joined as first professor of surgery.

In 1958, two new buildings were constructed to run OPD and emergency services. Department of obstetrics and gynecology was soon started with the help of Sher Singh Trust. During Second World War a prefabricated building was commissioned as Reema Block for trauma victims. This was the first trauma wing of this hospital. Later this block became children and male orthopedics ward.

The college was aptly renamed as Maulana Azad Memorial Medical College and later the word memorial was dropped. Maulana Azad was incidentally first Union Minister of Education and Scientific Research. First batch had 60 students. Male students were allocated two barracks of central jail and females were grouped in Jailers quarters - how appropriate! Pt. Govind Bhallabh Pant, the Union Home Minister, laid foundation stone of first proper medical college block on 24th Oct. 1959. Shri J D Shastri (Senior Architect, Ministry of Health) drew up the architectural plan of the college complex.

Referring to the fact that college building was being erected on a site previously occupied by central jail - Pandit Pant said it shows that a new India was taking birth and the place which was symbol of people's suffering was to become a place which would now help to relieve it. Pandit Pant in his poetic inaugural speech said that the dismal wall of the jail had been demolished to be replaced by corridors illuminated by the soft ray of light, science and knowledge. In a reply to students grievance that they were being lodged in a formerly jail building, Pandit Pant quipped "I did not loose much by being lodged there again and again."

Pt. Jawahar Lal Nehru later inaugurated the building completed in a record time on 26th Feb. 1961. Initial outlay for this building was about Rs. 1 crore. The college had unique distinction of being recognized for Post Graduation even before the first batch of graduates passed out from here. OPD wing of Guru Nanak Eye Centre was inaugurated in 1977 by Sh. Madan Lal Khurana, the Executive Councilor, Medical, Delhi Administration. Second phase was inaugurated on 14.3.1986 by

Smt. Mohisina Kidwai union Health Minister which is now wards and OT block. Third phase of GNEC was inaugurated by Sh. Sahib Singh Verma . Dr. Harsh Vardhan, Cricketer Kirti Azad attended the function. Foundation stone of new medicine block was laid in 1978 and later occupied in 1982-83.

It was in the vision of pioneers like Col. B L Taneja, Dr. I D Bajaj, Dr. P Dinesh, Dr. S R Sen, Dr. K C Mahajan, and Col. P C Dhanda to have a separate super speciality hospital wing to commemorate the memory of Pandit Govind Ballabh Pant. Dr. P Dinesh was elevated as Medical Superintendent of G B Pant Hospital and foundation stone of G B Pant Hospital was laid by Late Pt. Jawahar La NehrU on 31st Oct. 1961. In his speech he casually remarked "he had laid down the foundation stone of the most of the buildings coming up late." The building of G B Pant Hospital was completed in a record time of 2 ½ years and Shri Bhagwan Sahay the Chief Commissioner invited Pt. Nehru to inaugurate the hospital on 30th April 1964, one of the last function of his life time.

In May 1972, G B Pant Hospital started its own circular OPD services. In bed facilities has been enhanced to 500 by addition of a newly constructed Amir Chand Critical Care Centre. This new block was recently inaugurated on 8 September 1998 by Sh. Sahib Singh Verma, Chief Minister of Delhi.

Silver jubilee Annual day of MAMC was celebrated on 30th Oct. 1983. His Excellency President of India Giani Zail Singh was the chief guest. Sh. Jagmohan Lt. Govenor of Delhi presided over. It was here for the first time the head of state encouraged brain drain. He was of the opinion that it would boost Indian economy. I distinctly remember Giani Zail Singh's remarks that 'it is much easy to become a President of India and very difficult to become a doctor'. Incidentally Giani Zail Singh was accompanied by his daughter who herself is a doctor.

Since then we are gradually inching toward Golden Jubilee celebrations of MAMC and the corridors of the then Jail complex have sent he brilliance of many in various disciplines of medical science. Several important respectable and brilliant students of this jail have scattered to almost every corner of the world. They continue to spread the fragrance of the vision of the opening remarks of Pandit G.B. Pant.



MAMCOS Award Winner List

for the year 2019-20, 31st March 2019

1. **MEGHNA KRISHAN BAVEJA MEMORIAL AWARD:** 22st Meghna Krishan Baveja Memorial Award for the year 2019 awarded to DIVIJA BANSAL for the best all around performance during the 1st Professional.
2. **Dr. A S PURI MEMORIAL AWARD:** 20th Dr. A S Puri Memorial Award for the year 2019 awarded to SHAGUN BATRA for the best all around performance during the 2nd Professional.
3. **Dr. RAJIV BAJAJ MEMORIAL AWARD:** 18th Dr. Rajiv Bajaj Memorial Award for the year 2019 awarded to NAVITA JAIN for the best all around performance during the Third Professional.
4. **Dr. DILIP KAK MEMORIAL AWARD:** 17th Dr. Dilip Kak Memorial Award for the Year 2019 awarded to Dr. AKSHITA SONI for the Best Thesis in Medicine & Related field.
5. **MAMCOS SPORTS AWARD:** 10th MAMCOS Sports award for the Year 2019 awarded to BHAVYA ANEJA for the best sports person in MAMC.
6. **ANAND GROVER GOPAL SACHDEV MEMORIAL AWARD :** 2ND Anand Grover Gopal Sachdev Memorial Award for the Year 2019 awarded to Dr. RADHIKA DASPUTRA. for the topper in (M.D.) Ophthalmology in MAMC.