GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ORDERS

Imphal, the 2nd September, 2026

No.MC/Conf-ICU/CCU/2025-DHS: In pursuance of the Government of Manipur, Secretariat: Health Department Office Memorandum No. MED-1603/19/2023-HS-HEALTH, dated 1st July, 2026, Order No. MED-1603/19/2023-HS-HEALTH, dated 7th August, 2026 and Order No. MED-1603/19/2023-HS-HEALTH, dated 21st August, 2026, regarding the constitution of the State Level ICU Coordination Committee, utilisation of MHS Grade-I and Grade-II Officers in the ICU, Trauma & Emergency Service Division and implementation of the approved Organogram and Functional Structure, the following works, functions and reporting arrangements are hereby prescribed with immediate effect.

2. Overall Administrative Authority

The Director of Health Services, Manipur shall be the Overall Administrative Head of the ICU, Trauma & Emergency Service Division and shall exercise administrative control over the ICU Implementation Unit.

3. ICU Implementation Unit

The Senior Consultant ICU/Nodal Officer and the designated Consultants shall constitute the ICU Implementation Unit under the Directorate of Health Services. The ICU Implementation Unit shall be the functional/technical implementation arm for the ICU, Trauma & Emergency Service Division and shall be responsible for day-to-day coordination, implementation, monitoring, inspection follow-up and reporting relating to ICU, Trauma & Emergency services.

3 (a). Senior Consultant ICU/Nodal Officer

Dr. S. Gopal Singh, Senior Consultant ICU (MHS Grade-I), shall function as the Nodal Officer of the ICU Implementation Unit. He shall have overall supervision, implementation, monitoring and coordination of the ICU Implementation Unit and shall report directly to the Director of Health Services. He shall also

- Supervise and guide the Consultants of the ICU Implementation Unit;
- Coordinate with the concerned Additional Directors and other relevant technical/administrative officers;
- Monitor ICU gap assessment, compliance and implementation of corrective measures; and
- Maintain functional coordination with the State Level ICU Coordination Committee, District Inspection Committees, State Health Society/NHM, Medical Colleges, District Hospitals and other designated institutions/agencies.

3 (b). Consultant-I – ICU & Critical Care Systems

Dr. K. Nandinibala Devi, Consultant-I, shall function under the Senior Consultant ICU/Nodal Officer and shall be responsible for ICU infrastructure mapping and standardisation, operationalisation and quality assurance of ICU services, monitoring of ICU equipment and oxygen systems, facility inspection and compliance monitoring, and identification and reporting of ICU gaps.

3 (c). Consultant-II – Trauma & Emergency Coordination

Dr. Th. Brojendro Singh, Consultant-II, shall function under the Senior Consultant ICU/Nodal Officer and shall be responsible for coordination of ambulance services, trauma-care and emergency referral

mechanisms, emergency communication and response systems, hospital emergency preparedness, coordination with District Committees and healthcare institutions, and monitoring of emergency drugs, trauma equipment and related logistics.

4. State Level ICU Coordination Committee – Separate Oversight/Advisory Body

The State Level ICU Coordination Committee is a separate State-level oversight and coordination body and shall not form part of the vertical reporting structure of the ICU Implementation Unit. The Committee shall function under the Chairmanship of the Director of Health Services, Manipur. It shall provide policy-level oversight, technical guidance, advice and directions to the ICU Implementation Unit and shall review the progress of ICU implementation, gap assessment, inspection, compliance and other related matters.

4 (a). Chairman and In-charge

The Director of Health Services, Manipur shall be the Chairman of the State Level ICU Coordination Committee. Dr. Y. Premachandra Singh, Additional Director (Planning & Finance) & SNO Tele-ICU, shall be the In-charge of the State Level ICU Coordination Committee and shall convene meetings of the Committee, the ICU Implementation Unit and District Inspection Committee members regularly on a quarterly basis and whenever necessary on an emergency basis.

4 (b). Powers and Functions of the Committee

The State Level ICU Coordination Committee shall, in accordance with the Government orders/Office Memorandum constituting the Committee, exercise State-level oversight and shall have the power to issue binding directions, prescribe standards, classify facilities and ensure compliance across the State. The Committee may advise, guide and issue directions to the ICU Implementation Unit for effective implementation of the approved ICU, Trauma & Emergency standards and State Action Plan.

