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ANNUALREPORT2023-24

DIRECTORATEGENERALOFHEALTHSERVICES
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FORWARD

TheDirectorateGeneralofHealthServicesproudlypresentsitsannualreport,a testamenttoourunwaveringcommitmenttoensuringtheconsistentavailabilit yofhealthstatistics.Thisdocumentencapsulatestheoperationalexcellencean daccomplishmentsoftheDirectoratealongwiththecollectiveefforts of various hospitals and departments under the auspices oftheGovernmentofNCTofDelhi.

Our Directorate is at the forefront of healthcare delivery, operatinganextensivenetworkthatincludesdispensaries,mobile healthunits,schoolhealth clinics, and Aam Aadmi Mohalla Clinics. Thisisinconjunctionwiththerolloutofnewhospitalsanddispensaries and the execution of diverse programs and schemes.ThehealthcarelandscapeinDelhi is a collaborative ecosystemwithbothgovernmentandnon-governmententitiesconvergingundertheDirectorateGeneralofHealthServi ces.

Weemployahybridapproachto data collection, encompassingboth onlineand offline methodologies, tocompile reports on theperformanceofdispensaries,districts,andhospitals within theDelhigovernment'spurview,aswellasmorbiditystatistics. TheState Health Intelligence Bureau (SHIB) plays a pivotal role in thisprocess,gatheringandsynthesizingdatafromselectedhealthinstitutionsa crossDelhi. It's important to note that SHIB servesasacompilerratherthantheprimarycustodianofthisdata.

The releaseof this reporthasencountered delays attributable tothechallengesfacedinaggregatingdatafromallcontributingagencies.

I extend my heartfelt gratitude to every member of our directoratefor their dedication and hard work during the reporting period. MycommendationsgoouttotheStateHealthIntelligence Bureau,underthe leadership of Dr. Anshuman Kumar for their diligenceinproducingthispublication.

We are receptive to and encourage suggestions that will drive thecontinuousenhancementofthisreport.

Withwarmregards,

[DR. RATI MAKKAR]
DIRECTOR GENERAL HEALTH SERVICES,
GNCTD

OFFICERS/OFFICIALSASSOCIATEDWITHTHEPREPARATIONOFANNUAL REPORT2023-24

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CHAPTER1

1. INTRODUCTION

Delhi is an old city that has slowly expanded over the years to acquire its present status of metropolis. According to census 2011, the total population of Delhi was 167.53 lakh spread over an area of 1483 Sq. km. The population density of Delhi was 11297 persons per Sq. km. in 2011, which is the highest in India amongst all states / union teritories. People come from all over India for livelihood and settle in Delhi being the economic hub for development.

In Delhi, health care facilities are being provided by both government &non-government organizations. Besides, local self governance agenciessuch as Municipal Corporations of Delhi, New Delhi Municipal Counciland Delhi Cantonment Board are instrumental in delivery of health carefacilities in their respective areas. Various agencies of Government ofIndiasuchasMinistryofHealthandFamilyWelfare,CGHS,ESI,Railways are also providing health care to general public as well as toidentifiedbeneficiaries.Amongstthegovernmentorganizations,Directorate General of Health Services (DGHS) of Government of NCT ofDelhiisthemajoragencyrelatedtohealthcaredelivery.

ThisDirectorateactivelyparticipatesindeliveryofhealthcarefacilitiesandco-ordinateswithothergovernmeint&non-governmentorganizationsforhealthrelatedactivitiesfortheimprovementofhealthof citizensof Delhi. Servicesunder Directorate of Health Services covermedical&publichealth.Thisdirectorateplaysthekeyrolein co-ordinationandimplementationofvariousnationalandstatehealthprograms.

DEPARTMENTOFHEALTH&FAMILYWELFARE

DepartmentofHealth&FamilyWelfare,Govt. of NCT of Delhi isentrusted with the task of looking after the delivery of health care andhealthrelatedmatterinDelhi.VariousDirectorates, hospitals,departmentsand autonomous bodies functioning under the DepartmentofHealthandFamilyWelfare,GNCTofDelhiare:-

a. DirectorateGeneralofHealthServices.
b. DirectorateofFamilyWelfare
c. DirectorateofAYUSH (Ayurveda,Yogaand Naturopathy,Unani,SiddhaandHomoeopathy).
d. Department of Drug Control.
e. Department of Food Safety.
f. Maulana Azad Medical College.
g. A & U Tibbia College and Hospital.
h. Maulana Azad Institute of Dental Sciences.
i. Nehru Homoeopathic Medical College.
j. University College of Medical Sciences.
k. Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre.
l. Dr. B.S.A. Medical College.
m. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan

HOSPITALS

1. Acharya Shree Bhikshu Govt. Hospital, Moti Nagar.
2. A&U Tibbia College & Hospital.
3. Ambedkar Nagar Hospital
4. Aruna Asaf Ali Govt. Hospital, Rajpur Road.
5. Attar Sain Jain Eye and General Hospital, Lawrence Road.
6. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri.
7. Bhagwan Mahavir Hospital, Pitampura.
8. Burari Hospital.
9. Central Jail Hospital.
10. Chacha Nehru Bal Chikitsalya, Geeta Colony.
11. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan
12. Deen Dayal Upadhyay Hospital, Hari Nagar.
13. Deep Chand Bandhu Hospital, Kokiwala Bagh, Ashok Vihar.
14. Delhi State Cancer Institute, G.T.B. Hospital Complex, Dilshad Garden Shahdara.
15. Dr. B.R. Sur Homoeopathic Medical College Hospital & Research Centre
16. Dr. Baba Saheb Ambedkar Hospital, Rohini.
17. Dr. Hedgewar Arogya Sansthan, Karkardooma.
18. Dr. N.C. Joshi Memorial Hospital, Karol Bagh.
19. G.B. Pant Hospital, Jawahar Lal Nehru Marg.
20. Guru Gobind Singh Government Hospital, Raghubir Nagar.
21. Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg.
22. Guru Teg Bahadur Hospital, Dilshad Garden, Shahdara.
23. Indira Gandhi Hospital
24. Institute of Human Behaviour and Allied Sciences, Shahdara.
25. Institute of Liver and Biliary Sciences, Vasant Kunj.
26. Jag Pravesh Chandra Hospital, Shastri Park.
27. Janak Puri Super Speciality Hospital, Janak Puri.
28. Lal Bahadur Shastri Hospital, Khichripur.
29. Lok Nayak Hospital, Jawahar Lal Nehru Marg.
30. Maharishi Valmiki Hospital, Pooth Khurd.
31. Maulana Azad Institute of Dental Sciences, L.N.H. Complex.
32. Nehru Homoeopathic Medical College and Hospital
33. Pt. Madan Mohan Malviya Hospital, Malviya Nagar.
34. Rajiv Gandhi Super Specialty Hospital, Tahirpur.
35. Rao Tula Ram Memorial Hospital, Jaffarpur.
36. Sanjay Gandhi Memorial Hospital, Mangolpuri.
37. Sardar Vallabh Bhai Hospital, Patel Nagar.
38. Satyavadi Raja Harish Chander Hospital, Narela.
39. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasirpur.
40. Sushruta Trauma Centre, Bela Road.

MAJORSOCIETIESUNDERH&FWDEPARTMENT

1. Centralized Accident and Trauma Services, Bela Road.
2. DelhiStateAIDS ControlSociety,BSAHospitalCampus, Rohini.
3. Delhi State Health Mission, Vikas Bhawan 2, Civil Lines.

Vision:

"Vision of Directorate of Health Services, GNCTD is to transform healthcare system in Delhi to an equitable, accessible and affordable system, prioritizing preventive and primary care, integrating diverse medical practices for holistic well-being, and ensuring sustainability through continuous quality improvement and active monitoring.''

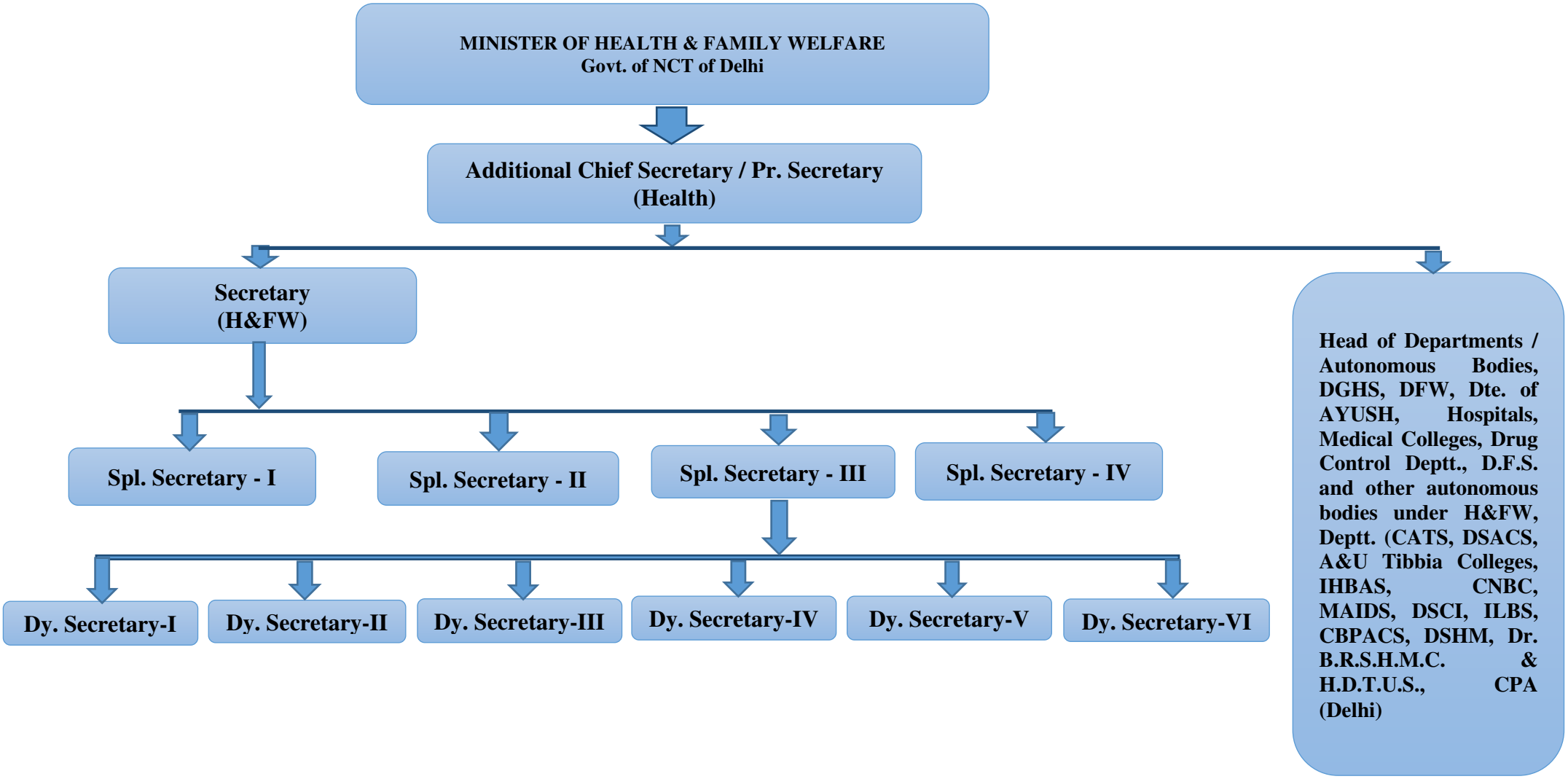
Aims:

1. To establish a healthcare system that ensures universal access and equity for all citizens.
2. To empower communities with preventive healthcare and education for improving overall wellness.
3. To integrate traditional, modern and alternative medical practices for holistic patient care.
4. To create sustainable healthcare infrastructure.
5. To drive continuous health care quality through innovation data analytics and research.

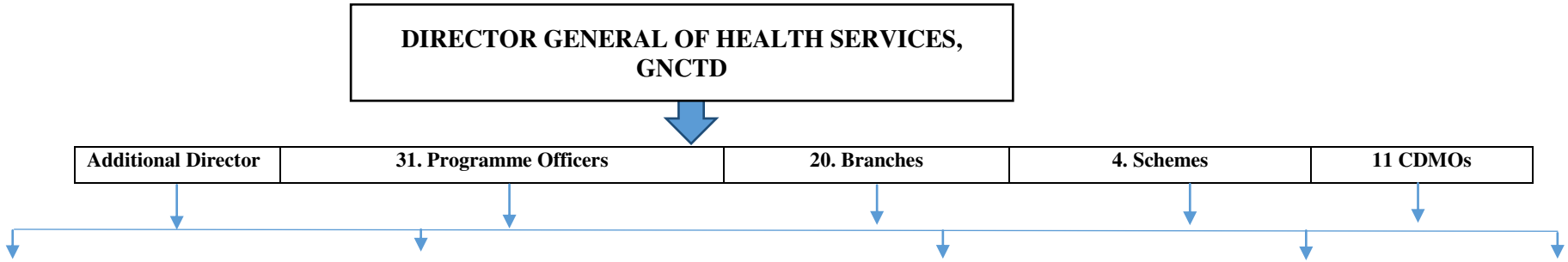
Objectives:

1. **Access and equity:** Develop program that addresses health care disparity and bring quality medical services to underserved and remote areas.
2. **Preventive Care:** Design and implement community focused wellness programs emphasising early detection, vaccination and life style changes.
3. **Integrated Systems:** Foster collaboration among diverse medical system to provide comprehensive patient centred care.
4. **Data driven monitoring:** Establish a frame work for real time data collection performance evaluation and adoptive policy making.
5. **Quality Improvement:** Prove regular training for health care professionals and evaluation and up gradation of health care facilities to set standards and best practices.

1.1. THE ORG. STRUCTURE OF DEPT. OF H&FWGNCT OFDELHI



1.2. THE ORG. STRUCTURE OF DGHSGNCT OF DELHI



Establishment Branch	**PHW-I:** NPPCD, NLEP, NPCBVI	1. Planning Branch	1. Delhi Govt. Employee's Health Scheme (DGEHS)	1.CDMO East
		2. Hospital Cell		
Account Branch	**PHW-II:** NTCP, Burn & Trauma, Palliative Care, Heat Wave, Food Safety, NOHP, FSSAI, NPHCE, NCDCP, Geriatrics Programme	3. Nursing Home Cell	2. Mobile Health Scheme (MHS)	2.CDMO West
		4. CPA Cell		
	PHW-III: Health Mela, State Award Scheme, Fluorosis Mitigation Programme, Silicosis Control Programme	5. Court Case Cell	3. School Health Scheme (SHS)	3.CDMO North
	PHW-IV : IDSP, NVBDCP, National Rabies Control Program, National Viral Hepatitis Control Program, NTEP,EWS	6. Vigilance Branch	4. AAMC	4.CDMO South
	Thalassemia Control Programme	7. Central Store & Purchase		5. CDMO South East
	Delhi Arogya Kosh	8. Disability Cell		6. CDMO South West
	NRHM Co-ordination Cell	9. CME Cell		7. CDMO Shahdara
	Project Division	10. Grant in Aid		8. CDMO North East
	Bio Medical Waste Management Cell	11. RTI Cell		9. CDMO North West
	PM-ABHIM(AAM)	12. Public Grievance Cell		10. CDMO Central
	Anti-Quackery Cell	13.HOTA Cell		11. CDMO New Delhi
	PPP Dialysis Programme	14.COVID Fund, IEC / BCC, E- Waste Management		
		17.State Health Intelligence Bureau (SHIB)		
		18. Computer Cell		
		19. Central Diary		
		20. Care-taking		

DIRECTORATEGENERALOFHEALTHSERVICES

1.3. PREFACE

The Directorate General of Health Services is one of the largest Department of Health and Family Welfare, Govt. of NCT of Delhi providing health care facilities at primary and secondary level to the citizens of Delhi through various types of health outlets, spread all over Delhi viz., Dispensaries &Health Centres, Schools Health Clinics, Mobile Health Clinics, Aam Aadmi Mohalla Clinics and Polyclinics.

To cope with the situation regarding increasing need for health outlets, many more health outlets are being added to existing ones from time to time to meet the health needs subject to the availability of resources.

This Directorate also monitors the health services being provided by registered private nursing homes. The registration is done subject to the fulfilment of prerequisite of Delhi Nursing Home Registration Act 1953 and renewed after every three years. The registration of all private nursing homes is mandatory under the Act.

As far as the monitoring of various health schemes being run by DGHS, the regular information / data is being obtained from various health outlets under the direct control of DGHS, which are then compiled and analysed. On the basis of data from dispensaries / health centres / hospitals and its anaylsis, the evaluation of various schemes is carried out and necessary corrective measures, if needed, are taken.

In addition to above, this Directorate is also collecting information regularly from other agencies on communicable diseases, non-communicable diseases and other public health data for taking appropriate measures related to prevention and control of notified diseases.

CHAPTER2

2. ACHIEVEMENTS ATAGLANCE

Important health statistics of Delhi Govt.Dispensaries /Schemes/AYUSH/Hospitalsduring2023-24

Sl. No.	Performance Indicators	Nos.(2022-23)	Nos.(2023-24)
1	**OPDAttendance**		
	Dispensaries(Allopathic)	82,41,257	95,68,280
	AamAadmiMohallaClinics	2,07,37,030	1,80,73,119
	Dispensaries(Ayurvedic)	6,48,701	7,61,671
	Dispensaries(Unani)	4,03,333	2,98,326
	Dispensaries(Homoeopathic)	17,08,114	18,37,720
	Hospitals	1,93,46,471	2,07,92,656
	MobileHealthClinics	35,066	99,802
	SchoolHealthClinics	52,158	49,482
2	**IPDAttendanceinHospitals**	6,64,970	7,25,576
3	**LaboratoryTest**		
	Dispensaries(Allopathic)	4,15,998	15,41,732
	AamAadmiMohallaClinics (No. fo patients)	10,47,461	5,14,069
	Hospitals	4,91,13,282	4,38,24,433
4	**No.ofX-raysdone**	25,26,501	20,65,185
5	**Ultrasound**	3,44,240	2,68,507
6	**OtherInvestigations**		
	ECG	11,02,071	8,06,617
	Autopsies	11,973	11,983
	Dialysis	1,03,614	1,07,000
7	**No.ofHospitals**	40	40
8	**No. of SantionedBedsinHospitals**	14,330	14,380
9	**No.ofDispensaries**	Allopathic Dispensaries-174Polyclinics-30 SeedPUHCs-60Total-264	Allopathic Dispensaries-176 Polyclinics-30 Seed PUHCs-60 Total-266
		MobileHealthClinics-8	Mobile Health Clinics -12
		SchoolHealthClinics-46	School Health Clinics-45
		AamAadmiMohallaClinics-521	Aam Aadmi Mohalla Clinics- 545
		AyurvedicDispensaries-55	AyurvedicDispensaries-57
		HomoeopathicDispensaries-120	Homoeopathic Dispensaries- 121
		UnaniDispensaries-25	Unani Dispensaries -26

CHAPTER 3

3. PRIMARY HEALTH CARE SYSTEM UNDER GNCTD

Delivery of Primary care:

Chief District Medical Officers under Directorate General of Health Services, GNCTD stand as pivotal figures within Delhi's public health system, serving as the designated nodal points for the delivery of essential primary and preventive healthcare services to all citizens across their respective districts. Their role encompasses a broad spectrum of responsibilities, from administrative oversight and resource management to the direct implementation and monitoring of crucial health programs. CDMOs implement, coordinate and report to different departments of GNCTD i.e. Delhi State Health Mission (DSHM), Directorate of Family Welfare (DFW), H&FW, DGHS and their respective DMs for implementation and delivery of healthcare services to the designated population under the administrative district.

Following services are delivered to the citizens through CDMO's

- Treatment of common ailments on outpatient basis via DGDs, Seed PUHCs, Polyclinics and Mohalla clinics.
- Child immunization and vaccination for vaccine preventable diseases.
- Monitoring of diseases via Integrated Disease Surveillance program (IDSP) program.
- Implementation of reproductive and child health programs.
- Implementation of program related to geriatric care.
- Active disease surveillance.
- Implementation of various National Health Programs.
- Implementation of State Health Programs.
- Implementation of health regulations/acts such as PNDT, MTP, Anti-smoking, Disaster Management, Anti Quackery & others.

The List of Delhi Government Dispensaries are as under:

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

However, CDMOs operate within a complex and often challenging environment, navigating a fragmented healthcare landscape, grappling with resource limitations, and striving to ensure the quality and effectiveness of care amidst diverse operational hurdles. Strengthening the capacity and empowering CDMOs with the necessary authority, resources, and robust support systems is paramount for enhancing the delivery of comprehensive primary and preventive healthcare services in Delhi. By addressing the identified challenges through targeted recommendations focused on improving coordination, optimizing resource management, strengthening data systems, enhancing support for key initiatives, leveraging technology, fostering collaborations, and investing in leadership development, Delhi can move towards a more resilient and equitable healthcare system.

Organizational Structure and Position of CDMOs within Delhi's Health Department

Within the administrative hierarchy of the Delhi Government's health apparatus, the Chief District Medical Officer (CDMO) occupies a significant position under the Directorate of Health Services (DHS). Delhi is divided into 11 administrative districts for the purpose of health administration, each headed by a CDMO. All 11 districts with the CDMOs reporting to and under the administrative control of the DGHS.

Beyond the direct hierarchical structure within the health department, the role of CDMOs in Delhi also necessitates active engagement and collaboration with various other government agencies and

departments operating at the district level. The structure of the Delhi State Health Mission (DSHM) and the District Health Society (DHS), as outlined in snippets and under the National Health Mission, clearly demonstrates this inter-sectorial dimension. CDMOs often occupy leadership positions within these bodies, such as Mission Director of the DSHM Director of the DGHS. These platforms also include representatives from diverse sectors like education, social welfare, public health engineering. For instance, school health programs would necessitate close collaboration with the education department, while addressing the health needs of vulnerable populations might require coordination with the social welfare department. CDMO's are divided into following 11 Districts.

1. CDMO East District.
2. CDMO West District
3. CDMO North District
4. CDMO South District
5. CDMO Central District
6. CDMO New Delhi District
7. CDMO North East District
8. CDMO North West District
9. CDMO South East District.
10. CDMO South West District
11. CDMO Shahdara District.

In the following Chapters, we will present a brief demography and performance of each district followed by a comparison of all the districts.

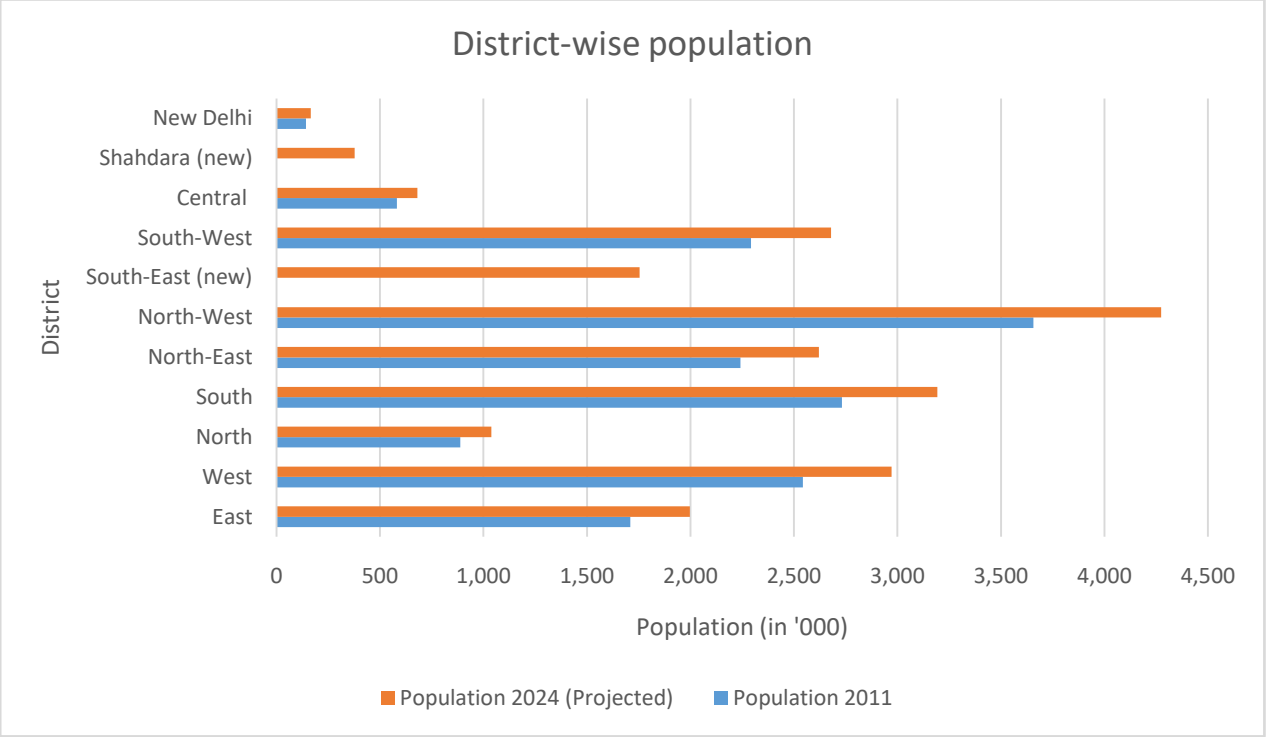
Highlights of district health data of Delhi

Note: Original data can be seen at Annexure I

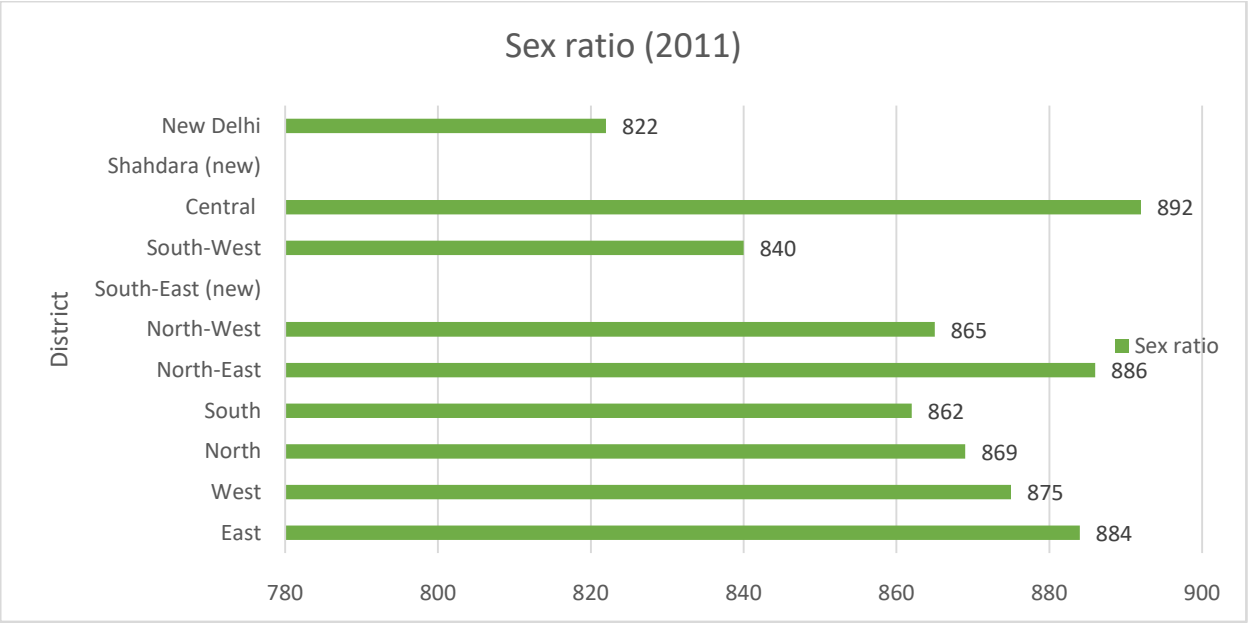
The health data for Delhi's districts reveal a multifaceted picture of demographic trends, healthcare infrastructure, service delivery, and regulatory oversight.

Population Dynamics and Growth

Population distribution by district: As per Census 2011, Delhi's total population was 16.78 million and is projected to grow to 21.75 million by 2024, indicating significant demographic expansion. The below chart displays the distribution of total population of Delhi for 2011 and projected population 2024 for each district. There is a significant variation in the population across the districts. North-West, South, and West districts are the most populous districts, while New Delhi, Central, and North districts have comparatively smaller populations.



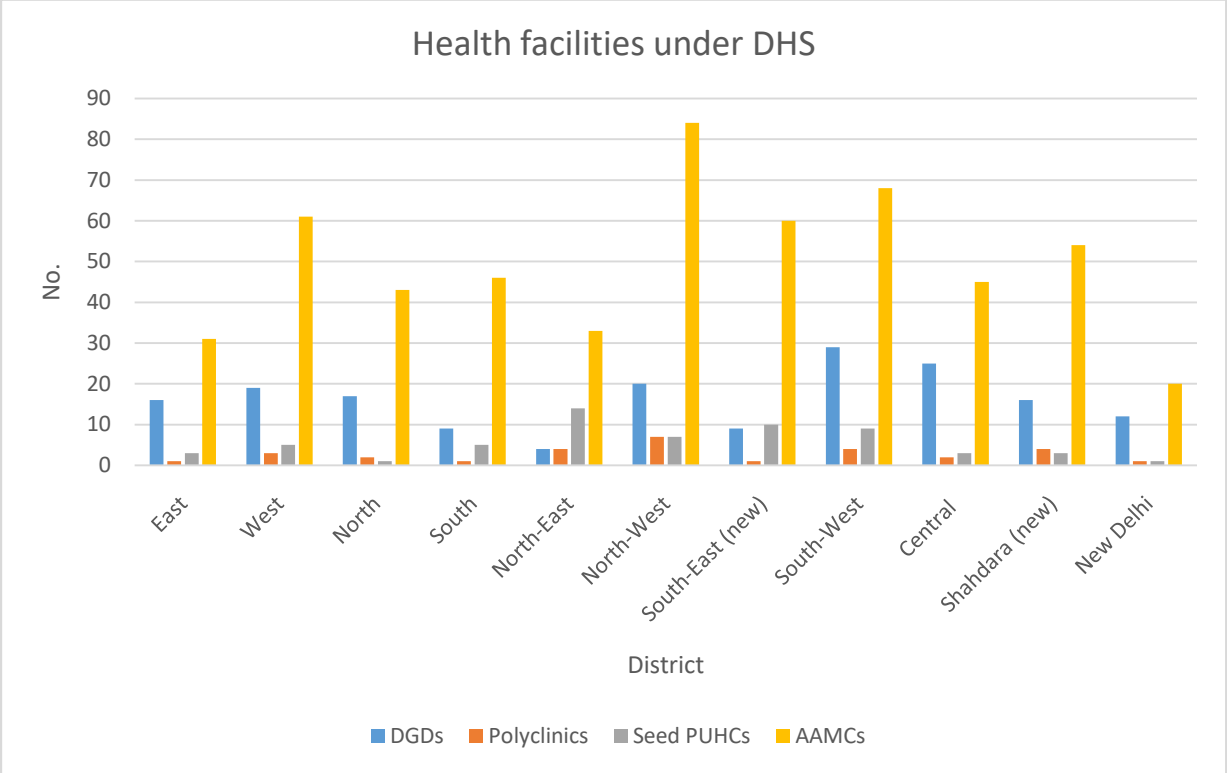
- **Sex Ratio in 2011 (Females per 1000 males):** The chart shows that the sex ratio varies across districts, with Central district showing the highest ratio (892) and New Delhi the lowest (822).

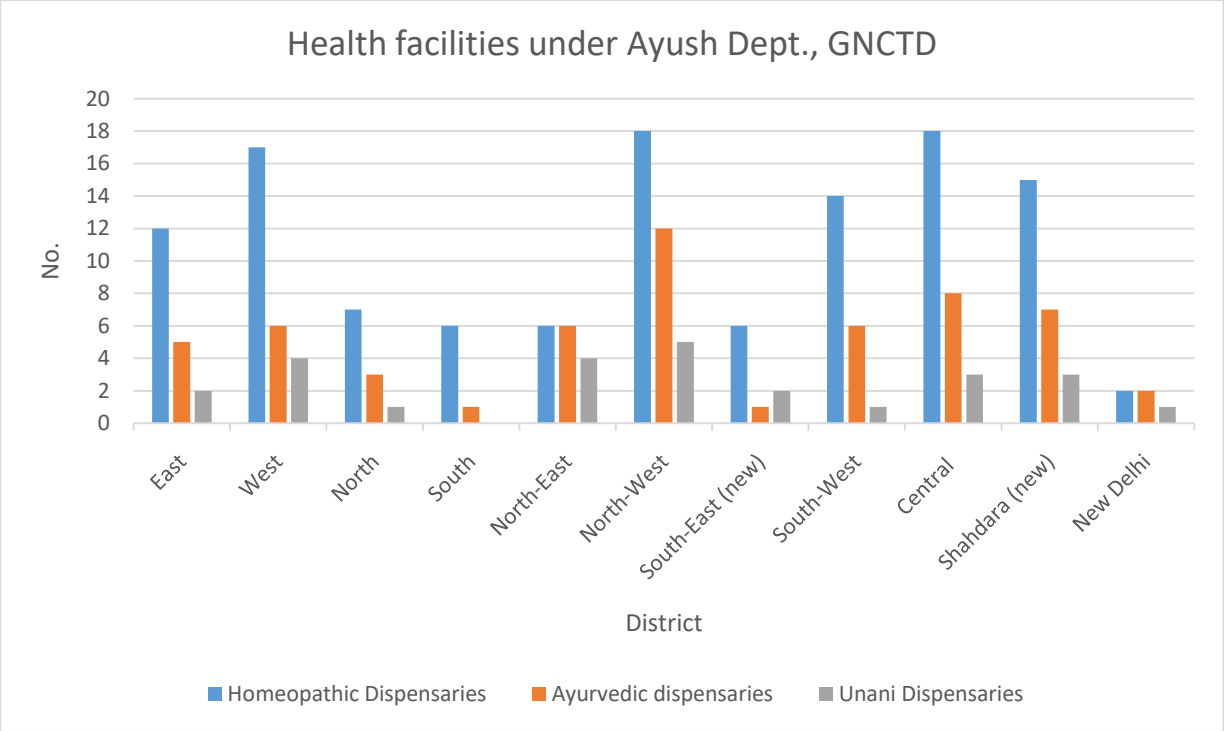


Healthcare Infrastructure and Accessibility

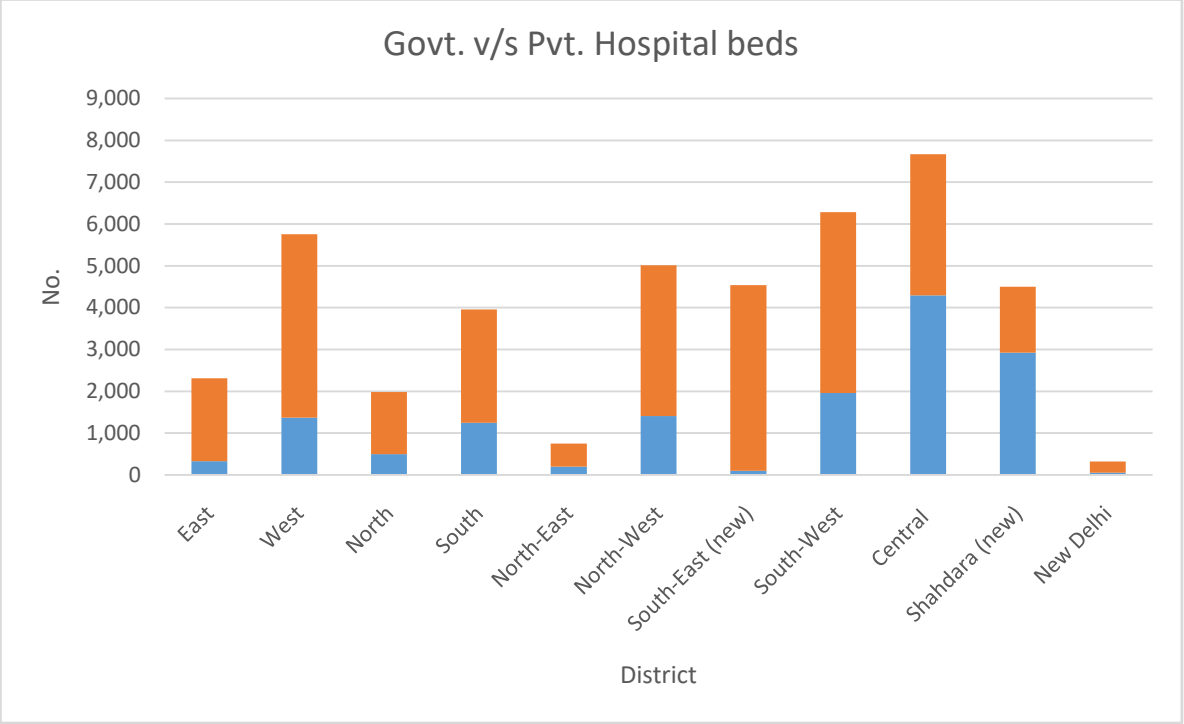
The distribution and capacity of health facilities vary considerably, highlighting disparities in infrastructure across Delhi.

- **Facility types:** Delhi has a network of Delhi Government Dispensaries (DGDs), Polyclinics, Seed Primary Urban Health Centres (PUHCs), Aam Aadmi Mohalla Clinics (AAMCs), and various traditional medicine dispensaries (Homeopathic, Ayurvedic, Unani). There are 40 Delhi Government Hospitals and 1,189 private nursing homes across the districts.

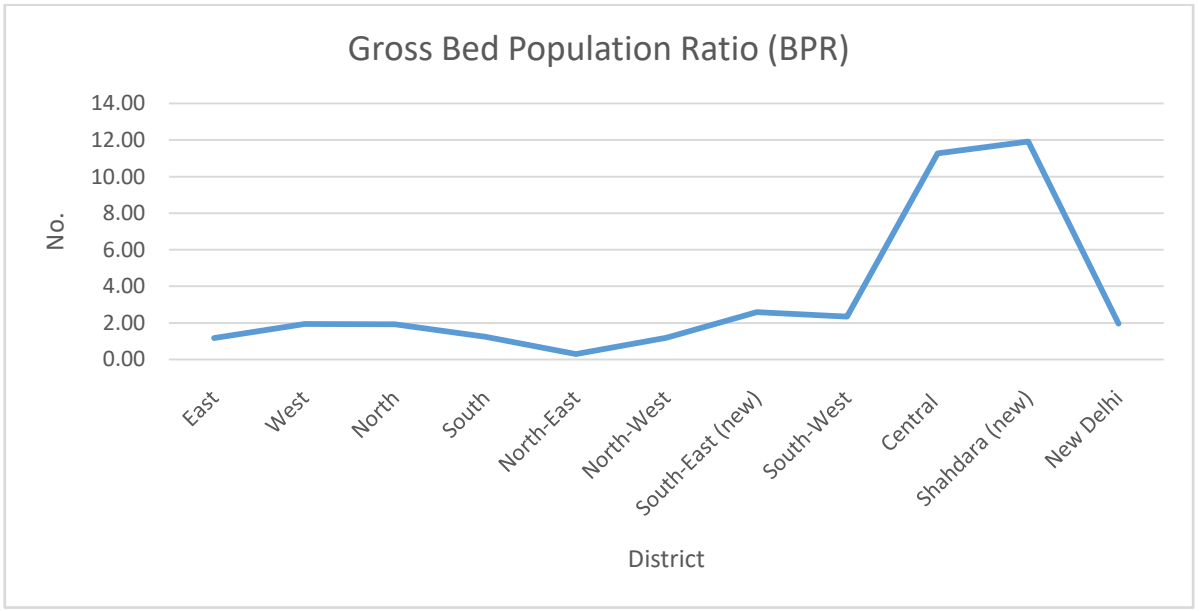




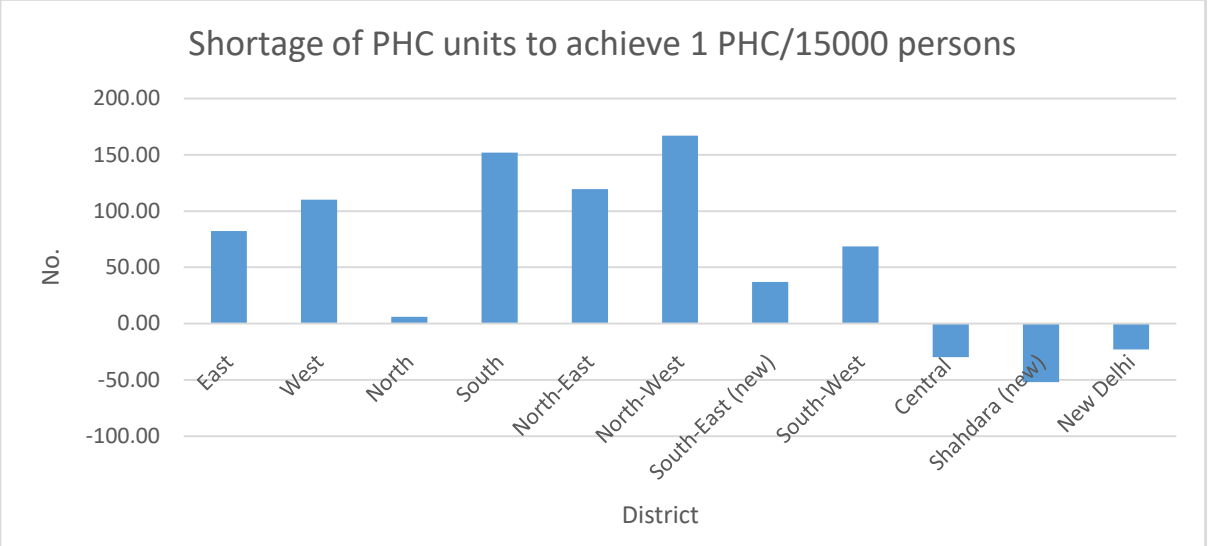
- **Bed availability:** The total number of beds (Private + Delhi Govt.) is 43,077. The Gross Bed Population Ratio (BPR) shows significant variation.



- **Higher BPR:** Central (11.27 beds per population unit) and Shahdara (11.92) districts appear to have a higher density of beds relative to their population.
- **Lower BPR:** North-East (0.29) and East (1.16) districts have considerably lower bed-population ratios, suggesting potential challenges in bed accessibility for their residents.