4 (c). Follow-up and Reporting

The In-charge of the State Level ICU Coordination Committee shall coordinate technical/administrative follow-up, monitor implementation of decisions of the Committee, and consolidate reports for placing before the Chairman/competent authority. The ICU Implementation Unit shall provide the Committee with such reports, inspection findings, gap assessments and compliance status as may be required for review and further directions.

5. District Inspection Committees

The District Inspection Committees, under the supervision of the concerned Chief Medical Officer, shall undertake district-wise gap assessment, inspection of ICU facilities, identification of deficiencies and monitoring of corrective measures. The Committees shall submit inspection and compliance reports to the concerned CMO. Matters requiring State-level intervention, policy guidance or directions shall be referred to the State Level ICU Coordination Committee.

6. Reporting and Supervision within the ICU Implementation Unit

The vertical reporting structure shall apply only to the ICU Implementation Unit. The Consultants shall function under the overall supervision of the Senior Consultant ICU/Nodal Officer and shall submit reports, inspection findings and recommendations to him. The Nodal Officer and Consultants shall maintain functional/lateral coordination with the concerned Additional Directors and other officers on subject matter.

7. Coordination

The ICU Implementation Unit shall maintain necessary functional coordination with the State Level ICU Coordination Committee, District Inspection Committees, State Health Society/NHM, Medical Colleges, District Hospitals, SDH/CHCs, emergency transport agencies and other designated health institutions/agencies for effective operationalisation and monitoring of ICU, Trauma & Emergency Services.

8. Clarified Functional/Reporting Structure

Vertical administrative and functional reporting within the ICU Implementation Unit:

- Director of Health Services, Manipur
  ↓
- Senior Consultant ICU/Nodal Officer – Dr. S. Gopal Singh
  ↓
- Consultant-I – Dr. K. Nandinibala Devi
- Consultant-II – Dr. Th. Brojendro Singh

Separate State-level oversight relationship:

State Level ICU Coordination Committee (Chairman: Director of Health Services) → Advice / Technical Guidance / Binding Directions → ICU Implementation Unit

9. Implementation of Standards and State Action Plan

The officers of the ICU Implementation Unit shall assist in implementation of the approved State Action Plan, prescribed ICU/Trauma & Emergency standards and directions of the competent authority within their respective areas of responsibility. Directions issued by the State Level ICU Coordination Committee within its authorised mandate shall be acted upon by the ICU Implementation Unit and reported for compliance.

10. Organogram and Functional Structure

The approved Organogram and Functional Structure of the ICU, Trauma & Emergency Division shall form an integral part of this Order. The Organogram shall clearly distinguish the ICU Implementation Unit from the State Level ICU Coordination Committee and shall reflect the vertical reporting structure of the Implementation Unit and the separate oversight/advisory/directional relationship of the Committee.

11. Existing Duties

The assignments shall be in addition to their existing duties, unless otherwise ordered by the competent authority.

Encl.: Approved Organogram and Functional Structure of ICU, Trauma & Emergency Division.

(Dr. N. Hemantakumar Singh)
Director of Health Services, Manipur

Copy to:

1. The Commissioner-cum-Secretary (Health & FW), Government of Manipur, for information.
2. The Joint Secretary (Health & FW), Government of Manipur, for information.
3. State Mission Director, State Health Society, Manipur.

4. Dr. Y. Premchandra Singh, Additional Director (Planning & Finance) & SNO Tele-ICU, In-charge, State Level ICU Coordination Committee.
5. All Additional Directors, Directorate of Health Services, Manipur.
6. Dr. S. Gopal Singh, Senior Consultant ICU/Nodal Officer, ICU Implementation Unit.
7. Dr. K. Nandinibala Devi, Consultant-I – ICU & Critical Care Systems.
8. Dr. Th. Brojendro Singh, Consultant-II – Trauma & Emergency Coordination.
9. DD MC-A, Liaison Officer.
10. All Chief Medical Officers/Medical Superintendents concerned.
11. All Members of the State Level ICU Coordination Committee.
12. Guard File.