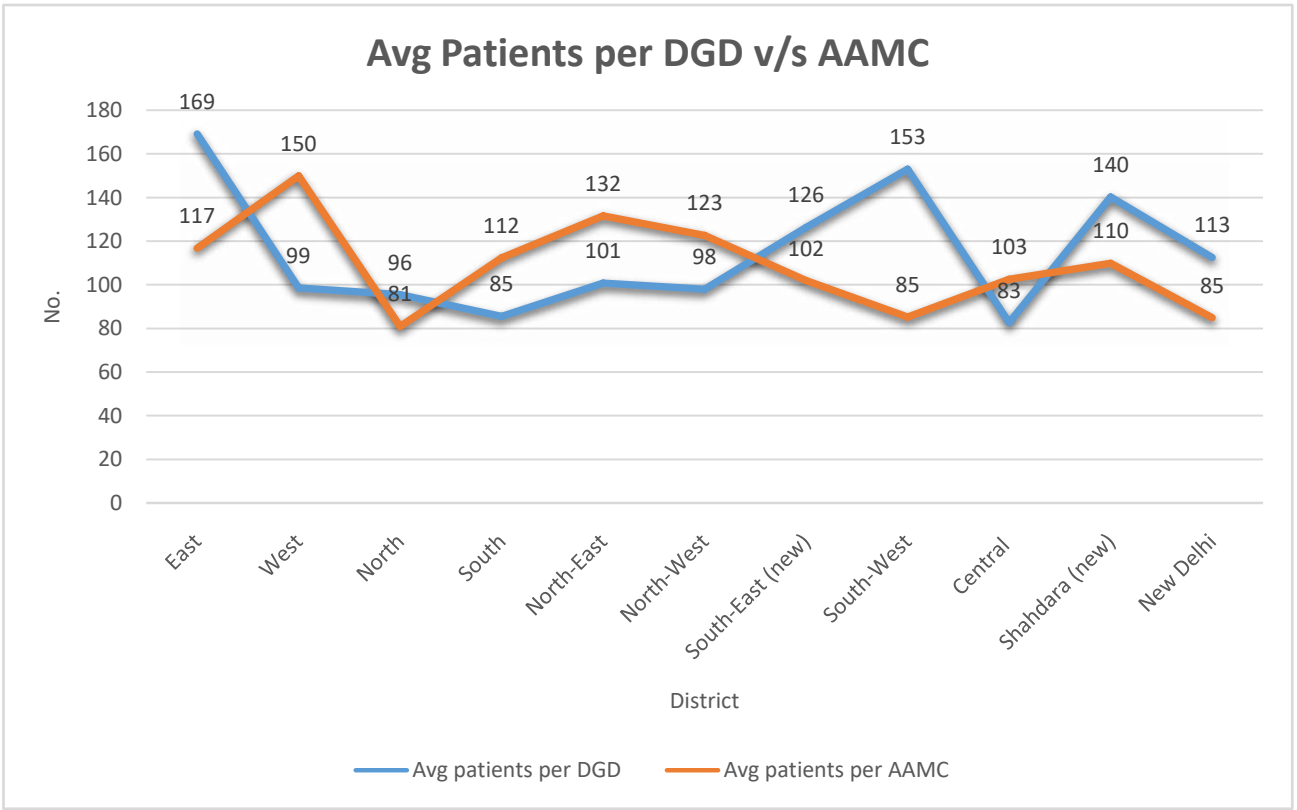


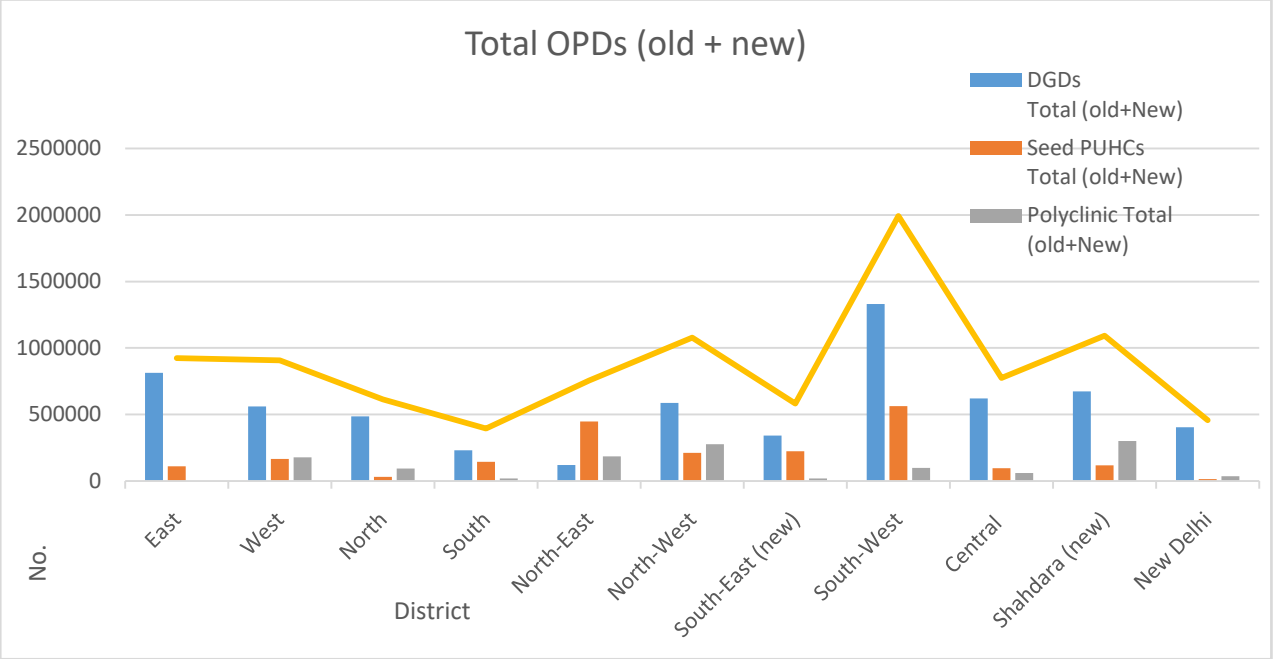
- **Primary Healthcare Coverage:** The target of 1 PHC per 15,000 persons is not uniformly met. While Central and Shahdara show a surplus of PHC units, many districts, particularly North-West (166.90 shortage) and South (151.86 shortage), face significant deficits in primary healthcare infrastructure.



Healthcare Service Utilization

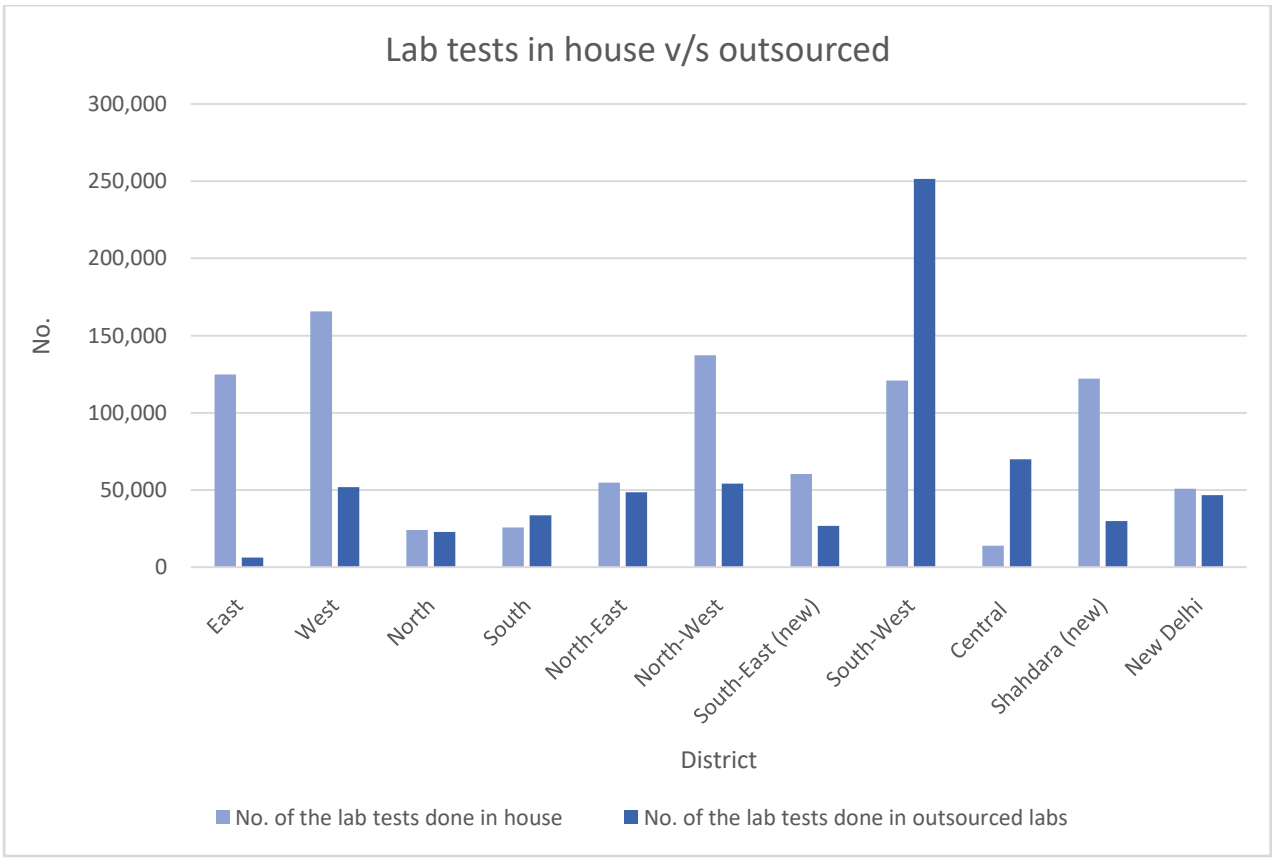
- **OPD Visits:** Total Outpatient Department (OPD) visits across all facilities amount to over 27.6 million. East district records the highest average patients per DGD (169.23), while West district has the highest average patients per AAMC (149.98).





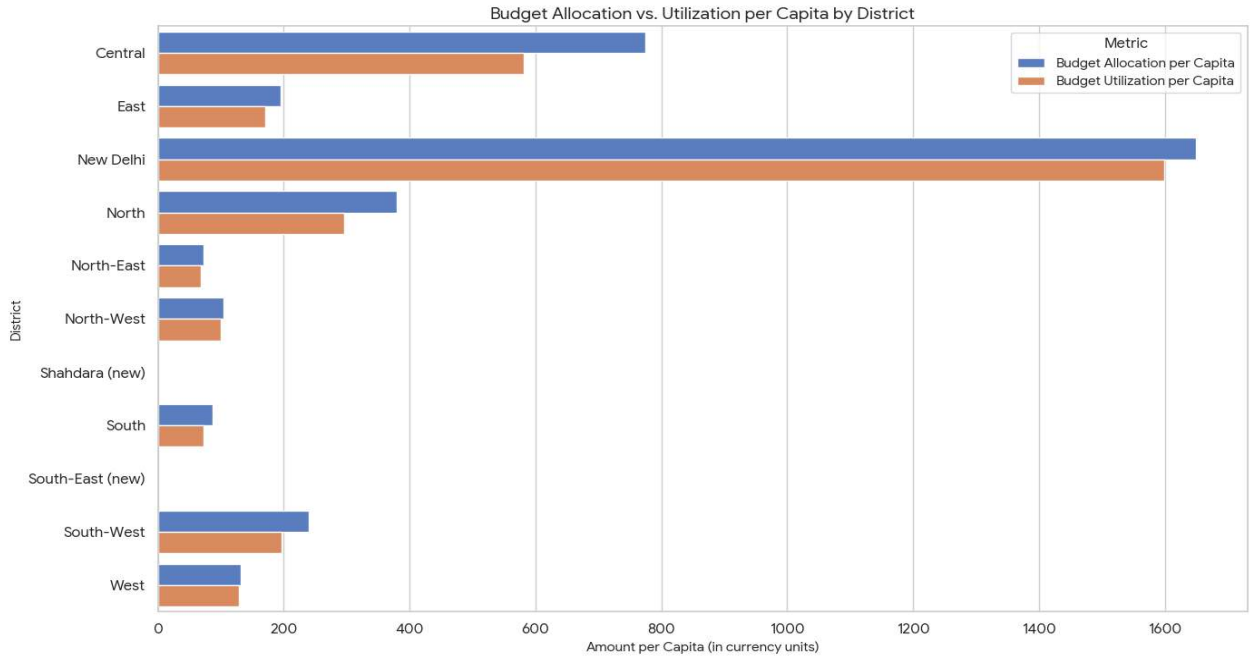
Laboratory Services: Over 1.5 million lab tests were conducted in the financial year. There's a notable difference in the reliance on in-house versus outsourced lab services:

- **High In-house Testing:** East district performs 95.24% of its tests in-house.
- **High Outsourced Testing:** Central district relies heavily on outsourced labs, with only 16.56% of tests done in-house.



- **Family Planning & Immunization:** The data tracks the distribution of CuT insertions, condoms, and oral contraceptives, as well as various vaccination coverage (e.g., BCG, PENTA, OPV, MR, DPT, Typhoid, MMR, Vitamin A doses).

Budget and Expenditure



- **Per Capita Allocation**: New Delhi district has the highest budget allocation per person (1410.9), followed by Shahdara (1018.6) and Central (663.1). In contrast, North-East has the lowest per capita allocation (61.69).
- **Budget Utilization:** The percentage of budget utilized varies from 73.38% (Shahdara) to 98.06% (West), indicating differing levels of financial efficiency across districts. New Delhi utilized 96.63% of its budget.

5. REGULATORY COMPLIANCE AND PUBLIC HEALTH INITIATIVES

- **PNDT Act:** South-West and West districts have the highest number of registered centers under the Pre-Conception and Pre-Natal Diagnostic Techniques (PNDT) Act. South district recorded the highest number of raids (72), while West and North-West had the most prosecutions.
- **MTP Act:** South-West and West districts also recorded the highest number of Medical Terminations of Pregnancy (MTPs).
- **Anti-Smoking Act:** New Delhi district issued the highest number of challans (917) under the Anti-Smoking Act.
- **Disaster Management& Anti-Quackery:** Central district conducted the most mock drills under the Disaster Management Act (36), and North district had the highest number of inspections under the Anti-Quackery Act (22).

In summary, the health data for Delhi's districts reveals significant variations in population density, healthcare infrastructure, service delivery, and regulatory enforcement. While some districts appear well-resourced with higher bed-population ratios and per capita budget allocations, others face considerable challenges in meeting

healthcare demands and infrastructure targets. This granular data is crucial for targeted health planning and resource distribution to address the specific needs of each district.

3.1. DISTRICT HEALTH PROFILE OF DELHI

3.1.1. EAST DISTRICT

Contact details:

Address	Phone No	E-mail
DGD Building, A-Block, Surajmal Vihar, Delhi-110092	011-22374791	cdmo.eastdelhi@gov.in

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	17,09,346	19,97,780
Males	9,07,500	10,62,308
Females	8,01,846	9,35,472
Area of the District (in square km)	63	63
Population Density	27,132	31,711
Sex Ratio (Per 1000)	884	881
Population Growth Rate	21.3	18.3

Assemblies in the district:

1. Trilokpuri (55)
2. Kondli (56)
3. Patparganj (57)
4. Laxmi Nagar (58)
5. Krishna Nagar (60)
6. Gandhi Nagar (61)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	16
Polyclinics	1
Seed PUHCs	3
AAMCs	31
Homeopathic Dispensaries	12
Ayurvedic dispensaries	5
Unani Dispensaries	2
Govt. Hospitals	2
Pvt. Hospitals	68

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	**0**	0	**0**
ACDMO	1	1	**0**	0	**0**
GDMO/MO/ SMO/CMO	46	39	**7**	0	**7**
Medicine	1	0	**1**	0	**1**
Paeds	1	1	**0**	0	**0**
CAS Dental / Dentist	1	0	**1**	0	**1**
Total	**51**	**42**	**9**	**0**	**9**
NURSING STAFF					
PHN	11	7	**4**	0	**4**
Nursing Officer / Staff Nurse	1	1	**0**	0	**0**
ANM	28	24	**4**	2	**2**
Total	**40**	**32**	**8**	**2**	**6**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	3	1	**2**	1	**1**
Junior Medical Lab Technologist (Lab Assistant)	15	13	2	2	0
Pharmacist	51	24	27	7	20
Dental Hyginist	1	1	0	0	0
Refractionist	1	0	1	1	0
Total	**71**	**39**	**32**	**11**	**21**
ADMINISTRATIVE					
Assistant Director(Plg./Stats.)	1		**1**		**1**
AAO	1	0	1	0	1
Statistical Officer(Plg./Stats.)	1	1	0	0	0
Private Secretary(PS)	1	1	0	0	0
Programmer			0		0
Head Clerk/ASO	1	0	1	0	1
UDC/Senior Assistant	3	0	3	0	3
LDC/Junior Assistant	2	0	2	0	2
SA/SI	1	0	1	0	1
Driver	1	1	0	0	0
DEO	3	0	3	0	3
Dresser	21	16	5	0	5
Total	**36**	**19**	**17**	**0**	**17**
OTHERS					
NO/Peon/ Attendant	20	9	11	0	11
NO Out source	11	0	11	9	2
SCC	48	7	41	34	7

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
SCC (Out Source)	14	0	14	0	14
Safai Karamchari	2	1	1	0	1
Total	**95**	**17**	**78**	**43**	**35**
Grand Total	**293**	**149**	**144**	**56**	**88**

Budget

Description	Amount (in ₹)
Budget	33,47,24,000
Expenditure	28,97,71,797

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	8,12,326
Seed PUHCs Total OPD (old+New)	1,11,010
Polyclinic Total OPD (old+New)	0
AAMCs OPD	10,86,728
PHCs Total OPDs (old & New)	20,10,064
No. of the lab tests done in house	1,24,877
No. of the lab tests done in outsourced labs	6,237
Total No. of lab tests done in financial year	1,31,114
No. of tests done in AAMC	38,009
No. of patients availed lab services in AAMC	18,807
Cu T insertions (No.)	302
Condoms distributed	1,61,648
Oral contraceptives (No.)	8,837
TD	17,676
BCG	1,188
PENTA 1,2,3	34,764
OPV 0,1,2,3	34,824
RVV (1,2,3)	34,771
IPV (1,2,3)	36,176
PCV (1,2, Booster)	35,632
MR	13,513
Vitamin A (1,5,9)	32,434
DPT	22,817
TYPHOID	11,250
MMR	13,253

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	168
Expenditure per person	145
%age of budget utilized	87

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.16
Gross Bed Population Ratio (BPR)	1.16
PHC /15000 Population	0.38
Shortage of PHC units to achieve 1 PHC/15000 persons	82.19

a) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	169
Avg patients per day per AAMC	117
No. of patients availed lab services in PHCs on an avg	52,446
%age of patients who availed lab services in PHCs	2.61%
%age of tests done in house	95.24%
%age of tests done in outsourced labs	4.76%
%age of OPD who availed lab services in AAMC	1.73%
Avg tests done per patient in AAMC	2.02

3.1.2. WEST DISTRICT

Contact details:

Address	Phone No	E-mail
A-2 Block, Paschim Vihar, near Radha Krishna Mandir, New Delhi-110063	011-25255021	cdmowest@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	25,43,243	29,72,388
Males	13,56,240	15,80,550
Females	11,87,003	13,91,838
Area of the District (in square km)	130	130
Population Density	19,563	22,865
Sex Ratio (Per 1000)	875	881
Population Growth Rate		

Assemblies in the district:

1. Nangloi Jat (11)
2. Moti Nagar (25)
3. Madipur (SC) (26)
4. Rajouri Garden (27)
5. Hari Nagar (28)
6. Tilak Nagar (29)
7. Janakpuri (30)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	19
Polyclinics	3
Seed PUHCs	5
AAMCs	61
Homeopathic Dispensaries	17
Ayurvedic dispensaries	6
Unani Dispensaries	4
Govt. Hospitals	5
Pvt. Hospitals	187

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	D	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	61	50	11	0	11
Skin	1	0	1	0	1
Eye	1	0	1	0	1
Total	**65**	**52**	**13**	**0**	**13**
NURSING STAFF					
PHN	8	7	1	1	0
ANM	35	29	6	6	0
Total	43	36	7	7	0
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	23	13	10	10	0
Pharmacist	74	34	40	8	32
Dental Hyginist	1	1	0	0	0
Total	**98**	**48**	**50**	**18**	**32**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Statistical Officer(Plg./Stats.)	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	0	2	0	2
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	2	1	1	0	1
Driver	1	0	1	0	1
DEO	1	0	1	0	1
Dresser	24	10	14	0	14
Total	**35**	**14**	**21**	**0**	**21**
OTHERS					
NO/Peon/ Attendant	43	10	33	16	17
SCC	75	14	61	23	38
Total	**118**	**24**	**94**	**39**	**55**
Grand Total	**359**	**174**	**185**	**64**	**121**

Budget

Description	Amount (in ₹)
Budget	33,53,09,000
Expenditure	32,88,36,852

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	5,61,673
Seed PUHCs Total OPD (old+New)	1,67,101
Polyclinic Total OPD (old+New)	1,78,519
AAMCs OPD	27,44,796
PHCs Total OPDs (old & New)	36,52,089
No. of the lab tests done in house	1,65,569
No. of the lab tests done in outsourced labs	51,892
Total No. of lab tests done in financial year	2,17,461
No. of tests done in AAMC	1,04,718
No. of patients availed lab services in AAMC	42,991
Cu T insertions (No.)	1,006
Condoms distributed	1,76,714
Oral contraceptives (No.)	6,157
TD	7,789
BCG	1,413
PENTA 1,2,3	43,501
OPV 0,1,2,3	60,430
RVV (1,2,3)	43,501
IPV (1,2,3)	44,981
PCV (1,2, Booster)	44,981
MR	16,573
Vitamin A (1,5,9)	22,912
DPT	28,991
TYPHOID	14,918
MMR	17,431

Key Indicators:

c) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	113
Expenditure per person	111
%age of budget utilized	98

d) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.46
Gross Bed Population Ratio (BPR)	1.94
PHC /15000 Population	0.44
Shortage of PHC units to achieve 1 PHC/15000 persons	110.16

b) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	99
Avg patients per day per AAMC	150
No. of patients availed lab services in PHCs on an avg	86,984
%age of patients who availed lab services in PHCs	2.38%
%age of tests done in house	76.14%
%age of tests done in outsourced labs	23.86%
%age of OPD who availed lab services in AAMC	1.57%
Avg tests done per patient in AAMC	2.44

3.1.3. NORTH DISTRICT

Contact details:

Address	Phone No	E-mail
DDA Flats, DGD Comlex, 1st floor, Gulabi bagh, Delhi-110007	011-23645701	cmo_nz@nic.in

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	8,87,978	10,37,815
Males	4,75,002	5,51,852
Females	4,12,976	4,85,963
Area of the District (in square km)	61	61
Population Density	14,557	17,013
Sex Ratio (Per 1000)	869	881
Population Growth Rate		

Assemblies in the district:

1. Narela (1)
2. Adarsh Nagar (4)
3. Badli (5)
4. Bawana (SC) (7)
5. Rohini (13)
6. Shakur Basti (15)
7. Wazirpur (17)
8. Model Town (18)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	17
Polyclinics	2
Seed PUHCs	1
AAMCs	43
Homeopathic Dispensaries	7
Ayurvedic dispensaries	3
Unani Dispensaries	1
Govt. Hospitals	3
Pvt. Hospitals	94

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	0	1	0	1
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	55	37	18	0	18
Skin	1	0	1	0	1
Medicine	1	0	1	0	1
CAS Dental / Dentist	1	0	1	0	1
Total	**60**	**38**	**22**	**0**	**22**
NURSING STAFF					
PHN	8	6	2	2	0
ANM	33	28	5	5	0
Total	**41**	**34**	**7**	**7**	**0**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	21	11	10	10	0
Pharmacist	63	36	27	3	24
Dental Hyginist	2	0	2	0	2
Total	**87**	**47**	**40**	**13**	**27**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Private Secretary(PS)	1	0	1	0	1
Head Clerk/ASO	1	0	1	0	1
UDC/Senior Assistant	3	3	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1	1	0	0	0
Driver	1	0	1	0	1
DEO	1	0	1	0	1
Dresser	28	21	7	0	7
Total	**39**	**26**	**13**	**0**	**13**
OTHERS					
NO/Peon/ Attendant	32	14	18	12	6
NO Out source	3	0	3	3	0
SCC	62	14	48	21	27
SCC (Out Source)	10	0	10	10	0

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
Total	**107**	**28**	**79**	**46**	**33**
GRAND TOTAL	**334**	**173**	**161**	**66**	**95**

Budget

Description	Amount (in ₹)
Budget	33,72,20,000
Expenditure	26,35,61,369

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	4,87,128
Seed PUHCs Total OPD (old+New)	31,757
Polyclinic Total OPD (old+New)	93,665
AAMCs OPD	10,44,034
PHCs Total OPDs (old & New)	16,56,584
No. of the lab tests done in house	24,113
No. of the lab tests done in outsourced labs	22,808
Total No. of lab tests done in financial year	46,921
No. of tests done in AAMC	69,641
No. of patients availed lab services in AAMC	26,529
Cu T insertions (No.)	80
Condoms distributed	2,13,366
Oral contraceptives (No.)	5,960
TD	1,739
BCG	2,015
PENTA 1,2,3	35,263
OPV 0,1,2,3	35,367
RVV (1,2,3)	35,209
IPV (1,2,3)	36,784
PCV (1,2, Booster)	34,500
MR	12,985
Vitamin A (1,5,9)	27,478
DPT	22,146
TYPHOID	8,955
MMR	

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	325
Expenditure per person	254
%age of budget utilized	78

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.48
Gross Bed Population Ratio (BPR)	1.91
PHC /15000 Population	0.91
Shortage of PHC units to achieve 1 PHC/15000 persons	6.19

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	96
Avg patients per day per AAMC	81
No. of patients availed lab services in PHCs on an avg	18,768
%age of patients who availed lab services in PHCs	1.13%
%age of tests done in house	51.39%
%age of tests done in outsourced labs	48.61%
%age of OPD who availed lab services in AAMC	2.54%
Avg tests done per patient in AAMC	2.63

3.1.4. SOUTH DISTRICT

Contact details:

Address	Phone No	E-mail
DGD building, 1st floor Begumpur village, Malviya Nagar, Delhi-110017	011-20861501	cdmosouth@delhi.gov.in

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	27,31,929	31,92,913
Males	14,67,428	16,97,813
Females	12,64,501	14,95,100
Area of the District (in square km)	247	247
Population Density	11,060	12,927
Sex Ratio (Per 1000)	862	881
Population Growth Rate		

Assemblies in the district:

1. Malviya Nagar (43)
2. Mehraul (45)
3. Chhatarpur (46)
4. Deoli (SC) (47)
5. Ambedkar Nagar (SC) (48)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	9
Polyclinics	1
Seed PUHCs	5
AAMCs	46
Homeopathic Dispensaries	6
Ayurvedic dispensaries	1
Unani Dispensaries	0
Govt. Hospitals	3
Pvt. Hospitals	98

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/SMO/CMO	35	33	2	0	2
Paeds	1	1	0	0	0
CAS Dental / Dentist	1	0	1	0	1
Total	**39**	**36**	**3**	**0**	**3**
NURSING STAFF					
PHN	5	4	1	1	0
Nursing Officer / Staff Nurse	1	0	1	0	1
ANM	21	18	3	1	2
Total	**27**	**22**	**5**	**2**	**3**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	11	7	4	4	0
Pharmacist	35	19	16	4	12
Jr. Radiographer	1	0	1	0	1
Refractionist	1	0	1	1	0
Total	**49**	**26**	**23**	**9**	**14**
ADMINISTRATIVE					
Assistant Director(Plg./Stats.)	1		1		1
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	2	1	1	0	1
UDC/Senior Assistant	2	1	1	0	1
LDC/Junior Assistant	2	1	1	0	1
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	1	0	1	0	1
Driver	1	1	0	0	0
DEO	2	0	2	0	2
Dresser	17	7	10	0	10
Total	**30**	**12**	**18**	**0**	**18**
OTHERS					
NO/Peon/ Attendant	9	7	2	0	2
NO Out source	12	0	12	10	2
SCC	18	6	12	0	12
SCC (Out Source)	22	0	22	10	12
Total	**61**	**13**	**48**	**20**	**28**
GRAND TOTAL	**206**	**109**	**97**	**31**	**66**

Budget

Description	Amount (in ₹)
Budget	23,74,14,000
Expenditure	19,85,85,037

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	2,30,829
Seed PUHCs Total OPD (old+New)	1,44,223
Polyclinic Total OPD (old+New)	19,781
AAMCs OPD	15,51,527
PHCs Total OPDs (old & New)	19,46,360
No. of the lab tests done in house	25,623
No. of the lab tests done in outsourced labs	33,488
Total No. of lab tests done in financial year	59,111
No. of tests done in AAMC	1,66,824
No. of patients availed lab services in AAMC	62,934
Cu T insertions (No.)	349
Condoms distributed	77,022
Oral contraceptives (No.)	2,089
TD	14,011
BCG	224
PENTA 1,2,3	20,652
OPV 0,1,2,3	29,111
RVV (1,2,3)	20,484
IPV (1,2,3)	21,277
PCV (1,2, Booster)	21,190
MR	11,381
Vitamin A (1,5,9)	12,611
DPT	13,571
TYPHOID	6,576
MMR	7,171

Key Indicators:

Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	74
Expenditure per person	62
%age of budget utilized	84

Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.39
Gross Bed Population Ratio (BPR)	1.24
PHC /15000 Population	0.29
Shortage of PHC units to achieve 1 PHC/15000 persons	151.86

Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	85
Avg patients per day per AAMC	112
No. of patients availed lab services in PHCs on an avg	23,644
%age of patients who availed lab services in PHCs	1.21%
%age of tests done in house	43.35%
%age of tests done in outsourced labs	56.65%
%age of OPD who availed lab services in AAMC	4.06%
Avg tests done per patient in AAMC	2.65

3.1.5. NORTH-EAST DISTRICT

Contact details:

Address	Phone No	E-mail
A-14/G-1, DDA Flats, Dilshad Garden, Delhi-110095	011-22116203	cdmone05@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	22,41,624	26,19,874
Males	11,88,425	13,93,103
Females	10,53,199	12,26,771
Area of the District (in square km)	62	62
Population Density	36,155	42,256
Sex Ratio (Per 1000)	886	881
Population Growth Rate		

Assemblies in the district:

1. Seelampur (65)
2. Ghonda (66)
3. Gokalpur (SC) (68)
4. Mustafabad (69)
5. Karawal Nagar (70)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	4
Polyclinics	4
Seed PUHCs	14
AAMCs	33
Homeopathic Dispensaries	6
Ayurvedic dispensaries	6
Unani Dispensaries	4
Govt. Hospitals	1
Pvt. Hospitals	43

Human Resource:

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	31	25	6	0	6
CAS Dental / Dentist	1	0	1	0	1
Total	**34**	**27**	**7**	**0**	**7**
NURSING STAFF					
PHN	6	3	3	2	1
ANM	17	7	10	9	1
Total	**23**	**10**	**13**	**11**	**2**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	0	2	0	2
Junior Medical Lab Technologist (Lab Assistant)	10	6	4	2	2
Pharmacist	30	15	15	4	11
Dental Hyginist	0	0	0	0	0
Total	**42**	**21**	**21**	**6**	**15**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Statistical Officer(Plg./Stats.)	1	1	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	2	1	0	1
LDC/Junior Assistant	2	1	1	0	1
Personal Assistant(PA)/ Steno II	1	1	0	0	0
SA/SI	2	1	1	0	1
Driver	1	1	0	0	0
DEO	3	0	3	0	3
Dresser	15	10	5	0	5
Total	**30**	**18**	**12**	**0**	**12**
OTHERS					
NO/Peon/ Attendant	16	12	4	0	4
NO Out source	3	0	3	0	3
SCC	31	6	25	18	7
SCC (Out Source)	6	0	6	0	6
Total	**56**	**18**	**38**	**18**	**20**
GRAND TOTAL	**185**	**94**	**91**	**35**	**56**

Budget

Description	Amount (in ₹)
Budget	16,16,28,000
Expenditure	15,31,21,198

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	1,20,883
Seed PUHCs Total OPD (old+New)	4,48,230
Polyclinic Total OPD (old+New)	1,85,331
AAMCs OPD	13,02,977
PHCs Total OPDs (old & New)	20,57,421
No. of the lab tests done in house	54,656
No. of the lab tests done in outsourced labs	48,473
Total No. of lab tests done in financial year	1,03,129
No. of tests done in AAMC	96,300
No. of patients availed lab services in AAMC	30,598
Cu T insertions (No.)	1,159
Condoms distributed	3,25,790
Oral contraceptives (No.)	15,601
TD	31,143
BCG	3,776
PENTA 1,2,3	55,311
OPV 0,1,2,3	62,165
RVV (1,2,3)	20,274
IPV (1,2,3)	59,135
PCV (1,2, Booster)	60,420
MR	27,904
Vitamin A (1,5,9)	40,180
DPT	30,881
TYPHOID	15,511
MMR	14,918

Key Indicators:

c) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	62
Expenditure per person	58
%age of budget utilized	95

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.08
Gross Bed Population Ratio (BPR)	0.29
PHC /15000 Population	0.31
Shortage of PHC units to achieve 1 PHC/15000 persons	119.66

d) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	101
Avg patients per day per AAMC	132
No. of patients availed lab services in PHCs on an avg	41,252
%age of patients who availed lab services in PHCs	2.01%
%age of tests done in house	53.00%
%age of tests done in outsourced labs	47.00%
%age of OPD who availed lab services in AAMC	2.35%
Avg tests done per patient in AAMC	3.15

3.1.6. NORTH-WEST DISTRICT

Contact details:

Address	Phone No	E-mail
DGD Complex, Rohini, Sec-13, Delhi 110085	011-27861592	cdmonw2@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	36,56,539	42,73,541
Males	19,60,922	22,72,430
Females	16,95,617	20,01,110
Area of the District (in square km)	443	443
Population Density	8,254	9,647
Sex Ratio (Per 1000)	865	881
Population Growth Rate		

Assemblies in the district:

1. Rithala (6)
2. Mundka (8)
3. Kirari (9)
4. Sultan Pur Majra (SC) (10)
5. Mangol Puri (SC) (12)
6. Shalimar Bagh (14)
7. Tri Nagar (16)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	20
Polyclinics	7
Seed PUHCs	7
AAMCs	84
Homeopathic Dispensaries	18
Ayurvedic dispensaries	12
Unani Dispensaries	5
Govt. Hospitals	5
Pvt. Hospitals	194

Human Resource:

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	66	40	26	0	26
CAS Dental / Dentist	1	0	1	0	1
Total	**69**	**42**	**27**	**0**	**27**
NURSING STAFF					
PHN	11	6	5	3	2
ANM	46	37	9	8	1
Total	**57**	**43**	**14**	**11**	**3**
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	27	16	11	10	1
Pharmacist	78	47	31	4	27
Refractionist	1	0	1	0	1
Total	**106**	**63**	**43**	**14**	**29**
ADMINISTRATIVE					
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	1	0	1	0	1
Private Secretary(PS)	1	0	1	0	1
Programmer			0		0
Head Clerk/ASO	1	0	1	0	1
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	2	0	0	0
SA/SI	3	2	1	0	1
Driver	0	0	0	0	0
DEO	1	0	1	0	1
Dresser	28	19	9	0	9
Total	**40**	**26**	**14**	**0**	**14**
OTHERS					
NO/Peon/ Attendant	25	14	11	7	4

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
NO Out source	21	0	21	21	0
SCC	49	13	36	8	28
SCC (Out Source)	32	0	32	32	0
Total	**127**	**27**	**100**	**68**	**32**
GRAND TOTAL	**399**	**201**	**198**	**93**	**105**

Budget

Description	Amount (in ₹)
Budget	38,38,05,000
Expenditure	36,40,64,726

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	5,88,144
Seed PUHCs Total OPD (old+New)	2,11,382
Polyclinic Total OPD (old+New)	2,77,454
AAMCs OPD	30,92,734
PHCs Total OPDs (old & New)	41,69,714
No. of the lab tests done in house	1,37,290
No. of the lab tests done in outsourced labs	54,203
Total No. of lab tests done in financial year	1,91,493
No. of tests done in AAMC	1,62,135
No. of patients availed lab services in AAMC	65,654
Cu T insertions (No.)	213
Condoms distributed	2,66,499
Oral contraceptives (No.)	7,618
TD	
BCG	
PENTA 1,2,3	
OPV 0,1,2,3	
RVV (1,2,3)	
IPV (1,2,3)	
PCV (1,2, Booster)	
MR	
Vitamin A (1,5,9)	
DPT	
TYPHOID	
MMR	

Key Indicators:

d) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	90
Expenditure per person	85
%age of budget utilized	95

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.33
Gross Bed Population Ratio (BPR)	1.17
PHC /15000 Population	0.41
Shortage of PHC units to achieve 1 PHC/15000 persons	166.90

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	98
Avg patients per day per AAMC	123
No. of patients availed lab services in PHCs on an avg	76,597
%age of patients who availed lab services in PHCs	1.84%
%age of tests done in house	71.69%
%age of tests done in outsourced labs	28.31%
%age of OPD who availed lab services in AAMC	2.12%
Avg tests done per patient in AAMC	2.47

3.1.7. SOUTH-EAST DISTRICT

Contact details:

Address	Phone No	E-mail
DGD Building, 1st Floor, PVR Complex, Saket, New Delhi-110017	011-20861374	cdmosoutheast@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	Not existing	17,53,852
Males		9,32,601
Females		8,21,251
Area of the District (in square km)		102
Population Density		17,195
Sex Ratio (Per 1000)		881
Population Growth Rate		

Assemblies in the district:

1. Jangpura (41)
2. Kasturba Nagar (42)
3. Sangam Vihar (49)
4. Kalkaji (51)
5. Tughlakabad (52)
6. Badarpur (53)
7. Okhla (54)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	9
Polyclinics	1
Seed PUHCs	10
AAMCs	60
Homeopathic Dispensaries	6
Ayurvedic dispensaries	1
Unani Dispensaries	2
Govt. Hospitals	1
Pvt. Hospitals	96

Human Resource:

	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	33	25	8	0	8

	A	b	c=a-b	d	e=c-d
Total	**35**	**27**	**8**	**0**	**8**
NURSING STAFF					
PHN	5	3	2	0	2
ANM	17	13	4	2	2
Total	**22**	**16**	**6**	**2**	**4**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	11	9	2	2	0
Pharmacist	32	14	18	7	11
Total	**44**	**23**	**21**	**9**	**12**
ADMINISTRATIVE					
AAO	1	0	1	0	1
UDC/Senior Assistant	1	0	1	0	1
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1		1		1
DEO	2	0	2	0	2
Dresser	15	10	5	0	5
Total	**22**	**11**	**11**	**0**	**11**
OTHERS					
NO/Peon/Attendant	17	10	7	2	5
NO Out source	4	0	4	0	4
SCC	30	5	25	14	11
SCC (Out Source)	3	0	3	0	3
Total	**54**	**15**	**39**	**16**	**23**
GRAND TOTAL	**177**	**92**	**85**	**27**	**58**

Budget

Description	Amount (in ₹)
Budget	18,48,38,000
Expenditure	16,32,77,903

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	3,41,185
Seed PUHCs Total OPD (old+New)	2,23,293
Polyclinic Total OPD (old+New)	18,741
AAMCs OPD	18,35,230
PHCs Total OPDs (old & New)	24,18,449
No. of the lab tests done in house	60,354
No. of the lab tests done in outsourced labs	26,744
Total No. of lab tests done in financial year	87,098

Item Description	Nos.
No. of tests done in AAMC	1,20,292
No. of patients availed lab services in AAMC	48,318
Cu T insertions (No.)	856
Condoms distributed	2,82,631
Oral contraceptives (No.)	6,051
TD	11,480
BCG	841
PENTA 1,2,3	25,130
OPV 0,1,2,3	34,932
RVV (1,2,3)	21,972
IPV (1,2,3)	1,95,572
PCV (1,2, Booster)	21,586
MR	13,029
Vitamin A (1,5,9)	
DPT	16,748
TYPHOID	8,539
MMR	5,708

Key Indicators:

e) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	105
Expenditure per person	93
%age of budget utilized	88

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.06
Gross Bed Population Ratio (BPR)	2.59
PHC /15000 Population	0.68
Shortage of PHC units to achieve 1 PHC/15000 persons	36.92

d) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	126
Avg patients per day per AAMC	102
No. of patients availed lab services in PHCs on an avg	34,839
%age of patients who availed lab services in PHCs	1.44%
%age of tests done in house	69.29%
%age of tests done in outsourced labs	30.71%
%age of OPD who availed lab services in AAMC	2.63%
Avg tests done per patient in AAMC	2.49

3.1.8. SOUTH-WEST DISTRICT

Contact details:

Address	Phone No	E-mail
DGD Building, Sector-2, Dwarka, Near Bhaskaracharya College of Applied Sciences, New Delhi-110075	011-25089596	cmosw-dhs@nic.in

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	22,92,958	26,79,870
Males	12,46,046	14,25,005
Females	10,46,912	12,54,865
Area of the District (in square km)	421	421
Population Density	5,446	6,365
Sex Ratio (Per 1000)	840	881
Population Growth Rate		

Assemblies in the district:

1. Vikaspuri (31)
2. Uttam Nagar (32)
3. Dwarka (33)
4. Matiala (34)
5. Najafgarh (35)
6. Bijwasan (36)
7. Palam (37)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	29
Polyclinics	4
Seed PUHCs	9
AAMCs	68
Homeopathic Dispensaries	14
Ayurvedic dispensaries	6
Unani Dispensaries	1
Govt. Hospitals	5
Pvt. Hospitals	209

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	84	62	22	0	22
CAS Dental / Dentist	1	0	1	0	1
Total	**87**	**64**	**23**	**0**	**23**
NURSING STAFF					
PHN	15	12	3	2	1
ANM	59	50	9	8	1
Total	**74**	**62**	**12**	**10**	**2**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	4	2	2	0	2
Junior Medical Lab Technologist (Lab Assistant)	33	23	10	10	0
Pharmacist	87	60	27	4	23
Total	**124**	**85**	**39**	**14**	**25**
ADMINISTRATIVE					
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	1	1	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	3	0	3	0	3
Driver	1	1	0	0	0
DEO	5	0	5	0	5
Dresser	32	18	14	0	14
Total	**48**	**25**	**23**	**0**	**23**
OTHERS					
NO/Peon/ Attendant	21	12	9	4	.005
NO Out source	26	0	26	26	0
SCC	63	10	53	15	38
SCC (Out Source)	58	0	58	58	0
Total	**168**	**22**	**146**	**103**	**43**
GRAND TOTAL	**501**	**258**	**243**	**127**	**116**

Budget

Description	Amount (in ₹)
Budget	55,16,12,000
Expenditure	45,17,54,796

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	13,31,037
Seed PUHCs Total OPD (old+New)	5,62,834
Polyclinic Total OPD (old+New)	97,702
AAMCs OPD	17,39,404
PHCs Total OPDs (old & New)	37,30,977
No. of the lab tests done in house	1,20,915
No. of the lab tests done in outsourced labs	2,51,534
Total No. of lab tests done in financial year	3,72,449
No. of tests done in AAMC	2,24,376
No. of patients availed lab services in AAMC	89,255
Cu T insertions (No.)	1,302
Condoms distributed	3,36,531
Oral contraceptives (No.)	7,743
TD	12,595
BCG	24,510
PENTA 1,2,3	1,11,902
OPV 0,1,2,3	1,34,242
RVV (1,2,3)	1,10,063
IPV (1,2,3)	1,12,727
PCV (1,2, Booster)	1,12,256
MR	40,386
Vitamin A (1,5,9)	45,184
DPT	29,252
TYPHOID	34,628
MMR	

Key Indicators:

f) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	206
Expenditure per person	169
%age of budget utilized	82

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.73
Gross Bed Population Ratio (BPR)	2.34
PHC /15000 Population	0.62
Shortage of PHC units to achieve 1 PHC/15000 persons	68.66

e) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	153
Avg patients per day per AAMC	85
No. of patients availed lab services in PHCs on an avg	1,48,980
%age of patients who availed lab services in PHCs	3.99%
%age of tests done in house	32.46%
%age of tests done in outsourced labs	67.54%
%age of OPD who availed lab services in AAMC	5.13%
Avg tests done per patient in AAMC	2.51

3.1.9. CENTRAL DISTRICT

Contact details:

Address	Phone No	E-mail
CDMO Office, Central District, DDA Flats, Timarpur Delhi-110054,	011-43561023	officeofcdmocd2@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	5,82,320	6,80,580
Males	3,07,821	3,61,895
Females	2,74,499	3,18,686
Area of the District (in square km)	21	21
Population Density	27,730	32,409
Sex Ratio (Per 1000)	892	881
Population Growth Rate		

Assemblies in the district:

1. Burari (2)
2. Timarpur (3)
3. Sadar Bazar (19)
4. Chandni Chowk (20)
5. Matia Mahal (21)
6. Ballimaran (22)
7. Karol Bagh (SC) (23)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	25
Polyclinics	2
Seed PUHCs	3
AAMCs	45
Homeopathic Dispensaries	18
Ayurvedic dispensaries	8
Unani Dispensaries	3
Govt. Hospitals	9
Pvt. Hospitals	79

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	71	53	18	0	18
Total	**73**	**55**	**18**	**0**	**18**
NURSING STAFF					
PHN	11	8	3	3	0
Nursing Officer / Staff Nurse	2	1	1	0	1
ANM	49	33	16	15	1
Total	**62**	**42**	**20**	**18**	**2**
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	28	18	10	0	10
Pharmacist	84	32	52	12	40
Total	**112**	**50**	**62**	**22**	**40**
ADMINISTRATIVE					
Assistant Director(Plg./Stats.)	1	1	0		0
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	2	2	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	2	1	0	1
LDC/Junior Assistant	2	1	1	0	1
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	2	2	0	0	0
Driver	1	0	1	0	1
DEO	1	0	1	0	1
Dresser	35	15	20	0	20
Total	**50**	**25**	**25**	**0**	**25**
OTHERS					
NO/Peon/ Attendant	42	19	23	22	1
NO Out source	7	0	7	1	6
SCC	90	27	63	37	26
Total	**139**	**46**	**93**	**60**	**33**
GRAND TOTAL	**436**	**218**	**218**	**100**	**118**

Budget

Description	Amount (in ₹)
Budget	45,13,28,000
Expenditure	33,76,33,246

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	13,31,037
Seed PUHCs Total OPD (old+New)	95,979
Polyclinic Total OPD (old+New)	59,294
AAMCs OPD	13,85,091
PHCs Total OPDs (old & New)	21,60,554
No. of the lab tests done in house	13,863
No. of the lab tests done in outsourced labs	69,801
Total No. of lab tests done in financial year	83,664
No. of tests done in AAMC	1,38,962
No. of patients availed lab services in AAMC	50,925
Cu T insertions (No.)	17,092
Condoms distributed	4,97,611
Oral contraceptives (No.)	25,894
TD	13,089
BCG	34,177
PENTA 1,2,3	85,095
OPV 0,1,2,3	1,16,254
RVV (1,2,3)	85,169
IPV (1,2,3)	86,061
PCV (1,2, Booster)	84,991
MR	59,167
Vitamin A (1,5,9)	65,343
DPT	52,000
TYPHOID	24,492
MMR	0

Key Indicators:

g) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	663
Expenditure per person	496
%age of budget utilized	75

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	6.30
Gross Bed Population Ratio (BPR)	11.27
PHC /15000 Population	1.65
Shortage of PHC units to achieve 1 PHC/15000 persons	-29.63

f) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	83
Avg patients per day per AAMC	103
No. of patients availed lab services in PHCs on an avg	33,466
%age of patients who availed lab services in PHCs	1.55%
%age of tests done in house	16.57%
%age of tests done in outsourced labs	83.43%
%age of OPD who availed lab services in AAMC	3.68%
Avg tests done per patient in AAMC	2.73

3.1.10. SHAHDARA DISTRICT

Contact details:

Address	Phone No	E-mail
Working Women Hostel, Vivek Vihar, Adjacent to Hanuman Mandir, Dhobi Ghat wali Gali, Delhi-110095	011-22111363	cdmoshahdara.delhi2@gmail.com

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	Not existing	3,77,422
Males		2,00,692
Females		1,76,730
Area of the District (in square km)		60
Population Density		6,317
Sex Ratio (Per 1000)		881
Population Growth Rate		

Assemblies in the district:

1. Vishwas Nagar (59)
2. Shahdara (62)
3. Seemapuri (SC) (63)
4. Rohtas Nagar (64)
5. Babarpur (67)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	16
Polyclinics	4
Seed PUHCs	3
AAMCs	54
Homeopathic Dispensaries	15
Ayurvedic dispensaries	7
Unani Dispensaries	3
Govt. Hospitals	5
Pvt. Hospitals	79

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	59	46	13	0	13
Total	**61**	**48**	**13**	**0**	**13**
NURSING STAFF					
PHN	10	7	3	1	2
ANM	35	31	4	2	2
Total	**45**	**38**	**7**	**3**	**4**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	0	2	0	2
Junior Medical Lab Technologist (Lab Assistant)	21	14	7	4	3
Pharmacist	64	28	36	3	33
Total	**87**	**42**	**45**	**7**	**38**
ADMINISTRATIVE					
AAO	1	0	1	0	1
LDC/Junior Assistant	2	1	1	0	1
SA/SI	2		2		2
DEO	3	0	3	0	3
Dresser	27	20	7	0	7
Total	**35**	**21**	**14**	**0**	**14**
OTHERS					
NO/Peon/ Attendant	35	15	20	20	0
NO Out source	5	0	5	0	5
SCC	70	5	65	41	24
SCC (Out Source)	6	0	6	0	6
Total	**116**	**20**	**96**	**61**	**35**
GRAND TOTAL	**344**	**169**	**175**	**71**	**104**

Budget

Description	Amount (in ₹)
Budget	38,44,59,000
Expenditure	28,21,17,863

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	6,73,311
Seed PUHCs Total OPD (old+New)	1,18,292
Polyclinic Total OPD (old+New)	3,00,718
AAMCs OPD	17,80,921
PHCs Total OPDs (old & New)	28,73,242
No. of the lab tests done in house	1,22,065
No. of the lab tests done in outsourced labs	29,811
Total No. of lab tests done in financial year	1,51,876
No. of tests done in AAMC	1,31,172
No. of patients availed lab services in AAMC	63,191
Cu T insertions (No.)	214
Condoms distributed	2,22,892
Oral contraceptives (No.)	6,930
TD	3,653
BCG	1,888
PENTA 1,2,3	43,487
OPV 0,1,2,3	43,634
RVV (1,2,3)	43,517
IPV (1,2,3)	14,403
PCV (1,2, Booster)	28,890
MR	
Vitamin A (1,5,9)	
DPT	15,325
TYPHOID	13,158
MMR	

Key Indicators:

h) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	1,019
Expenditure per person	747
%age of budget utilized	73

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	7.76
Gross Bed Population Ratio (BPR)	11.92
PHC /15000 Population	3.06
Shortage of PHC units to achieve 1 PHC/15000 persons	-51.84

g) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	140
Avg patients per day per AAMC	110
No. of patients availed lab services in PHCs on an avg	60,750
%age of patients who availed lab services in PHCs	2.11%
%age of tests done in house	80.37%
%age of tests done in outsourced labs	19.63%
%age of OPD who availed lab services in AAMC	3.55%
Avg tests done per patient in AAMC	2.08

3.1.11. NEW DELHI DISTRICT

Contact details:

Address	Phone No	E-mail
DGD building, 2nd Floor, DDA Mkt. Nangal Raya, New Delhi-110046	011-20853197	cdmondddhs.delhi@nic.in

Basic Demography:

Description	2011 (As per Census)	2024 (Projected)
Population	1,42,004	1,65,966
Males	77,942	87,962
Females	64,062	78,004
Area of the District (in square km)	35	35
Population Density	4,057	4,742
Sex Ratio (Per 1000)	822	887
Population Growth Rate		

Assemblies in the district:

1. Patel Nagar (SC) (24)
2. Delhi Cantonment (38)
3. Rajinder Nagar (39)
4. New Delhi (40)
5. R K Puram (44)
6. Greater Kailash (50)

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	12
Polyclinics	1
Seed PUHCs	1
AAMCs	20
Homeopathic Dispensaries	2
Ayurvedic dispensaries	2
Unani Dispensaries	1
Govt. Hospitals	1
Pvt. Hospitals	15

Human Resource:

Name of the Post	Sanctioned A	Filled Regular b	Vacant c=a-b	FC/DW/RE (Contractual, daily wages & Re-employed) d	CV (Current vacant) e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	39	34	5	0	5
Gynae	1	0	1	0	1
Pathology	1	1	0	0	0
CAS Dental / Dentist	1	0	1	0	1
Total	**44**	**37**	**7**	**0**	**7**
NURSING STAFF					
PHN	6	6	0	0	0
Nursing Officer / Staff Nurse	1	1	0	0	0
ANM	23	17	6	4	2
Total	**30**	**24**	**6**	**4**	**2**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	4	1	3	0	3
Junior Medical Lab Technologist (Lab Assistant)	12	12	0	0	0
Pharmacist	39	19	20	5	15
Dental Hyginist	1	1	0	0	0
Occupational Therapist	1	0	1	1	0
Jr. Radiographer	2	2	0	0	0
OT Technician	1	0	1	1	0
Audiometry Asstt	1	0	1	1	0
Total	**61**	**35**	**26**	**8**	**18**
ADMINISTRATIVE					
AAO	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1		1		1
DEO	4	0	4	0	4
Dresser	19	9	10	0	10
Total	**29**	**13**	**16**	**0**	**16**
OTHERS					
NO/Peon/ Attendant	19	6	13	0	13
NO Out source	7	0	7	0	7
SCC	37	13	24	0	24
SCC (Out Source)	7	0	7	0	7

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	A	b	c=a-b	d	e=c-d
Total	**70**	**19**	**51**	**0**	**51**
GRAND TOTAL	**234**	**128**	**106**	**12**	**94**

Budget

Description	Amount (in ₹)
Budget	23,41,69,000
Expenditure	22,62,79,102

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	4,05,198
Seed PUHCs Total OPD (old+New)	14,971
Polyclinic Total OPD (old+New)	36,099
AAMCs OPD	5,09,677
PHCs Total OPDs (old & New)	9,65,945
No. of the lab tests done in house	50,844
No. of the lab tests done in outsourced labs	46,572
Total No. of lab tests done in financial year	97,416
No. of tests done in AAMC	33,984
No. of patients availed lab services in AAMC	14,867
Cu T insertions (No.)	300
Condoms distributed	77,037
Oral contraceptives (No.)	2,149
TD	6,171
BCG	282
PENTA 1,2,3	11,032
OPV 0,1,2,3	11,037
RVV (1,2,3)	11,021
IPV (1,2,3)	11,770
PCV (1,2, Booster)	11,720
MR	4,501
Vitamin A (1,5,9)	3,895
DPT	7,431
TYPHOID	3,471
MMR	4,376

Key Indicators:

i) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	1,411
Expenditure per person	1,363
%age of budget utilized	97

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.30
Gross Bed Population Ratio (BPR)	1.95
PHC /15000 Population	3.07
Shortage of PHC units to achieve 1 PHC/15000 persons	-22.94

h) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	113
Avg patients per day per AAMC	85
No. of patients availed lab services in PHCs on an avg	38,966
%age of patients who availed lab services in PHCs	4.03%
%age of tests done in house	52.19%
%age of tests done in outsourced labs	47.81%
%age of OPD who availed lab services in AAMC	2.92%
Avg tests done per patient in AAMC	2.29

3.1.12. AAM AADMI MOHALLA CLINIC

Aam Admi Mohalla Clinics are also known as Mohalla Clincs are primary health centres in the Union Territory of Delhi. They offer a basic package of essential health services including medicines, diagnostics and consultation free of cost. Mohalla in Hindi means neighbourhood or community.

No. of AAMCs District wise: 2023-24

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

District Wist AAMC Sites Stauts as on 31/03/2024										
Total AAMC										
Operational										
	545 AAMC (including 21 in evening shift)									
Morning Shift	**524 Sites**			**Evening Shift**		**21 Sites**		**Shift wise details**		
District	**BVK**	**Container**	**Govt. pr emis/ DUSIB land**	**Porta Cabin**	**Rental**	**rent free (Rent @ Rs.1/- annum)**	**Grand Total**	**Morning Shift**	**Evening Shift**	**Grand Total**
Central			6	30	8	1	**45**	45		**45**
East				26	5		**31**	31		**31**
New Delhi	4	1		13	2		**20**	20		**20**
North				33	9	1	**43**	43		**43**
North East				8	25		**33**	33		**33**
North West	1	2		58	21	2	**84**	82	2	**84**
Shahdara	2			35	17		**54**	49	5	**54**
South				35	11		**46**	44	2	**46**
South East				43	16	1	**60**	60		**60**

South West				35	31	2	**68**	62	6	**68**
West	1	1		41	18		**61**	55	6	**61**
Grand Total	8	4	6	357	163	7	**545**	524	21	**545**

District Wise Empanelled Human Resources at AAMC as on 31.03.2024				
District	**Doctors**	**Pharmacist**	**MCA**	**MTW**
Central	41	45	44	33
East	29	31	42	32
New Delhi	20	20	18	15
North	33	38	31	32
North East	27	32	39	35
North West	80	81	68	77
Shahdara	49	51	55	53
South	41	42	55	31
South East	54	55	77	44
South West	59	66	51	62
West	55	58	43	53
Grand Total	**488**	**519**	**523**	**467**

OPD AND LAB INVESTIGATIONS DONE IN MOHALLA CLINICS (DISTRICT-WISE) 2023-24

Detail of Patients who availed lab services in AAMCs for the year 2023-24			
District	**Total OPD**	**No of Patients availed Lab services**	**No. of Test requisitioned**
West	2744796	42991	104718
New Delhi	509677	14867	33984
South East	1835230	48318	120292
North West	3092734	65654	162135
East	1086728	18807	38009
South	1551527	62934	166824
Central	1385091	50925	138962
North	1044034	26529	69641
Shahdara	1780921	63191	131172
North East	1302977	30598	96300
South West	1739404	89255	224376
Total	**18073119**	**514069**	**1286413**

Source: State AAMC Cell

OPD & Lab. Test Data: 2023-24

Financial Year	OPD	No. of patients availed lab services	No. of Test requisitioned
2023-24	**18073119**	**514069**	**1286413**

LIST OF MOHALLA CLINICS (DISTRICT-WISE & ASSEMBLY-WISE) AS ON 31.03.2024

Summary of District-wise & Assembly-wise number of Mohalla Clinics.

Central	**45**
Ballimaran	3
Burari	12
Chandni Chowk	7
Karol Bagh	7
Matia Mahal	2
Model Town	2
Sadar Bazar	2
Timarpur	9
i Nagar	1

East	**31**
Gandhi Nagar	1
Kondli	9
Laxmi Nagar	3
Patparganj	9
Trilokpuri	8
Vishwas Nagar	1

New Delhi	**20**
Bijwasan	1
Chattarpur	1
Delhi Cantt.	3
Hari nagar	1
Janakpuri	1
Mehrauli	3
New Delhi	2
R K Puram	1
Rajinder Nagar	4
RK Puram	3

North	**43**
Adarsh Nagar	3
Badli	4
Bawana	7
Burari	4
Model Town	2
Narela	15
Rithala	6
Rohini	1
Timarpur	1

North East	**33**
Gandhi Nagar	2
Ghonda	6
Gokalpur	5
Karawal Nagar	8
Mustafabad	7
Seelampur	2
Seemapuri	1
Vikas Puri	2

North West	**84**
Bawana	6
Kirari	11
Mangolpuri	6
Mundka	8
Rithala	9
Rohini	4
Shakur Basti	6
Shalimar Bagh	8
Sultanpur Majra	9
Tri Nagar	9
Wazirpur	8

Shahdara	**54**
Babarpur	14
Gandhi Nagar	4
Ghonda	1
Gokalpur	4
Rohtash Nagar	9
Seelampur	3
Seemapuri	9
Shahdara	8
Vishwas Nagar	2

South	**46**
Ambedkar Nagar	5
Chattarpur	14
Deoli	7
Greater Kailash	7
Malviya Nagar	9
Mehrauli	4

South East	60
Badarpur	8
Deoli	4
Greater Kailash	4
Jangpura	6
Kalkaji	6
Kasturba Nagar	9
Najafgarh	1
Okhla	13
Sangam Vihar	2
Tughlakabad	7

West	61
Hari nagar	3
Janakpuri	1
Madipur	2
Moti Nagar	6
Mundka	11
Nangloi Jat	12
Patel Nagar	2
Rajouri Garden	2
Shakur Basti	6
Tilak Nagar	5
Vikas Puri	11

South West	68
Bijwasan	2
Dwarka	6
Matiala	18
Mundka	1
Najafgarh	24
Palam	4
Uttam Nagar	7
Vikas Puri	6

Source:State AAMC Cell

3.1.13. MOBILEHEALTHSCHEME

Mobile Health Scheme is also covering normal population, where fixed health facilities centerslike Mohalla Clinics or Dispensaries can not give services, like in India International Trade Fair,othermelas and gatherings, during InaugurationorSwearing in ceremonies of Hon'able LG,CM, PM etc. MHS also serves the normal population during religious functions like Kanwar,Urs, Haj and even Samagam and conferences,Self DefenceCamps.MHS also deputes for G-20or other conferences/meetings of Chief Secretaries, Vidhan Sabha function etc and many moreactivities, where normal population are given health services. Shelter homes/ welfare homes/old age homes/ destitute homes where residents/inhabitants could not go out for medicaladvice. DTTDC for Mukhya Mantri Tirath Yatra for providing medical team and logistics, publicpoliticalgatherings,seniorcitizenscreening,disastermanagement,variousmelasetc.

MHS Coordinate Central Schemes like Amarnath Yatra, Haz duty of Delhi Govt.doctors/staffsoutsideIndiainSaudiArabia,atHajManzilandairports,coordinateshealthteams andarrangements of medical facilities at conference centers, like conference of Foreign Ministers atRashtrapati Bhawan, at hotels for G-20 Conferences of high dignitaries, foreign delegates arealsobeingcoordinatedbyMobileHealthSchemeinDelhi.

Inter state official conferences like Chief Secretary Meeting and health team deployments arecoordinated and done by MHS. Health arrangements, coordination with CATS for Advanced LifeSupportAmbulancesdeploymentsalongwithmedicalteamsinallaboveevents.

Basic Details and Financial Indicators (2023-24)

Basic Details:	
Name of the scheme:	Mobile Health Scheme
Address:	PDCSS Bhawan, Sector-20, Dwarka, New Delhi-77
Phone:	20892518
E-mail:	delhimhs@gmail.com
Details of the health care delivery units under jurisdiction of Office	
No. of Mobile Health Clinics as on 01.04.2023 (A)	08
No. of Mobile Health Clinics opened during 01.04.2023 to 31.03.2024 (B)	04
No. of Mobile Health Clinics closed during 01.04.2023 to 31.03.2024 ©	Nil
Total no. of functional Mobile Health Clinics as on 31.03.2024 (A+B-C)	12 (Night Shelter & Day Area Teams)
Number of shleters covered	137
No. of teams functioning	6 (Night Shelter Team)
Details of the patient footfall	
No. of OPD (M)	52911
No. of OPD (F)	15883
No. of OPD (Children)	4578
Total No. of OPDs (M+F+Ch)	73371
No. of old OPD (M)	18395
No. of old OPD (F)	6193
No. of old OPD (Children)	1843
Total No. of old OPDs (M+F+Ch)	26431

3.1.14. SCHOOL HEALTHSCHEME

VARIOUS ACTIVITIES CONDUCTED IN SHS DURING YEAR 2023-24

Sl. No.	Programmes/ Acts	Achievements
1.	Weekly Iron Folic Acid Supplementation Program (WIFS)	Anemia is a serious health problem not only among pregnant woman but also among infants, young children and adolescents. So, in order to reduce the incidence of anemia, WIFS was launched in Delhi in July 2013. The program is implemented in all schools of Delhi & Govt. Aided for students from 1st to 12th class. Training & Orientation programme for Nodal teachers of all Govt./ Govt aided and private schools was conducted through District offices.
2.	Mass De-Worming Program (NDD)	Delhi has been implementing the program for school going children through School Health Scheme of GNTCD for all Govt./Govt. Aided/Cantonment/ Central and Private schools. Delhi has conducted NDD for the year October 2023, where 29.18 Lakh (Approx.) school children were covered all over Delhi, with coverage of 85 %. Training & Orientation programmefor Nodal teachers of all Govt./Govt. aided, MCD and private schools was conducted through District offices.
3.	NPPCD (National Program for Prevention and Control of Deafness)	Regular Screening & Health talks
4.	NPCB (National Program for Control of Blindness)	Positive Health talks and distributions Spectacles through NGO (Vision spring)
5.	Medical coverage for NCC	Medical coverage was provided to Cadets of NCC
6.	Medical Coverage for Kanwar Camp 2023	Teams from SHS were posted to provide health facilities to Kanwar Yaris in camps.
6.	Medical coverage for Department of Education, SCERT	Medical coverage was provided to teachers attending the training conducted by DoE/ SCERT &the dignitaries
7.	Medical coverage for Department of Education (Sports)	Medical coverage was provided at State level Para Sports Meet for Children with Disabilities
8.	Shri Amarnathji Pilgrimage duties	Staff was posted in Shri Amarnathji Pilgrimage duties to provide medical facilities for pilgrims at J&K
9.	Drug and Substance Abuse including Tobacco intake	Regular Health awareness through Health Talks in schools. Pledge taking on Nasha Mukt Abhiyaan.
10.	Vector Borne Disease like Dengue, Malaria, Chikangunia etc.	Awareness on Vector Borne Diseases was spread among School children through Assembly talks health talks during regular screening, poster competition and various other activites like quiz competition, debates etc, so that they can understand prevention of VBD
11.	Celebration of Health related days	Celebration of various days like WHO day, World Population day, World Mental Health day, Yoga Day, Global Iodine deficiency prevention, World Diabetic Day, at school level by organising quiz, poster competition, health talks etc.
12.	Various trainings of staff	Training from UTCS of staffs of SHS

Basic details and financial indicators 2023-24

	ANNEXURE-A
Basic Details:	
Name of the scheme:	School Health Scheme
Address:	DGD Building, Karkardooma
Phone:	01120824133-36
E-mail:	schoolhealthscheme.dghs1@gmail.com
Financial Indicators (2023-24)	(Annexure No.1)
Total Budget	254850000
Total Expenditure	213532515
Details of the health care delivery units under jurisdiction of the office	
No. of School Health Clinics as on 01.04.2023 (A)	46 (24 SHS Clinic +20 SHC Porta Cabin+ 2 SRC)
No. of School Health Clinics opened during 01.04.2023 to 31.03.2024 (B)	0
No. of School Health Clinics closed during 01.04.2023 to 31.03.2024 (C)	1
Total no. of functional School Health Clinics as on 31.03.2024 (A+B-C)	45(Annexure No.2)
Number of schools covered	150
No. of school children examined	205853
No. of teams functioning as on 31.03.2024	45
Details of the patient footfall	
No. of new OPD (M)	
No. of new OPD (F)	
No. of new OPD (Children)	32792
Total No. of new OPDs (M+F+Ch)	32792
No. of old OPD (M)	
No. of old OPD (F)	
No. of old OPD (Children)	16690
Total No. of old OPDs (M+F+Ch)	16690

Below is the list of current functional School Health Centres under School Health Scheme:

District	District Office	Main Clinics	Address Of Clinics	Functional/ Temporarily Closed
East	GGSSS VIVEK VIHAR, DELHI-95	1.SHC Vivek Vihar	GGSSS Vivek Vihar, Delhi-95, ID- 1001022	Functional
	SCHOOL ID-1001022	2. SHC Ghazipur	SKV, Ghazipur, Ghazipur Village, Delhi, ID-1002184	Functional
		3. SHC Vasundhara Enclave	GGSSS, Vasundhara Enclave, Delhi-96	Functional
		4. SHC Chander Nagar	SKV, Chander Nagar	Functional
North East	SKV J& K DILSHAD GARDEN,ID-1106023	5. SHC-Seema Puri	SKV Seemapuri,ID 1106021	Functional Fortnight
		6.SHC Dilshad Garden	SKV J& K Dilshad Garden,ID-1106023	Functional Fortnight
		7.SHC-Yamuna Vihar,	SBV-B- Block No-1 Yamuna Vihar, ID-1104001	Functional Fortnight
		8.SHC-Shahdara -1	SKV, GT Road Shahdara, ID-1105024	Functional Fortnight
		9. SHC SHAHDARA-2	MBP,Bhartiya Mahila Skv,G T Road Shahdar ID-1105110	Functional Fortnight
		10. SHC Khazuri Khas	GGSSS Khazuri Khas	Functional Fortnight
		11. SHC New Seelampur	GGSS New Seelampur	Functional Fortnight
		12.SHC Mansarover	SKV No.1 Mansarover	Functional Fortnight
		13. SHC Mandoli Extn.	GGSSS Mandoli Extn.	Functional Fortnight
North	RPVV- 1, RAJNIWAS MARG	14. SHC Rajniwas Marg	RPVV-1, Rajniwas Marg, Delhi	Functional
		15. SHC Roop Nagar	SKV No-1, Roop Nagar	Functional
		16. SHC Nehru Nagar	SKV Nehru Nagar	Functional
				Functional
North West A	SKV, JAHANGIRPURI, A-BLOCK, PLOT NO.5	17. SHC Shahbad Dairy	GGSSS, Shahbad Dairy	Functional
		18. SHC Bawane	SKV Rana Shankar Bawane	Functional
		19.SHC Jahangirpuri	SKV, Jahangirpuri, A-Block, Plot No.5	Functional
				Functional
North West B	GGSSS SU BLOCK PITAMPURA	20.SHC Mangolpuri, H Block	SKV Mangolpuri, H-Block,	Functional
		21.SHC Keshavpuram	SKV No.1 Keshavpuram	Functional
		22. SHC Rohini	SOSE Sec-23 Rohini	Functional
		23. SHC Mubarakpur	GGSSS Mubarakpur Dabas	Functional
West A	Ggsss No.1 Old Market Road Tilak Nagar, N Delhi - 110018	24. SHC Tilak Nagar	GSBV No.2, Tilak Nagar	Functional
West B	GGSSS No.2, Janakpuri, A-Block, Delhi	25. SHC Janakpuri	GGSSS A Block Janakpuri, Delhi	Functional
		26. SHC Nangloi	SKV, S.P. Road, Nangloi	Functional
		27. SHC Bindapur	GGSSS, Bindapur	Functional
		28. SHC Vikaspuri	SKV, A-Block, Vikaspuri	Functional
		29. SHC Baprola	GGSSS, Baprola	Functional
		30. SHC Paschim Vihar	SKV Paschim Vihar	Functional

District	District Office	Main Clinics	Address Of Clinics	Functional/ Temporarily Closed
South West A	GGSSS No.3, Sarojini Nagar, Near Sarojini Nagar Market, Delhi	31. SHC Sarojini Nagar	GGSSS No.3, Sarojini Nagar, Near Sarojini Nagar Market, Delhi-	Functional
		32. SHC Inderpuri	Saheed Capt Amit Verma Co-Ed Sss, C Block Inderpuri	Functional
South West B	G. CO-ED SSS, Site-1 Dwarka, Sector-6, New Delhi-110075	33. SHC Dwarka	G. CO-ED SSS, Site-1 Dwarka, Sector-6, New Delhi-110075	Functional
		34. SHC Palam	SKV No 1, Palam Enclavesbv No.2, Palam Enclave	Functional
		35. SHC Najafgarh	GBSSS, Village Paprawat, ND- 110043	Functional
		36. SHC Pochanpur	SKV Pochanpur	Functional
South	SKV Malviya Nagar	37. SHC Malviya Nagar	SKV Malviya Nagar	Functional
		38. SHC Qutub, Mehrauli	SBV Qutab, Mehrauli	Functional
South East	SKV No. 2, Kalkaji	39. SHC Kalkaji	SKV NO.2, Kalkaji, ND-19	Functional
		40. SHC C.R. Park	SPM SKV C.R.Park. ND	Functional
Central & New Delhi	Govt. Sarvodaya Vidyalaya (Rana Pratap) - New Rajinder Nagar New Delhi 110060	41. SHC Rana Pratap Sindhi School	Govt. Sarvodaya Vidyalaya (Rana Pratap) - New Rajinder Nagar New Delhi 110060	Functional
		42. SHC Karol Bagh,	Ramjas Sr. Sec. School (No. 5) - Ramjas Road, Karol Bagh, New Delhi 110005	Functional
		43. SHS Ranijhansi	Govt. Sarvodaya Bal Vidyalaya - Rani Jhansi Road (Near P.S.Paharganj) New Delhi 110055	Functional
	SRC Shakarpur	44. SRC Shakarpur	SKV NO.2, Shakarpur, Delhi-92	Functional
	Sr.C R.K. Puram	45. SRC R.K. Puram	Jose Marthi Sarvodaya Vidhyalaya, Sector-12, R.K. Puram	Functional

Various activities conducted in SHS during year 2023-24:

Sl. No.	Programmes/ Acts	Achievements
1.	Weekly Iron Folic Acid Supplementation Program (WIFS)	Anemia is a serious health problem not only among pregnant woman but also among infants, young children and adolescents. So, in order to reduce the incidence of anemia, WIFS was launched in Delhi in July 2013. The program is implemented in all schools of Delhi & Govt. Aided for students from 1st to 12th class. Training & Orientation programme for Nodal teachers of all Govt./Govt aided and private schools was conducted through District offices.
2.	Mass De-Worming Program (NDD)	Delhi has been implementing the program for

Sl. No.	Programmes/ Acts	Achievements
		school going children through School Health Scheme of GNTCD for all Govt./Govt. Aided/Cantonment/ Central and Private schools. Delhi has conducted NDD for the year October 2023, where 29.18 Lakh (Approx.) school children were covered all over Delhi, with coverage of 85 %. Training & Orientation programmefor Nodal teachers of all Govt./govt aided, MCD and private schools was conducted through District offices.
3.	NPPCD (National Program for Prevention and Control of Deafness)	Regular Screening & Health talks
4.	NPCB (National Program for Control of Blindness)	Positive Health talks and distributions Spectacles through NGO (Vision spring)
5.	Medical coverage for NCC	Medical coverage was provided to Cadets of NCC
6.	Medical Coverage for Kanwar Camp 2023	Teams from SHS were posted to provide health facilities to Kanwar Yaris in camps.
7.	Medical coverage for Department of Education, SCERT	Medical coverage was provided to teachers attending the training conducted by DoE/ SCERT &the dignitaries
8.	Medical coverage for Department of Education (Sports)	Medical coverage was provided at State level Para Sports Meet for Children with Disabilities
9.	Shri Amarnathji Pilgrimage duties	Staff was posted in Shri Amarnathji Pilgrimage duties to provide medical facilities for pilgrims at J&K
10.	Drug and Substance Abuse including Tobacco intake	Regular Health awareness through Health Talks in schools. Pledge taking on Nasha Mukt Abhiyaan.
11.	Vector Borne Disease like Dengue, Malaria, Chikangunia etc.	Awareness on Vector Borne Diseases was spread among School children through Assembly talks health talks during regular screening, poster competition and various other activites like quiz competition, debates etc, so that they can understand prevention of VBD
12.	Celebration of Health related days	Celebration of various days like WHO day, World Population day, World Mental Health day, Yoga Day, Global Iodine deficiency prevention, World Diabetic Day, at school level by organising quiz, poster competition, health talks etc.

Sl. No.	Programmes/ Acts	Achievements
13.	Various trainings of staff	• Training from UTCS of staffs of SHS

CHAPTER4

4. FUNCTIONSOFBRANCHESANDSTATESCHEMES

4.1. PLANNINGBRANCH

The Planning Branch of this Directorate co-ordinates with all Program officers, CDMOS. Incharge (MHS), Incharge (SHS) for monitoring of all schemes including Preparation of outcome Budget.

1. Preparation of financial budget of various programs/schemes.
2. Write up of schemes implemented through this Directorate.
3. Preparation of Budget speech.
4. Compilation of monthly vacancy position under DGHS. Planning Branch deals with continuation/conversion of all categories of temporary posts.
5. Co-ordinates with H&FW Department, GNCTD for policy related matters on all schemes.
6. Monitoring of progress of Budget. Action Point.
7. Evaluation of Major Programs/projects.
8. Monitoring of the upgradation of 94 Delhi Govt. Dispensaries into Polyclinic through PWD.

A total 174 Delhi Govt. Dispensaries are running successfully for primary health care and providing preventive, promotive and curative health care services to the citizens of Delhi. Further as on date 30 Polyclinics are functioning from the premises of previously functioning Delhi Govt. Dispensaries to provide the secondary health care services to the citizens of Delhi. Planning branch deals with the functioning of the dispensary services.

Achievements of Planning Branch, DGHS (HQ)

i. Taken over the possession of land measuring 12081 sqm. at Chowki No.4, Model Town for construction of hospital.
ii. Taken over the possession of land measuring 4.082 hectare at Rohini for State Dental University.
iii. Prepared Outcome budget for the year 2023-24.
iv. Prepared write up of the schemes for the year 2023-24 those are implemented through DGHS.

4.2. HOSPITALCELL

Introduction:

The planning/establishment of different hospitals are being taken care of by Hospital Cell functioning, in this Directorate under direct supervision of Director General Health services. The responsibilities of Hospital Cell include planning and commissioning of hospital which include preparation of MPF (Medical Function Program), site inspection, monitoring and co-ordination with different Govt. Semi-Govt./Autonomous/Pvt. Agencies etc. related to establishment of hospitals. The financial aspects of these upcoming hospitals are also being taken care of by Hospital Cell, like preparation of SFC/EFC memo for cost estimates of hospitals which include estimates of manpower, equipments and other vital components required for establishment of hospital.

The broad functioning of Hospital Cell involves in close coordination with executing agencies and undertakes site inspection etc. along with the engineers. The selected agencies then appoint architects and hospital consultant for preparation of building plans etc.

Other responsibilities under hospital cell:-

1) Plantation Issues in Hospitals
2) Club Foot Management Programme

Status of Ongoing Hospital Projects Under Hospital Cell, DGHS(HQ)

1. 691 Bedded Hospital Project at Madipur:

Earlier this hospital was proposed as 200 bedded Hospital and it was further revised to 691 bedded hospital. The Preliminary estimate was approved by EFC for 691 beds on 18/11/2019 for construction of hospital. Construction work is under process and 92% (as on 08.08.2024) construction work has been completed.

2. 691 BeddedHospital Project at Jwalapuri (Nangloi):

Earlier this hospital was proposed as 200 bedded Hospital and it was further revised to 691 bedded hospital. The Preliminary estimate was approved by EFC for 691 beds on 18/11/2019 for construction of hospital. Construction work is under process and 90% (as on 08.08.2024) construction work has been completed.

3. 691 bedded hospital at Hastsal, Vikaspuri, Delhi:

Earlier this hospital was proposed as 200 bedded Hospital and it was further revised to 691 bedded hospital. The Preliminary estimate was approved by EFC for 691 beds on 18/11/2019 for construction of hospital. Construction work is under process and 60% (as on 08.08.2024) construction work has been completed.

4. 1164 Bedded Hospital Project at Siraspur, Delhi:

Earlier this hospital was proposed as 200 bedded Hospital and further revisedto 1164 beds and is being constructed as same.The Preliminary estimate has been approved by EFC on 10/12/2019 for construction of 1164 bedded new hospital work at Siraspur. Construction work is under process and 80% (as on 08.08.2024) of construction work has been completed.

07 - Semi-permanent Temporary ICU Bedded Hospital Projects:

Vide Cabinet Decision No. 3033 dated 28/08/2021, setting up of **6836** ICU Bedded Hospitals at Shalimar Bagh, Kirari, GTB Hospital Campus, Sarita Vihar, Plot opposite Guru Gobind Singh Hospital at Raghuvir Nagar, Sultanpuri and Chacha Nehru Bal Chikitsalya was accorded by the Cabinet.

S. No.	Hospital Project at	Bed Strength	Physical Progress as on 08/08/2024
1	Shalimar Bagh	1430	63 %
2	Kirari	458	00 %
3	Sultanpuri	525	63 %
4	CNBC	596	52 %
5	GTB	1912	52 %
6	Sarita Vihar	336	58 %
7	Raghubir Nagar	1577	40 %

These above mentioned hospital projects are under construction and their physical progress are mentioned against their name in the table.

Following Hospital Projects are under planning stage:

i. Hospital Project at Bindapur, Delhi.
ii. Hospital Project at Deendarpur, Delhi
iii. Hospital Project at Baprolla, Delhi.
iv. Hospital Project at Jaunti, Delhi.

4.3. NURSINGHOMECELL

Nursing Home Cell working under Directorate General of Health Services was established in the DHS with a view to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953 and the rules made thereunder and amendment from time to time. Institutes carrying on Nursing Homes activities in Delhi practicing modern scientific system of medicine and having at least two indoor beds and functional round-the-clock needs to be registered under Section 5 of Delhi Nursing

Homes Registration Act, 1953 and Rules. Nursing Home Cell is bestowed with the responsibility of implementation of Nursing Homes Act, 1953 and Rules made there under.
Presently around 1193 nursing homes with 29884 beds (as on 30.04.2024) are either registered or are under process of registration/ renewal of registration.

The works done by Nursing Home Cell include:

1. Scrutiny of all applications.
2. File work and documentation related to issue of deficiency letters and reminders.
3. File work and documentation related to issue of Show Cause Notices
4. File work and documentation related to conduction of personal hearings
5. Documentation related to inspection of nursing homes
6. File work and documentation related to issue of Registration Certificate/ Renewal Certificate/ Cancellation of registration of nursing homes.
7. Redressal of complaints on PGMS, CPGRAMS, LG's Listening Post & any other mode.
8. Reply to RTI's
9. Reply to appeals of RTI and appearing in office of FAA
10. Reply to appeals of RTI and appearing in office of Chief Information Commission.
11. Dealing with NHRC matters.
12. File work and documentation related to various complaints against nursing homes & private hospitals
13. Reply to audit memos
14. Reply to Lok Sabha, Rajya Sabha and Vidhan Sabha questions
15. Preparation of parawise comments, documents, affidavits of court cases.
16. Appearing in various courts in Court Cases related to Nursing Homes.
17. Policy matters related to Nursing Homes like Delhi Health Bill.
18. File work and documentation related to issue of Advisories/ Orders for the nursing homes of Delhi.
19. Death Audit Committee related to COVID deaths
20. Day to day administrative work of nursing home cell and miscellaneous
21. Conduction of Video Conference with all nursing homes and private hospitals of Delhi on day to day issues.
22. Sending recommendation to Excise Department for procurement of Narcotic Drugs by private nursing homes

As per Section 3 of Delhi Nursing Homes Registration Act, 1953 there is a Prohibition to carry on nursing home without registration. As per Section 6 of Delhi Nursing Homes Registration (Amendment) Act, 2002 whoever contravenes the provisions of section 3 shall on conviction be punished with fine which may extend to five thousand rupees, or in the case of a second or subsequent offence, with imprisonment for a term which may extend to three months or with fine which may extend to five thousand rupees or with both. As per Section 14 of Delhi Nursing Homes Registration Act, 1953, no court inferior to that of a Magistrate of the first class shall try any offence punish under the Act.

Inspection of Nursing Homes is mentioned in Section 9 of Delhi Nursing Homes Registration Act, 1953. *Presently, the Supervising Authority has empowered the Medical Superintendent Nursing Homes and Chief District Medical Officers of various districts to inspect nursing homes in their concerned District.*

Further, as per Section 17 of Delhi Nursing Homes Registration Act, 1953, this act shall not apply to any nursing home carried on by Government or an authority and any asylum for lunatics or patients suffering from mental diseases.

Requirements to be compiled by Nursing Homes for the purpose of registration under this act are mentioned in Section 5 of Delhi Nursing Homes Registration Act, 1953 and the Schedule appended to Rule 14 of Delhi Nursing Homes Registration (Amendment) Rules, 2011.

The copy of the Delhi Nursing Homes Registration Act, 1953 and Rules made thereunder is annexed herewith.

Methodology for Fresh/ Renewal of Registration

Application (Form 'B') to be submitted along with requisite fee through (through digital payment/online payment in favour of Director Health Services, Delhi) along with documents as per checklist • *In case of renewal of registration- application to be submitted latest by 31st January of the year in which the registration expires* • *In case the application for renewal of registration is submitted after 31st January and before 31st July of the year in which the registration expires, late fine @ 10% per month of the requisite fee is also to be submitted*
If the application is found complete, the file is sent to the CDMO of the concerned district, wherein the nursing home is situated, for inspection or is inspected by Medical Superintendent, Nursing Homes *If the application is found incomplete, a deficiency letter is issued to the keeper. Once the deficiencies are rectified, the file is sent to concerned CDMO/ Medical Superintendent, Nursing Homes for inspection.*
On the basis of the inspection report of CDMO/ Medical Superintendent, Nursing Homes wherein the premises is found fit for nursing home activities for a particular number of beds, certificate for registration/ renewal of registration for a period of three financial years is signed by the Supervising Authority-cum-DGHS and issued by Nursing Home Cell. In case, the CDMO/ Medical Superintendent, Nursing Homes finds the premises unfit for nursing home activities, the same is communicated to the concerned applicant by the CDMO and also by Nursing Home Cell.

Form 'B' and checklist is available on Delhi Government Website. Copies are annexed herewith.

Methodology for Cancellation of Registration

Initiation of Cancellation: • Request for cancellation is received from the keeper • Keeper has failed to apply for renewal of registration by 31st July of the year in which the registration has expired • On any ground which would entitle it to refuse an application for the registration of a person in respect of that home, • Or on the ground that the person has been convicted of an offence, under this Act • Or that any other person has been convicted of such an offence in respect of that home
(1) Notice to Show Cause is issued by the Supervising Authority under Section 8 (1) of Delhi Nursing Homes Registration Act, 1953. **Section 8 (1) is reproduced as under:** Before making an order refusing an application for registration or an order cancelling any registration, the supervising authority shall give to the applicant or to the person registered, as the case may be, not less than one" calendar months notice of its intention to make such an order; and every such notice shall state the grounds on which the supervising authority intends to make the order and shall contain an intimation that if within a calendar month after the receipt of the notice the applicant or person registered informs the authority in writing that he desires so to do, the supervising authority shall, before making the order give him (in person or by a representative) an opportunity of showing cause why the order, should not be made.
(2) If the supervising authority after giving the applicant or the person registered an opportunity of showing cause as aforesaid, decides to refuse the application for registration or to cancel the registration, as the case may be, it shall make an order to that effect and shall send a copy of the order by registered post to the applicant or the person registered.
(3) Any person aggrieved by an order refusing an application for registration or cancelling any registration may, within a calendar month after the date on which the copy of the order was sent to him appeal to the Hon'ble Lt. Governor, Delhi/ Financial Commissioner against such order of refusal. The decision of the Lt. Governor, Delhi/ Financial Commissioner on any such appeal shall be final.

(4) No such order shall come into force until after the expiration of a calendar month from the date on which it was made or, where notice of appeal is given against it, until the appeal has been decided or withdrawn.

4.4. ECONOMICALLYWEAKERSECTION(EWS)

EWS Branch, DGHS(HQ) deals with the patients who belong to Economically Weaker Section (EWS) of the Society. This branch works in accordance with the Hon'ble High Court of Delhi order dated 22.03.2007 in WP (C) 2866/2002 in the matter of Social Jurist vs. GNCTD & OR's. This Branch facilitates the free treatment of the eligible patients of EWS category in Identified Private Hospitals (IPHs). This free treatment in all aspects is provided by all Identified Private Hospitals (IPH) of Delhi who was given land on concessional rates by the land owning agencies of Delhi. Every IPH has obligation to provide free treatment on 25% of total OPD and 10% of total beds to the eligible patients of EWS category.

The number of EWS patients treated in IPHs during April 2023-March 2024 is as follows:

OPD: 8,39,801
IPD : 42350

Total number of EWS patients referred to IPHs from District referral centers during this duration is 7461.
Total number of EWS Patients referred to IPHs from this branch during this duration is 14421.
Total No. of EWS patients referred to IPHs from Delhi Govt. Hospitals during this duration is 6894.
At present, there are 61 Identified Private hospitals and out of these, five hospitals are under renovation/non-functional, namely RB Seth Jessa Ram Hospital, Febris hospital, Sunder Lal Jain hospital, Bhagwan Mahavir hospital and Jankidas Kapoor Hospital.

RTI is being replied within specified time. Reply to Lok Sabha / Rajya Sabha and Vidhan Sabha questions are submitted within the time period. PGMS complaints, LG Listening portal, CPGRAMS, written complaints and complaints received online via email on freepatientcell.dhs@gmail.com against any of the IPHs are being dealt as per EWS guideline's and action is taken as deemed fit.

4.5. DELHI AROGYA KOSH (DAK)

Financial assistance to eligible patient undergoing treatment in Government Hospitals of Delhi:

Introduction:

"Delhi Arogya Kosh" (DAK) is a registered society that provides financial assistance to the extent of Rs. 5 lakh to the needy eligible patients for treatment of any illness/treatment/ intervention required by the patient undergoing treatment in a Government Hospital run by Delhi Government or Central Government or Autonomous Hospital under State Government.

Eligibility:

1. Patient having National Food Security Card OR Income certificate of upto 3Lakhs per annum issued by the Revenue Dept. GNCTD
2. Patient should be a bonafide resident of Delhi for last 3 yrs (prior to the date of submission of application).
3. Patient requiring treatment for any illness/ treatment/ intervention in a Governmenthospitalrunbydelhigovt./centralgovt./AIIMS/autonomous institutes of the state govt.