ORGANOGRAM
ICU, TRAUMA & EMERGENCY DIVISION
DIRECTORATE OF HEALTH SERVICES, MANIPUR

DIRECTOR OF HEALTH SERVICES
(Overall Administrative Head)

Direct Reporting

SENIOR CONSULTANT ICU
(MHS Grade-I)
NODAL OFFICER
ICU, TRAUMA & EMERGENCY DIVISION

Functional / Lateral Reporting

ADDITIONAL DIRECTORS
(Functional Coordination)
- AD (MEDICAL CARE)
- AD (PLANNING & FINANCE)
- AD (MD)
- AD (PUBLIC HEALTH)

CONSULTANT ICU & CRITICAL CARE SYSTEMS
(MHS Grade-II Officer)
MHS Grade-I Officer may also be deputed

- ICU infrastructure mapping and standardization
- Monitor operationalisation and quality of ICU services
- Monitor procurement and utilization of ICU equipment and oxygen systems
- Conduct inspections and compliance monitoring
- Monitor ICU display/ identification and reporting systems

CONSULTANT TRAUMA & EMERGENCY COORDINATION
(MHS Grade-II Officer)
MHS Grade-I Officer may also be deputed

- Coordinate ambulance services and emergency logistics
- Monitor trauma care systems, referrals and stabilization
- Coordinate emergency communication and response systems
- Coordinate with District Committees and facilities for emergency preparedness
- Monitor emergency drugs and trauma equipment logistics

DD MC-A (LIAISON OFFICER)

- Liaison with Medical Care wings and Directorate branches
- Facilitate administrative processing and coordination
- Coordinate files, correspondence and follow-up actions

COORDINATION & COLLABORATION

STATE-LEVEL COORDINATION COMMITTEE
(Technical & Advisory)
- Chaired by DHS
- State ICU Experts / Technical Members
- Representatives from concerned departments

DISTRICT-LEVEL COORDINATION COMMITTEES
(Under Chairmanship of DCs)
- Chief Medical Officer
- Medical Superintendent
- District Programme Management Unit
- Nominee from State ICU Expert Group

STATE HEALTH SOCIETY & IMPLEMENTING PARTNERS
- NHM / SHS
- Emergency Transport Agencies
- NGOs / CSR Partners
- Other Implementation Partners

DIRECTORATE WINGS
(Support Functions)
- Medical Care
- Planning & Finance
- MD
- Other Wings

HEALTH FACILITY UNITS
MEDICAL COLLEGES | DISTRICT HOSPITALS | SDHs / CHCs | OTHER DESIGNATED HEALTH INSTITUTIONS

→ Direct Reporting
⇢ Functional / Lateral Reporting

Allocation of Portfolios and Responsibilities

ICU, Trauma & Emergency Division

Designation	Key Responsibilities
(MHS Grade–I) Senior Consultant ICU *(Nodal Officer)*	• Overall supervision, implementation, monitoring, and coordination of activities related to the ICU, Trauma & Emergency Division. • Shall report directly to the Director of Health Services. • Coordination with Additional Directors and Directorate wings for division-specific activities. • Routing of division-related files to the concerned authorities, wherever necessary. • Supervision of ICU gap assessments, compliance activities, implementation of the State Action Plan, and directions of the Supreme Court. • Coordination with State-level and District-level Coordination Committees, the State Health Society, and ICU Expert Groups.
Consultant – ICU & Critical Care Systems *(MHS Grade–II Officer)*	• Shall function under the supervision of the Senior Consultant ICU/Nodal Officer. • ICU infrastructure mapping, standardization, operationalization, monitoring, and quality assurance. • Monitoring procurement and utilization of ICU equipment, oxygen systems, and related infrastructure. • Conducting facility inspections and compliance reviews. • MHS Grade–I Officers may also be deputed against the post, if required.
Consultant – Trauma & Emergency Coordination *(MHS Grade–II Officer)*	• Shall function under the supervision of the Senior Consultant ICU/Nodal Officer. • Coordination of ambulance services, trauma care systems, emergency referral mechanisms, and logistics. • Monitoring emergency communication systems, hospital mapping support, and emergency preparedness activities. • Coordination with District Committees and healthcare institutions for emergency response activities. • MHS Grade–I Officers may also be deputed against the post, if required.
DD MC-A *(Liaison Officer)*	• Liaison and coordination between the ICU, Trauma & Emergency Division and the Medical Care wings of the Directorate. • Facilitation of administrative processes, inter-departmental communication, and follow-up activities.