Requisite documents for verification of INCOME:

1. National Food Security Card
2. Income certificate of up to 3 Lakh per annum issued by Revenue Dept., GNCTD

Requisite document for verification of DOMICILE for last 03 years (any one of the Following):

1. Domicile Certificate issued from area SDM.
2. Ration card
3. Aadhar Card
4. EPIC (Voter ID)
5. Driving License
6. Passport
7. Extract from the Electoral Roll

Note: In such cases where the patient is a minor, Birth Certificate of the patient and the domicile proof of either of the parent (any one of the aforementioned document) is required to be submitted

Where to Apply: Duly filled Application form along with other supporting documents is to be submitted in the O/o Medical Superintendent/ Nodal officer, DAK of the concerned hospital where the patient is undergoing treatment.

How to Apply:

Application form to be filled by the patient or through his representative along with the following documents:

- Copy of National Food Security Card/Income certificate
- Proof of residence in Delhi continuously for last 3yrs (Prior to the date of submission of application)
- Original estimate certificate issued by the treating doctor of the concerned Government Hospitalindicatingthepatient'sdiseaseandthetreatmentrequiredalongwiththeestimated expenditure of the treatment duly certified by the Medical Superintendent of the said hospital.
- Two photographs of the concerned patient, duly attested by the treating doctor of the concernedGovernmentHospitalaffixedontheapplicationformandestimatecertificate
- Photocopies of the treatment record.
- Undertaking regarding income details of the family.

Processing of an application:

A complete application form along with all the requisite documents is processed and sent for approval according to the following mechanism:

1. Less than Rs. 1.5 Lakh -: SMO (DAK) -> I/c (DAK) -> A.O (DAK) -> Member Secretary (DAK)
2. More than Rs. 1.5 Lakh-: SMO (DAK) -> I/c (DAK) ->A.O (DAK) -> Member Secretary (DAK) -> Chairman (DAK) – cum - Hon'ble MOH

3. After due approvals, the application comes back to Delhi Arogya Kosh and the sanctioned amount is transferred through ECS issued in favor of the concerned Government Hospital. The applicant, too, is informed through letter.

Total No. of 1382 patients who have been provided financial assistance since 1st April 23 to 31st Mar 24: patients were provided financial assistance during FY 2023-24.

F/Y 2023-24	Financial Assistance less than ₹1.5 Lakh	Financial Assistance b/w Rs. 1.5 lakh and Rs. 5 lakh

TOTAL	1193	189
GRAND TOTAL	**1382**	

A. <u>The scheme of free high-end diagnostics</u>:

The scheme of free high-end diagnostics of eligible patients: The scheme of free high-end diagnostics of eligible patients, identified on the basis of Voter ID of Delhi, referred from identified Delhi Government Hospitals, Polyclinics, Delhi Govt. Dispensaries & Mohalla Clinics to Empanelled Diagnostic Centers was started from 17.02.2017.

Monthly Imaging Data 1st April'23 to 31st Mar 24										
MONTH	**MRI**	**CT**	**PET CT**	**NUCLEAR**	**USG & DOPPLER**	**MAMMO**	**ECHO & TMT**	**EEG & EMG**	**X-RAY**	**TOTAL TESTS**
Apr-23	1570	912	551	38	2858	36	830	95	475	7365
May-23	4153	2721	950	199	18180	22	1762	266	3594	31847
Jun-23	1985	1210	722	74	9513	36	1354	179	2103	17176
Jul-23	8809	5285	678	298	22527	55	2043	228	5639	45562
Aug-23	1444	980	140	38	5747	18	383	45	1089	9884
Sep-23	0	0	0	0	0	0	0	0	0	0
Oct-23	1430	777	204	35	2597	20	290	39	1178	6570
Nov-23	0	0	0	0	0	0	0	0	0	0
Dec-23	0	0	0	0	0	0	0	0	0	0
Jan-24	10,943	8,337	1,019	287	40,472	163	5,349	660	9,959	77,189
Feb-24	779	661	118	18	2915	8	221	5	591	5316
Mar-24	11314	5805	1873	242	20085	90	2412	703	3581	45441
Total	**42,427**	**26,688**	**6,255**	**1229**	**124,894**	**448**	**14,644**	**2220**	**28,209**	**246,350**

B. The scheme of free surgeries of eligible patients: The scheme of free surgeries of eligible patients identified on the basis of Voter ID of Delhi referred from identified Delhi Government Hospitals to Empanelled Private Hospitals was started from 02.03.2017. Eligible patients are referred to empanelled private hospitals when the allotted date for specified surgery is beyond one calendar month or when the specified surgery is not performed in the Govt. Hospital

Monthly Surgery Data 1st April'23 to 31st Mar '24																
Month	**Emergent Cases**	**Uro Surgery**	**Lap Chole**	**PCNL**	**Gen Surgery**	**Onco**	**Gyne**	**Ent**	**Eye**	**Ortho**	**Chemo +Radio**	**Opd Consultancy**	**Cardio**	**Peads Surgery**	**Neuro**	**Total Number Of Surgeries**
Apr-23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May-23	23	128	528	47	0	0	13	125	4	110	7	0	0	0	0	985
Jun-23	0	6	52	11	19	2	0	1	1	5	0	0	0	0	0	97
Jul-23	34	109	581	56	143	0	0	4	46	7	458	1	0	0	0	1439
Aug-23	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
Sep-23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oct-23	83	19	161	18	8	0	1	0	21	3	142	0	0	0	0	456
Nov-23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dec-23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jan-24	51	195	643	47	176	0	0	9	88	36	728	0	46	65	1	2083
Feb-24	0	17	86	8	8	1	0	1	13	1	8	0	0	0	0	143
Mar-24	116	107	618	56	175	0	1	6	88	20	579	0	0	0	0	1754
Total	**324**	**581**	**2669**	**243**	**529**	**3**	**15**	**146**	**261**	**182**	**1922**	**1**	**46**	**65**	**1**	**6974**

Scheme of free dialysis of eligible patients:

Eligible patients (bonafide residents of Delhi identified on the basis of residence proof of Delhi for last 3 years and annual income less than 3 lakh) are provided financial assistance for dialysis in

empanelled private hospitals: During Corona Pandemic, eligible patients identified on the basis of Voter-ID of Delhi are being provided cashless dialysis by identified pvt. hospitals.

MONTHLY DIALYSIS DATA 1st April'23 to 31st Mar'24		
MONTH	**TOTAL NO. OF THE PATIENT**	**NO. OF DIALYSIS**
Apr-23	0	0
May-23	0	0
Jun-23	262	8,011
Jul-23	391	11292
Aug-23	125	3618
Sep-23	0	0
Oct-23	54	1332
Nov-23	0	0
Dec-23	0	0
Jan-24	1047	29248
Feb-24	0	0
Mar-24	894	26367
Total	**2773**	**79,868**

Free treatment to Medico-legal victims of Road Traffic Accident, Acid Attack and Thermal Burn Injury:

The scheme of free treatment to Medico-legal victims of Road Traffic Accident, Acid Attack and Thermal Burn Injury, where the incident has occurred in the jurisdiction of NCT of Delhi, was launched on15.02.2018. Any medico legal victim of road accident irrespective of residential status & income is eligible.

Monthly RTA Data 1stApril'23 to 31stMar 24			
Month	**Medico-Legal Victims Treated In OPD**	**Medico-Legal Victims Treated In IPD**	**Total Rta/Acid Attack/ Thermal Burn Victims**
Apr-23	2	61	63
May-23	229	197	426
Jun-23	60	23	83
Jul-23	385	205	590
Aug-23	0	0	0
Sep-23	0	0	0
Oct-23	574	135	709
Nov-23	0	0	0
Dec-23	0	0	0
Jan-24	1919	450	2369
Feb-24	375	325	700
Mar-24	1,416	308	1,724
Total	**4,960**	**1704**	**6,664**

4.6. DELHIGOVERNMENTEMPLOYEE'SHEALTHSCHEME

Financial position of Autonomous / GIA Institution

Name of GIA Institution/Autonomous Body: **Not applicable**

Estimates of Resources & Expenditure (Overall) (**in Crore**)

Note: *In case audit is not completed, unaudited data/information may be provided

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution

1. Name of Scheme: Delhi Government Employees Health Scheme

2. Type of Scheme

a) State/CSS Scheme (Concerned Ministry- For CSS only): State

b) Funding Pattern (For CSS only): State Share

3. Budget Head (s) (15 digit) (new head): 2210-80-800-67-00-06

4. **Financial details :-** **(Rs. in Crores)**

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)	RE (2024-25)	Expenditure upto 15.01.25
Revenue	320	360	360	325	370	331
Capital	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Loan	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Total	320	320	360	325	370	331

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i) Objective(s) of the Scheme: DGEHS scheme is a welfare scheme with the objective to provide comprehensive medical care facilities to the Delhi Government employees/pensioners and members of their families on the line of CGHS.

(II) **Main objective of the Scheme**: Comprehensive health care services to employees and pensioners of Delhi Government through network of Delhi Government dispensaries, Hospitals and private empanelled hospitals and Diagnostic centers.

a) **Scheme Details**: Delhi Government Employees Health Scheme (DGEHS) is a welfare scheme of Govt. of NCT of Delhi which was launched in 1997 to provide comprehensive medical care facilities to the Delhi Government employees and pensioners with their eligible family members on the line of CGHS. DGEHS branch is providing cashless facilities to pensioners beneficiaries of GNCTD (except Ex-MLAs, Ex-Metropolitan Councilors and retired Judges of Hon'ble High Court of Delhi) through approx. 435 hospitals/centres and also provide medicines to all the pensioners beneficiaries through Authorized Local Chemists-ALCs (District wise). Bills of all the empanelled hospitals/centres and ALCs are being processed in this branch. Individual bills of pensioners beneficiaries are being processed by the last attended office of the beneficiaries since 27.04.2012. The branch also provides technical opinion w.r.t. DGEH Scheme to all the Department of GNCTD. The branch empanels all the CGHS empanelled hospitals/centres and also empanels non-cghs hospitals/centres in Delhi-NCR. This is a continuous process and being carried out on day to day basis.

b) **Revenue- Program/ Beneficiary oriented Welfare scheme etc**- DGEHS is a beneficiary oriented Welfare Scheme.

Capital part-
Project Cost, Year of Commencement, target date of completion and Present Status of the Project - Not applicable
Tender cost at present-Not applicable

6. Physical Targets & achievements upto 31st March 2024:

The number of empanelled hospitals has been increased to 435.
The reimbursement to the empanelled hospitals/chemists under DGEHS on account of providing cashless facilities to the retired pensioner of Govt. of NCT of Delhi amounting to Rs. 360 crores till 31st March 2024.
Approx. 1100 Medical Reimbursement Claim files of different departments of GNCTD were processed till 31st March 2024.
In all Districts (11) supply of medicines to pensioners beneficiaries were smoothly functioning.

7.	Proposed Physical Targets for BE (2024-25) to process all the pending applications for empanelment of private hospitals/centres under DGEHS.
8.	Other details, if any-N.A.

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme: Free medical facility to journalist under DGEHS
2. a) b)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only): State Funding Pattern (For CSS only): State Share
3.	Budget Head (s) (15 digit) (new head): 2210-80-800-77-00-49
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)	RE (2024-25)	Expend. Upto 15.01.25
Revenue	0.20	0.20	Approx. 0.11	0.20	0.35	Approx.0.16
Capital	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Loan	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Total	0.20	0.20	Approx. 0.11	0.20	0.35	0.16

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i)	Objective(s) of the Scheme: To provide medical care facilities to the journalists & their dependents as per Delhi press reporters Act-1995 and its subsequent amendments 2011 (Copy enclosed)
(II)	Main objective of the Scheme: Same as above
a)	Scheme Details: The scheme is administered by Directorate of Information & Publicity, GNCTD. As per Delhi Press Reporters Act, "Press Reporter" means a person who is accredited with Government and possess a valid press card issued by the Directorate of Information and Publicity of the Government. The medical bills of journalists forwarded to this Directorate by DIP for reimbursement as per Delhi Press Reporter Medical Aid Rules.
b)	**Revenue- Program/ Beneficiary oriented Welfare scheme etc**- For welfare of journalists **Capital part-** Project Cost, Year of Commencement, target date of completion and Present Status of the Project - Not applicable Tender cost at present-Not applicable
6.	Physical Targets & achievements for BE(2024-25): Major achievements during the year 2023-24 is reimbursement amounting to Rs.11 Lakh to the medical claims received from DIP, GNCTD as per Delhi Press Reporter Medical Aid Rules.

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
7.	Proposed Physical Targets for BE (2024-25) to provide medical care facilities to the all eligible journalists & their dependents as per Delhi press reporters Act-1995 and its subsequent amendments 2011.
8.	Other details, if any-N.A.

(Write up of DGEHS Scheme for printing Medical Facility cards for serving & pensioner beneficiaries)

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme: For printing DGEHS Medical Facility cards for serving & pensioner beneficiaries
2. a) b)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only): State Funding Pattern (For CSS only): State Share
3.	Budget Head (s) (15 digit) (new head): 2210 06 800 89 00 13
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)	RE (2024-25)	Expd. Upto 15.01.25
Revenue	0.5	0.1	0	0.5	0.1	0
Capital	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Loan	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Total	0.5	0.1	0	0.5	0.1	0

	For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024 (General, Salary, capital)
5. (i)	Objective(s) of the Scheme: To print DGEHS medical facility cards/booklets for serving & pensioners beneficiaries.
(II)	Main objective of the Scheme: Same as above
a)	Scheme Details: Same as above. **Revenue- Program/ Beneficiary oriented Welfare scheme etc**- DGEHS is a beneficiary oriented Welfare Scheme.
b)	**Capital part-** Project Cost, Year of Commencement, target date of completion and Present Status of the Project - Not applicable Tender cost at present-Not applicable

6.	Physical Targets & achievements for BE(2024-25):Nil
7.	Proposed Physical Targets for BE (2024-25) to compile and print booklet incorporating all updated DGEHS provisions/circulars/OMs/guidelines in the larger interest of DGEHS serving and pensioners beneficiaries.
8.	Other details, if any-N.A.

4.7. CENTRALPROCUREMENTAGENCY(CPA)

1. Name of Scheme : **CENTRAL PROCUREMENT AGENCY, DGHS**

2. Type of Scheme: State Scheme

a) State/CSS Scheme (Concerned Ministry- For CSS only): State

b) Funding Pattern: State Share (100%)

3 Budget Head (s) (11 digit) : 2210 80 800 80 (Revenue)
4210 01 110 64 M&E(Capital)

4 **Financial Assistance:**

(Rs. in Crore)

Particulars	**BE (2023-24)**	**RE (2023-24)**	**Actual Exp. (up to 31st Dec.2023-24)**	**Proposed BE (2024-25)**
Revenue	250.00	249.88	99.16	247.64
Capital	50.00	12.18	-	1.00
Loan	-	-	-	-
Total	-	-	-	
	300.00	262.06	99.16	248.64

5 **Objective(s) of the Scheme :**

- Ensuring 100% availability of essential medicines as per state EDL to various health facilities under GNCTD i.efinalizing rate contracts for medicines
- Ensuring standard quality medicines to all the beneficiaries attending to various health facilities under GNCTD
- Timely processing of bills and payments to its suppliers.

Zero tolerance for defaulters and substandard quality suppliers

Scheme details:

Central Procurement Agency (CPA) was established in 1994 as a component of State Drug Authority to procure medicines as per essential Drug List (EDL). Subsequently it was separated from State Drug Authority and annexed with Directorate of Health Services because the State Drug Authority, being a regulatory body, did not want to be associated with Drug Procurement. CPA thereafter, started procuring medicines.

CPA was to be established in 3 phases.

Phase 1: CPA shall float tender and circulate rate contracts to hospitals. Hospitals shall issue supply orders as per their requirements.

Phase 2: CPA will finalize rate contracts and issued supply orders centrally for all the hospitals/ stores.

Phase 3: CPA will additionally have warehouses for storing goods.

The establishment of CPA went up to phase 2 and the stage of phase 3 could never be arrived at.

As per policy decision taken by H&FW Department, 75% outlays under M&S of most of allopathic hospitals under Delhi Govt has been reduced and the same has been added to the allocation of Central Procurement agency which will single headedly deal with the procurement of essential drugs and

	medicines to all allopathic hospitals under H&FW on need basis. It has been decided to procure all items under EDL list
6	**Physical Targets & achievements for BE(2023-24) :** More than 50 % of EDL medicines available perennially at all the health functionaries
7	**Proposed Physical Targets for BE(2024-25) to be completed / achieved** 1. Ensuring 100% availability of essential medicines as per state EDL to various health facilities under GNCTD i.efinalizing rate contracts for medicines 2. Ensuring standard quality medicines to all the beneficiaries attending to various health facilities under GNCTD 3. Timely processing of bills and payments to its suppliers. 4. Zero tolerance for defaulters and substandard quality suppliers. 5. Revision of EDL as per the latest requirements and improve the efficiency of procurement and supply processes
8	Other details, if any : **NIL**

4.8. COURTCASECELL

Court Case Cell in DHS (HQ) deals with the court cases filed or defended by the Directorate General of Health Services or Health & Family Welfare Dept. ofGovt., of N.C.T. of Delhi. It receives petitions from different courts and after perusal of the contents, this cell forwards it to law deptt. For appointment ofgovernment counsel for defending the case and also forwards the same to concerned branch for para-wise comments for filing counter affidavit. The CourtCase Cell also processes and files cases/ appeals of different branches in the relevant courts. It also receives summons/ attends the courts/ briefs thegovernmentCounsel.

Annualyear	No.ofCaseBFC					Total	NewCase					Total	Decided					Total	Balance on31March'24
	Supreme Court	CAT	Districtcourt	Consumer Form	Delhi High Court		Supreme Court	CAT	District Court	Consumer Form	Delhi High Court		Supreme Court	CAT	Districtcourt	ConsumerForm	Delhi High Court		
2023-24	13	45	46	04	87	**195**	02	09	16	01	09	**37**	0	11	17	01	30	**59**	**173**

4.9. CENTRALSTORE&PURCHASE

I. Aims & Objectives of the Branch

To facilitate smooth functioning of the DGDs, Seed PUHCs, DGHS (HQ) & subordinate offices. The following activities are undertaken:-

- Procurement of General items, Stationery items & Printing, BMW Management Items.
- Procurement of Lab consumables items & medical equipments as demanded for the DGDs & Seed PUHCs.
- Maintenance of the equipments of Mother and Basic lab functioning in the dispensaries, Seed PUHCs and DGDs.
- Maintenance of cold storage for temperature sensitive items.
- Misc. matters RTI, Public Grievances, LG Listening etc.

II. Achievements in 2023-24

- Availability of BMW Management Items, lab reagents for dispensaries.
- Printing work / items done through GOI.
- Procured General items, Lab consumables items and stationary for DGHS HQ, DGDs, Seed PUHCs through GEM.
- Repair of old equipments in Delhi Govt. Dispensaries
- Storing & issuance of medicines as received, procured by CPA to Delhi Govt. Dispensaries.
- Storing & issuance of medical equipments received during the period of Covid 19 to Delhi Govt. Dispensaries, CDMOs and Delhi Govt. Hospitals.

III. Expenditure Incurred for the procurement of above for the Year 2023-24

- Govt. Dispensaries(Supplies & Materials):- 2210 01 110 90 00 21- Rs.82 lakhs
- Health Centre (SCSP) Supplies & Materials: 2210 01 789 980021 – Rs. 1.5 crore

4.10. BIOMEDICALWASTEMANAGEMENTCELL

Ministry of Environment and Forest, Govt. of India notified the Biomedical Waste (Management & Handling) Rules, 1998 in exercise of power conferred under Sections 6, 8 and 25 of the Environment (Protection) Act 1986. Subsequently, Ministry of Environment, Forest and Climate Change, Govt. of India notified the new Bio Medical Waste Management Rules, 2016 on 28th March, 2016 with further amendment in 2018, 2019. The Delhi Pollution Control Committee has been designated as Prescribed Authority to implement these rules in the National Capital Territory of Delhi. The Lt. Governor of Delhi has constituted an Advisory Committee which has 10 members with Pr. Secretary (H&FW), Govt. of NCT of Delhi as Chairman and Director (Health Services) as Member Secretary /Convenor.

In order to facilitate the proper treatment of the biomedical waste generated from Hospitals, dispensaries, Nursing Home/Clinics, Blood Bank/Diagnostic Laboratories etc. the Government of NCT of Delhi has taken initiatives to establish centralized waste treatment facilities.

The Delhi Government has allowed establishment of Centralized Biomedical Waste Treatment facilities by the name M/s SMS Water Grace BMW Pvt. Ltd. at STP, DJB, Nilothi, New Delhi and M/s Biotic Waste Solutions Pvt. Ltd. at G.T. Karnal Road, Delhi as per the authorization of Delhi Pollution Control Committee. Biomedical Waste is collected from Health Care Facilities in Delhi, transported and treated in these Common Bio-medical Waste Treatment Facilities (CBWTF) as per Bio Medical Waste Management Rules, 2016 in accordance with DPCC order dated 15/05/2015.

In order to implement the BMW Management Rules, Bio Medical Waste Management Cell was formed in the Directorate of Health Services, Govt. of NCT of Delhi, for promoting facilitation of Bio Medical Waste Management Rules, 2016 in the health care facilities in the state of Delhi.

Basic data of Bio Medical Waste Management in Delhi

Quantum of biomedical waste treated in Delhi report for the year 2020)	:	Approx. 24 – 25 Ton per day (As per DPCC
No. of Health Care establishments in Delhi	:	10876 (As per DPCC report for the year 2020)
No. of Delhi Government Hospitals	:	40
No. of Delhi Govt. Dispensaries	:	178
No. of Seed PUHCs	:	65
No. of Aam Aadmi Mohalla Clinics	:	501
No. of School Health Scheme	:	46

Service providers in r/o Common Biomedical Waste Treatment Facilities in Delhi

Sl. No.	Name of the Firm	Date of Commencement	Address	Treatment Capacity	Area allocated for BMW collection (District wise)
1	M/s SMS Water Grace BMW Pvt. Ltd.	April 2010	DJB, STP, Nilothi, New Delhi-110041	28.8 tons per day	South-West, West, Central, East, Shahdara and North-East District
2	M/s Biotic waste Solutions Pvt. Ltd.	October 2009	46, SSI Industrial Area, G.T. Karnal Road, Delhi-110033	34 tons per day	North, North-West, New Delhi, South and South East District.

Objectives

1. Facilitation of BMW Management Rules 2016 and amendments thereof.
2. Reduction of health care waste induced infection/illnesses and patient safety.
3. Dissemination of the provisions of Acts and Rules to be health care personnel and also the community at large.
4. Capacity building of health care institution to manage biomedical waste.
5. Strengthening of monitoring mechanism at state and district level.
6. Coordination with other agencies.

Achievements during the year 2023-24

- **Trainings : 2023-24**

Under guidance of Bio Medical Waste Management Cell, DGHS(HQ) all district have been conducting regular training of all categories of health care workers from all Health Care Facilities i.e. CGHS/DGD/SPMC/QC/CCC/Private Facilities. Since training is an ongoing process to improve the skills and knowledge, all the Health Care workers including doctors, nurses, paramedical staff etc. are to be trained as per Bio Medical Waste Management Rules 2016 as amended 2018 and 2019.

Total fund of Rs. 3,00,000/- (Rs. Three lakhs only) was allocated among all eleven(11) districts of Delhi by Bio Medical Waste Management Cell, DGHS (HQ) for conducting Training Programme of Bio Medical Waste Management during the year 2023-24.The details of training programme conducted by Districts during 2023-24 are given as under:

Total No. of Training Programmes conducted byCDMO during the year 2022-23	30
Total No. of Health Care Workers trained including Doctors & Paramedical Staff during the year 2022-23	1464

- **District Level Monitoring Committee**

District Level Monitoring Committee has been constituted in all district of DGHS with DM as a Chairperson and CDMO as Member Secretary. District Level Monitoring Committee inspected 99HCFs in Delhi during the year 2023-24 including Govt. Hospitals, Private Hospitals and DGDS. District wise details as given below:

Sl. No.	Name of the Districts	Total No. of DLMC Meeting Conducted	Total No. of Health Care Facilities Visited
1	East	Nil	03
2	New Delhi	Nil	43
3	West	01	27
4	North	Nil	42
5	North-West	01	02
6	South	02	29
7	South-East	02	33
8	Central	02	29
9	South -West	Nil	43
10	Shahdara	Nil	Nil

Regular Inspection of Common Bio Medical Waste Management Facility (SMS Water Grace BMW Pvt. Ltd. and Biotic Waste Solution Pvt. Ltd.) is done with DPCC and CPCB.

- **IEC Activities**

IEC material for Bio medical waste management distributed at AAMCs, DGDs, Seed PUHCs, MCW Centre, CGHS Facilities by the Districts.

4.11. ANTIQUACKERYCELL

Aims & Objectives of the Branch

To stop practicing of quack as doctors in Delhi.

Achievements in 2023-24

1. Appropriate action against Nursing Home / Hospitals employing unqualified person as RMOs are under provision of Delhi Nursing Homes.
2. Anti Quackery Cell play a supportive and coordinating role at admnstrative level.
3. All the complaints received in this branch are forwarded to concern CDMOs for their inspection as per office memorandum No. 17/DHS/AQCC/2014/Pt.File/28713-733 dated 27.05.2014 and High Court of Delhi order dated 30.05.2014 with the direction to send their inspections report directly to Delhi Medical Council and complainant under intimation to this office.
4. Attended the DMC Anti Quackery Action Committee.
5. All RTI / PGMS / CPGRAM/LG Listening Post and other grievance issues related to ANTI Quackery.
6. Details of complaints received as under.

    - Total complaints received from 01.11.22 to 30.03.2023 = 32
    - Total complaints received from 01.04.23 to 01.03.2024 = 62

4.12. DISABILITYCELL

Disability Cell is a nodal branch under Secretary (H&FW), GNCTD and a subordinate branch of DGHS, GNCTD that look after disabilities related issues/matters in the state and ensure strict compliance of RPwD Act, 2016 in the state. The branch monitors the progress of issuance of disabilities certificate under UDID Portal of Govt. of India. The branch coordinates among the notified hospitals for processing pending disability application on the UDID Portal. The branch ensures the compliance of various order, circulars, directions issued by Govt. of India and Govt. of NCT of Delhi by the notified hospitals for disability in Delhi. The branch redresses the grievances of applicants and of the notified hospitals as when received. The branch represents on behalf of Health Department, GNCTD in the Court of Commissioner (State or Centre) for Persons with Disabilities as well as in the meeting with Govt. of India.

Over all the branch strives harder to ensure justice to disabled people by providing equal opportunity, access and security.

4.13. TRANSPLANTATIONOFHUMANORGANACT(THOA)CELL

The Transplantation of Human Organs Act, 1994(HOTA/THOA), plays a pivotal role in regulating and facilitating the transplantation of human organs for therapeutic purposes in India.

As per Transplantation of Human Organs Act, 1994 Hospital based Authorization Committee constituted if the number of transplant is twenty five or more in a year at the respective transplantation centers and if the number of organ transplants in an institution or hospital are less than twenty-five in a year, then the State or District level Authorization Committee would grant approvals.

The HOTA/THOA Cell, operating under the aegis of DGHS has nominated its nominees to Hospital Authorization Committee of all the licensed hospitals in Delhi. Nominates representatives to participate in the Hospital Authorization Committee meeting and verify the documents related to organ transplantation and ensure that the organ transplantation process is legal and ethical, as a committee member.

The HOTA/THOA Cell is headed by an Additional Director (HOTA/THOA), who is a DGHS nominee of State Level Authorization Committee (HOTA/THOA) and verifying the documents related to organ transplantation and ensure that the organ transplantation process is legal and ethical, as a committee member.

4.14. CONTINUINGMEDICALEDUCATION(CME)CELL

It is a specific form of continuing education in the medical field for maintaining competence, to learn about new and developing areas in medical field and other related subjects. CME is an important part for the development of human resource for the medical field.

CME Cell in the DHS has been established to achieve the above stated
objective and to update the knowledge and skill of working medical and paramedical personnel in Delhi Government The Cell has been assigned the responsibility for implementing the plan scheme "Continued Multi Professional Medical Education", an in service training of all categories of health care providers.

The Cell has been functioning actively and has gained momentum since
1997, beginning of the IX Plan & has continued to improve till date.

Main functions of the Cell are as under:

1. Organization of CME programme for all categories of staff.
2. Co-ordination with Government and non- government training and teaching institutions for imparting latest knowledge and skill to the health care professionals.

3. Dissemination of information of various training programs being organised through premier institutions to all concerned.
4. Sponsoring the appropriate Medical, Nursing and Para Medical Personnel for attending workshop, seminar and conferences.
5. Sponsorship of appropriate Medical, Nursing and Para Medical Personnel for higher education through distance education.
6. Reimbursement of delegation fee wherever applicable to the sponsored candidates.

Achievement of CME w.e.f. 01.04.2023 to 31.03.2024		
Sl.No.	**Name of Training-Programme**	**No. of Participant**
1.	UTCS Training Programme for the month of April 2023	25
2.	Department wise complete training programme at UTCS to be held on 01.12.2023	20
3.	Nomination for Directorate of Vigilance Circular for Training at UTCS 30.11.2023	24
4.	Nomination for Six month Certificate Programme in Health Care Waste Management through distance education made by IGNOU on dated 18.03.2024	02
5.	Nomination Doctor & Nurse to Bio-Medical Conference 10th(ISHWMCON) October 2023	26
6.	61st Pedicon to be held from 24th to 28thJanuary 2024	25
7.	Annual Delhi State Medical Conference MEDICON-23th to be held on 26 November 2023 at Hotel The Ashok New Delhi	03
8.	UTCS Training Programme for the Month of January 2024 at UTCS	17
9.	UTCS Training Programme for the Month of February 2024 at UTCS	05
10.	Nomination for Training Course on Gender Based Violence and Human Right for Promoting Women Health 19-22 February 2024	10
11.	UTCS Training Programme for the month March 2024	36
12.	44th Annual AOGD Conference held on 12th to 13thNovember 2023 at India Habitat Centre, Lodhi Road	36
13.	Indian Academy of Pediatric Conference of North India (PCNI 2023) for Two Days to be held at Hotel Radission Blue, Dwarka New Delhi on 16th& 17thSept 2023	18
14.	2 Days Seminar on 27th& 28th July 2023 at India Habitat Centre, Lodhi Road "Overview of GFR & Procurement through GeM"	24
15.	Training Course on Epidemic Preparedness and Management (18-21 Sept) 2023	05

4.15. GRANT IN AID CELL

I. Aims & Objectives of the Branch

To facilitate smooth functioning of the DGDs, Seed PUHCs, DGHS (HQ) & subordinate offices. The following activities are undertaken:-

- Procurement of General items, Stationery items & Printing, BMW Management Items.
- Procurement of Lab consumables items & medical equipments as demanded for the DGDs & Seed PUHCs.
- Maintenance of the equipments of Mother and Basic lab functioning in the dispensaries, Seed PUHCs and DGDs.
- Maintenance of cold storage for temperature sensitive items.
- Misc. matters RTI, Public Grievances, LG Listening etc.

II. Achievements in 2023-24

- Availability of BMW Management Items, lab reagents for dispensaries.
- Printing work / items done through GOI.
- Procured General items, Lab consumables items and stationary for DGHS HQ, DGDs, Seed PUHCs through GEM.
- Repair of old equipments in Delhi Govt. Dispensaries
- Storing & issuance of medicines as received, procured by CPA to Delhi Govt. Dispensaries.
- Storing & issuance of medical equipments received during the period of Covid 19 to Delhi Govt. Dispensaries, CDMOs and Delhi Govt. Hospitals.

III. Expenditure Incurred for the procurement of above for the Year 2023-24

- Govt. Dispensaries(Supplies & Materials):- 2210 01 110 90 00 21 - Rs.82 lakhs
- Health Centre (SCSP) Supplies & Materials: 2210 01 789 980021 - Rs. 1.5 crore

4.16. RIGHTTOINFORMATIONACT2005

1. The Right to Information (RTI) is an act of the Parliament of India, which sets out the rules and procedures regarding citizens' right to information. It replaced the former Freedom of Information Act, 2002. Under the provisions of RTI Act, any citizen of India may request information from a "public authority" (a body of Government or "instrumentality of State") which is required to reply expeditiously or within thirty days. In case of matter involving a petitioner's life and liberty, the information has to be provided within 48 hours. The Act also requires every public authority to computerize their records for wide dissemination and to proactively publish certain categories of information so that the citizens need minimum recourse to request for information formally.

2. The RTI Branch of this Directorate deals with applications receives in this directorate (Online & Offline, Direct & Indirect) and dealt regarding health related information like:
   - Matters related to Delhi Government Employees Health Scheme.
   - Matters related to EWS.
   - Matters related to CPA.
   - Matters related to concerned CDMO'S.
   - Matters related to Nursing Homes Cell.
   - Matters related to DAK/DAN.
   - Matters related to School Health Scheme.
   - Matters related to PH-IV.
   - Matters related to subordinate branches of Directorate of Health Services etc.

3. Public Information Officer and Assistant Public Information Officer examine the matters. After that, RTI's transferred to the concerned department for necessary action/forwarded to subordinate branches for replies, and replies forwarded to the applicant in time bound manner.

4. Achievements:-
   a. Timely Disposed off RTI's received Online & Offline.
   b. Zero pendency.

RTI status from January 2024 to March 2024

S. No	District/ Office Name	Direct	Indirect
1	East	3	28
2	West	0	16
3	Central	12	18
4	North	28	6
5	North East	0	25
6	North West	1	25
7	South	2	27

S. No	District/ Office Name	Direct	Indirect
8	South East	5	17
9	South West	2	33
10	Shahdara	0	27
11	New Delhi	1	24
12	SHS	1	2
13	PHW-III	1	4
14	RNTCP (TB Programme	1	0
15	AAMC	0	27
16	Tobacco Cell	0	2
17	PHW-IV	1	8
18	CPA	6	3
19	Nursing Home Cell	1	41
20	EWS Cell	0	9
21	DAK/DAN	0	16
22	DGHS(HQ)	98	94

4.17. PUBLIC GRIEVANCE CELL

Annual data for the period from 01-04-2023 to 31-03-2024

1. The Public Grievance Cell receives grievances regarding health related issues like:
   - Complaint against staff of CDMO office
   - Facilities
   - Opening of Dispensaries
   - CPGRAMS complaints
   - Listening Post of LG
   - PGC hearing letters
   - PGMS
   - LG references
   - RTIs matter
   - MHS complaints
   - Matter related to Govt. Hospital complaints
   - Opening of new hospital
   - Matter pertaining to DAK/ IS&M/ MCD/ T.B./ Anti Quackery/ Nursing Home Cell/ financial assistance.
   - Matter related to branches of Directorate of Health Services.

2. The matter is examined by I/c PG Cell and forwarded to the concerned departments for comments/ necessary action (Hard and Soft Copies) and received ATR are forwarded to all concerned.

3. **Staff/Manpower :-**

CDEO - 01
PHNO - 01
N.O. - 01

Requirement of Staff:-

S.A. - 01

LDC - 01

4. **Issues requiring decision and Activities of Public Grievance Cell:-**

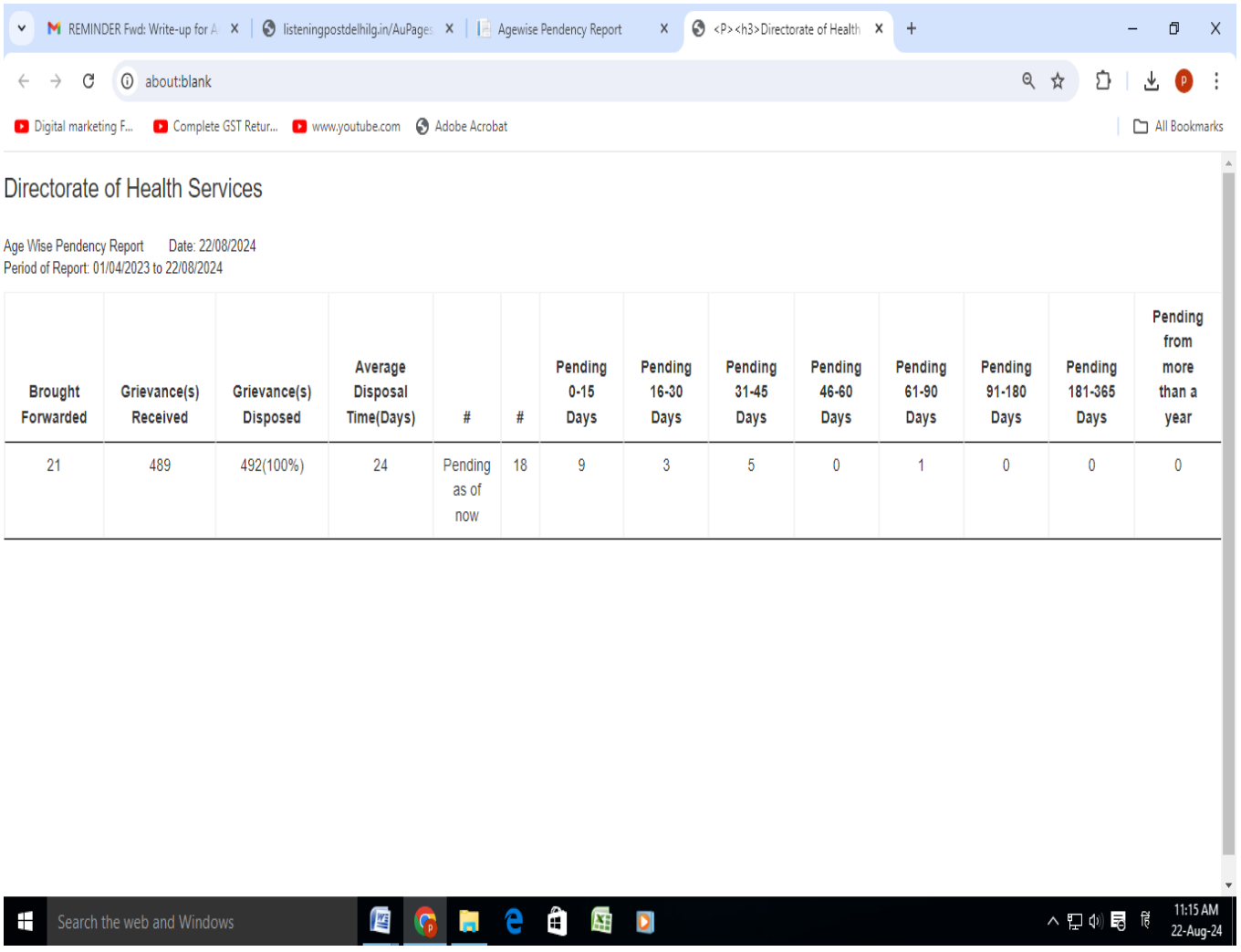
- Compulsory presence of concerned Incharge PGMS/ HOO to the Public Grievances Commission for hearing.
- Preliminary enquiry on allegation against Nursing Home is conducted by Nursing Home Cell, DGHS. If any allegation on negligence & unethical practice by doctors is substantiated in preliminary enquiry, then the matter is forwarded to Delhi Medical Council for final enquiry & disposal of the case.
- The matter forwarded to CDMO concerned/ Incharge / MHS for needful action at their end. Findings of action taken intimated to the complainant.
- The complaint pertaining to **PGMS/CPGRAMS/ Listening Post of LGPortal** examined by this branch (Hard and Soft Copy) and forwarded to the concerned Incharge/ District/ Hospitals/ Other departments for necessary action and received reports/ATR to upload on the respective portal.

PGMS Status as on (01/04/2023 to 22/08/2024)

					Disposed			
Sl. No.	**Department**	**Total Received**	**Total Pending**	**Total Overdue**	**Unclosed**	**Closed**	**Total**	**Disposed %**
1	EWS Branch	1412	2	0	1366	44	1410	100%
2	MSNH	1263	8	5	1224	31	1255	99%
3	DGEHS Cell	941	4	4	853	84	937	100%
4	DAN	937	0	0	882	55	937	100%
5	GRO	915	1	1	858	56	914	100%
6	CDMO North West	848	4	1	826	18	844	100%
7	CDMO Central	734	0	0	728	6	734	100%
8	CDMO South West	613	4	3	598	11	609	99%
9	CDMO North East	612	0	0	593	19	612	100%
10	CDMO West	519	2	0	497	20	517	100%
11	CDMO Shahdara	435	3	2	419	13	432	99%
12	AAMC Nodal Officer	359	2	0	357	0	357	99%
13	CDMO North	359	0	0	353	6	359	100%
14	CDMO East	286	3	1	273	10	283	99%
15	Caretaking Branch	260	73	72	179	8	187	72%
16	CDMO South East	243	2	2	238	3	241	99%
17	CDMO New Delhi	228	0	0	227	1	228	100%
18	CDMO South	209	0	0	208	1	209	100%
19	Planning Branch	129	0	0	116	13	129	100%
20	Admin Branch	103	1	1	98	4	102	99%
21	CPA Branch	78	0	0	78	0	78	100%
22	PH Wing-IV	64	0	0	61	3	64	100%
23	Hospital Cell	62	0	0	60	2	62	100%
24	Anti Smoking	47	0	0	42	5	47	100%
25	STO TB Gulabi Bagh	46	0	0	43	3	46	100%
26	AD SHS	42	0	0	42	0	42	100%
27	MHS	41	0	0	38	3	41	100%
28	Disability Cell, DGHS, HQ	39	0	0	39	0	39	100%
29	PPP Dialysis	36	0	0	36	0	36	100%
30	Addl DHS HQ	28	1	1	27	0	27	96%
31	Anti Quackery Cell	21	0	0	18	3	21	100%
32	MS Nursing Home Cell	21	0	0	6	15	21	100%
33	BMW Branch	19	0	0	16	3	19	100%

					Disposed			
Sl. No.	**Department**	**Total Received**	**Total Pending**	**Total Overdue**	**Unclosed**	**Closed**	**Total**	**Disposed %**
34	MSNH I	18	0	0	12	6	18	100%
35	DSNC	12	0	0	6	6	12	100%
36	PIO RTI DGHS	9	0	0	9	0	9	100%
37	Projects Branch	5	0	0	5	0	5	100%
38	Leprosy Branch	4	0	0	4	0	4	100%
39	Hospital Coordination Cell	3	0	0	3	0	3	100%
40	Store And Purchase Branch	3	0	0	3	0	3	100%
41	Legal Cell	2	0	0	2	0	2	100%
42	Account Branch Dhs	1	0	0	1	0	1	100%
43	PH Wing-II	1	0	0	1	0	1	100%
	Total	**12007**	**110**	**93**			**11897**	**99%**

Progress Report of CPGRAMs PORTAL AS ON 22-08-2024



LG LISTENING POST PORTAL STATUS AS ON 22/08/2024 for the period 01-04-2023 to 31-03-2024.

					Disposed			
Sl. No.	**Department**	**Total Received**	**Total Pending**	**Total Overdue**	**Unclosed**	**Closed**	**Total**	**Disposed %**
1	ADMIN BRANCH	133	117	59	16	0	16	12%
2	MSNH	125	0	0	106	19	125	100%
3	MOHALLA CLINIC	80	1	1	55	24	79	99%
4	DGEHS CELL	71	0	0	54	17	71	100%
5	AGRO	69	0	0	53	16	69	100%
6	CDMO NORTH WEST	50	0	0	36	14	50	100%
7	EWS	50	0	0	42	8	50	100%
8	CDMO CENTRAL	42	13	0	22	7	29	69%
9	CDMO SOUTH WEST	41	0	0	35	6	41	100%
10	CDMO WEST	35	0	0	30	5	35	100%
11	CDMO NORTH	34	0	0	23	11	34	100%
12	CDMO NORTH EAST	29	0	0	22	7	29	100%
13	CDMO SHAHDARA	22	0	0	21	1	22	100%
14	DAN DAK	18	0	0	17	1	18	100%
15	CDMO EAST	14	0	0	13	1	14	100%
16	CDMO SOUTH	13	1	1	12	0	12	92%
17	CDMO SOUTH EAST	13	0	0	13	0	13	100%
18	HOSPITAL CELL	12	1	1	8	3	11	92%
19	ADDl DHS HQ	9	0	0	6	3	9	100%
20	CDMO NEW DELHI	8	0	0	5	3	8	100%
21	AD SHS	7	2	0	5	0	5	71%
22	CARETAKING BRANCH	7	2	2	5	0	5	71%
23	STO TB GULABI BAGH PH I A	6	0	0	6	0	6	100%
24	PH WING IV	4	0	0	4	0	4	100%
25	CPA BRANCH	2	0	0	2	0	2	100%
26	PROJECT DIRECTOR	2	0	0	2	0	2	100%
27	ANTI QUACKERY CELL	1	1	0	0	0	0	0%
28	ANTI SMOKING PH I B	1	0	0	1	0	1	100%
29	DISABILITY CELL, DGHS, GNCTD	1	0	0	1	0	1	100%
30	HOSPITAL COORDINATION CELL	1	0	0	1	0	1	100%
31	LEPROSY BRANCH	1	0	0	1	0	1	100%
32	MHS PH III	1	0	0	1	0	1	100%
33	PIO RIT DGHS	1	0	0	1	0	1	100%
34	PLANNING BRANCH	1	0	0	1	0	1	100%
35	PPP DIALYSIS	1	0	0	1	0	1	100%
36	STORE AND PURCHASE BRANCH	1	0	0	1	0	1	100%
	Total	**906**	**138**	**64**			**768**	**85%**

4.18. DISASTER MANAGEMENT CELL

Disasters are known to strike without warning. The government, local bodies, voluntary bodies have to work in coordination & cooperation to prevent or manage disasters, wherever the need arises. Being a mega-city and capital of India, eventualities in the form of floods and outbreaks like cholera and dengue, terrorist attacks have been witnessed in the past. Delhi is located in a high seismic Zone of the country and the possibility of major earthquakes is very real. Disaster Management Cell works within the confines of mandated functions under Disaster Management Act 2005. The cell is focussing on the lead function "Medical Response & Trauma Care" and support function "Search/rescue and evacuation of victims under expert care in emergencies".

Activities under the scheme

Directorate General of Health Services is implementing the plan scheme on Disaster Management as part of State Disaster Management Plan.
The existing guideline for provision of care in Medical Response & Trauma Care at three levels (Pre-Hospital Care, Transit Care, and Hospital Care) is in place.

Achievements during 2023-24

- Preparedness measures has taken in terms of updating of QRTs, HDMPs & Data updating.
- 04 batches of ACLS training of Medical Officers has been completed.
- Capacity building of human resource for Disaster Preparedness.
- Participation in mock-drills during G20 Summit.
- Preparedness measures were taken during G20 Summit to face any type of catastrophic situation
- Deployment of Medical teams and logistics in hotels during G20 Summit
- Coordination, monitoring and supervision of Medical Teams during G20 Summit
- Setting up of Disaster Control Room during G 20 Summit
- Training of Medical Officers / Nursing Officers of CBRNE.
- Medical Rehabilitation of 2011 Delhi High Court Bomb Blast Victim Shri Madan Mohan Sharma. Artificial below knee prosthesis has been implanted.
- Participation in mock-drills on 14th March 2023 in Central District & 24th March 2023 in all over Delhi

4.19. NON-COMMUNICABLEDISEASESCONTROLPROGRAMME(NPCDCS)

Cell for Non Communicable Diseases

The plan scheme "Directorate of Public Health" under GNCTD & the programme "NP-NCD" under NHM are focusing on Non-communicable Diseases and other issues.The following activities were undertaken.

- Monitoring & supervision of bi-weekly DM/HTN clinic in all Hospitals under GNCTD.
- Facilitation of field level screening/counselling on DM/HTN/Common Cancers
- Facilitation of opportunistic screening for DM/HTN through Health Centres under GNCTD all over Delhi.
- Conduction of virtual training/meeting for sensitization & review of programme implementation with all District Nodal Officers (NP-NCD).
- Celebration of World Heart Day on 29th September 2023.
- Celebration of World Diabetes Day on 14th November 2023
- Reporting & recording of NCDs data as per Govt. Of India guidelines.
- Participation in virtual training / webinar for NCDs
- Other activities detailed in Action Taken report of NP-NCD Program

Government of India has launched flagship programme NP-NCD under National Health Mission, which is focusing on Prevention and control of common NCDs through behaviour and life style changes, to provide early diagnosis and management of common NCDs, to build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs, to train human resource within the public health setup via doctors, paramedics and nursing staff to cope with the increasing burden of NCDs.

The following activities were undertaken:

- Initiation of Population Based Screening of five common NCDs in all Districts
- Opportunistic screening of NCDs (Diabetes / Hypertension / Common Cancers (Oral / Breast / Cervical)
- One lakh glucostrips along with lancets and alcohol swabs were procured for screening of diabetes
- Identification of five health centre in each district for Cervical Cancer Screening as pilot project.
- Mapping of health facilities along with human resource has been completed on CPHC NCD portal.
- Population enumeration and filling of CBAC forms has been initiated on National NCD Portal and PBS was identified as one of the key task in "Mission 2023" and data updated on "e Samiksha portal".
- Standard treatment protocol for diabetes has been formulated and was under submission for approval by competent authority.
- Evidence based standard treatment protocol formulation for Hypertension and approved.
- State NCD Cell in collaboration of IEC BCC cell, DSHM has developed prototypes on educational material for prevention and control of Non Communicable Diseases and life style modification activities.
- Prototype for printing of wall calendars with life style modification message has been developed.
- Initiation of seeding of NIN Ids (National Identification Number) and mapping of LGD Codes (Local Government Directory) of health facilities (DGD/Seed PUHCs/ Maternity Homes/ MCW Centers) on the National NCD portal.
- Implementation of reporting of type-1 diabetes on NCPCR web tool.
- 10 NCD clinics are mapped with 11 districts of Delhi and meetings have been conducted for digitization of NCD clinics on National NCD portal to achieve targets of 75 million by 2025.

IEC Activities:

- World Hypertension day (17.05.2023) celebrated through various awareness generation activities (Health talks, Nukkad Nataks, distribution of pamphlets & educational material (EAST & West District) and screening camps. (Report enclosed)
- Celebration of World Cycle Day on 03.06.2023
- Celebration of International Yoga Day on 21.06.2023 by conducting yoga activities in all health facilities.
- Celebration of World Heart Day on 29.09.2023 by conducting various screening cum awareness generation activities i.e. Health Talks, Group discussions meetings etc. (Report enclosed)
- IEC activities during health Mela under "Ayushman Bhav" campaign
- Celebration of World Diabetes Day on 14th November 2023 by conducting various screening cum awareness generation activities i.e. Health Talks, Group discussions meetings, Poster competitions, Munadis etc. (Report enclosed).
- Awareness generation activities during "Viksit Bharat Sankalp Yatra" which was conducted from 20.11.2023 to 25.01.2024.
- Celebration of World Cancer Day on 4th February 2024.

Trainings under NPCDCS:

Trainings	Medical Officers	ANM	PHNO/ LHV	Remarks, if any
Training cum workshop on CPHC NCD IT Application at State NCD Cell	44	-		02 Batches of MO training were conducted on 15.06.2023 & 16.06.2023
Training on PBS rational & Guidelines at State NCD Cell	0	56	02	02 Batches of ANM training were conducted on 21.12.2023 & 22.12.2023
Trainings at District NCD Cells	164	606	07	Training on CPHC NCD IT Application & PBS rational & Guidelines
TOTAL	**210**	**662**	**09**	

Reports under NP-NCD:

1. World Hypertension Day (17.05.2023)

Sl. No	District	Total OPD attendance	No of cases Screened for Hypertension	No of Suspected/ Referred Cases of Hypertension	Awareness Activities	Remarks	
			A	B	C	D	
					Health Talk	Any other Activity	
1	Central	5846	914	38	26	Orientation session of Doctors and PHNO's at Hindu Rao Hospital	
2	East				30	1	Pamphlets/Literature Distribution
3	New Delhi				18	11	Quiz Competitions, Poster Competitions, Nukked Natak
4	North				20		
5	North West	4527	1049	59	90	0	
6	North East				28	6	Competitions, Nukked Natak
7	Shahdara	0	0	0	0	0	
8	South				13	1	Health Camp
9	South West	6309	1298	73	63	12	
10	South East		627	13	19		
11	West		734	55	250	1000	Pamphlets Distribution
	Total	**16682**	**4622**	**238**	**557**	**1031**	

2. World Heart Day (29.09 2023)

Compiled district wise report for World Heart Day on 29.09 2023										
Sl. No	**District**	**Total No. of Person Screened for NCD**	**Suspected For Diabetes**	**Suspected For Hypertension**	**Suspected For Both**	**Put on Treatment Diabetes**	**Put on Treatment Hypertension**	**Put on Treatment Both**	**Awareness Generation Activity, if any**	**Remarks**
1	Central	1545	4	1	1	3	1	1	26	
2	East	323	124	295	181	39	34	57	2	
3	North	1348	209	261	97	31	48	41	153	
4	North West	670	32	45	20	18	30	10	70	
5	North East	1046	25	32	57	25	32	57	26	
6	South	489	61	70	27	36	32	9	14	Health Talk, Poster Completion , Meeting
7	South West		210	162	44	105	87	22	46	
8	South East	2711	448	566	243	185	202	88	104	
9	New Delhi	282	44	54	98	11	21	32	16	
10	Shahdara	144	36	40	6	6	2	3	19	
11	West	1522	52	69	148	38	56	94	133	Health Talk, Focus Group Discussion, Meeting
	Total	**10080**	**1245**	**1595**	**922**	**497**	**545**	**414**	**609**	

3. World Diabetes Day (14.11.2024)

Reporting for Screening of Diabetes on "World Diabetes Day" (14th & 15th November 2023)										
Sr.No	**District**	**Total Number of persons screened for Diabetes**	**Total Number of persons Diagnosed for Diabetes**	**Total Number of Persons put on Treatment**	**Total Number of Suspected /Referred Cases**	**Health Talk**	**Focus Group Discussion /Meeting**	**Poster Competition**	**Any other Activity**	**Remarks**
1	**Central**	439	2	2		16	1	0	Training Program for MOs& ANMs	
2	**West**	1373	142	120	21	93	0	2	0	
3	**North West**	358	422	43	75	116	12	0	0	
4	**New Delhi**	371	31	31	56	20	5	0	0	
5	**South West**	600	124	104	154	47	2	2	Munadi, Meeting	

Reporting for Screening of Diabetes on "World Diabetes Day" (14th & 15th November 2023)										
Sr.No	**District**	**Total Number of persons screened for Diabetes**	**Total Number of persons Diagnosed for Diabetes**	**Total Number of Persons put on Treatment**	**Total Number of Suspected /Referred Cases**	**Health Talk**	**Focus Group Discussion /Meeting**	**Poster Competition**	**Any other Activity**	**Remarks**
6	**South East**	1571	211	111	0	48	5	0	0	
7	**South**	588	76	52	18	27	0	0	0	
	Total	**5300**	**1008**	**463**	**324**	**367**	**25**	**4**	**0**	

4. Annual Report NP-NCD for 2023-24

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)				
Name of the State: Delhi		Report: April 2023 to March 2024		
Indicator		Male	Female	Total
i). Common NCDS under NPCDCS				
Total no. of persons attended NCD Clinics (New and Follow Up)		1891588	2272873	4164461
1. No. of persons Screened for NCD in Health Centre (New and Follow Up)	A. Diabetes Only	102079	108972	211051
	B. Hypertension Only	126610	130435	257045
	C. HTN & DM (Both)	57490	62499	119989
	D. Oral Cancer	17758	9832	27590
	E. Breast cancer	0	4543	4673
	F. Cervical cancer	0	1484	1557
2. No. newly diagnosed with	A. Diabetes Only	24933	29163	54096
	B.Hypertension Only	34246	37116	71362
	C. HTN & DM (Both)	13513	13521	27034
	D. CVDs	1746	1258	3004
	E. Stroke	172	152	324
	F. COPD	1712	1352	3064
	G. CKD	169	178	347
	H.Oral Cancer	166	75	241
	I. Breast Cancer	0	0	0
	J. Cervical Cancer	0	13	13
	K. Other Cancers	8	9	17
3. No of new patients initiated on treatment	A. Diabetes Only	12277	13621	25898
	B.Hypertension Only	17394	16586	33980
	C. HTN & DM (Both)	7196	6564	13760
	D. CVDs	1639	1025	2664
	E. Stroke	54	39	93
	F. COPD	1962	2352	4314
	G. CKD	10	188	198
	H.Oral Cancer	3	26	29
	I. Breast Cancer	0	26	26
	J. Cervical Cancer	0	7	7
	K. Other Cancers	727	877	1604
4. No of Patients on Follow up	A. Diabetes Only	131439	139876	271315
	B.Hypertension Only	162465	147242	309707
	C. HTN & DM (Both)	12874	11425	24299
	D. CVDs	31016	17381	48397
	E. Stroke	1414	1139	2553
	F. COPD	31944	17785	49729
	G. CKD	826	1352	2178
	H.Oral Cancer	72	53	125
	I. Breast Cancer	0	65	65
	J. Cervical Cancer	0	13	13
	K. Other Cancers	5	2	7
5. No. of Patients Referred to Tertiary Care/TCCC	A. Diabetes Only	1705	1662	3367
	B.Hypertension Only	2204	1758	3962

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)				
Name of the State: Delhi		Report: April 2023 to March 2024		
Indicator		Male	Female	Total
	C. HTN & DM (Both)	1846	1905	3751
	D. CVDs	895	427	1322
	E. Stroke	94	65	159
	F. COPD	126	95	221
	G. CKD	76	70	146
	H.Oral Cancer	22	5	27
	I. Breast Cancer	0	48	48
	J. Cervical Cancer	0	11	11
	K. Other Cancers	4	5	9
6. No of patients treated at CCU	A. CVDs	59	33	92
	B. Stroke	2	19	21
7. No. of persons attended day care centre		25	31	56
8. No. of Persons counselled for health promotion and prevention of NCDs		207729	250959	458688
9. No. of patients attended physiotherapy		4745	7082	11827
10. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (4A+4C)]	A. No. of known TB cases on ATT	6059	3532	9591
	B. No. screened for TB Symptoms	5671	4621	10292
	C. No. suspected for TB & referred to DMC/ PI	616	589	1205

4.20. CANCERCONTROLCELL

The plan scheme "Cancer Control Cell" under GNCTD & the programme "NP-NCD" under NHM are focussing on Common Cancer (Oral / Breast / Cervical) and other issues.

The following activities were undertaken.

1. Monitoring & supervision of Cancer screening in all health Centre & Hospitals under GNCTD.
2. Facilitation of field level screening/counselling on Common Cancer (Oral/Breast/Cervical).
3. Celebration of Breast Cancer Awareness Month in October 2022.
4. Celebration of World Cancer Dayon 4th Feb 2023: Special screening cum counselling activities at health facility/awareness generation through Nukkad Natak / health talk etc.
5. Other activities detailed in NP-NCD action taken report.

4.21. NATIONAL LEPROSY ERADICATION PROGRAMME

Epidemiological Scenario:

The state has achieved the goal of elimination of leprosy (i.e., Prevalence rate of less than 1 case/10000 population) in 2007. Prevalence of Leprosy in 2023-24 is **0.68**. **There were 1381 leprosy cases on record as per latest available data (as on 31st MARCH 2024)**. Trend of few important indicators since 2016-17 is given below:

Indicators	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
New cases detected	1769	1824	829	983	1447	1382
Child among new cases (percentage)	3.95	3.17	3.01	3.35	3.24	2.60
Grade II disability among new cases (percentage)	13.96	14.03	11.33	16.37	15.34	17.52

Indicators	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Grade II disability amongst new child cases	0	1	1	1	0	2
RCS conducted for disability correction	93	73	5	46	51	55

As percentage of Grade II disability amongst new cases detected, is more than 2%. Following actions have been taken for early case detection of all leprosy cases in the community.

- ASHA based surveillance for leprosy suspects (ABSULS),
- Identification of Hot Spots area for focused intervention
- Computerization of data
- Strengthening of ASHA Linkage
- Strengthening of contact tracing along with Leprosy Post exposure Prophylaxis(administration of Single dose Rifampicin)
- DPMR Clinics (physiotherapy, distribution of MCR footwear and self-care kit)
- Actions planned on the basis of Gr II disability investigation forms (Regular IEC by NLEP staff, other health staff posted at PUHC & ASHA Workers).
- SLAC 2024(Health camps, Health Talk, Oath Ceremonies, Munadi, Painting competitions, Quiz Competitions, Awareness at Schools, community meetings, Nukkad Nattak etc.)
- Patients follow up on regular basis through Sahayak Programme.
- Disability camps in collaboration of Lepra Society.
- Capacity building at all levels (ASHA Workers, ANM, MO, DLO, SLC on diagnosis, Management and Disability prevention & training of volunteers giving dressing services in collaboration with Lepra Society).
- Bal Jagrukta Abhiyaan: Training of Special education teachers for screening of school children.

Grade II disability among Children is - **2**

Disability Prevention & Medical Rehabilitation (Absolute no. and percentage):

- No. of patients line listed to undergo RCS during 2023-24 : **50 (Target)**
- No. of patients undergone RCS during 2023-24 : **50**
- No. of patients paid welfare allowance during 2023-24 :
- No. of patients require MCR footwear : **412**
- No. of MCR footwear procured & distributed during 2023-24 : **412**

Involvement of ASHA in 2023-24:

- Total No. of ASHA in State : **5658**
- No. of ASHAs trained in leprosy during 2023-24 : **5127**
- No. ASHAs paid incentive on confirmation/completion of treatment in 2023-24: **296**

IEC activities undertaken in 2023-24:

Activities through Health Centers, Hospitals: The Health Centers (PUHCs, Seed PUHCs, M&CW centers , Maternity homes, Polyclinics etc), Hospitals all over Delhi actively participated in SLAC-2023-24.

Health camps

Health Talks

Oath Ceremonies

Munadi

Painting competitions

Quiz Competitions

Awareness at Schools

Community meetings

Nukkad Nattak

Pamphlets distribution in OPDs, public places like market places, railway stations, Industrial areas, ISBT & construction sites

Group discussions

Display of Banners: IEC Banner on Leprosy displayed at ARDHS Offices, DPMU Offices, DC Offices, Hospitals & health centers.

Video Spots: In OPDs, Camps, Railway Stations & ISBT

Training conducted in 2023-24:

S.No.	Category	In position	No. of personnel who are not provided any training for NLEP during last three years.	No. trained during 2023-24
1.	Medical Officer	592	99	493
2.	Health Supervisor	287	96	191
3.	Staff nurses	1470	336	1134
4	Pharmacists	531	281	250
5.	ASHA	5658	531	5127
6	Dresser	7		7

Leprosy Colony

- No. of leprosy colonies : **26(Including 20 small registered colonies under Tahirpur Complex)**
- No. of PAL residing and total no. of inhabitants : **1556/18750**
- No. of visits paid by Medical staff : **On regular basis.**

Supervision & Monitoring

- No. of Field Visits undertaken by State Leprosy Officer 2023-24 : **37**
- No. of Field Visits undertaken by State Leprosy Consultant in 2023-24 : **14**
- No. of Field Visits undertaken by NLEP consultant in 2023-24 : **0**
- No. of Review Meetings of District Leprosy Officers held in 2023-24 : **12**

Financial Status

Year	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Allocation	**280.71**	**226.16**	**278.93**	**223.84**	**239.73**	**417.13**
Release	**88.00**	**87.00**	**27.33**	**-**	**239.73**	**263.50**
Expenditure	**119.48**	**111.65**	**69.51**	**106.14**	**150.00**	**295.05**

Status of contractual staff at State, district and block level –

	HR category	Sanctioned	In Position	Shortfall
Contractual staff at State level	SLC	**1**	**0**	**1**
	BFO	**1**	**0**	**1**
	NMS	**1**	**1**	**0**
	Admin. Assistant	**1**	**1**	**0**
	DEO	**1**	**1**	**0**
	Driver	**1**	**0**	**1**
Contractual staff at District level	DLC	**2**	**0**	**2**
	Physiotherapists	**2**	**2**	**0**

	HR category	Sanctioned	In Position	Shortfall
	NMS	**11**	**7**	**4**
	LA	**10**	**10**	**0**
Contractual staff at Block level	Block PHC PMW	**6**	**4**	**2**
	Urban unit PMW	**0**	**0**	**0**

Details of Contractual Manpower hired at State level out of NLEP funds:

Sl. No.	Designation	Name	Contact No.
1	NMS	Sh. Dharamveer Verma	9910291284
2	Admin Asstt	Ms. Shalini Kumar	8527202223
3	DEO	Sh. Rajeev Kumar	9811131216

District-wise details of Contractual Man power hired at District level out of NLEP funds:

S No.	District	Designation	Name	Contact No.
1	East	Leprosy Assistant	Ms. Suman Lata	9654606565
2	Shahdara	Physiotherapist	Sh. Amod Kumar	9971285747
3		Leprosy Assistant	Ms. Renu Bala	9971332949
4	North East	Leprosy Assistant	Ms. Sonia Arora	8802406225
5	North	NMS	Sh. Krishan Kumar	9899929241
6		Leprosy Assistant	Sh. Rahul	9811130000
7	North West	NMS	Sh. Praveen Kumar	9711047471
8		Leprosy Assistant	Ms. Anjali Sharma	9891267968
9	West	NMS	Sh. Tejpal Singh	9968241429
10		Leprosy Assistant	Sh. Vijay Kumar	9910199439
11		Leprosy Assistant	Ms. Ritu	9990903732
12	South West	NMS	Sh. B. K. Jain	9968253742
13	South	NMS	Sh. Parshuram	9990387020
14		Physiotherapist	Sh. Ammu Susan	9868914234
15		Leprosy Assistant	Sh. Rakesh Kumar Yadav	9971583055
16		Leprosy Assistant	Sh. Vikash Lunia	9784946700
17	New Delhi	NMS	Sh. C.P.Kaushik	9560634648
18	Central	NMS	Sh. Vinod Kumar	9891341825
19		Leprosy Assistant	Sh. Harish Yadav	9871917958

District and Block-wise details of Contractual Manpower hired at Block level out of NLEP funds:

S.No.	District	Block	Designation	Name	Contact No.
1	Shahdara	NA	PMW	Sh. Naresh Kumar	8791772519
2	North East	NA	PMW	Sh. Ram Chander	9213345779
3	West	NA	PMW	Sh. Ashwani Kumar	9643441917
4	South East	NA	PMW	Sh. Anoop Kumar	9971536133

SUMMARY FINDINGS AND LEARNINGS FROM SPARSH LEPROSY AWARENESS CAMPAIGN, 2023:

This campaign has been useful in early diagnosis & treatment & reduction of social stigma**.**

- **Pledge Ceremony:** Pledge Ceremony for SPARSH Awareness Campaign was held at ***SLO Office Delhi*** on 31st January 2023. A Pledge ceremony has also been taken place in all, Offices of CDMO / DPMU Office Health Centers, hospitals, DM offices under all the 11 districts during Delhi on 30th January 2023.
- **Health talks** for staff/ patients/ visitors, group discussions & distribution of pamphlets/ literatures.

- Health Talks given by NMS & PMW in presence of CDMO/MO, MO/I'c in DGD's , Polyclinics, M&CW centers, Hospitals & Leprosy Colonies during Leprosy Fortnight.
- Pamphlet Distributed in general public during Leprosy Fortnight activities (School orientation at schools), munadi, HF's & Masjid in all the 11 Districts of Delhi.

Munadi: Munadi organized, covering areas with the aim to create awareness amongst the general public about Leprosy disease, its prevention and treatment.

Banners Displayed in DM office, CDMO office, DPMU Office, Hospitals & Leprosy Colonies of Delhi.
Leprosy Case Detection campaign: Rolled out in all 11 districts of Delhi.

New Initatives: Bal Jagrukta Abhiyaan, Sahayak Programme & Provision of Toll free number 1800112488

National Leprosy Eradication Programme, Delhi Team is working hard to achieve the goal of zero transmission by 2027.

Activities Under NLEP 2023-24

Awareness and Screening Camps in Leprosy Colonies 2023-24


Training of Special Education Teachers 2023-24

Awareness Activities Conducted by Special Education Teachers 2023-24


NLEP STAFF 2023-24

4.22. HEALTHMELA

The benefit and purpose of Govt. Schemes and Achievements falls short if it is not communicated properly to the intended beneficiaries which in this case is the population. Beneficial schemes will lie unutilised, the intent and work of the Govt. remains un-communicated and the population fails to realise the potential of health care system of the State in place. Therefore, propagation of the right, transparent information to the population is the key to successful Govt. Schemes. Also important health related messages are conveyed to

the population through IEC activities.

The Health Mela wing is one such branch of the DGHS, GNCT Delhi which deals with the above concern. Every year there is representation of the Health Department in key Govt. Fairs, expos and such for display of beneficial information. The perfect Health mela which was a regular activity was not organised by Heartcare Foundation of India since 2021-22.

During 2021-22, this directorate participated in an exhibition- Delhi Govt. Achievements & Schemes Expo that was organised w.e.f., 25th to 27th February 2022 at Pitampura Dili Haat, New Delhi. During 2022-23 health awareness campaign were carried out the community.
During 2023-24 community awareness was carried out for health awareness.

4.23. STATEAWARDSCHEME

State Awards to Service Doctors working in Delhi was first started in the year 1997-98. Under this scheme, 20 Service doctors from Allopathy, Homeopathy and Indian System of Medicine who are working under Govt. of NCT of Delhi for the last 15 years or more with excellent services to the people of Delhi are conferred with the State award, every year.

The purpose of state award is to motivate the medical and paramedical staff for better quality service to the population of Delhi. In the award function held on 29th August 2006, Hon'ble Chief Minister announced that this award should also be given to Paramedical staff. Each awardee is given a memento, Citation certificate and cash award.

The award seeks to recognize work of any distinction and is given for distinguished and exceptional achievements/service in all fields of activities/disciplines, such as Medicine, Social Work, medical research, Public health, etc. There ought to be an element of public service in the achievements of the person to be selected. It should not be merely excellence in a particular field but it should be excellence plus.
All Government Doctors and paramedical staff who fulfil the criteria without distinction of race, occupation, position or sex are eligible for these awards.

The award is normally not conferred to retired Doctors/Officials. However, in highly deserving cases, the Government could consider giving an award to Retired doctor/official if the retirement of the person proposed to be honoured has been recent, say within a period of one year preceding the Award function.

It was proposed that the award may be given to 20 Doctors and 31 Paramedical & Nursing staff during current Year. Hon'ble Chief Minister confers these awards to the meritorious candidates. At present each Doctor is given a cash award of Rs.100000/- and each Nurse/Paramedical staff is given Rs.50000/-.

The criteria of selection to the awards:

The criteria of selection to the award were as under:

1. Meritorious/extraordinary work in the field of healthcare/ health promotion/ social service/ health research/ public health.
2. 15 years or more regular service under GNCT Delhi, MCD or NDMC.
3. Vigilance Clearance and Annual confidential report/Work & Conduct report of the candidate.
4. Recommendations from Head of the department.
5. Representation to different institutions, weaker sections.
6. Representation to different streams like Allopathy, ISM&H, Local bodies (Municipal Corporations & NDMC).

The HODs/ Directors/ Medical Superintendents will invite application from deserving candidate working in their institutions and scrutinise them. The recommended applications of the most deserving candidate will be forwarded to Director General Health Services. The state award/search committee will decide the final list of candidates to be awarded.

The Approximate number of Awards:
The No. of Awards to be conferred to meritorious candidates is 51. The details are as follows:-

1. Doctors = 20
   A. Teaching= 5
   B. Non-teaching=3
   C. General cadre = 8
   D. MCD=1
   E. NDMC=1
   F. ISM&H=1
   G. Dental=1
2. Nurses – 11(Nurses, PHNs, ANMs)
3. Pharmacist/ Technician/ Supervisor /- 10
4. Peon /SCC/ NO/Drivers & other Staff - 10

The award /search committee on the advice of Government may relax the criteria of 15 years' experience in Delhi government to the extra ordinary deserving candidates.

Composition of Screening /Search Committee:
The Screening/search committee will consists of following members:

1. Principal Secretary Health and Family Welfare - Chairperson
2. Dean Maulana Azad Medical College - Member
3. Special Secretary Health (dealing paramedical Staff) -Member
4. Medical Superintendent of 500 or more bedded hospital - Member
5. Medical superintendent of 100-200 bedded hospital - Member
6. Chief Nursing Officer of LNH or GB Pant or GTB hospital - Member
7. Director General Health Services - Convenor

The number of awards conferred so far:

Year	No. of Doctors	No. of Paramedical staff
1997-98	20	
1999-00	19	
2000-01	20	
2001-02	19	
2002-03	25	
2003-04	15	
2004-05	20	
2007-08	19	50
2008-09	20	49

Year	No. of Doctors	No. of Paramedical staff
2009-10	22	49
2010-11	21	47
2011-12	20	50
2012-13	20	31
2013-14	20	31
2014-15	20	31
Total	**300**	**338**

The State Awards for the next years will be conferred shortly.
For nomination submission, complete applications duly screened and nominated by Directors/ HODs/ MSs along with vigilance clearance should reach to "The Director General Health Services, Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110032.

4.24. SILICOSISCONTROLPROGRAMME

Introduction:

Silicon Dioxide or Crystallized Silica causes fine levels of dust to be deposited in the lungs. The lungs react in several ways. They get inflamed, create lesions, and then form nodules and fibroids. There are no perceivable symptoms for a numbers of years. Silicosis is difficult to diagnose at its onset. Silicosis symptoms in varying degrees of severity begin to occur. Those affected may experience shortness of breath, fever, chest pain, exhaustion and dry cough. Since silicosis affects the lungs, it can also affect the vessels leading to the heart. So heart disease and enlargement are common. In the 1990s silicon dioxide was classified as a known carcinogen, and as such silica exposure is now linked to the development of lung cancer.

Additionally, those affected are advised to avoid exposures to smoking, any further silica and other lung irritants. Special filters for drilling equipment have been developed and dry mining is infrequent. Anything that can reduce the silica dust content in the air, particularly the use of water, is employed to make working conditions safer. Precautions developed because of the liabilities for employers, as well as the risk to workers silica exposure lawsuits abound.

Objectives:

1. Reduction of new cases of Silicosis in Delhi.
2. Capacity building of health care personnel
3. Strengthening of diagnostic facilities in health care institutions
4. Awareness generation in the community through IEC/BCC activities specially silicosis prone area.
5. Clinical care and rehabilitation of silicosis affected people in collaboration with social welfare and revenue department

Strategies:

1. Reduction of new cases of Silicosis in Delhi adopting engineering measures specially PPE and keeping fly dust wet.
2. Capacity building of health care personnel through trainings, seminars, workshop and advocacy meetings
3. Strengthening of diagnostic facilities in health care institutions
4. Awareness generation in the community through IEC/BCC activities specially silicosis prone area.
5. Clinical care of people affected with silicosis
6. Rehabilitation of silicosis affected people in collaboration with social welfare, revenue department and involvement of NGOs.

Govt. Effort for Silicosis Control in Lal Kuan Area: - Lal Kuan is a small urban village near the Mehrauli-Badarpur Road. It was an active mining and quarrying area with a large numbers of stone crushers that have helped in building of Delhi. All the crushing and mining operations came to a halt in 1992 by Supreme Court Order. This judgment, though reduced the pollution level of Delhi, its ambiguous position on the issue of occupational health hazards made the lives of the poor workers more vulnerable. When mining crushing activities were on, everything in Lal Kuan used to be covered by a thick layer of dust. Most of the victims are migrant workers. Both husband and wife are suffering from silicosis/others respiratory problems in majority of households.

Today, Lal Kuan is the home of former mine workers and stone crushers ailing from silicosis. PRASAR (An NGO) claims that at least 3, 000 residents have died in the last 15 years from silicosis tuberculosis and other breathing ailments in Lal Kuan area. Silicosis is a sensitive problem in poor population.

Rehabilitation: – Recently the draft Rehabilitation Policy for Silicosis patients was approved and is expected to be notified after approval of Cabinet. Compensation and rehabilitation support id given by revenue department, GNCT Delhi.

Awareness Activities: Directorate of health services has conducted outdoor awareness activities involving metro trains and metro railings keeping in view widely distributed construction workers engaged all over Delhi.

Rehabilitation Strategies of Heallth Department: A medical team consisting of occupational health experts' conducted clinical survey of the affected person in Lal Kuan area.

1. A multipurpose Community Health Centre (CHC) for the treatment of the occupational disease has been established at the Tajpur near Lal Kuan.

2. A PUHC opened at Lal Kuan to cater the needs of Lal Kuan people.
3. Next of kin of fifteen deceased person's due to silicosis have been compensated @Rs. Four lakh by revenue department.

4. CDMO South east is providing free medical treatment through PUHC, Lal kuan and MO I/c is coordinating for the referral for further management and diagnosis to National Institute of TB and Respiratory Diseases (NITRD), New Delhi through CATS Ambulance.
5. A Workshop on Silicosis was conducted for health care personnel of GNCTD in 2019-20. During 2022-23 could not be organised due to Covid 19.
6. A committee under the chairmanship of Dr J.K. Saini, (MD TB and Chest Disease, NITRD) was constituted for establishing the diagnosis of suspected Silicosis cases. An arrangement has been arrived at with Senior Chest Physician Dr. J. K. Saini of National Institute of Tuberculosis and Respiratory Disease for a special weekly OPD for Silicosis cases and suspected cases of Silicosis from Lal Kuan.
7. As majority of old and suspected silicosis patients reside in Lal Kuan, ASHA workers of Lal Kuan Dispensary under CDMO (South East) were sensitised regarding silicosis with reference to their occupational history and clinical symptoms so that they recognize these patients and bring them in silicosis OPD to ensure free treatment and rehabilitation. These link workers are continuously visiting the area where silicosis affected patients are residing.

8. Further all patients in this area are being screened under RNTCP Programme and provided free treatment at DOTS centre for tuberculosis.

9. Reporting of new cases of Silicosis from Hospitals and districts has been started for further follow up and treatment.

For further Information write/contact to:

Dr. K S Baghotia, Addl. Director (Silicosis), Govt. of NCT of Delhi, Directorate General of Health Services, Indira Gandhi Hospital, Dwarka, Email- ph3delhi@gmail.com

4.25. NATIONALPROGRAMFORHEALTHCAREOFTHEELDERLY

Report for the Period (Month-Year): Aprilto March: 2023-24

Sl. No	Budget	Total (Rupees in Lakh)
1	Fund Allocation	313.00
2	Fund Utilized till date	12.91
3	Balance Funds available as on date	300.09

01. Facilities Established & Procurement done:

Sl. No	Activities	Achieved
1	State NCD cell Established	Yes
2	Number of contractual staff recruited	Nil
3	Office logistics purchased	Nil

02. Infrastructure Established & Purchases undertaken:

Sl. No	Infrastructure	Delhi Govt. Hospitals	Delhi Govt. Dispensary (DGD/SPHC)	Polyclinic	Aam Aadmi Mohalla Clinic (AAMC)
1	Number of Institutes/Facilities in State	40	175	30	520
2	Number of Institutes Established OPD Clinics	19	175	30	520
3	Number of DHs have in-door wards	3	N/A	N/A	N/A
4	Number of Institutes have Physiotherapy Unit	15	No	No	No
5	Number of Institutes have lab Strengthened	40	175	30	520
6	Number of Institutes have Equip. & appliances	40	-	-	-
7	Number of Institutes have Drugs & Consumables	40	175	30	520
8	Number of Institutes have appointed Contractual staff	-	-	-	-

Sl. No.	Care Services Provided	Delhi Govt. Hospitals		Delhi Govt. Dispensary (DGD/SPHC)	Polyclinic	Aam Aadmi Mohalla Clinic (AAMC)	Total
		Sunday Clinic	Daily clinic				
1	Number of Elderly persons attended OPD	28895	244102	243163	34636	-	**550796**
2	Number of Cases admitted in wards	-	4294	-	-	-	**4294**

3	Number of Persons given rehabilitation services	-	24315	5900	1	-	**30216**
4	Number of Lab. tests performed on elderly	2159	65647	-	-	-	**67806**
5	Number of Elderly screened & provided health card	-	-	-	-	253149	**253149**
6	Number of Elderly persons provided home based care	-	-	9254	1881	871	**12006**
7	Number of Elderly provided supportive appliances	-	-	0	0	411	**411**
8	Number of Cases referred	-	964	876	144	5727	**7711**
9	Number of Cases died in hospital	-	-	-	-	-	**0**
							Total
							926389

4.26. NATIONALPROGRAMME FOR PREVENTION ANDCONTROL OF DEAFNESS (NPPCD)

National Programme of Prevention and control of Deafness, Delhi

As per NPPCD guidelines there are two important components of the National Programme for Prevention & Control of Deafness one is IEC and another is training.in Delhi NPPCD is being implemented in all 11 districts of Delhi. Population of Delhi is 21473745.

State Profile

- Area- 1484 Sq Km
- Total population- 2.14 crores
- No. of Districts - 11
- No. of Polyclinics- 25
- No of Aam Aadmi Mohalla Clinics – 542
- No of PUHC- 582 (including Delhi Govt, MCD, CGHS, ESI, NDMC Railway, Army Defence, Other)
- No of Hospitals – 54 (including Delhi Govt, MCD, Central and Autonomous)

Medical College - 10

Contractual manpower under NPPCD

Sl. No.		Sanctioned as per GOI Guidelines	Filled	Vacant
A	**State Cell:**			
1	**Consultant ENT**	**1**	**-**	**1**
2	**Program Assistant**	**1**	**-**	**1**
3	**Data Entry Operator**	**1**	**-**	**1**

Sl. No.		Sanctioned as per GOI Guidelines	Filled	Vacant
B	**At District level**			
4	**Audiologist**	**4**	**-**	**4**
5	**Audiometric Assistant**	**4**	**1**	**3**
6.	**Instructor for hearing impaired**	**4**	**-**	**4**

Reporting under NPPCD

Quarterly Report NPPCD programme for the 1st Quarter 2023-24 (April to June 2023)

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F	M	F		
Deafness	161	175	1014	1028	4484	5261	3039	3155	18317	18317
Mild	51	66	299	280	1806	2096	886	1003	6487	6487
Moderate	39	34	256	297	1315	1767	862	863	5433	5433
Severe	25	35	230	275	828	879	965	973	4210	4210
Profound	46	40	229	176	535	519	326	316	2187	2187
Normal Hearing	86	55	277	282	1088	962	470	487	3707	3707
Total	**247**	**230**	**1291**	**1310**	**5572**	**6223**	**3509**	**3642**	**22024**	**22024**

Number of surgeries performed:

Surgery	Male	Female	Total	Cumulative total
Myringoplasty	34	44	78	78
Tympanoplasty	239	447	686	686
Myringotomy	7	11	18	18
Grommet insertion	16	8	24	24
Stapedectomy	15	5	20	20
Mastoidectomy	156	124	280	280
Total	**467**	**639**	**1106**	**1106**

Referred for	Up to 14 years		15-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F		
Number of hearing aids fitted	133	108	166	191	239	217	1054	1054
No. of persons referred for rehabilitation	144	151	260	220	257	249	1281	1281

Quarterly Report NPPCD programme for the 2nd Quarter 2023-24(July to Sept. 23)

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F	M	F		
Deafness	63	60	629	628	2862	3243	2144	1996	11625	**29942**
Mild	12	10	175	197	1039	1241	461	470	3588	**10075**
Moderate	7	11	150	135	923	1125	736	660	3747	**9180**
Severe	15	11	140	137	525	519	649	600	2596	**6806**
Profound	29	28	164	159	375	358	298	266	1677	**3864**
Normal Hearing	53	45	245	212	871	790	234	188	2638	**6345**
Total	**116**	**105**	**874**	**840**	**3733**	**4033**	**2378**	**2184**	**14246**	**36270**

Number of surgeries performed:

Surgery	Male	Female	Total	Cumulative total
Myringoplasty	11	36	47	**125**
Tympanoplasty	166	277	710	**1396**
Myringotomy	4	11	15	**33**
Grommet insertion	10	12	22	**46**
Stapedectomy	13	17	30	**50**
Mastoidectomy	106	89	195	**475**
Total	**310**	**442**	**1019**	**2125**

Referred for	Up to 14 years		15-50 years		≥ 50 years	Total		Cumulative total
	M	F	M	F	M	F		
Number of hearing aids fitted	38	33	60	65	79	74	346	1400
No. of persons referred for rehabilitation	124	104	172	145	213	178	936	2217

Quarterly Report NPPCD programme for the 3rd Quarter 2023-24 (Oct. to Dec. 23)

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F	M	F		
Deafness	156	118	492	448	2299	2467	1675	1638	9293	40973
Mild	48	29	136	146	804	887	399	394	2843	13438
Moderate	44	33	155	141	755	919	568	570	3185	12844
Severe	38	32	128	101	480	447	526	485	2237	9619
Profound	26	24	73	60	260	214	182	189	1028	5072
Normal Hearing	89	84	203	228	1331	834	336	299	3404	9977
Total	**245**	**202**	**695**	**676**	**3630**	**3301**	**2011**	**1937**	**12697**	**50950**

Number of surgeries performed:

Surgery	Male	Female	Total	Cumulative total
Myringoplasty	59	59	113	253

Tympanoplasty	187	335	517	2013
Myringotomy	9	7	16	49
Grommet insertion	8	21	29	75
Stapedectomy	21	12	33	85
Mastoidectomy	100	110	210	712
Total	**384**	**544**	**918**	**3187**

Referred for	**Up to 14 years**		**15-50 years**		**≥ 50 years**	**Total**		**Cumulative total**
	M	**F**	**M**	**F**	**M**	**F**		
Number of hearing aids fitted	68	63	129	118	127	118	623	2184
No. of persons referred for rehabilitation	74	76	141	127	169	199	786	3288

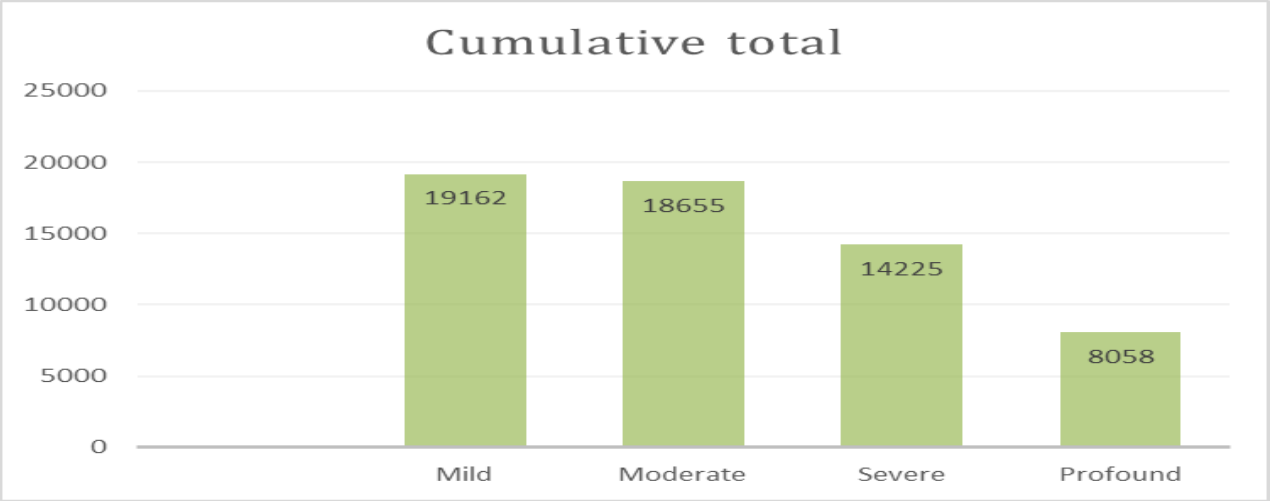
Quarterly Report NPPCD programme for the 4TH Quarter 2023-24 (January to March 2024)

Number of cases examined with	**0-5 years**		**6-15 years**		**16-50 years**		**≥ 50 years**		**Total**	**Cumulative total**
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**		
Deafness	603	565	1113	977	3573	3783	2665	2599	15878	60100
Mild	189	141	310	253	1250	1336	635	605	4719	19162
Moderate	124	140	295	276	1133	1247	861	783	4859	18655
Severe	147	139	244	219	706	718	815	840	3828	14225
Profound	143	145	264	229	484	482	354	371	2472	8058
Normal Hearing	88	64	284	170	1607	1268	258	268	4007	14368
Total	**691**	**629**	**1397**	**1147**	**5180**	**5051**	**2923**	**2867**	**19885**	**74468**

Number of surgeries performed:			
Surgery	**Male**	**Female**	**Total**	**Cumulative total**
Myringoplasty	87	102	189	451
Tympanoplasty	293	497	790	2544
Myringotomy	20	0	0	74
Grommet insertion	0	0	0	96
Stapedectomy	30	29	59	147
Mastoidectomy	191	172	363	1116
Total	**621**	**800**	**1401**	**4428**

Referred for	**Up to 14 years**	**15-50 years**	**≥ 50 years**	**Total**	**Cumulative total**

	M	F	M	F	M	F		
Number of hearing aids fitted	82	80	121	127	92	103	605	2812
No. of persons referred for rehabilitation	893	703	358	302	210	150	2616	6130



Trainings under NPPCD

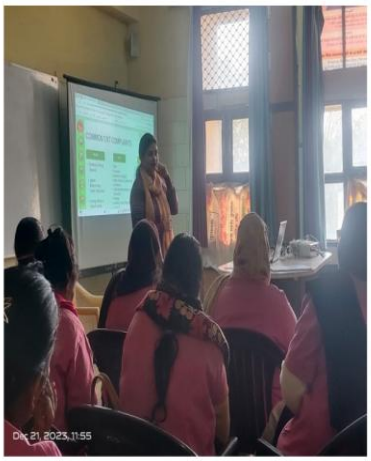
Training of two batches of DPOs and MOs on Community ear care Under-NPPCD was held -on 18th and 19th December 2023 in in Room no 356, 3rd Floor PSM Department, MAMC, Delhi.

Training of ANMs in New Delhi District

Training of ANMs in West District

Training of ASHAs on Deafness Awareness at South East District under NPPCD 2023-24

Training of ASHAs on Deafness Awareness at South District under NPPCD 2023-24



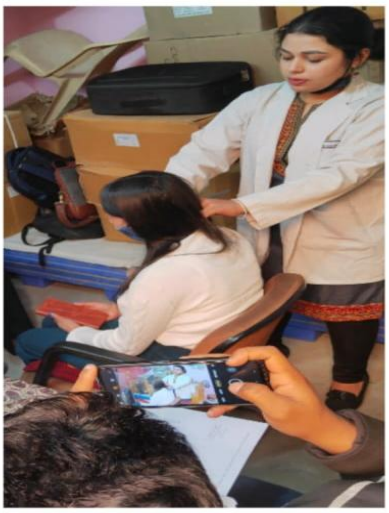
Training of ASHAs in Shahdara District at GTB Hospital


SEROUS OTITIS MED
WORLD HEARING DAY
UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI)
& GURU TEG BAHADUR HOSPITAL

IEC

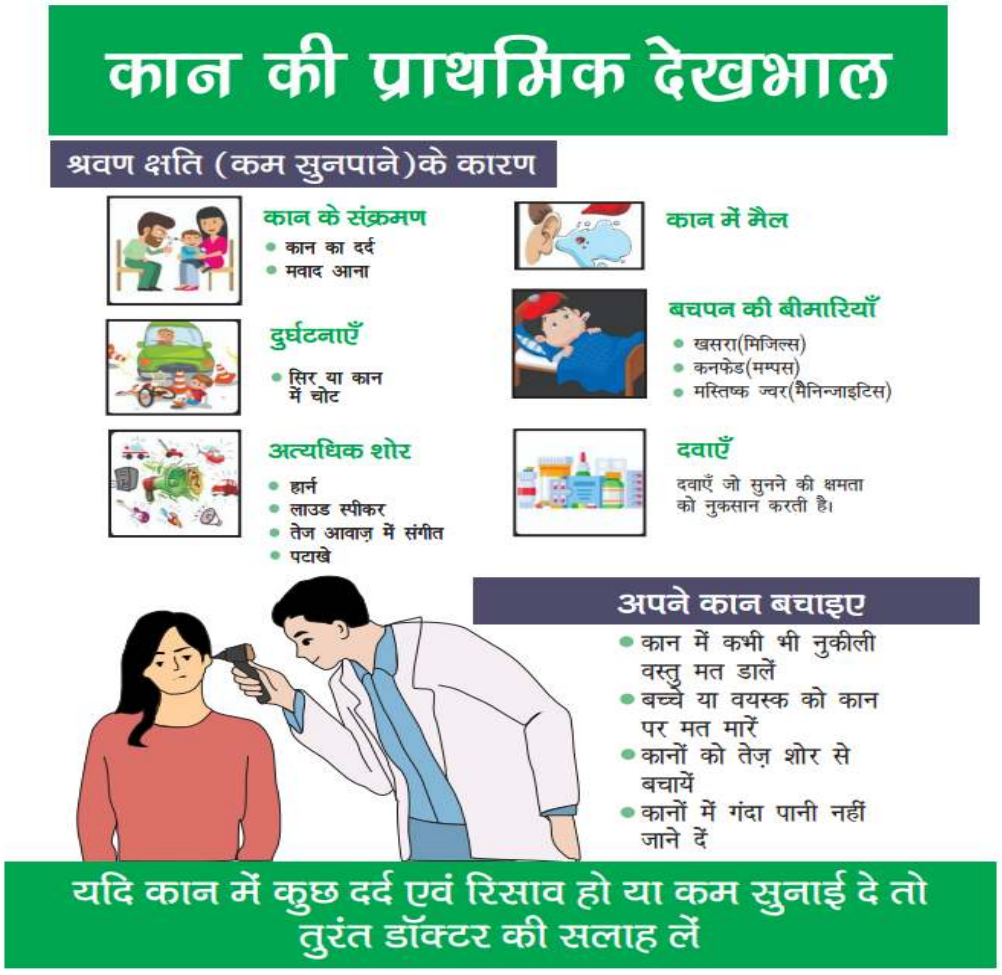
Poster competition in Shahdara District

Ear Screening Camp for Older Persons at SPUHC Nathupura on 8th March, on the occasion of World Hearing Day 2024




Health talk on
World hearing day
At mcw khyala
बहरेपन से बचें !
1 मार्च से 7 मार्च 2024
कानों को तेज़ शोर से बचाइए।
कान में कभी भी नुकीली वस्तु न डालें।
कान से मवाद आते रहने से, बहरापन हो सकता है।
कानों में गंदा पानी न जाने दें व
किसी प्रकार का तरल पदार्थ न डालें।
"यदि कान में कुछ रिसाव हो या कम सुनाई दे
तो तुरंत डॉक्टर की सलाह लें।"

FGD in West District



Expenditure under NPPCD in 2023-24

Sr	Budget Approved 2023-24	Expenditure	% Expenditure	Budget Approved 2024-25
1	40	14.86	41.6%	25.85

Plan for 2024-25

- Training of Medical officers on Common Disorders of Ear and hands on training on clinical examination of Ear.
- Training of ANMs on common ear problems, prevention of deafness and monitoring and usage of Hearing aids at community level.
- Training of ASHA workers on prevention and care of ear.

- ❖ Awareness cum screening camps at least five camps per district. Total sixty camps in Current Financial Year.
- ❖ School screening camps.
- ❖ Strengthening of Reporting at ASHA, ANM & PHC levels.

4.27. FLUOROSISMITIGATION PROGRAM

Fluorosis is a disease caused by excess intake of fluoride through drinking water/food products/emission over a long period. It affects multiple systems and results in three major manifestations:-

1. Dental Fluorosis
2. Skeletal Fluorosis
3. Non skeletal fluorosis

It is a public health problem as the late stages of Dental and Skeletal fluorosis have permanent and irreversible effects on the health and wellbeing of an individual and is detrimental to the growth, development and economy of the population.

There is no definitive cure for Fluorosis and treatment is usually by giving supplementary medicines. Deformity is corrected by surgery where possible and rehabilitation by physiotherapy. Prevention is the best way to tackle the problem.

The desirable limits of fluoride as per BIS standard should not exceed 1 ppm or 1 mgm per litre but because of its harmful effects it is best be kept as low as possible.

Fluorosis endemic area refers to a habitation/village/ town having fluoride level more than 1.5 ppm in drinking water. It is also possible that the drinking water fluoride may be safe with Fluoride <1.5 mg/l; but have all health complaints of Fluorosis. Fluoride entry to the body may be due to food / beverages / snacks / street food with Black Rock Salt consumption which has 157ppm Fluoride.
It affects men, women and children of all ages.

Symptoms of Fluorosis:-

a. Dental changes – chalky white tooth with mottled appearance
b. Pain & stiffness of major joints (not the joints in toes and fingers)
c. Deformities of lower limb in children.
d. Most importantly history of complaints – with focus on Non-skeletal Fluorosis

Diagnosis:-

Diagnosis of Fluorosis Cases
A diagnosis of Fluorosis is to be suspected if a person reports with the characteristic symptoms of Fluorosis from an endemic area.
Anysuspectedcase canbeconfirmedafter retrieval ofaclinical history, bythe followingtests

- Anysuspectedcasewith highlevel offluoridein urine(>1mg/L).
- Anysuspectedcasewithinterosseousmembranecalcificationintheforearm confirmed byX-rayRadiograph.
- Anysuspectedcase,ifkidneyailmentisprevailing,serum fluoride needto be tested,besidesurinefluoride.

The identified cases shall be confirmed by

i. physical examination i.e., dental changes, pain and stiffness of peripheral joints, skeletal deformities
ii. laboratory tests i.e. urine and drinking water analysis for fluoride level and where possible
iii. radiological examination i.e. X-ray of forearm, X-ray of most affected part

National Program for Prevention and Control of Fluorosis:

After a survey high levels of Fluoride were reported in 230 districts of 20 States of India. The population at risk as per population in habitations with high fluoride is 11.7 million as on 1.4.2014. Rajasthan, Gujarat and Andhra Pradesh are worst affected states. Punjab, Haryana, Madhya Pradesh and Maharashtra are moderately affected states while Tamil Nadu, West Bengal, Uttar Pradesh, Bihar and Assam are mildly affected states.

The Rajiv Gandhi National Drinking Water Mission worked for Fluorosis Control between the years 1987-1993.

In 2008–09, Ministry of Health and Family Welfare, Govt. of India launched a National Programme for Prevention and Control of Fluorosis.

In Delhi, the Fluorosis Mitigation Program works for the prevention and control of Fluorosis.

The Objectives of the Fluorosis Mitigation Program, Delhi are:

1. To collect and assess data of fluorosis cases and report onwards
2. Monitoring areas where there is a suspicion of fluorosis
3. Capacity building for prevention, diagnosis and management of fluorosis cases.

Strategy:

1. Capacity building (Human Resource) by training, manpower support,
2. Surveillance in the community especially in school children and coordinating for water surveys on suspicion
3. Management of fluorosis cases including treatment, surgery, rehabilitation by the means of early detection, health detection and creation of awareness and medical management.

ACTIVITIES PLANNED

- Awareness-cum-Training Programme for Medical Officers of PHC and District Hospitals about general symptoms of fluorosis and preventive management and also for paramedical workers, ICDS workers, PRI functionaries, teachers in the community.
- Community surveillance by organizing diagnostic health camps.
- Awareness of the public by IEC and other activities.

Role of NGOs

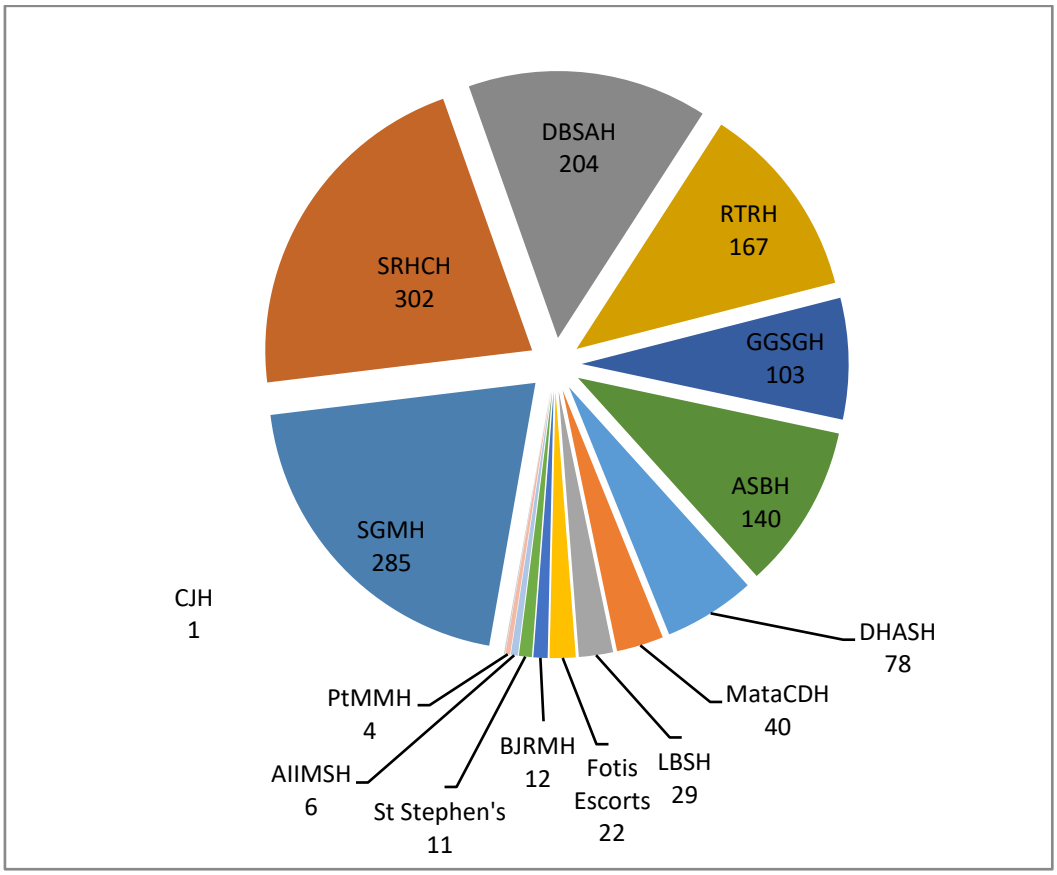
A collaboration of forces with a common goal is always considered more effective in achieving its objective and with more ease. Hence collaboration with NGOs dedicated to the cause of prevention of Fluorosis can never be ruled out. With a mutual understanding and clear definition of roles, a healthy partnership can be created.

Fluorosis Reporting and Status of Fluorosis in Delhi:

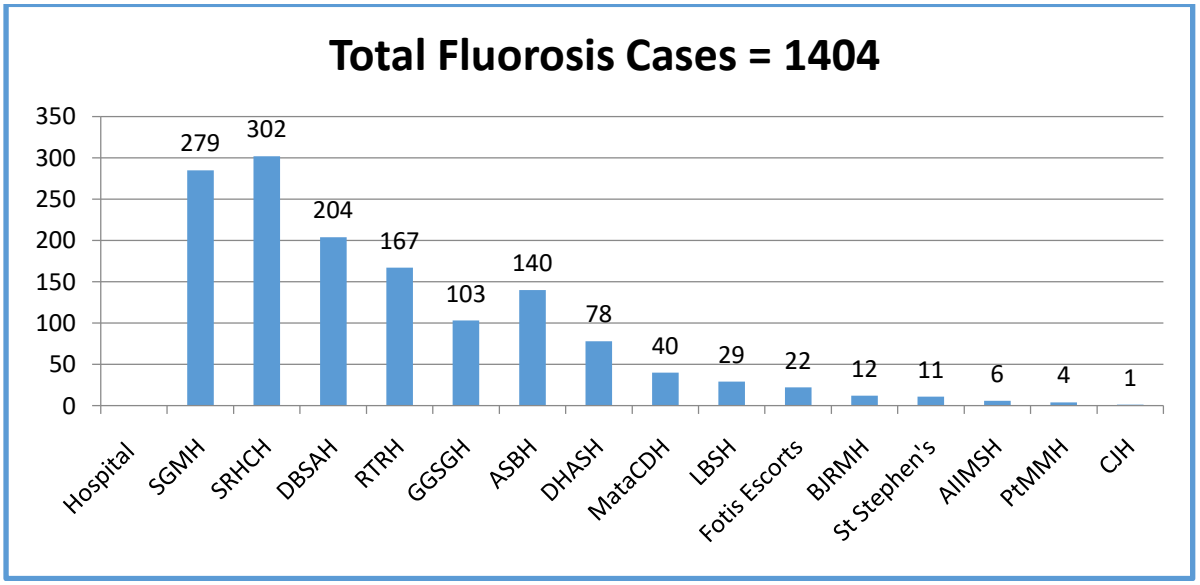
Data of new fluorosis cases from hospitals are collected and compiled for onward submission.

Fortunately, Delhi does not come under the designated endemic areas of Fluorosis. However, the data collected from Hospitals in last five years indicate that Northwest, North, South-West and West Districts are still reporting significant number of Dental Fluorosis cases.

PIE DIAGRAM OF CASES REPORTED IN FIVE YEARS: 1404



FIVE YEARS FLUOROSIS CASES IN DELHI



As far as individual hospital is concern, the hospitals like Sanjay Gandhi Memorial Hospital; Dr. Baba Saheb Amebdkar Hospital; Rao Tula Ram Memorial Hospital; Guru Gobind Singh Government Hospital and Acharya Shree Bhikshu Government Hospital have reported more than 100 cases in last five years.

During 2022-23, a state level workshop was organised at Indira Gandhi hospital, Dwarka, New Delhi.
During 2023-24 community awareness was carried out in different Hospital OPDs.
For further information/suggestions please write to:

Dr K S Baghotia, Additional Director/SPO Fluorosis, Indira Gandhi Hospital, Dwarka, New Delhi-110077, Email- ph3delhi@gmail.com

4.28. TOBACCOCONTROLPROGRAMME

National Tobacco Control Programme (NTCP)

In Delhi State, NTCP is being implemented in all 11 districts with functional District Tobacco Control Cells (DTCCs) for effective implementation and monitoring of tobacco control initiatives.
All Districts have a District Level Coordination Committee (DLCC) chaired by the respective District Magistrate and Enforcement Squads for monitoring compliance with tobacco control laws and periodic review the works of District Tobacco Control Cell.

Following are the Major activities carried out under NTCP Programme in Delhi:-

1. **Dry Day for Tobacco on last day of every month:**
   Government of Delhi is observing DRY DAY for TOBACCO on last day of every month. On this particular day we appeal to all Tobacco Vendors to not sell any Tobacco Products and also to Public to not consume any Tobacco Products on that day. This is on voluntary mode only. We publicized this concept to government / private offices/Departments. Apart from this, Intensive Awareness & Enforcement Drives are being conducted throughout Delhi on this day. Every month a different theme is used and particular population is targeted for awareness cum enforcement drive under various sections of COTPA, 2003. This year 10 DRY DAY for Tobacco were observed.

2. **Implementation of Tobacco Free Educational Institutions guidelines in schools and colleges:**
   Revised Tobacco Free Educational guidelines are being implemented in various schools of Delhi. Students are being sensitized regarding harmful effects of tobacco and tobacco industry manipulations to target young children. Teachers are being sensitized regarding revised TOFEI guidelines, Cigarettes and other tobacco products act 2003 and Prohibition of E-cigarettes Act, 2019.

Type of Educational Institution (EI)	No. of Educational Institution (EI) declared Tobacco Free
Govt./Public School	728
Private School	295
Colleges	17
Any other Educational Institutions	4
Total	**1044**

3. **Tobacco Free Youth Campaign:**
   The campaign was launched on 31st May 2023 for 60 days till 31st July 2023. All 11 districts conducted various activities as per the strategies laid down By NTCC, MoHFW during the campaign, complied report under each head is as follow:

TOBACCO KILLS – QUIT NOW / TOBACCO FREE DELHI / INDIA
To Quit Tobacco Gove call on 1800112356

LAST DAY OF EVERY MONTH IS DRY DAY FOR TOBACCO IN DELHI

A) IEC activities:

No. of Public Notice/ Print Media Done	No. of Rallies Done	No. of Street Plays/ Health Education Sessions/ Debates etc. Done	No. of Social Media Campaigns Done
24271	40	330	70

B) Tobacco Free Educational Institutions activities:

How many EIs were monitored for ToFEI compliance (as Campaign's agenda)	How many EIs were declared Tobacco Free (as Tobacco Free Youth Campaign's agenda)	Awareness activities conducted in EIs (in numbers)-No Tobacco Pledge	Awareness activities conducted in EIs (in numbers)-School rallies	Awareness activities conducted in EIs (in numbers) - Competitions such as debate, slogan writing, poster
362	204	371	90	815

C) Tobacco Free Village:

Number of special Gram Sabha meeting for sensitization of key stakeholders of the village i.e., Gram Panchayat members , NGOs, SHGs, youths, Farmers	Number of Awareness Campaigns such as miking, wall writing, Nukkad Natak, Baithak, etc. for galvanizing support for tobacco free village initiative
36	65

D) Challan Monitoring:

Section 4		Section 6(A)		Section 6(B)	
No. of challans	Amount Collected	No. of challans	Amount Collected	No. of Challans	Amount Collected
93	23250	41	14200	50	13400

4. World No Tobacco Day (WNTD 2023):

A Quiz Competition was held in the conference room of Directorate General of Health Services (DGHS), GNCTD. 10 Nominations per district were sought from each CDMO Office i.e. 5 ANMs and 5 Pharmacists for participation in Quiz Competition on 31st May 2023. 79 participants attended the Quiz Competition. In the beginning, A "Pledge taking Ceremony" was celebrated among the participants in the presence of SPO, NTCP to commemorate the "World NO Tobacco Day" 2023. All the participants were given a T-Shirt with logo of "Choose Life, Not Tobacco" as a token of participation. 18 winners were awarded with Lunch Boxes and 2 bonus question winners were given SS Water Bottles as prizes by worthy DGHS, GNCTD. Districts also observed WNTD 2023 fortnight & performed various activities.

5. District Level Coordination Committee (DLCC):

11 Districts have constituted District Level Coordination Committee and 13 meetings were held in year 2023-24.

6. **Awareness/ Sensitization Programmes (IEC):**

As per Tobacco free Delhi Initiative sensitization programmes held in Health, Education, Transport, Police, other Deptt. & communities.

- 924 IEC/Awareness activities were conducted by districts in which 51931 people participated.
- 1209 IEC activity/campaign were undertaken by Districts for awareness on harmful effects of electronic cigarettes/like devices and 56699 individuals participated.
- Many Govt. offices in various districts were provided Tobacco Free Zone Boards and No Smoking Signages
- IEC material in the form of banner, poster has been placed in all the dispensaries, hospitals& educational institutions etc.

7. Training Programmes/ Senstization Activities/ Health Talks:

- One state level review Meeting-Cum Workshop & One State Level Training of Medical Officers regarding "Counseling & Pharmacological Management in Tobacco Cessation" conducted during 2023-24.
- Districts conducted following trainings/ sensitization activities/ health talks:

Training Type	Number of trainings organized	Number of people attended
Advocacy workshop/ Orientation of Stakeholders	24	1544
Training of Trainers	21	832
Law enforcers	15	426
Others trainings	53	2629

8. Enforcement Activities:

- 11 Districts had constituted 17 Enforcement squads in F.Y.2023-24.
- In total, 249 enforcement visits were conducted by Enforcement squads across Delhi.

Section	Number of Challans	Amount collected as fine (in Rs.)
4	1485	139180
6(a)	219	44000
6(b)	604	127800
Total	**2308**	**310980**

TOBACCO KILLS – QUIT NOW / TOBACCO FREE DELHI / INDIA
To Quit Tobacco Gove call on 1800112356

9. Other Activities:

- On the basis of complaint receive, a shop named as "VAPE HOUSE" in Greater Kailash area was search by Police officials from P.S. C. R. Park. 39 no. of packets of E-Cigarettes were seized.
- 3 Satellite centres per district totaling to a no. of 33 satellite centres were setup in Delhi Govt. Dispensaries for counseling and referral of Tobacco addiction patients.
- 3964 persons received counseling at TCCs. 856 registered TB patients were referred to TCC for counseling after 'brief advice' at DOTS centre.

TOBACCO KILLS – QUIT NOW / TOBACCO FREE DELHI / INDIA
To Quit Tobacco Gove call on 1800112356

4.29. THALASSEMIACONTROLPROGRAMME

The Delhi State Blood Cell (DSBC) continues to be the principal authority for the population-based screening for hemoglobinopathies, promotion of voluntary blood donation, improvement of blood transfusion services under the aegis of the Delhi State Health Mission. In line with the objectives of the National Health Mission and the Delhi Government's vision for preventive health, DSBC has significantly expandeditscommunity-based activities during FY2023–24.

A. KEY ACTIVITIES AND OUTREACH CAMPAIGNS

Universities and educational institutions in Delhi held 15 outreach screening and awareness activities spread during FY 2023–24-25. These camps targeted hemoglobinopathy screening of young adults—a high-risk but mostly untested group—while also promoting awareness.

Date	Event Venue	No. Screened	Suspected	Carriers Identified
25.09.2023	Deshbandhu College, DU	97	2	2
03.11.2023	Acharya Narendra Dev College (ANDC), DU	161	5	2
09.02.2024	Shivaji College, DU	102	9	3
19.02.2024	NSUT	106	10	3
12.03.2024	Aryabhatta College, DU	106	7	0
14.03.2024	JIMS, Vasant Kunj	102	15	8
19.03.2024	Institute of Home Economics, DU	110	16	2

Total Screened: 784, **Total Suspected:64Confirmed Carriers Identified**: 20 (confirmed cases include Beta Thalassemia trait and other structural variants such as HbS, HbE, HbD)

B. DEPLOYMENT OF EQUIPMENT AND AUGMENTATION OF INFRASTRUCTURE

Marking a significant step in scaling diagnostics screening for inherited blood disorders, the Delhi State Blood Cell began buying two high-throughput capillary electrophoresis machines for hemoglobinopathy screening during FY 2023–24. The purchase was successfully completed under Purchase Order No. GEMC-51687742502645, dated 06 June 2023; installation and commissioning were completed by November 2023. So, the first batch of operational consumables was purchased on 28 November 2023, marking the beginning of consistent testing efforts**.**

Also purchased under Purchase Order No. GEMC-511587748901115, dated 30 January 2024, was a particular high-throughput equipment capable of analyzing up to 70 samples every hour, therefore satisfying the growing needs of newborn screening under Mission NEEV.

C. SCREENING IMPLEMENTATION OPERATIONAL USE AND CONSTRAINTS

Although high-throughput screening devices for hemoglobinopathies were effectively bought and implemented during FY 2023–24, the availability of operable consumables persisted to hinder productivity throughout the same fiscal period. Delayed acquisition caused prenatal screening consumables to arrive only in the last quarter of FY 2023–24, hence restricting the number of prenatal samples processed to roughly 1,500 for that year. Then, prompt access to these consumables let several GNCTD institutions begin routine prenatal hemoglobinopathy screening.

Similarly, the acquisition process for neonatal screening consumables was completed only by April 2024; full-scale operations then began. Cumulatively totaling 56,000 neonatal hemoglobinopathy tests, this produced 15,000 neonatal samples processed during FY 2023–24.

1. Project Report on Screening Of Antenatal HemoglobinopathyDuring The Financial Year 2023–2024

Major public health issue in India are hemoglobinopathies, including Beta Thalassemia and structural hemoglobin variations (HbE, HbS, HbD). Preventing the birth of afflicted children by means of prompt genetic counselling and prenatal therapies depends on early identification, especially during the antenatal period. The Delhi State Blood Cell (DSBC) started a thorough prenatal screening program across several healthcare sites during FY 2023–24 under the strategic direction of the National Health Mission and GNCT of Delhi.

The program was meant to:

(a) Include hemoglobinopathy testing in regular prenatal care, (b)Early in pregnancy, identify carrier

mothers, (c) Promote suitable partner cascade testing and counselling.

Under Purchase Order GEMC-51687742502645 dated 06 June 2023, two high-throughput Sebia Capillary Electrophoresis analyzers were procured; consumables were only made available by 28 November 2023. This caused operational screening to start late. Notwithstanding this, the initiative was efficiently implemented across certain GNCTD facilities, starting with a test phase and expanding in March 2024.

The data is from the initial rollout until the end of March 2024 is summarized below:

- **Total Antenatal Samples Processed**: 1,500+
- **Start Date of Full Operations**: Last week of March 2024
- **Total Positive Cases Identified till March 29, 2024**: 35
    - **Thalassemia Trait**: 21
    - **Hemoglobin E Trait**: 5
    - **Hemoglobin S Trait**: 3
    - **Hemoglobin D Trait**: 6
    - **Other Variants (HPFH/Delta-Beta/Alpha Chain variants)**: 0
- **Cumulative Positivity Rate till March 29, 2024**: ~7.5%

Subsequent screening from **30 March 2024 to 30 April 2024** yielded:

- **Additional Samples Processed**: ~1,000
- **New Positive Cases Identified**: 35
    - This includes various trait distributions with similar proportions.

3. Project Report on Antenatal Hemoglobinopathy Screening

For the Financial Year 2024–2025

Building on the groundwork set in FY 2023–24, the Delhi State Blood Cell (DSBC) greatly expanded the Antenatal Hemoglobinopathy Screening Initiative during FY 2024–25. Aiming at universalizing genetic screening for inherited blood disorders in pregnant women within public health facilities of GNCTD, the program sought to do this. This growth fit the national objective of eradicating Thalassemia major births by early detection and genetic counselling. Commissioned in FY 2023–24, the program ran on high-throughput capillary electrophoresis devices. Despite non-release of fresh funding for FY 2024–25, the carryover stock of reagents and consumables from the previous year permitted continuous screening activities, which hampered more procurement during the latter half of the fiscal year.

Screen pregnant women early for hemoglobinopathies.
Increase sample coverage to sub-district and district levels.
Find structural variant carriers and Beta Thalassemia for genetic counselling.
Help at-risk couples with partner testing and follow-up.

The data is from the ***Screening Output*** until the end of November 2024 is summarized below:

- **Total Antenatal Samples Screened**: **53,976**
- **Total Positive Cases Detected**: **2,303**
    - **Overall Positivity Rate**: ~4.27%

Hemoglobinopathy Trait	**Number of Cases**
Thalassemia Trait	1,387
Hemoglobin E Trait	233
Hemoglobin S Trait	179
Hemoglobin D Trait	276
Others (HPFH, Delta-Beta Thalassemia, Alpha Variant)	228

Trait-wise Distribution among Positives:

Total number of Couple Screened for Hemoglobinopathy FY 23-24-25	**4676**
Total number of Affected Individual (Thalassemia major) Screened FY 23-24-25	**125**
Total number of Couples Opted for Prenatal Testing FY 23-24-25	**45**
Number of Fetus Identified as Affected FY 23-24-25	**12**
Number of fetus Identified as Carrier/Trait FY 23-24-25	**33**
Number of Fetus identified as Normal FY 23-24-25	**10**

These results highlight the substantial burden of hemoglobinopathy traits in the antenatal population of Delhi and reaffirm the importance of universal screening.

Program Achievements

1. **Highest-ever volume of antenatal samples screened in a fiscal year** by DSBC.
2. Enabled **earlier risk identification** in pregnancies and promoted **reproductive counselling** at multiple hospitals.
3. Successful **operationalizations without fresh procurement**, reflecting optimal resource utilization and inter-facility coordination.
4. Streamlined **data entry and reporting system** established to track cumulative testing and positivity.

3. Project Report on Neonatal Hemoglobinopathy Screening

For FY 2023–24 and FY 2024–25

In children, hemoglobinopathies such Beta Thalassemia and structural hemoglobin variations (HbE, HbS, HbD) are major contributors to chronic morbidity, disability, and early death. Neonatal screening's early diagnosis enables prompt clinical action, family knowledge, and genetic counseling to prevent future impacted deliveries. The Delhi State Blood Cell (DSBC) put into operation an enhanced neonatal screening program for hemoglobinopathies under the Mission NEEV umbrella. Marking a public health milestone in congenital condition prevention, this program is among the first of its kind to be carried out across 56+ biring sites in the National Capital Territory (NCT) of Delhi.

Strategy for Implementation

Commissioned via Purchase Order GEMC-511587748901115, dated 30 January 2024, high-throughput capillary electrophoresis platform. By April 2024, reagents and consumables were provided, hence allowing complete implementation. Using dried blood spot (DBS) cards from infants throughout all major GNCTD delivering centres, neonatal blood samples were gathered. National standards guided the use of confirmatory testing procedures and systematic reporting formats.

Screening Output & Analysis

The data across two fiscal years is summarized as follows:

Financial Year	No. of Neonatal Samples Screened	Total Positive Cases	Breakdown of Presumptive Traits
FY 2023–24	15,000	176	- Presumptive Thalassemia Trait: 82 - HbE: 21 - HbS: 19 - HbD: 51 - Others: 3

Overall positivity rate: 1.9%

Presumptive Beta Thalassemia carriers accounted for **~80%** of total positive cases.
Structural variants including HbD, HbE, and HbS accounted for a significant minority.

4.30. PPPDIALYSIS

This branch is looking after dialysis services being provided on Public Private Partnership mode in GNCTD hospitals. The dialysis facility on PPP mode is being provided under the following Project and Program:-

I. PPP Dialysis Project, GNCT Delhi: The objective is to provide quality haemo-dialysis services at low price to the entire populace of Delhi and free of cost to poor & identified patients. Under this project, the Dialysis Centres are functioning in three Delhi Govt. Hospitals on PPP mode with following number of dialysis machines:-

1. Lok Nayak Hospital(LNH) – 10 machines
2. Rajiv Gandhi Super Speciality Hospital(RGSSH) – 30 machines
3. Dr. Hedgewar Arogya Sansthan(DHAS) – 20 machines

Note:- Haemodialysis services in LNH & RGSSH are suspended w.e.f 24/11/2021 and suspended in DHAS w.e.f 14/12/2023, the tender has been finalized and work award is to be given to the selected bidder soon.

Achievements under PPP Dialysis Project, GNCT Delhi (2023-24):

- Number of Paying patients who received dialysis = 18
- Number of dialysis sessions done for Paying patients = 243
- Number of patients Sponsored patients who received dialysis = 142
- Number of dialysis sessions done for Sponsored patients = 12539

II. Pradhan Mantri National Dialysis Programme: Under NHM, quality haemodialysis services are available free of cost for patients from below poverty line (BPL) and at low cost to the non-BPL patients. Under this programme, the Dialysis Centres are operational in Seven Delhi Govt. Hospitals on PPP mode with following number of dialysis machines:-

1. Deen Dayal Upadhyay Hospital – 05 machines
2. Maharishi Balmiki Hospital – 10 machines
3. Pt. Madan Mohan Malviya Hospital – 10 machines
4. Deep Chand Bandhu Hospital – 10 machines
5. Bhagwan Mahavir Hospital – 15 machines
6. Guru Govind Singh Hospital – 10 Machines
7. Indira Gandhi Hospital –10 Machines

Achievements under Pradhan Mantri National Dialysis Programme (2023-24):

- Number of Paying patients who received dialysis = 58
- Number of dialysis sessions done for Paying patients = 1411
- Number of Sponsored patients who received dialysis = 741
- Number of dialysis sessions done for Sponsored patients = 57907

4.31. PROJECTDIVISION

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme : **LAB FACILITY THROUGH PPP**
2. a)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only): **State Scheme**

b) Funding Pattern (For CSS only) : **NA** Central Share: State Share

3. Budget Head (s) (11 digit) (new head) : **221001200880013**

4. **Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	**0.2**	**0**	**NIL**	**NIL**
Capital	**NA**	**NA**	**NA**	**NA**
Loan	**NA**	**NA**	**NA**	**NA**
Total	**0.2**	**0**	**NIL**	**NIL**

For GIA Institutes-Grant released during 2024-25 (General, Salaries, Capital) and unspent balance on 1.4.2024 (General, Salary, capital)

5. (i) **Objective(s) of the Scheme (3 to 4 Lines):**
Main objective of the Scheme

(II) **Scheme Details: The scheme is now replaced by another model of outsourcing of laboratory service w.e.f. 01.02.2023; as extension counters of AAMCs. The expenditure will be made from the GIA allocated to the State AAMC Cell. Therefore, this allocated budget is under process for surrender along with closure of the Head of Account.**

a) **Revenue- Program/ Beneficiary oriented Welfare scheme etc. - Not applicable.**

Capital part- Not applicable.

Project Cost, Year of Commencement, target date of completion and Present Status of the Project –

b) **Year of Commencement : Not Applicable**
Target date of completion : Not Applicable
Present status of the Project: Not Applicable

Tender cost at present :**Not applicable.**

6. Physical Targets & achievements for BE (2023-24) - **Not applicable.**

7. Proposed Physical Targets for BE (2023-24) to be completed / achieved **Not Applicable**

8. Other details, if any

* **The scheme is now replaced by another model of outsourcing of laboratory services w.e.f. 01.02.2023; as extension counters of AAMCs. The expenditure will be made from the GIA allocated to the State AAMC Cell. Therefore, the allocated budget is under process for surrender along with closure of the head of account.**

Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution

1. Name of Scheme : **TELE - RADIOLOGY**

2. Type of Scheme
a) State/CSS Scheme (Concerned Ministry- For CSS only) : **State Scheme**

b) Funding Pattern (For CSS only) **NA** Central Share: State Share

3. Budget Head (s) (11 digit) (new head) : **221001200870013**

4. **Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	**0.05**	0.01	NIL	0.05
Capital	**NA**	NA	NA	NA
Loan	**NA**	NA	NA	NA
Total	**0.05**	**0.01**	**NIL**	**0.05**

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i)	**Objective(s) of the Scheme (3 to 4 Lines):** Main objective of the Scheme : **Improve access to radiological diagnostics (X-ray) in the community.**
(II)	**Scheme Details:** *** High End Radiological Diagnostics on Outsourcing model is being considered as against the feasibility study done for Tele-Radiology (X-Rays) only. Policy decision regarding proposed new model of outsourcing which would be more comprehensive & holistic is awaited.**
a)	**Policy decision in r/o Revenue- Program/ Beneficiary oriented Welfare scheme etc-**
b)	**Capital part-** Tender cost at present : Not applicable.
6.	Proposed Physical Targets for BE (2024-25) **Not applicable**
7.	Proposed Physical Targets for BE (2024-25) to be completed / achieved **Not Applicable**
8.	Other details, if any *** High End Radiological Diagnostics on Outsourcing model is being considered as against the feasibility study done for Tele-Radiology (X-Rays) only. Proposed new model of outsourcing which would be more comprehensive & holistic is awaited.**

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme : **OUTSOURCING OF JAN AUSHADHI GENERIC PHARMACY AT APOLLO HOSPITAL**
2. a)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only): **State Scheme**
b)	Funding Pattern (For CSS only) **NA** Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) **221001200850013**
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	0.01	0.01	NIL	0.01
Capital	NA	NA	NA	NA
Loan	NA	NA	NA	NA
Total	**0.01**	**0.01**	**NIL**	**0.01**

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i)	**Objective(s) of the Scheme (3 to 4 Lines):** Main objective of the Scheme • **Guidelines : As per EWS Scheme of Govt. of Delhi** • **Eligibility Criteria : As per EWS Scheme of Govt. of Delhi** • **Cost Of Scheme : Policy decision regarding the modality for Procurement/distribution of generic drug is yet to be finalized.** • **Major Components : Drugs, logistics and consumables to be made available to EWS patients, free of cost.** • **Date Of Approval If Approved : Not available.** • **Likely Cost : Policy decision regarding the modality for procurement/distribution of generic drug is yet to be finalized.** • **Proposed Date Of Commencement- If Yet To Be Approved.: Policy decision awaited.**
(II)	**Revenue- Program/ Beneficiary oriented Welfare scheme etc**- Guidelines, eligibility criteria, norms – Cost of Scheme, Major Components and date of approval if approved, Likely cost and

	proposed date of commencement- if yet to be approved. **Capital part-** a) Project Cost, Year of Commencement, target date of completion and Present Status of the Project - b) Tender cost at present
6.	Physical Targets & achievements for BE (2023-24): **Not applicable.**
7.	Proposed Physical Targets for BE (2024-25) to be completed / achieved: **Not applicable.**
8.	Other details, if any *Policy decision regarding the modality for procurement/distribution of generic drug is yet to be finalized.

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme : **FINANCIAL INCENTIVE TO GOOD SAMARITANS /BY STANDERS FOR OFFERING TRANSPORTING RTA VICTIMS TO HOSPITAL**
2. a) b)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only) **State Scheme** Funding Pattern (For CSS only) **NA** Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) : **221001200830040**
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	0.05	0.07	.035	0.3
Capital	**NA**	NA	NA	NA
Loan	**NA**	NA	NA	NA
Total	**0.05**	**0.07**	**347664**	**0.3**

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i) **Objective(s) of the Scheme (3 to 4 Lines):**
Main objective of the Scheme

(II) **Scheme Details:**

- **Guidelines : Financial Incentive of Rs. 2,000/- only per victim transported to hospital, along with a Certificate of Appreciation to Good Samaritans/By Standers, transferred through electronic mode.**

*** If more than one Good Samaritans/By standers transfers one RTA victims, the financial incentive is divided proportionately amongst the Good Samaritans/By standers.**

- **Eligibility Criteria : Any Good Samaritans/By Standers Irrespective of domicile or income criteria.**
- **Cost of Scheme : 50 lakhs**
- **Major Components : Financial incentive of Rs. 2000/- only and a Certificate of Appreciation.**
- **Date of Approval If Approved : Cabinet approval vide Cabinet Decision No: 2456 Dated 06.01.2017 (as a pilot w.e.f. April 2018). Thereafter, as a regular scheme vide Cabinet Decision No. 2752 dated: 03.10.2019.**
- **Likely cost : 50 lakhs**
- **Proposed Date Of Commencement- if yet to be approved. : Not applicable.**

Revenue- Program/ Beneficiary oriented Welfare scheme etc- Guidelines, eligibility criteria, norms – Cost of Scheme, Major Components and date of approval if approved, Likely cost and proposed date of

a)	commencement- if yet to be approved. **Capital part-** Project Cost, Year of Commencement, target date of completion and Present Status of the Project - **NA**
b)	Tender cost at present
6.	Physical Targets & achievements for BE (2023-24) **200 / 163 (upto 31.01.2024)**
7.	Proposed Physical Targets for BE (2024-25) to be completed / achieved **: 200**
8.	Other details, if any **e above Scheme was framed in compliance of Hon'ble Supreme Court direction/guidelines in the matter of WRIT PETITION -Civil no.235 OF 2012 (Save life Foundation & Anr. Vs. Union of India & Anr.).The above policy abides by all rules, regulations and conditions of the guidelines of Hon'ble Supreme Court of India regarding protection of Good Samaritan.** **<u>As per the Guidelines</u>:** ***"The identity of such Good Samaritan or bystander shall be taken for rewarding and identification purpose only and shall be kept confidential. No such information shall be shared anywhere without the consent of bearer".***

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme : **TRAINING OF AUTO DRIVERS ON ADULT FIRST AID**
2. a)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only)
b)	Funding Pattern (For CSS only) **NA** Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) : **221001200820009**
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	**0.05**	0.01	NIL	0.05
Capital	**NA**	NA	NIL	NA
Loan	**NA**	NA	NIL	NA
Total	**0.05**	**0.01**	**NIL**	**0.05**

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i) **Objective(s) of the Scheme (3 to 4 Lines):**
Main objective of the Scheme: Training of Auto Drivers on Adult First Aid to Hospital RTA Victims within golden hour to hospital for treatment.

(II) **Scheme Details:**

a) **Revenue- Program/ Beneficiary oriented Welfare scheme etc**- Guidelines, eligibility criteria, norms – Cost of Scheme, Major Components and date of approval if approved, Likely cost and proposed date of commencement- if yet to be approved.

- Guidelines :Prescribed Training Norms
- Eligibility Criteria : Any commercial auto driver.
- Cost of Scheme : 5 lakhs
- Major Components : Training of Auto rickshaw drivers in basic First Aid Care.
- Date Of Approval If Approved :NA
- Likely cost :5Lakhs
- Proposed date of commencement- if yet to be approved. :NA

b) **Capital part-**
Project Cost, Year of Commencement, target date of completion and Present Status of the Project -

- Project Cost : NA
- Year of Commencement : NA

	• target date of completion : NA • Present Status of the Project : **File seeking concurrence/approval of FD is awaited.** Tender cost at present
6.	Physical Targets & achievements for BE (2023-24) **: NIL**
7.	**Proposed Physical Targets for BE (2024-25) to be completed / achieved : 10 Batches of 25 Auto Drivers to be trained.**
8.	Other details, if any : **File seeking concurrence/approval of FD is awaited.**

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme: **TRAINING & EXCHANGE PROGRAMME (MANAGEMENT SKILLS & STAFF SKILLS)**
2. a) b)	Type of Scheme State/CSS Scheme (Concerned Ministry- For CSS only) **State Scheme** Funding Pattern (For CSS only) **NA** Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) **221006003890009**
4.	**Financial details :-** **(Rs. in Crore)**

Particulars	BE (2023-24)	RE (2023-24)	Exp. (2023-24)	BE (2024-25)
Revenue	0.7	0.01	Nil	5
Capital	**NA**	NA	NIL	
Loan	**NA**	NA	NIL	
Total	**0.7**	**0.01**	**NIL**	**5**

For GIA Institutes-Grant released during 2023-24(General, Salaries, Capital) and unspent balance on 1.4.2024(General, Salary, capital)

5. (i) **Objective(s) of the Scheme (3 to 4 Lines):**
Main objective of the Scheme

(II) **Scheme Details: Short Term Visiting Fellowship to Doctors and Nursing Staff in U.K. through the British Association of Physicians Origin (BAPIO).**

a)

Revenue- Program/ Beneficiary oriented Welfare scheme etc- Guidelines, eligibility criteria, norms – Cost of Scheme, Major Components and date of approval if approved, Likely cost and proposed date of commencement- if yet to be approved.

b)

- Guidelines : NA
- Eligibility Criteria : Regular employees (Doctors and Nursing Staff of GNCTD.
- Cost of Scheme : Expenditure details awaited from BAPIO
- Major Components : (i) Capacity building by BAPIO to develop select Delhi Govt. hospitals to institutions of repute/ Centres of excellence and training (ii) Short Term Visiting Fellowship for in-service employees (Doctor/Nursing Staff) of Department of H&FW
- Date Of Approval If Approved : Not available yet.
- Likely cost : Expenditure details
- proposed date of commencement- if yet to be approved. : Expenditure details awaited from BAPIO for seeking approval /Policy decision.

Capital part-

Project Cost, Year of Commencement, target date of completion and Present Status of the Project -

- Project Cost : **NA**
- Year of Commencement : **NA**

	• target date of completion : **NA** • Present Status of the Project : **NA** • Tender cost at present : Expenditure details awaited from BAPIO
6.	Physical Targets & achievements for BE (2023-24) **: NIL**
7.	Proposed Physical Targets for BE (2024-25) to be completed / achieved **: NIL**
8.	Other details, if any i. Capacity building by BAPIO to develop select Delhi Govt. hospitals to institutions of repute/ Centres of excellence and training ii. Short Term Visiting Fellowship for in-service employees (Doctors/Nursing Staff) of Department of H&FW Expenditure details awaited from the British Association of Physicians Origin (BAPIO).

4.32. COMPUTERIZATIONOFDHS(HQ)ANDSUBORDINATEOFFICES

A. Computerization of DHS (HQ) and subordinate offices

1. Computer Cell is involved in computerization of DGHS (HQ) and Subordinate Offices and carrying out the following for period 2023–2024.
2. It maintains the web server portal that supports various applications being used by various H&FW & Hospitals/DGHS (HQ) and its subordinate offices.
3. Computerization of Directorate General of Health Services HQ and subordinate office including procurement of Hardware, Network and Management, Up-gradation of DGHS Intranet S/w & E-office Management.
4. Condemnation of MFDs Machine/ Equipments.
5. It maintains the 25 MBPS Lease line and one 4 MBPS, DSWAN Lines to meet the Intranet and internet needs of DGHS (HQ).
6. Added Computers, Printers, MFDs & etc equipments in ACMC/AMC.
7. Strengthening of Computer Cell to implement the programs in DGHS (HQ) and subordinate office through creation of posts in view of increase of work and addition of more computers and others peripherals.
8. Procurement/ Renewal of AMC services of Existing computer Hardware and Peripherals.
9. Up–gradation of DHS intranet software application.

B. Performance of the Computer Cell in 2023–24 is as below:

1. Computer cell also provided IT support and for various Branches of DGHS and Subordinate Offices.
2. Requests from Depts. under H&FW for Uploading Information: Around 1000+
3. New Web panels/ Link Creation for various Health Deptt./Hospitals/ DGHS (HQ) and its subordinate offices : 18
4. Modification done on existing web pages for various Health Institutions/ DGHS (HQ) and its subordinate offices : 35
5. Creation of GeM account role as Buyer/Consignee/ PAO/ Indented Buyer/ Technical Buyer : 200+

C. E-office Implementation in DGHS (HQ) and Subordinate Offices.

1. E-office implementation in support of all officials/ officers of DGHS (HQ) and its subordinate offices
2. Creation of EMD (Employee Master Database) of all officials/ officers of DGHS (HQ) and its subordinate offices
3. Creation and re-generate Gov Email ID of all officials/ officers of DGHS (HQ) and its subordinate offices.
4. NIC E-mail Creation for DGHS (HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Heath Schemes and School Health Schemes.
5. VPN Creation and configuration for DGHS (HQ) with its various Subordinate offices including various districts health administrations like Mobile Heath Schemes and School Health Schemes.
6. Remote & Telephonic Support for E-office DGHS (HQ) & Hospitals with its various Subordinate Offices

including various Districts Health Administrations like Mobile Heath Schemes and School Health Schemes.

D. Procurement of computers & peripherals for DGHS (HQ) & Subordinate Offices.

1. Printer : Twenty Seven (27)
2. MFD : One (01)

4.33. STATEHEALTH INTELLIGENCE BUREAU(SHIB)

The State Health Intelligence Bureau branch was established in the Directorate General of Health Services in 1989 under Plan Scheme.

Functioning/Achievements:

1. Collection & compilation of Morbidity & Mortality Report (ICD-10).
2. Online monitoring of compiled monthly data of communicable & non- communicable diseases entered by all eleven CDMO Districts on monthly basis which they collected from hospitals / health institutions under their area of jurisdiction of Delhi and compiled reports submitted online on CBHI portal.
3. Collection and compilation of monthly mother lab report, collection &
4. Compilation of status report of health institutions of Delhi on server of DGHS (server not functioning so data is maintained in excel).
5. Annual report for the year 2021-22 has been uploaded on the website of DGHS (HQ) under H&FW Deptt.
6. Data collection and compilation of health related data as and when required.
7. Updation of the Citizen Charter of DGHS.
8. Collection and compilation of health related data from various health agencies required for preparation of reports which is further submitted to Delhi govt. Department and central Govt Department.
9. Compilation of reply material of Delhi Assembly/ Parliament Questions and submitted to the Secretary Health & Family Welfare GNCT of Delhi and concerned Department/ Ministries.

4.33.1. ICD-10 / Morbidity report Delhi-2023

Updated report is available on the DGHS Website.

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

4.33.2. Communicable-Diseases report Delhi2023.

Updated report is available on the DGHS Website.

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

4.33.3. Non-Communicable-Diseases report Delhi 2023

Updated report is available on the DGHS Website.

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

(Sourceofinformation: Elevenhealth districts/Nodal OfficersinCDMOs).

Note:TheaboveNon-CommunicableDiseaseReports,reportedbyNodalofficersinCDMOs/HealthDistrictsinGNCTofDelhi,basedonthediagnosismadebythetreatingDoctors.
Inadvertenterrorsduringthedataentryprocess/codingmaybetheredespitebestefforts.NodalOfficersinCDMOofficesaswellasSHIBarenottheprimaryholderofthedata.Theyonlyreceivedandcompileddataduringtheperiod Jan'23to Dec'23).

4.34. ADMINISTRATIVE BRANCH

Functions: The Administration branch deals with all the matters related to administrative work and decision taken thereof i.e. transfer/posting of staff posted by Department, GNCTD, transfer/posting of ex-cadre staff of Directorate General of Health Services, fixation of pay and release of pay and allowances, granting pensionary and death benefits, processing cases for reimbursement of Medical Bills, preparation, Maintaining of personal files, Service Books, Leave Account in r/o employees/Pensioners who are drawing salary/pension from DGHS (HQ). Also deals with the matters of granting of MACP and promotion to officers/officials of the department.

Objective (s): The Admn. Branch cater the needs and look after the administrative and establishment matter of all the Group A & B (Gazetted) (Cadre & Ex-Cadre) Officers and Group- C (Cadre & Ex-Cadre) Officials working on strength of Directorate General of Health Services. It aims for timely disposal of all the Daks, MACP cases, administrative grievances and other related service matters.

Physical Targets & achievements (2023-24):

i. Cases of Compassionate ground received in r/o eligible officials have been timely done.
ii. Medical claims of officers/officials are being disposed timely.
iii. MACP cases which are complete in all aspects received from subordinate offices of DGHS have been done.
iv. For smooth functioning of granting MACP to entitled officials/officers, order has been issued from this Directorate regarding instruction relating to 'Time-Frame' for timely submission of MACP cases by all concerned HOOs.
v. Compilations of data in r/o officials/officers working in this Directorate and its subordinate offices.
vi. Matters related to RTI, PGMS, L.G. Listening etc has been dealt timely.
vii. Work related to e-Sparrow, APAR in r/o officers/officials has been dealt timely.
viii. All service matters related to Admn. Branch has been processed timely.

Proposed Physical Targets (2024-25):

i. To process all the pending applications viz. Medical claims, Tuition Fee Reimbursement, LTC Bill etc. and other matter related to establishment in r/o officials/officers of DGHS.
ii. To ensure smooth functioning of e-Office, e-HRMS 2.0, e-Bhavishya.

CHAPTER5

5. NATIONALHEALTHPROGRAMS

5.1. DELHISTATEHEALTHMISSION (DSHM)

Delhi has one of the best health infrastructures in India, which is providingprimary, secondary & tertiary care. Delhi offers most sophisticated & state of theart technology for treatment and people from across the states pour in to getqualitytreatment.Inspiteofthis,therearecertainconstraints&challengesfaced by the state. There is inequitable distribution of health facilities as a resultsome areas are underserved & some are un-served. Thereby, Delhi Govt. ismakingeffortstoexpandthenetworkofhealthdeliverybyopeningSeedPUHCs in un-served areas & enforcing structural reforms in the health deliverysystem.

Delhi State Health Mission implements the following National Health Programs:-

1. **Reproductive, Maternal, Newborn, Child and Adolescent Health:-**
    - RMNCH + A
    - Mission Flexipool
    - Immunization
    - Iodine Deficiency Disorder (NIDDCP)

2. **National Urban Health Mission (NUHM):-**
    - Structural strengthening
    - Human Resource gap filling and management structures
    - EngagingwithCommunitiesthroughASHA/RogiKalyanSamitis Mahilla Arogya Samitis)
    - HMIS and IT initiatives
    - National Quality Assurance Program

3. **Communicable Disease Program:-**
    - Integrated Disease Surveillance Project (IDSP)
    - National Leprosy Eradication Program (NLEP)
    - National Vector Borne Disease Control Program (NVBDCP)
    - National Tuberculosis Elimination Program (NTEP)
    - National Viral Hepatitis Control Program (NVHCP)
    - National Rabies Control Program (NRCP)

4. **Non-Communicable Disease Program:-**
    - National Program for Prevention and Control of Cancer, Diabetes,
    - Cardiovascular Diseases and Stoke (NPCDCS)
    - National Program for Control of Blindness (NPCB)
    - National Mental Health Program (NMHP)
    - National Program for Health Care of the Elderly (NPHCE)
    - National Program for Prevention and Control of Deafness (NPCCD)
    - National Tobacco Control Program (NTCP)
    - National Oral Health Program (NOHP)
    - National Program for Palliative Care (NPPC)
    - Pradhan Mantri National Dialysis Program (PMNDP)
    - National Program on Climate Change & Human Health (NPCCHH)

State Program Management Unit and 11 District Program Management Units implement these programs as

per approval of the State Program Implementation Plan received from Govt. of India.

Some key achievements:

a) **Coverage of un-served / underserved areas:**Almost all the un-served /underserved areas have been identified across the State. 60 Seed PrimaryUrban health Centres (PUHCs) have been set up under this initiative.

b) **MobileDentalClinics:**Operationalizationof2MobileDentalClinics&4Mobile Dental Vans is being done by Maulana Azad Institute of DentalSciences (MAIDS) with support of Delhi State Health Mission.

c) **Operationalization of Ambulances:** Centralized Accident Trauma Services isbeingsupportedforoperationalizationof220basiclifesupportambulance/ PatientTransportAmbulancesprocuredthroughDSHMasperNHM norms.

d) **Health Management Information System (HMIS):**Dedicated web portal forcapturing all Public health / indicator based information from the end source andgenerate reports /trends to assist in planning and monitoring activities. Datagenerated at facility level is captured on this web based portal on monthly basis.At present, the Delhi Government, MCD, CGHS & ESI, NDMC, Autonomous,NGO & other health facilities (dispensaries & hospitals) are reporting on HMISon monthly basis. In addition some private hospitals and nursing homes are alsoreporting on HMIS Portal. Theperformance of health careservicesis beingutilized by various departments of State andGOIformonitoringandplanninghealthpoliciesand strategies.

e) **Community Processes:**

ASHA: The health care delivery system is linked to the community with the helpof Accredited Social Health Activists (ASHAs). These are motivated womenvolunteerswhoareselectedasperdefinedguidelinesinadecentralizedmanner. One ASHA is selected for every 2000 population (400households).AtpresentStatehas**6363ASHAs**inplacedistributedacrossthe elevendistrictsinthevulnerableareas(Slums,JJClusters,unauthorizedcolonies and resettlement colonies).

These ASHAs have been trained in knowledge and skills required for mobilizingand facilitating the community members to avail health care services. They alsoprovide the home based care for mothers, newborns and young children. They identify and help thesick individuals for prompt access of the available health services. They alsohelp in field level implementation of National Health Programs, facilitate checkupof senior citizens and NCDs. These ASHAs are paid incentives as per their monthly performance.They are monitored and paid with the help of a web based IT Platform createdbytheState.DelhiisthefirstStatewhichhadoperationlisedsuchacomprehensive IT Platform for ASHA Scheme.Their contribution has helped inbettermentofhealthindicators,especiallythematernalandfamilyplanningindicators. Also the activities like HBYC, cataract surgeries have also picked up.

In order to ensure quality service given by ASHAs to the potential beneficiaries, they are undergoing an accreditationprocessthroughwrittenexamsbeingconductedbyNIOSastheguidelines of Government of India. At present, total **3644** ASHAs have also been successfully certified in the same.

f) **Implementation of National Quality Assurance program in all health Facilities:**

Under DSHM, hospitals and PUHCs are provided funds to fill up gaps identified in the process of quality assurance. The process of assessment of compliance with the National Quality Assurance standards is being undertaken for identified hospitals. Eight (8) hospitals have achieved National level NQAS and LaQshya certified. Out of Eight (8) Six (6) are National Level MusQan certified. Eight (8) PUHCs are National level NQAS certified. Three (3) DH, Seventeen (17) PUHCs are State Certified and are being taken up for

National Level Assessment under NQAS shortly. Three (3) DH and Thirty Three (33) PUHCs will be going State Certification.

Kayakalp program, a subset of NQAS under the Swatch Bharat Mission is being implemented in all GNCTD and MCD hospitals and PUHCs and MCW centers. Under the program, best performing health facilities are recognized and given monitory incentives. This has improved the level of cleanliness, infection control practices, hygiene and the patient experience.

Kayakalp Assessment (Internal/Peer and External Assessment) for the year 2024-25 has been completed in all hospitals and primary healthcare facilities. In 2024-25, out of 43 hospitals 32 hospitals have scored more than 70% in the Kayakalp External Assessment. Total 415 PUHCs (GNCTD and MCD) had been assessed out of which 118 PUHCs have scored more than 70% in external assessment under Kayakalp programme.

5.2. INTEGRATEDDISEASESURVEILLANCEPROJECT(IDSP)

Introduction

Public Health Wing IV branch deals with the interventions for containment of Vector Borne Diseases, Water Borne Disease, COVID-19 and other emerging and re-emerging communicable diseases of public Health Importance. Following National programmes are being implemented through Public Health Wing-IV:

1. Integrated Disease Surveillance Program (IDSP)
2. National Vector Borne Disease Control Program (NVBDCP)
3. National Rabies Control Programme (NRCP)
4. National Viral Hepatitis Control Programme (NVHCP)
5. Prevention and Control of Zoonotic Diseases

Details of activities being undertaken under various National Health Programmes under Public Health Wing-IV

1. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (NVBDCP)

- The National Vector Borne Disease Control Programme (NVBDCP) is a programme for prevention and control of six vector borne diseases (VBDs) namely: Dengue, Malaria, Chikungunya, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis
- Lymphatic Filariasis, Kala-azar, and Japanese Encephalitis are not endemic in Delhi
- Three Local Bodies – Municipal Corporations of Delhi, New Delhi Municipal Council and Delhi Cantonment Board –are the implementing agencies for prevention and control of VBDs in NCT of Delhi.
- 35 Sentinel Surveillance Hospitals for Dengue and Chikungunya and 2 Apex referral Laboratories at AIIMS and NCDC
- One Reference lab is functional at Maulana Azad Medical College for malaria
- Other stakeholder departments are - Govt/ Pvt Hospitals, Laboratories conducting tests for VBDs, Dispensaries, health centres, Department of education, PWD, DMRC, DDA, Railways, Delhi Police, Transport department, Govt and Pvt offices etc.
- **Dengue, Malaria, Chikungunya and other vector borne disease** have been made notifiable through gazette notification in GNCT of Delhi in October 2021, therefore reporting is mandatory by all hospitals/ labs etc.
- For achieving malaria elimination, one of the most important requirements is to enhance malaria surveillance so as to detect all malaria cases & deaths; along with its distribution according to various variables such as time, place and person.

- For the prevention and Control of vector borne diseases, community awareness and community participation is the key. General Public need to be made aware of the small steps which could be taken by them to prevent mosquito breeding and thus to prevent spread of disease.
- ***A 24X7 control room is functional at DGHS, GNCTD Headquarters with helpline numbers – 01122307145, 01122300012.***

Actions taken for prevention and control of vector borne diseases in Delhi (2023), NVBDCP.

- The National Vector Borne Disease Control Programme (NVBDCP) mainly focusses on three diseases, namely Dengue, Malaria, Chikungunya, in Delhi. Dengue is of major public health concern as the onset of monsoon in Delhi is an important factor creating mosquitogenic conditions. Usually, July to November is the period of high transmission for VBDs.
- As per the reports of AIIMS and NCDC (both are apex referral labs for Dengue & chikungunya) DEN – 1, 2 & 4 serotypes are in circulation during 2023 in Delhi.
- **District Vector Borne Disease Officers** are designated in all 11 districts for monitoring, Supervision and coordination with stakeholders with reference to various activities undertaken for containment of VBDs in Delhi.

A. <u>Reporting of Dengue & other VBDs:</u>

- Dengue and other Vector borne diseases were made notifiable through Gazette and now it is mandatory for every hospital/lab to report each confirmed case of Dengue and other VBDs. Before the gazette notification only Sentinel Surveillance Hospitals (35 in numbers) and few private hospitals were reporting VBD cases. MCD is the Nodal agency for the reporting of VBD cases and they release a report on weekly basis after conducting epidemiological investigation for each reported VBD case.
- Currently, reporting of VBD is being done on the IHIP Portal which has almost 1000 reporting units. This portal has been implemented during 2022 and initially reporting units were less. With the passage of time, the reporting mechanism for VBDs has been strengthened resulting in better reporting from more number of units, thereby also increasing the number of reported cases in Delhi.
- Daily monitoring of cases being reported on IHIP is being done. Cases with incomplete addresses are being communicated back to the concerned hospitals.

B. <u>Various Meetings held:</u>

Various meetings were held under the Chairpersonship of Hon'ble Chief Minister, GNCTD; Hon'ble Minister (Health), GNCTD; Secretary (Health), GNCTD; DGHS, GNCTD; and others to review the status & preparedness for Dengue and other VBDs in Delhi.

a) Meeting of stakeholder Departments in NCT of Delhi to review the status and preparedness for Dengue was held on 31.05.2023 under the Chairmanship of Secretary (H&FW), following departments participated in the meeting:

- All local bodies (MCD, NDMC, Delhi Cantonment Board).
- Education Department, GNCTD
- Delhi Metro Rail Corporation (DMRC)
- PWD, CPWD
- Delhi Development Authority
- Delhi Jal Board
- Delhi Police
- Transport Department
- Irrigation and Flood Control Department
- Major Delhi Govt. Hospitals (LNH, GTBH, DDUH, BSAH)

All the above mentioned stakeholder departments were informed about their roles and responsibilities with reference to prevention & control of VBDs.

b) Meeting of stakeholder Departments in NCT of Delhi to review the preparedness to tackle Vector Borne Diseases including Dengue during the Monsoon Season was held on 11.07.2023 at 04:30 PM

under the Chairpersonship of Hon'ble Minister (Health), GNCTD at Conference Room No-3, Second Floor, Delhi Secretariat, I.P Estate, Delhi.

c) Meeting under the Chairpersonship of DGHS with CDMOs through VC on 25.07.2023 to review the Actions taken by Districts.

d) Meeting of all stakeholder Departments in NCT of Delhi to review the preparedness for prevention and management of Dengue and other Vector Borne Diseases was held on 28.07.2023 at 12:00 Noon under the Chairpersonship of Hon'ble Chief Minister, GNCTD at Conference Room-II, 2nd Level, Delhi Secretariat, New Delhi- 110002. Hon'ble Minister (Health) and Hon'ble Mayor (MCD) were also present.

e) Meeting of all Delhi Govt. Hospitals through VC to review the preparedness for Dengue was held on 28.07.2023 under the chairmanship of Secretary Health, GNCTD.

f) A meeting of Medical Directors/ Medical Superintendents of all Public Sector Hospitals in NCT of Delhi to review the preparedness for prevention and management of Dengue and other Vector Borne Diseases (VBDs) was held on 01.08.2023 at 04:30 PM under the Chairpersonship of Hon'ble Minister (Health), GNCTD at Conference Room no – 3, Second Floor, Delhi Secretariat, New Delhi - 110002 Delhi.

g) A Meeting to review the preparedness to tackle Vector Borne Diseases including Dengue during the Monsoon Season was held on 10.08.2023 at 04:00 PM under the Chairpersonship of Hon'ble Minister (Health), GNCTD.

h) A Meeting to review the preparedness to tackle Vector Borne Diseases including Dengue during the Monsoon Season was held on 15.09.2023 at 12:30 PM under the Chairpersonship of Hon'ble Minister (Health), GNCTD.

i) Status of Dengue preparedness is being continuously monitored by MoHFW, GoI also through various meetings under Chairpersonships of Hon'ble MoH, Joint Secretary, Additional Secretary, DGHS, Addl. DGHS, Director (NCVBDC) and Nodal Officer for Dengue (NCVBDC).

C. <u>Various advisories issued:</u>

Multiple advisories have been issued to following stakeholder departments:

1. District Commissioners of all 11 districts
2. All local bodies (MCD, NDMC, Delhi Cantonment Board).
3. Education Department, GNCTD
4. Delhi Metro Rail Corporation (DMRC)
5. PWD, CPWD
6. Delhi Development Authority
7. Delhi Jal Board
8. Delhi Police
9. Transport Department
10. Irrigation and Flood Control Department
11. Sport complexes
12. Various Delhi and Central Govt. Universities
13. Northern Railways
14. For better clinical management, treatment guidelines for Dengue have been shared with all SSHs, CDMOs and District VBD officers. Directions have been given to all the Govt. & Private hospitals for ensuring mosquito free campuses, as hospitals are zero tolerance zone for mosquitoes; and for accurate and timely reporting of all VBD cases.
15. An advisory has been issued for prevention & control of VBDs for agencies undertaking construction activities.
16. District Magistrates/ Sub-District Magistrates/ Tehsildars are also involved in supervision and monitoring of mosquitogenic conditions in their jurisdiction. A letter has been sent to all in this regard. Letter written to DM/ SDM/ Tehsildars for undertaking field visits for supervision and monitoring of mosquitogenic conditions in their jurisdiction.

17. Role and responsibilities of District VBD Officers were assigned in 2022 with respect to prevention & control of VBDs, same have been reiterated to them and also to CDMOs for better implementation of Programme in the districts.

18. Advisory on preparedness for prevention, control and management of Dengue has been sent to all 35 sentinel surveillance hospitals and Apex Referral Laboratory.

19. Advisory on preparedness for prevention & control of Dengue and other VBDs has been sent to all 11 CDMOs for surveillance, reporting and coordination with local bodies and other stakeholders.

20. Advisory to intensify the actions for prevention & control of Dengue has been sent to MHO/Addl. MHOs of all local bodies (MCD, NDMC, DCB).

D. Actions Taken by Education Department, GNCTD:

Department of Education is being regularly involved in VBD prevention & control activities. Advisories have been issued on measures to be taken by Department of Education for involvement of School students for prevention & control of VBDs. Following are the actions taken by Education Department:

- Directions have been issued to teachers to educate children, how to prevent mosquito breeding in schools and their homes and neighboring localities.
- Heads of School (HoS) has to ensure that there is no stagnation of water in school premises and adequate steps be taken with the help of PWD.
- To avoid mosquito bites, wearing full-sleeved clothing is advocated.
- Guidelines and Messages regarding prevention and control of Dengue, Malaria and Chikungunya are disseminated among the students and staff during assembly and in classes.
- All overhead and other water tanks/containers are kept properly covered with lid and overflow pipe/air vent are covered with wire mesh/cloth.
- HoSs have been instructed to carry out activities like poster making slogan writing nukkad natak and poem recitation in respect to spread the awareness of Vector Borne Diseases.
- HoSs have been directed to distribute Health Homework Card to each and every student.
- HoSs have been instructed to show the video to school students on regular basis for generating awareness regarding methods of prevention and control of VBDs.
- Public Address system in Govt. & Private schools of Delhi is being utilized for broadcasting the recorded audio messages for prevention & control of VBDs.
- District VBD officers are also visiting the schools and undertaking various activities (including IEC).

NVBDCP: Involvement of School children in prevention and control of Vector Borne Diseases.

Appreciation of schools for good performance w.r.t. prevention & control of VBDs

E. Actions taken by DMRC:

Advisories have been issued to DMRC for prevention & control of VBDs; they are diligently undertaking various activities as suggested by the programme, for prevention & control of Dengue and other VBDs and also regularly sharing the Action Taken Reports. The public address system at Delhi Metro stations is being used to create awareness for prevention & control of Dengue and other VBDs. Two audio messages of duration approximately 30 sec. are being played alternately every ten minutes at each metro station. Audio message both in English & in Hindi are also being announced through the PA system in metro trains on all lines.

F. National Dengue Day & Anti-Dengue Month:

National Dengue Day (16th May 2023) & Anti-Dengue Month was observed in all 11 districts (Hospitals, Schools and Local bodies) Following are the activities undertaken:

1. Special drive for checking of premises for water stagnation and mosquito breeding to ensure mosquito free health facility/ hospital.
2. Health Talks / Public meetings on prevention and control of Dengue through District VBD Officers.
3. Distribution and display of Handbills/pamphlets containing DO's and Don'ts on prevention and control of vector borne diseases.
4. Dissemination of messages through social media.
5. Health facilities/SSHs; availability of adequate stock of medicines, diagnostic kits, consumables, reagents etc.
6. Various activities in schools (quizzes, poster, slogan writing etc.)
7. Awareness talks/health talks/interpersonal communication organized in offices, institutions, public places, RWAs, markets, underprivileged areas, construction sites, on prevention and control of Dengue.

Observance of National Dengue Day, Delhi, 16th May 2023

Entomological monitoring & Vector Control:

- Entomological monitoring was done by local bodies (MCD, New Delhi Municipal Council and Delhi Cantonment board).
- Analysis of weekly action taken report submitted by MCD is being done
- Monitoring of mosquito-genic conditions by DMs/SDMs /Tehsildars in their respective jurisdiction. List of High Risk areas has been shared with DMs to monitor the vector control activities in these areas.

Rapid Response:

- **Rapid Response Teams are in place** in each district. Communication has been sent to all District VBD officers for activating RRTs

Epidemic preparedness:

All necessary arrangements like availability of dedicated Dengue wards/beds, blood components and required drugs are ensured.

EC on Vector Borne Diseases

1. IEC campaign for prevention and control of Dengue & other VBDs through radio and print advertisements was undertaken during July & August In this context:
   - Quarter page coloured advertisements were issued for 4 weeks starting from 25.07.2023 in 12 different newspapers (6 Hindi, 2 English, 2 Urdu & 2 Punjabi).
   - Two rounds of Radio Jingle were broadcasted on 5 FM channels w.e.f. 28.07.2023 for one week and w.e.f. 18.08.2023 for another week.

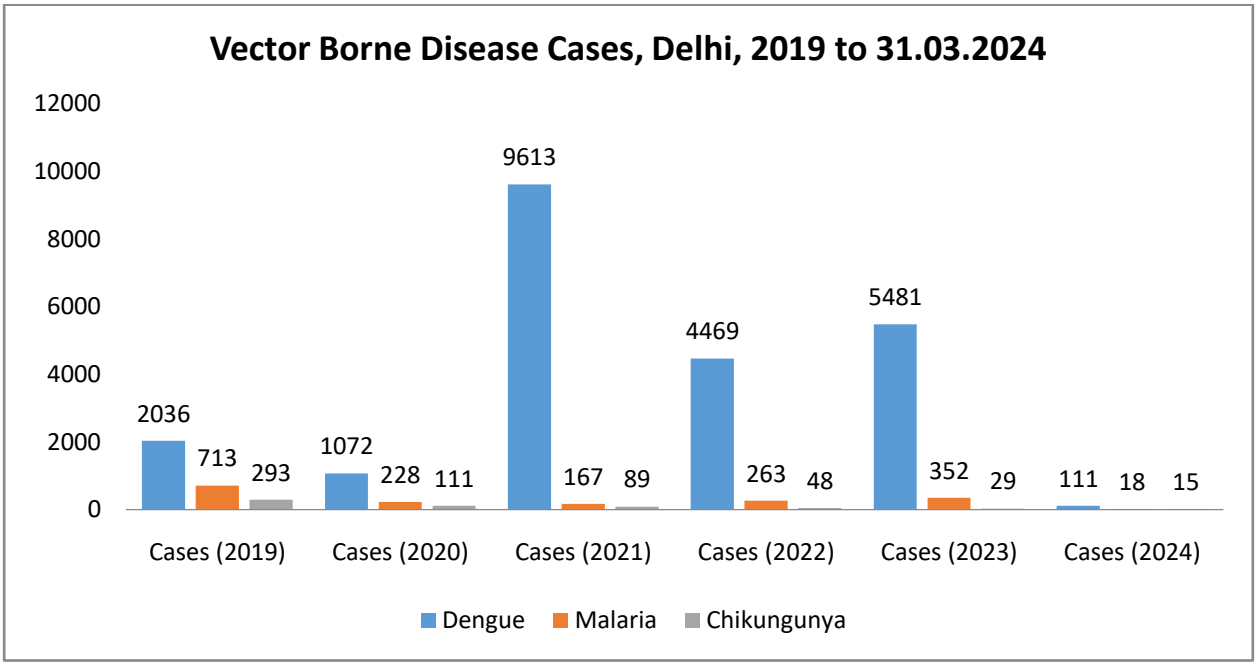
1. Flex boards containing IEC for prevention and control of Dengue, printed and displayed in hospitals and DGDs.
2. Standees and Flexed sheets containing IEC for prevention and control of Dengue, displayed at AAMCs.

Announcement and display of messages for prevention and control of VBDs through the PA system in metro coaches & stations

Display of short training videos on prevention and control of VBDs in Schools and health facilities

STATUS OF DENGUE/CHIKUNGUNYA/MALARIA CASES

Disease	Cases (2019)	Cases (2020)	Cases (2021)	Cases (2022)	Cases (2023)	Cases (2024)*
Dengue	2036	1072	9613	4469	5481	111
Malaria	713	228	167	263	352	18
Chikungunya	293	111	89	48	29	15
*Data till 31.03.2024						



Integrated Disease Surveillance Programme (IDSP)

1. The objective of Integrated Disease Surveillance Programme (IDSP) is early detection of disease cases which are of public health importance, analysis of trends of such diseases so that preventive strategies can be adopted timely in order to minimize morbidity and mortality.
2. The diseases covered under IDSP: new emerging (surveillance of COVID-19, Seasonal Influenza etc) and re-emerging diseases, Water borne diseases, vaccine preventable diseases and Vector Borne Diseases etc.
3. Surveillance Unit at State level is supported by District Surveillance Units at each District (Total 11) and is connected with Central Surveillance Unit at NCDC
4. One District Public Health Laboratory located at Pt. Madan Mohan Malviya Hospital, Malviya Nagar (South District) is functional under IDSP
5. Collection of data from reporting units on weekly basis through S, P & L forms which provides information about the disease trends:
6. District and State teams take action on any unusual hike in cases reported from District with the coordination of other agencies i.e. Delhi Jal Board, PWD, Animal Husbandry, Local Bodies etc.
7. District Surveillance committee constituted at each District
8. Rapid Response Team in place at each DSU
9. **S-Form:** Reporting format for syndromic surveillance, filled by health worker, not relevant in Delhi as health infrastructure of Delhi is different from other states.
10. **P-Form:** Reporting format for Presumptive Surveillance, filled by Medical Officer
11. **L-Form:** Reporting format for laboratory Surveillance
12. Reporting is being done on a web based portal, IHIP (Integrated Health information Platform)

Integrated Health Information Platform (IHIP)

The Integrated Health Information Platform (IHIP) is a web-enabled near-real-time electronic information system, to provide state-of-the-art single operating picture with geospatial information for managing disease outbreaks and related resources.

IDSP module of IHIP was launched on 1st April 2021 across the country. The Central Surveillance Unit of IDSP at National Centre for diseases Control (NCDC), Delhi is the Nodal Agency for the implementation of IDSP–IHIP under the Public Health division of Ministry of Health & family Welfare, Govt. of India.

Key features of Integrated Health Information Platform (IHIP)

- Real time data reporting (along through mobile application); accessible at all levels (from district, states and central level)
- Advanced data modeling & analytical tools
- GIS enabled Graphical representation of data into integrated dashboard
- Role & hierarchy-based feedback & alert mechanisms

REPORTING UNDER IDSP

- IDSP was launched in 2008; old IDSP portal reporting was on weekly basis in numbers only
- IHIP has been implemented since April 2022 in NCT of Delhi, reporting is on near real time basis. More than 1000 reporting units under P & L forms each including Pvt Hospitals and Nursing Homes
- Collection of data from reporting units on real time basis through S, P & L forms which provides information about the disease trends
- **S-Form:** Reporting format for syndromic surveillance, filled by health worker, *not relevant in Delhi as health infrastructure in Delhi is different from rest of the country; communication has been sent to CSU for exemption from reporting under S form; under discussion*
- **P-Form:** Reporting format for Presumptive Surveillance filled by Medical Officer – 1058 reporting units; daily average reporting 68% till 31.03.2024.
- **L-Form:** Reporting format for laboratory Surveillance- 989 reporting units; daily average reporting 67% till 31.03.2024.

13. COVID-19

WHO has vide dated 05.03.2023 in statement has stated "that Covid-19 is now an established and ongoing health issue which no longer constitute a public health emergency of international concern (PHEIC)". However part of readiness a mock drill was conducted is 13.12.2023 to 17.1.2.2023 wherein 35931 beds and 3225 ICU beds identified, considering low utilization of Designated Covid-19 beds.

Covid-19 Cumulative Positive Cases: 2,043,586 (Till 31.03.2024)

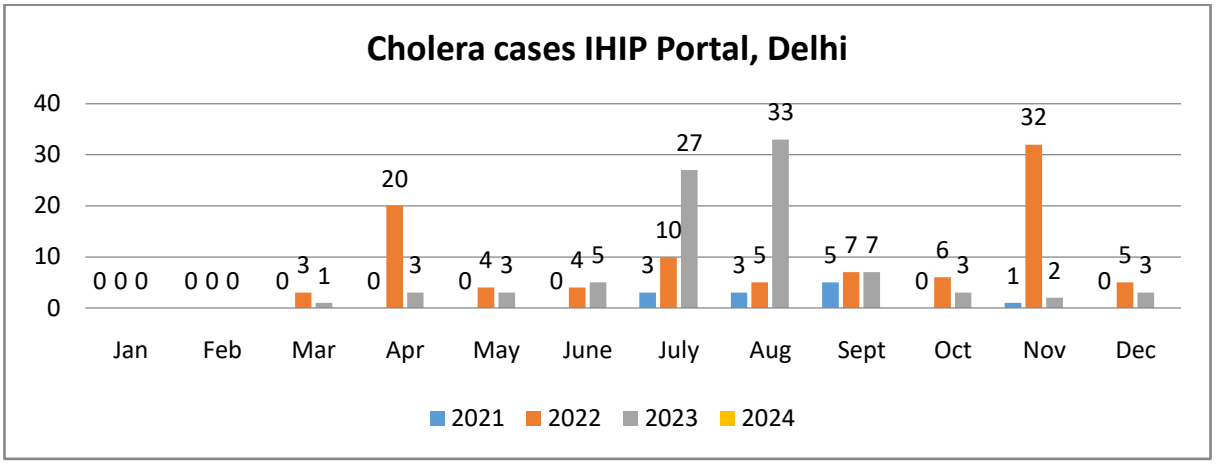
14. CHOLERA

Cholera is an acute diarrheal infection caused by ingestion of food or water contaminated with the bacterium *Vibrio cholerae*.

The worst affected areas include unauthorized resettlement colonies with poor sanitation facilities and lack of safe drinking water. A multifaceted approach is key to control cholera, and to reduce deaths. A combination of surveillance, access to safe water, adequate sanitation and basic hygiene, social mobilization and treatment is essential.

MONTH AND YEAR WISE DISTRIBUTION OF CHOLERA CASES, IHIP Portal Delhi, (2021 to up to 31.03.2024)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2021	0	0	0	0	0	0	3	3	5	0	1	0	12
2022	0	0	3	20	4	4	10	5	7	6	32	5	96
2023	0	0	1	3	3	5	27	33	7	3	2	3	87
2024	0	0	0										0



15. SEASONAL INFLUENZA (H1N1):

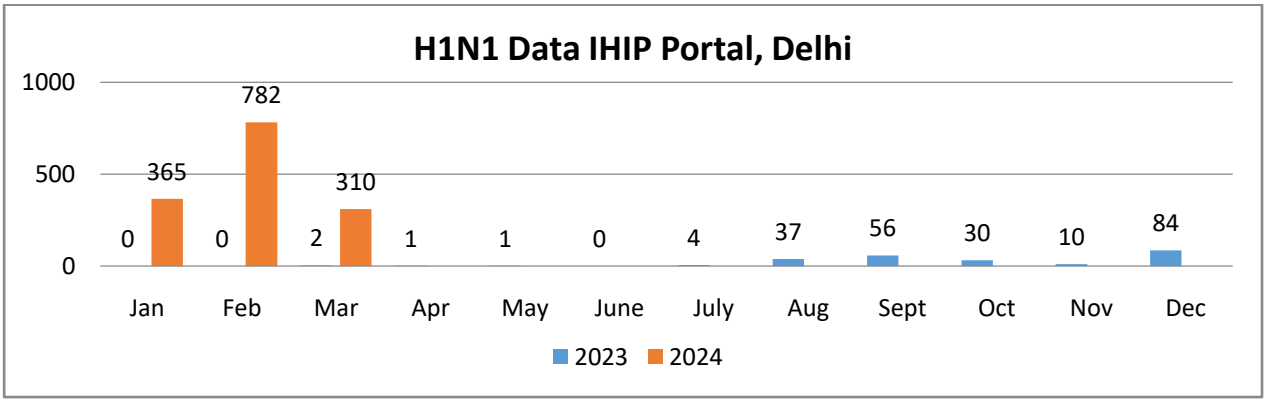
H1N1 virus has now taken on the behaviour of a seasonal influenza virus, hence H1N1 influenza episode and seasonal influenza are to be treated on similar lines. Such cases occur round the year with peaks occurring generally during autumn and winters. Since there is no antigenic drift (mutation) of the virus from the one found during pandemic 2009-10, hence, the community has acquired herd immunity against this virus and the present influenza is behaving like seasonal influenza.

CLINICAL PRESENTATION:

The course of illness may vary. Severity varies from a febrile symptoms mimicking common cold to severe prostration without major respiratory signs and symptoms, especially in the elderly. Fever and systemic symptoms typically last 3 days, occasionally 5-8 days, which gradually diminish. Cough may persist for more than 2 weeks. Second fever spikes are rare. Full recovery may occasionally take several weeks longer, especially in the elderly. Usually symptoms are body ache, cough, running nose, head ache. Less commonly symptoms like diarrhea, abdominal pain etc. may occur.

Month wise distribution of Seasonal Influenza H1N1 cases, Delhi (2019 to up to 31.03.2024), and 2023 onward data source IHIP Portal, Delhi

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	611	1929	408	21	3	1	1	3	12	10	4	8	3011
2020	30	223	77	3	0	0	0	0	0	0	0	0	333
2021	0	0	0	0	0	0	2	77	9	3	1	0	92
2022	0	0	0	0	2	2	8	190	153	56	8	23	442
2023*	0	0	2	1	1	0	4	37	56	30	10	84	225
2024*	365	782	310										



16. NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP)

The National Viral Hepatitis Control Programme (NVHCP) aims:

To combat hepatitis and achieve countrywide elimination of Hepatitis C by 2030,

- Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer) and
- Reduce the risk, morbidity and mortality due to Hepatitis A and E.

The program is in line with global commitment towards achieving Sustainable development goal (SDG) goal 3; target 3.3 which aims to "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases"
Programme has preventive component, diagnosis and treatment component, monitoring and evaluation, surveillance and research, training and capacity building components.

A Model Treatment Centre (MTC) is established at Lok Nayak Hospital for screening, testing & treatment of hepatitis patients. A state reference lab has been designated at ILBS hospital. Eight Treatment Centres (TCs) has been established at Districts for screening and treatment of Hepatitis B & C.

17. NATIONAL RABIES CONTROL PROGRAMME (NRCP)

The objective of NRCP is to reduce human deaths due to rabies and to implement a consensus strategy for control of rabies in Dogs to cut down the transmission of rabies.

Following activities are being undertaken under NRCP:

- A focal point at all district for coordination.
- Implementation of intra-dermal route of inoculation for post exposure prophylaxis.
- Strengthening of rabies diagnostic facilities.
- Trainings and IEC activities.

A) Total number of human Suspected/Probable Rabies Cases (year-wise), Death due to Rabies and Dog Bite cases from 2015-2023 till Date.

Year	Dog Bite cases	mber of Suspected/ Probable Rabies Cases reported at Delhi hospitals *	ath Due to Rabies reported by Delhi hospitals
2015	90810	68	20
2016	108066	46	5
2017	150360	101	13
2018	173116	105	15
2019	139148	98	10

2020	70097	56	3
2021	88464	43	3
2022	276052	49	6
2023	570970	64	2
2024 till March	208355	15	2

* Includes patients from neighboring States.

24x7 Control room established at DGHS (HQ) GNCT, Delhi: Control Room (24*7) was established at Ground Floor of Dte. GHS, GNCTD to attend the telephone calls related to CATS and H1N1 (during H1N1 pandemic). In 2017, as per directions from Hon'ble Health Minister, GNCTD and due to rise in the number of VBD cases in Delhi; control room was strengthened with more helpline numbers and additional staff, to answer the queries related to availability of fever beds in SSH, blood bank, Ventilator, fogging, Anti larval spray etc. During Covid-19 pandemic, control room (CR) has also been utilized to resolve the queries of patients related to Covid-19.

Control Room is manned by the Staff (PHNOs) detailed from School Health Scheme and Mobile Health Scheme GNCTD. Monthly duty roster, leave/ attendance record of officials posted at Control Room is maintained by PHW-IV and duties are performed accordingly.

Total 3,422 calls related to Covid-19 and Vector Borne Diseases were attended by Control Room till 31.03.2024.

PublicHealthisthe**scienceandart**ofpreventingdisease,prolonginglife,andpromotinghealthandefficiency through**organizedcommunityeffort** forthecontrolof communicableinfections.

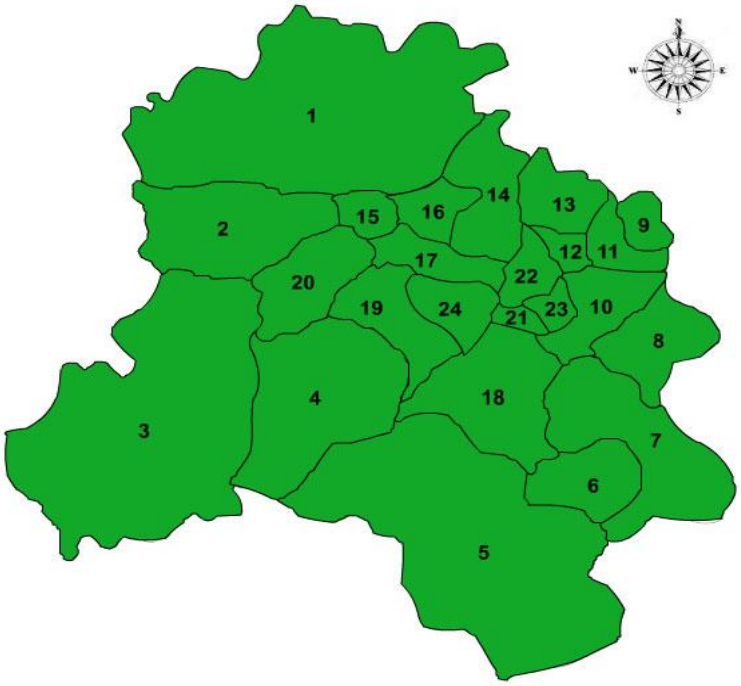
5.3. NATIONALTUBERCULOSISELIMINATIONPROGRAMME (NTEP)

Name of the Programme-National Tuberculosis Elimination Programme(NTEP)

1. Basic Statistics

Infrastructure Delhi RNTCP/NTEP

State TB Training & Demonstration Centre **(STDC)**	1
District TB Centres **(DTCs)**	25 Chest Clinics
TB Units **(TU)**	38
Designated Microscopy Centres **(DMCs)**	190
Intermediate Reference Laboratory **(IRL) (please mention names)**	Two –1. IRL –New Delhi TB Centre 2. IRL AIIMS MEDICINE DEPARTMENT
Culture & Drug Sensitivity **(C&DST) Labs (excluding IRL) (please mention names)**	1. NRL NITRD MEHRAULI (C & DST Lab for 4 Chest Clinics of Delhi) 2. RBIPMT C & DST Lab
Liquid Culture Laboratories for **2nd line DST (please mention names)**	IRL –New Delhi TB Centre IRL-AIIMS MEDICINE DEPARTMENT NRL NITRD MEHRAULI
Cartridge Based Nucleic Acid Amplification Testing (CBNAAT) Labs	32 CBNAAT Sites covering all Chest Clinics 35 Machines from NTEP and 6 Machines from Individual Institutes
No of TrueNat Sites	47 TrueNat Sites (29 DUO, 17 UNO, 1 Quattro)
Nodal Drug Resistant TB Centre (DRTBC) (MDR TB Wards)	Nodal DR – TB Centers : 4 1) DRTB Centre RBIPMT 2) DRTB Centre LN Hospital 3) DRTB Centre AIIMS 4) DRTB Centre NITRD MDR TB Wards at RBIPMT,NITRD
District Drug Resistant TB Centre (DDRTBC) (MDR TB Wards)	District DR-TB Centers : 25 (All 25 Chest Clinics have District DRTB Centers) (MDR TB Wards-2- at CC Patparganj & Nehru Nagar)



Delhi population	19.8 million (projected)
Net migration rate	17.5%
Urban Delhi profile	
Population living in urban areas	97.5%
Unauthorized settlements (shanty clusters/unauthorized/resettlement colonies)	46.0%
Working Population	33%
Unorganized Work sector of the working population (unskilled/semiskilled/skilled workforce)	95%
TB program Delhi 2024	
Number of treatment Centres (DOT Centres)	380
Annualized public sector notifications per 100,000	372
Annualized private sector notifications per 100,000	144
MDR TB case notifications per 100,000	11
Percentage of Pediatric TB case notifications among all TB	10%
TB Death %	3%
Proportion of HIV positive among TB patients	1.2%

2. KEY PERFORMANCE INDICATOR

State Performance

Year	Population in lakhs	Presumptive Examination Rate	Annualized Total TB Case Notification Rate			Treatment Success rate (Public Health)	
			Public	Private	Total	New cases	Re-treatment cases
2015	176	1048	314	23	337	92%	77%
2016	180	1072	309	39	348	93%	81%
2017	182	1000	334	28	362	92%	79%
2018	184	1072	414	84	498	91%	78%
2019	186	1278	430	141	571	88%	80%
2020	186	668	321	147	468	71%	
2021	193	730	349	184	533	72%	
2022	195	1098	398	154	552	74%	
2023	198	1286	376	131	507	74%	
2024 (Upto 31st March)	202	1270	372	144	516	75%	

TB Notification

Year	Target for Public Sector	Number Notified by Public Sector	Percentage Achievement Public Sector	Target for Private Sector	Number Notified by Private Sector	% Achievement for Private Sector	Total (Public + Private) Target	Total (Public + Private) Achievement	Percentage Achievement for Total
2015		55260			4049				
2016		55657			7049				
2017	55657	57463	103.2%	34999	2033	5.8%	90657	59496	65.6%
2018	56770	70252	123.7%	50000	10365	20.7%	106770	80617	75.5%
2019	90000	79810	88.7%	20000	28086	140.4%	110000	107896	98%
2020	80000	59712	74.6%	30000	27147	90.5%	110000	86859	79%
2021	80000	68320	85.4%	30000	35497	118.3%	110000	103817	94.4%
2022	70000	77833	111%	30000	28869	96%	100000	106702	107%
2023	80000	74511	93%	30000	25839	86%	110000	100350	91%
2024 (Upto 31st March)	20000	18768	94%	7500	7301	97%	27500	26069	95%

Treatment initiation out of notified TB patients (as per entry in Nikshay) as on Date:

Quarter	Patients Notified	Number Initiated on Treatment	Remark
2017	60772	53027	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence
2018	76182	48980	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence
2019	104826	81649	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence
2020	87037	65742	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence. Also Private Lab Notifications especially Dr LalPathlabs notify from all over India and it becomes difficult to trace the patients leading to decrease in Treatment Initiation Status.
2021	103817	74759	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence. Also, Private Lab Notifications Especially Dr LalPathlabs notify from all over India and it becomes difficult to trace the patients leading to decrease in Treatment Initiation Status.
2022	106702	90577	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence. Also, Private Lab Notifications Especially Dr LalPathlabs notify from all over India and it becomes difficult to trace the patients leading to decrease in Treatment Initiation Status.
2023	100286	78128	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence. Also, Private Lab Notifications notify from all over India and it becomes difficult to trace the patients leading to decrease in Treatment Initiation Status.
2024 (Upto 31st March)	26069	20762	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of

			residence. Also, Private Lab Notifications notify from all over India and it becomes difficult to trace the patients leading to decrease in Treatment Initiation Status.

Private Sector Notification

- Number of Private Health Facilities Registered (Single+ Laboratory + Hospital/nursing home): 4142 Private Hospitals/Single Clinics + 471 Lab
- Number of Private Chemist Mapped: 54

Status of Universal DST Implementation:

Year	Current TB Patients Notified(Public)	Public Patients with Known Rifampicin Sensitivity status(%)	Current TB Patients Notified(Private)	Private Patients with Known Rifampicin Sensitivity status(%)
2018	76182	30%	15561	4%
2019	71214	53%	26205	20%
2020	58208	60%	18337	44%
2021	68249	39%	16833	39%
2022	76493	49%	9910	29%
2023	36512 (Microbiologically confirmed)	87.5%	2374 (Microbiologically confirmed)	46%
2024(Upto 31st March)	10132 (Microbiologically confirmed)	83%	3286 (Microbiologically confirmed)	63%

3. Introduction and Vision of the Programme

- Tuberculosis is the most pressing health problem in our country as it traps people in a vicious cycle of poverty and disease, inhibiting the economic and social growth of the community at large. Tuberculosis still remains a major public health problem in Delhi. 40% of our population in Delhi is infected with TB germs and is vulnerable to the disease in case their body resistance is weakened.

- Delhi has been implementing the Revised National TB Control Programme/ National Tuberculosis Elimination Programmer (NTEP) with DOTS strategy since 1997. Delhi State RNTCP/NTEP has been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State RNTCP/NTEP is being implemented through a decentralized flexible mode through 25 Chest Clinics equivalent to DTC. Out of 25 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, GoI-1and NGO-1 chest clinics respectively. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP/NTEP in a big way.

- The NTEP has 190 diagnostic centres and 551 treatment centres located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 4 C&DST Labs to diagnose Drug Resistance TB. Implementation of PMDT (Programme Management of Drug Resistant TB) services for DRTB Patients is done through 4 Nodal DRTB Centres &25 District DRTB Centres. 32 CBNAAT labs (GenXpert) in 25 Chest Clinics/Medical Colleges for Rapid TB Diagnosis are in place. The Rapid TB Diagnostic Services through CBNAAT/ TrueNat are available free to the all the patients (Specially for paediatric group, HIV Positive patients & to diagnose Drug Resistance TB) besides Universal DST for all TB patients for initiation of therapy.

- Roll out of daily regimen across the State was achieved w.e.f. 1st Nov. 2017. Delhi has been the first State in the country to have full coverage with DOTS (WHO recommended treatment strategy for TB) since 1997 and with DOTS–PLUS (treatment schedule for Drug resistant TB) since 2008. Roll out of Baseline SLDST across the State w.e.f. Q2 2014. Expanded DST for 2nd Line drugs across the State w.e.f April, 2016. Pan State Roll out of Bedaquiline -new drug in MDR TB treatment in 2016.Revised PMDT Guidelines GoI 2019 implemented across the State. New/Revised PMDT Guidelines GoI 2021 is being implemented w.e.f Aug 2021.

- NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.

- Hon'ble President of India launched Pradhan Mantri TB Mukt Bharat Abhiyan on 9th Sep 2022 to provide Nutritional, Diagnostic, Vocational and other Nutritional Supplement support to TB patients on treatment.

- A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.TB Harega Desh Jeetega campaign launched w.e.f 25th Sep 2019

VISION DOCUMENT FOR TB FREE DELHI

Vision

Government of India has given a call to End TB by 2025, we are working with the vision for TB Free Delhi by 2025 with the goal of zero death and moving towards ending the Global TB Epidemic.

Situation Analysis: Delhi 2018

Indicators for 2018*c	
Presumptive TB exam rate/100,000 population/yr	1370
Total TB case notification rate/100,000 population/yr (public)	414
Private sector notification rate/100,000/yr	84
Percentage of Pediatric patients among Total TB Case notifcations	12%
MDR/RR TB notification rate/100,000 population/yr	14.6%
Proportion of HIV positive among TB patients:1%	1%
Successful Treatment Outcomes in Microbiologically Confirmed TB patients notified	85%
Successful Treatment Outcomes in Clinical TB patients	95%

* data source is Nikshay data 2018 and Annual TB Report 2017 MOHFW, Go

3. KEY TARGETS

State level Targets (TB)

Indicator	Baseline Year (2015)		State Targets	
	India	Delhi	2020	2025
Universal Access to Rapid TB diagnosis (avalability of NAAT facilities)	50%	60%	Increase by 50% from baseline	Increase by 100% from baseline
Reduction in TB incidence rate (per 100,000 population/year)	217	314	Reduction by 20% from baseline	Reduction by 80% from baseline
Proportion of patients receiving Daily regimen FDC	NA	NA	Pan State coverage	Pan State coverage
Reduction in % of TB Deaths (out of total notified patients)	7%	5%	Reduction by 35% from baseline	Reduction by 90% from baseline
TB affected families facing catastrophic cost to TB	NA	NA	0%	0%

State level Targets (TB-HIV)

Indicator	**Baseline Year (2015)**		**State Targets**	
	India	**Delhi**	**2020**	**2025**
Proportion of presumptive TB with known HIV status	30%	NA	50%	100%
Proportion of notified TB patients with known HIV status	79%	92%	95%	100%
Proportion of PLHIV patients on ART	85%	98%	100%	100%
Proportionof PLHIV patients receiving TPT	NA	NA	75%	100%

State level Targets (Misc)

Indicator	**Baseline Year (2015)**		**State Targets**	
	India	**Delhi**	**2020**	**2025**
New drugs like Bedaquiline and Shorter Oral D-RTB regimen for eligible TB patients	NA	NA	100%	100%
Patient enablers like Nutritional support for D-RTB patients	20%	15%	80%	100%
Reduction in time lapse between TB diagnosis and initiation of treatment (in days)	10	25	Reduction by 50%	Reduction by 90%
Increase in TB notification from private sector (per 100000 population)	14	23	Increase by 35%	Increase by 75%

State level Targets (DRTB)

Indicator	Baseline Year (2015)		State Targets	
	India	Delhi	2020	2025
Presumptive D-RTB undergoing DST evaluation	60%	80%	100%	100%
D-RTB cases diagnosed per 100,000 population	2.25	7.27	100% population coverage	100% population coverage
SL-DST among all D-RTB patients	50%	70%	100%	100%
DST guided ITR for all D-RTB patients	NA	NA	100%	100%
Reduction in Treatment Attrition (other than mortality)	25%	25%	Reduction by 50% from baseline	Reduction by 90% from baseline

Delhi NTEP Service Plan for achieving End TB Strategy (SDG3)

- All Presumptive TB patients to be evaluated for drug sensitivity patterns before start of therapy
- All sensitive TB patients to receive daily regimen through FDCs with monitoring enabled through ICT tools
- All resistant TB patients to receive individualized treatment regimen/All oral/ shorter MDR TB regimens
- All presumptive TB suspects to be screened for HIV
- Active Case Finding and provision of standardized diagnostic and treatment facilities for all TB patients
- TB notification and treatment compliance to be ensured by all partners
- All Delhi Government 100 bedded Hospitals to have TB Units for decentralized management of TB and DR TB patients.
- Availability of patient enablers in collaboration with other public sector programs and non government organizations
- Evidence based Research for the ongoing innovations being planned under the State program
- Enhanced IEC activity-hoardings, media coverage as a blanket cover and as intensive campaigns
- Private Sector to be fully involved in diagnosis & treatment of TB with the help of JEET/IMA/DMA

Key Focus Areas for 2024-25

1. **Increasing case finding and decentralizing DR-TB diagnosis** through phasing out of sputum microscopy and increasing up-front NAAT testing. TrueNat Machines to be utilized for the diagnosis of TB for the presumptive cases in both public and private sector.

2. **Increase Presumptive TB Case Examination Rate** through sensitization of Medical Officers, ACF campaigns and initiating Vulnerability Mapping exercise.

3. **Transition to Domestic PPSA** to ensure continued provision of program services to patients in the private sector.

4. **Implementing PMTPT** through purchase of these services including laboratory tests through partnership options.
5. **Establishing a Sample Collection and Transport Mechanism** through NGO support and further through program budget. This also includes timely report updation and communication back to districts.
6. **Establishing DR-TB Center in large private hospitals** for care of patients who prefer to take treatment in the private sector. The state program will provide support through capacity building of staff, drugs and, monitoring and evaluation.
7. **Involvement of the general health system** including community level workers such as ASHAs for supporting the program in case finding through Active Case Finding campaigns and being

treatment supporters needs to be scaled up. The state program has continuously strived to seek the support from various government functionaries for program activities.

8. **Multi Sectoral Collaboration** will be strengthened through involvement of various Stakeholders.
9. **Decentralization of treatment services** through involvement of community health workers such as ASHAs, community volunteers and NGOs acting as treatment supporters.
10. **Advocacy Communication and Social Mobilization (ACSM)** activities through State TB Forum and District TB Forum Meetings with the involvement of senior state and district level administrators.

<table>
<tr><td colspan="2"></td><td colspan="4">POINTS TO BE COVERED IN THE " WRITE-UP OF SCHEMES /PROGRAMMES/PROJECTS – UNDER -STATE AND CENTRALLY SPONSORED SCHEMESFINANCIAL YEAR 2023-24</td></tr>
<tr><td colspan="2"></td><td colspan="4">PART B- Write-UP of Schemes /Programmes/Projects</td></tr>
<tr><td>I</td><td>Name of Scheme/Programme/Project</td><td>National Tuberculosis Elimination Programme(NTEP)</td><td colspan="3"></td></tr>
<tr><td>II</td><td>CSS/State Scheme</td><td>CSS</td><td>V</td><td>Funding Pattern</td><td>60% Central Share, 40% State Share</td></tr>
<tr><td>III</td><td>Budget Head (11 digit)</td><td>NA</td><td>VI</td><td>BE (Rs. in Lakh)</td><td>Rs Lakhs</td></tr>
<tr><td>IV</td><td>Objective/Justification of the scheme</td><td colspan="4">on for TB Free Delhi by 2025 with the goal of zero death and moving towards ending the Global TB Epidemic</td></tr>
<tr><td colspan="2"></td><td colspan="4"></td></tr>
<tr><td>VII</td><td></td><td colspan="4">Nature of Scheme (Fill only relevant category)</td></tr>
<tr><td rowspan="4">(A)</td><td rowspan="4">Individual Beneficiary Oriented</td><td colspan="2">• Eligibility Criteria & guidelines</td><td colspan="2"></td></tr>
<tr><td colspan="2">• Details of Benefit (category wise)</td><td colspan="2"></td></tr>
<tr><td colspan="2">• No. of Beneficiaries</td><td colspan="2"></td></tr>
<tr><td colspan="2">• Any other relevant information</td><td colspan="2"></td></tr>
<tr><td>(B)</td><td>Community Activity Oriented</td><td colspan="2">• Details of Activity</td><td colspan="2">DBT Scheme-
1) Nikshay Poshan Yojna (NPY)
Objective is to provide nutritional support to TB patients at time of notification and subsequently during course of treatment.
Benefit Amount- Rs. 500 for treatment per month is provided in installments of upto Rs.1000 as an advance.
2) Incentives for Private Sector Providers and Informants
Objective is to To provide financial incentives for notication and subsequent follow-up until
completion of treatment of TB patients who are diagnosed/treated by the private provider.
Benefit Amount -Rs. 500 as a one-time payment on notification
Rs. 500 to Private Practitioner or Hospital for updating the patient’s treatment Outcome
3) Treatment Supporters’</td></tr>
</table>

			honorarium Objective is to To provide an honorarium to the treatment supporters for supporting TB patients Benefit Amount - Rs. 1,000 as a one-time payment on the update of Outcome for Drug-sensitive TB patients Rs. 2,000 on completion of Intensive phase (IP) and Rs. 3,000 on completion of continuation phase (CP) of treatment for Drug-resistant TB patients
		• Target Groups	Notified TB Patients-Nikshay Poshan Yojna
		• Details of Benefit	
		• No. of Institutes/Organizations receiving benefits	
		• No. of Beneficiary	
		• Any other relevant information	
(C)	**Infrastructure/Capital project (Provide Project-wise details)**	• Details of Project	NA
		• Project Cost/Revised Project Cost(if any)	
		• Target date of completion	
		• Cumulative Expenditure till March 2021.	
		• Any other relevant information	
(D)	**Procurement Oriented (To be procured in 2024-25)**	• Purpose of Procurement	NA
		• Any other relevant information	
(E)	**Professional / Skill Development, Capacity Building, Training etc.**	• Details of Training	Capacity Building
		• No. of training programmes (category wise)	
		• No. of Trainees	
		• Any other relevant information	
(F)	**Appointment/Engagement of Manpower (where scheme is for payment of salary)**	• Category : Regular/Contractual/Outsourced	All-Regular/Contractual/Outsourced (DEO)
		• No. of Position/Person/Posts – category-wise	
		• Period of engagement	
		• Any other relevant information	
(G)	**Others (Please mention details)**	• Complete Details	

VIII	**Physical Achievements of the scheme**	
Achievements 2022-23	**Achievements 2023-24**	**Targets – 2024-25**
a) Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases in 2022-23--74% achievement in 2022-23 b) Total number of patient notification-106702 against the target of 100000 (107%) c) TB notification rate (per lakh population) 552/Lac/Year against the target of 513/Lac/Year d) To provide DBT-Nikshay Poshan Yojna (NPY) to 72000 TB patients and Rs 23.40 Cr Budget was proposed in FY 2022-23 for Nutritional Support to TB patients	g) Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases in 2023-24. 74% achievement in 2023-24 h) Total number of patient notification-100350 against the target of 110000 (91%) i) TB notification rate (per lakh population) 507/Lac/Year against the target of 513/Lac/Year j) To provide DBT-Nikshay Poshan Yojna (NPY) to 72000 TB patients and Rs 25.74 Cr Budget was proposed in FY 2023-24 for Nutritional Support to TB patients	a) To Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases in 2024-25 b) To achieve the target of 110000 Total number of patient notification in 2024-25 c) TB notification rate (per lakh population) -To achieve the target 555/Lac/Year d) To provide DBT-

under Nikshay Poshan Yojna (NPY)-DBT Scheme. For current FY 2022-23 notified patients, 44622 beneficiaries were paid DBT NPY and Rs 9.8 Cr. has been paid from April 2022 to March 2023. However Total Rs 24.97 Cr were paid DBT - NPY from April 2022 to March 2023 which include previous year's payments. e) Rs 81 Lac Budget was Proposed in FY 2022-23 under Treatment Supporters Honorarium -DBT Scheme and Rs 42.80 Lac have been paid under DBT Scheme - Treatment Supporters Honorarium from April 2022 to March 2023 f) Rs 50 Lac Budget was Proposed in FY 2022-23 under Incentives for Private Sector Providers and Informants -DBT Scheme and Rs 16.98 Lac have been paid under DBT Scheme -Incentives for Private Sector Providers and Informants from April 2022 to March 2023	under Nikshay Poshan Yojna (NPY)-DBT Scheme. For current FY 2023-24 notified patients, beneficiaries were paid DBT NPY and Rs 16 Cr. has been paid from April 2023 to March 2024. However Total Rs 24.84 Cr were paid DBT - NPY from April 2023 to March 2024 which include previous year's payments. k) Rs 78 Lac Budget was Proposed in FY 2023-24 under Treatment Supporters Honorarium -DBT Scheme and Rs 49.98 Lac have been paid under DBT Scheme - Treatment Supporters Honorarium from April 2023 to March 2024 l) Rs 55 Lac Budget was Proposed in FY 2023-24 under Incentives for Private Sector Providers and Informants -DBT Scheme and Rs 42.93 Lac have been paid under DBT Scheme -Incentives for Private Sector Providers and Informants from April 2023 to March 2024	Nikshay Poshan Yojna (NPY) to 83000 TB patients and Rs 34 Cr 50 Lac Budget is Proposed in FY 2024-25 for Nutritional Support to TB patients under Nikshay Poshan Yojna (NPY)-DBT Scheme e) Rs 3 Cr 18 Lac Budget is Proposed in FY 2024-25 under Treatment Supporters Honorarium -DBT Scheme f) Rs 3 Cr 20 Lac Budget is Proposed in FY 2024-25 under Incentives for Private Sector Providers and Informants -DBT Scheme
Remarks/Other Details :-	**Remarks/Other Details :-**	

5.4. NATIONALPROGRAMMEFORCONTROLOFBLINDNESSANDVISUALIMPAIRMENT (NPCBVI)

The "State Health Society Delhi" is implementing NPCB program in Delhi on the decentralized manner through respective "Integrated District Health Society". Various approved activities were under taken **during the year 2023-24** as per Prog. Guidelines. The detail of activities under taken during this period is given here under: -

6.12.1.1Campaign cataract countdown

NGOs are motivated to hold the screening camps all over Delhi in collaboration with Integrated District Health Societies, especially in the under privileged areas of city and in NCR and the cases detected with cataract are transported and operated in fixed facilities managed by NGOs. The cataract surgeries are also under taken by Govt. Hospitals. The Program used to give support to these hospitals on procuring the consumables and some equipment through State / District Health Societies. During the reporting period; fund have been made available to IDHS to support on this front but amount was not utilized as the govt. hospitals had fulfilled their demands from regular sources. The details of the cataract surgeries performed are as under:

Year	No. of Cataract Surgeries	IOL Surgeries out of total cataract surgeries
2021-22	62804	58803
2022-23	96659	85777
2023-24	113688	111994

6.12.1.2School Eye Screening Project

Under this project the primary screening of students of schools of Deptt. of Education GNCTD. All students of up to class XII are examined by health teams and those students suspected to be suffering with defective vision are further examined by Refractionist and those needing glasses are provided free spectacles through respective IDHS. The report of School Eye Screening Project is as below: -

Year	No of additional teachers trained	No. of Students Screened	No. of Students detected with refractive error	No. of Students provided free glasses	No of old persons providing free spectacles suffering from presbyopia
2021-22	Nil	-	-	-	Nil
2022-23	Nil	35222	3377	-	Nil
2023-24	Nil	158831	20737	5216	1465

6.12.1.3 Eye Banking Activities

Under the NPCB, the Eye Banks located in Delhi are continuously encouraged to collect as many eyes as possible.

The report of Eye Banks is as below: -

Year	No. of Eyes Collected	No. of Eyes used in Kerotoplasty
2021-22	2229	2053
2022-23	3776	2994

2023-24	3064	3869

The eye banks are connected with MTNL Toll free number 1800 103 7100 so that the calls made on this number are promptly attended to by the eye banks and all those who wish to donate their eyes can also contact the eye banks on this number. All the eye banks have kept one of the telephone lines dedicated for this purpose i.e. they would provide a 24 hrs. X 7 days service on this number.

The list of the eye banks and their complete address that have been connected with this service is as below:

Sl. No.	Name of Eye Bank	Location of Eye Bank	Direct Telephone Number
1	National Eye Bank	Dr. R. P. Centre, AIIMS, Aurobindo Marg, New Delhi-29	26589461 26593060
2	Eye Bank at Venu Eye Institute	1/31/, Sheikh Sarai, Institutional Area, Phase-2, New Delhi-17	29250952 9899396838
3	Central Eye Bank, Sir Ganga Ram Hospital	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-60	25732035
4	Shroffs Charity Eye Bank	5027, Kedar Nath Road, Darya Ganj, New Delhi-02	011-43524444 9650300300
5	Guru Nanak Eye Centre	Maharaja Ranjit Singh Marg, Delhi-02	23234612, 23235145 23234622
6	Safdarjung Hospital Eye Bank	Aurobindo Marg, New Delhi-29	9868272292 26707217
7	Army Hospital Eye Bank	R.R. Centre, Subroto Park N. Delhi	011-23338181 011-23338187 01123338440
8	Centre for Sight –Safdarjung Enclave	B – 5/24, Safdarjung Enclave, opposite Deer Park, Humayunpur, Safdarjung Enclave, New Delhi, Delhi 110029	011-45738888
9	Guru Teg Bahadur Hospital	Tahirpur Rd, GTB Enclave, Dilshad Garden, New Delhi, Delhi 110095	
10	CFS-Preet Vihar	Centre For Sight Eye Hospital, F – 14, Main Vikas Marg Near Metro Gate No.2,Preet Vihar, New Delhi, Delhi, 110092	22042226 8468004687
11	Centre for Sight- Dwarka	Plot No 9, Dwarka Sector 9, Dwarka, New Delhi, Delhi, 110075	01142504250
12	Deen Dayal Upadhyay Hosp	Hari Nagar, New Delhi-110064	
13	LHMC	Shaheed Bhagat Singh Marg, Lady Hardinge Medical College, DIZ Area, Connaught Place, New Delhi, Delhi 110001	

The eye banks are also given the financial assistance for collection of tissues @ Rs. 2000/- per eye ball collected

Eye Donation Counselors were recruited in previous years through IDHSs, deployed in various Govt./Pvt. Eye Banks of Delhi and are helping in motivating the family members for eye donation of diseased.

1. Grant-in-Aid to various IDHSs

Under the program, some of components like grant-in-aid to NGOs for Cataract Surgery, “School Eye Screening Project”, Collection of Eye Balls, Salary to Eye Donation Counselors working in eye banks and Para Medical Ophthalmic Asstt. in Vision Centers, procuring and maintenance of equipment for hospitals, opening and strengthening of vision centers and for IEC activity are being implemented at the level of District Health Societies.

2. Training of Eye Surgeons

The GOI is providing training to in service Eye Surgeons in identified institutes in following areas: - ECCE / IOL Implantation Surgery, Small Incision Cataract surgery, Phaco-emulsification, Low Vision Services, Glaucoma, Pediatric Ophthalmology, Indirect Ophthalmology & Laser Techniques, Vitreoretinal Surgery, Eye Banking & Corneal Transplantation Surgery etc.

3. Celebration of National Fortnight on Eye Donation (NFED):

There are about 0.12 million corneal blind persons in India and many other with visual impairment due to corneal disease. About 20,000 new cases are added every year in this pool. Majority of such blind persons are young and their sight can be restored only by a corneal transplantation. Presently about 50,000 to 57,000 eyes are collected every year by the Eye Banks working in Govt. NGO sector in various parts of India but there is still a backlog of corneal blind persons waiting for transplantation. We need around 75,000 to 1,00,000 cornea per year for transplant purposes. In order to bridge this gap in demand and supply of corneal tissue and to further increase collection of corneas, a joint campaign of IEC was organized for eye donation during 38th National Fortnight on Eye Donation (NFED) with the help of eye banks functioning in Delhi State under the directive of GOI. The activities of NFED were organized by health centers, district level secondary hospitals, medical college hospitals, autonomous organization, NGO Hospitals and private partners during which the cause of eye donation was highlighted with intensified educational and motivational efforts to increase the collection of donor tissue and to create awareness among the general public about preventive aspect of corneal blindness. The main activity was held in eye banks, where eye banks faculty and staff of various eye banks of Delhi has organized the orientation sessions for the health staff of other departments in hospital and also of various linked hospitals about their role in eye donation being the first contact health staff with family members of deceased and how to counsel and motivate family members for donating the eyes of the deceased. Because the hospital staff, under the Hospital Cornea Retrieval Prog. (HCRP), is expected to inform death to the eye donation counselor if available in hospital or to the linked Eye Bank well in time and also motivate relatives of deceased for eye donation. The Eye Bank Staff will further motivate the relatives for eye donation and if they agree, tissue may be harvested. The felicitation of family members who have donated the eyes of their deceased members along with the recipient of cornea and their family members have been held in Eye banks, particularly notable were National Eye Bank Dr. R. P. Centre AIIMS, Guru Nanak Eye Centre, Shroff's Eye Center and others.

4. World Sight Day Campaign:

The World Sight Day (WSD) is being celebrated globally on second Thursday of October every year with different theme since 2000. During this period ***World Sight Day 2023*** was celebrated on 12th Oct. 2023. The theme for WSD 2023 was "***Love Your Eyes*** **at Work",** was the designated theme of WSD 2023**.** The key intervention of WSD is to promote universal eye health coverage and reduce levels of avoidable blindness due to Cataract, Refractive Error and Corneal Blindness & Diabetic Retinopathy etc. Various approved IEC & Screening activities were successfully organized in Delhi State by State Unit of NPCB Delhi under State Health Society, Delhi through respective Integrated District Health Societies (IDHSs)

of Delhi Districts for creating mass awareness for eye care & prevention of blindness and to improve Eye Care in Delhi. The activities were held at health center, hospitals. IEC material like display of banners, distribution of pamphlets, holding painting and poster making & slogan writing competition were held and prizes were given to best performers. Health talks were organized for health staff, patients and visitors. The Group Discussions were held, documentary film show was also arranged in hospitals and health centers. Rallies by school students were held in surrounding area of school, Nukkad Nataks were also held. The IEC activities were under taken in health centers, hospital, AHA Units & health Centers. The children have participated in various activities held in Schools.

5. Workshop on Gonioscopy and Perimetry (Gap) on Glaucoma Week 2023:

NPCB-VI conducted a Glaucoma Skill training workshop on Gonioscopy and Perimetry (Gap) on Glaucoma week 2023, This interactive and hands-on session was an initiative by Glaucoma services of GNEC, to train ophthalmology, PMOA and Optometrist different institutes and hospitals of NCR Delhi in Gonioscopy & Perimetry for early detection of glaucoma under Agis of NPCB-VI Delhi Chapter and Glaucoma Society of India. GaP workshop attend by 30 participants

6. IEC Activity on World Glaucoma Week 2023, Delhi State (NPCB):

World Glaucoma week was celebrated worldwide in the first week of March, with the purpose of creating awareness about eye diseases causing blindness and available eye health care services in the community. Every year NPCB&VI participates in World Glaucoma Week, to reaffirm Indian government commitment to maintain ocular health of its citizens. Flurry activities for this World Glaucoma Week. The activity organized by Delhi State Programme division kept in mind the global World Glaucoma week theme of 2023 **" Uniting for a Glaucoma-Free World "** with special emphasis on preventable glaucoma like Steroid induced and angle closure disease.


Eye Screening Camp for Older Persons at Seed PUHC Nathupura organised on 8th March 2024
प्राथमिक शहरी
राष्ट्रीय शहरी स्वास्थ्य मिशन (मध्य जिला
2
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4 5 9 2
6 0 4 9 3
प्राथमिक शहरी स्वास्थ्य केंद्र
SPUHC NATHUPURA
प्राथमिक शहरी

CHAPTER6

6. DIRECTORATE OF AYUSH

To encourage use of alternative systems of medicines in health care delivery and toensurepropagationofhealthcarersearch and education in these systems,aseparateDepartmentofIndianSystemofMedicinewasestablishedbyDelhiGovernmentasapartofHealthandFamily WelfareDepartment inMay, 1996. In2013, it was renamed as Directorate of AYUSH where AYUSH stands for Ayurveda,YogaandNaturopathy, Unani, Siddha and SOWA-Rigpa and Homoeopathy systemsofmedicines.

Presently,DirectorateofAYUSHislocatedatAyurvedicandUnaniTibbiaCollegeCampus,KarolBagh,NewDelhi.HomoeopathicWingofDirectorateofAYUSHfunctionsfrom CSC-III,1st Floor,B-BlockPreetViharand Delhi.

FunctioningoftheDirectorate

DirectorateofAYUSHwithitsdedicatedmanpower,robustinfrastructure,foureducationalinstitutesandanetworkof200dispensaries/hospitalunitsacrossDelhiiscommittedtoprovidebetterhealthcarefacilities,valuebasededucationandpropagateresearchorienteddevelopmentofAYUSHsystemsofmedicine.

UnderthecafeteriaapproachtoHealth Care Services AYUSH dispensaries areopened in existing and upcoming hospital / dispensaries running under Delhi HealthServicesforeaseofpatientsandtopromotecross-referral.

DirectorateofAYUSHisheadedbyDirector(AYUSH)and is assisted byadministrativeofficersandtechnicalofficersviz.Deputy Directors, AssistantDirectors,LicensingAuthorityofAyurvedaandUnanidrugs.

TheDirectorateconductsre-orientationtrainingprogrammesforAYUSHMedicalOfficers and AYUSH registered practitioners. It also gives Grants-in-aid to Board ofHomoepathySystemofMedicine,ChaudharyBrahmPrakashAyurvedicCharakSansthanandExaminingBodyforParamedicalTraininginBharatiyaChikitsawhichisautonomousbodiesundertheGovernmentofNCTofDelhi.TheDrugsControlCellofthisDepartmentgrantsmanufacturinglicenses forAyurveda & Unani medicinesand is responsible for enforcement of provisions of Drugs & Cosmetics Act, 1940 andprovisionsofDMRAct1954.

Mission: To excel in delivery of AYUSH health care by establishing ever improvingstandardsofindividualcare,educationandresearch.

Vision: Tostrivetobetreatmentofchoiceforcommunities by educating andenablingaccessofAYUSHtreatmentforacuteaswellaschronicdiseases.

Services:

- Providesbesthealthcarefacilitiesthroughanetworkof200dispensariesspreadacrossDelhiprovidingAyurveda,UnaniandHomoeopathytreatment.
- QualityandvaluebasededucationinAyurveda,UnaniandHomoeopathy through undergraduate and postgraduate courses atfoureducationalinstitutes.
- Licensing and regulation under Drugs & Cosmetics Act and Drugs & Magic Remedies (Objectionable advertisement) Act of Ayurveda

and Unani Medicines.

- Registration of practitioners of Ayurveda, Unani and Homoeopathy.
- To create awareness among masses about strengths of AYUSH systems through school education programmes, media campaignsandparticipationinvarioushealthprogrammes.

Health Care Facilities underthe Directorate ofAYUSH:

AyurvedicHealth CareCentre/Dispensaries

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

Unani Healthcare Centre/ Dispensaries

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

Homoeopathy Dispensaries

Link:- https://dgehs.delhi.gov.in/dghs/state-health-intelligence-bureau

CHAPTER7

7. HOSPITALSOFGOVT.OFNATIONALCAPITALTERRITORYOFDELHI

TheHospitalsareintegralpartofHealthCareDeliverySystemofanyState.Hospitalsare expected to be thepartnersand supportersofHealth CareDelivery System ratherthanlimitingtheirroletomedicalcareonly.Inthe present scenario, the role ofHospitalsrangefromprovidingPrimaryLevelMedicalCaretoHospitalCare(Second ary/TertiaryLevel).

ThePlanning /Establishment of new hospitals are taken care of by Hospital Cell/PlanningBranchoftheDirectorateGeneralofHealthServices.Thebroadfunctionsof Hospital Cell involve planning and commissioning of hospitals which include siteinspection,monitoringandco-ordinationwithdifferentGovt.Semi-Govt./Autonomous/Pvt. Agencies etc related to establishment of hospitals. The financialaspectoftheseupcominghospitalssuchaspreparationofSFCMemo for costestimates of hospitalwhich include estimates of manpower, equipments and othervital components required for establishment of hospitalare also being taken care ofby Hospital Cell. Presently 40 Hospitals are functioning independently under overall ladministrativecontrolofDepartmentofHealth&FamilyWelfare, GNCT of Delhi.

TheHospitalsfunctioningunderDepartmentofHealth&FamilyWelfare, Govt.ofNCTofDelhiareasunder:

1. Acharya ShreeBhikshuGovt.Hospital,MotiNagar.
2. ArunaAsafAliGovt.Hospital,RajpurRoad.
3. AttarSainJainHospital,LawrenceRoad.
4. Dr.BabaSahebAmbedkarHospital,Rohini.
5. BabuJagjivanRamMemorialHospital, Jahangirpuri.
6. BhagwanMahavirHospital,Pitampura.
7. CentralJailHospital,Tihar,NewDelhi.
8. DeenDayalUpadhyayHospital,HariNagar.
9. DeepChandBhandhuHospital,KokiwalaBagh,AshokVihar.
10. Dr.HedgewarArogyaSansthan,Karkardooma.
11. Dr.N.C.JoshiMemorialHospital,KarolBagh.
12. GBPantHospital,JawaharLalNehruMarg,NewDelhi.
13. GuruGobindSingh GovernmentHospital,RaghubirNagar.
14. GuruNanakEyeCentre,MaharajaRanjeetSinghMarg.
15. GuruTegBahadurHospital,Shahdara.
16. JagPraveshChandraHospital,ShastriPark.
17. JanakpuriSuperSpecialityHospital,JanakPuri.
18. LalBahadurShastriHospital,Khichripur.
19. LokNayakHospital, JawaharLal NehruMarg.
20. MaharishiValmikiHospital,PoothKhurd.
21. Pt.MadanMohanMalviyaHospital,MalviyaNagar.
22. RaoTulaRamMemorialHospital, Jaffarpur.
23. SanjayGandhiMemorialHospital,MangolPuri.
24. SardarVallabhBhaiPatelHospital,PatelNagar.
25. Satyavadi RajaHarish ChandraHospital, Narela.
26. SriDadaDevMatriAvumShishuChikitsalaya,Nasirpur.
27. SushrutaTraumaCentre,BelaRoad.

28. BurariHospital.
29. AmbedkarNagarHospital.
30. IndiraGandhiHospital

TheHospitalsFunctioningasAutonomousBodiesundertheDepartmentareasunder:

1 DelhiStateCancerInstitute,GTBHComplex,DilshadGarden.
2 InstituteofHumanBehaviour&AlliedSciences,DilshadGarden.
3 InstituteofLiver&BiliarySciences,VasantKunj.
4 MaulanaAzadInstituteofDentalSciences,LNH-MAMCComplex
5 ChachaNehruBalChiktisalaya,GeetaColony
6 RajivGandhiSuperSpecialityHospital,Tahirpur

AYUSH

1 A&UTibbiaCollege &Hospital,KarolBagh.
2 ChaudharyBraham Prakash Ayurvedic Charak Sansthan, KheraDabar.
3 Dr.B.R.Sur HomoeopathicMedicalCollege,Hospital &Research
4 Centre,NanakPura,MotiBagh.
5 NehruHomoeopathicMedicalCollege&Hospital,DefenceColony.

7.1.ACHARYA SHREE BHIKSHU GOVERNMENT HOSPITAL

ThishospitalsituatedinMotiNagarinWestDelhiwastakenoverby DelhiGovernmentfromMCDon1.10.1996forupgradationto a 100 beddedMultispecialtyHospital.ThisColonyHospitalatMotiNagarisspreadover4.77acresofLand.WiththenamingofthehospitalaftertheJainMuniAcharyaShreeBhikshuon15.01.2005,thisMotiNagarColonyHospitalisnowknownasAcharayaShreeBhikshu Government Hospital. The hospital functions with a sanctioned strength of150bedsduringtheyear.

AftercompletionoftheOPDBlock,OPDservicesfromnewOPDBlockwereinauguratedbytheHon'bleHealthMinisteron13.09.2003.

TheBriefPerformanceStatisticsoftheHospitalduring2023-24andPreviousYearsisasunder:

Year	No.ofBeds		No.ofPatients (OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	150	180	539579	326573	186212	5463	10917	1810	106207
2019-20	150	180	510280	311390	178094	5975	10263	2385	138432
2020-21	150	150	265985	176321	119017	3792	7520	1135	36666
2021-22	150	150	317128	195806	136068	4267	6704	1306	31339
2022-23	150	180	419972	277679	140542	3752	8391	2290	54450
2023-24	150	150	429284	261863	142258	3980	10726	2570	66300

Major achievements during the period from 01.04.2023 to 31.03.24/ any other relevantinformation

1. Construciton of new building block (MCH Block) is under process and its near completion with bed strength of 270 beds (with facility of ICU, NICU, PICU, Modular OT, Blood Bank, Berthing Suite)
2. E-Sanjeevani started.
3. Ophthalmic Operating Microscope Machine installed.
4. Air conditioning of second floor of OPD block.
5. Started ARSH clinic.
6. PWD Wing installed digital display.
7. Disabled friendly infrastructure is available.
8. Use of soft tissue laser for painless and bloodless dental surgincal procedure installed in Dental Department.
9. Introduction of patient control analgesia (PCA) Pumb for Orthopedics and upper abdomen surgery.
10. Renovatin / Repair to Toilet.
11. Replacement of rusted water pipeline.
12. C-PAP installed in Paeds Department.
13. Pediatrics Emergency started.

Future proposal for 2024-25.

1. Construction of new building (MCH Block) is under process with bed strength of 270 beds with facility of ICU, NICU, PICU Modular OT, Blood Bank, Berthing Suite.
2. File of creation of posts for new building Block already sent to AR department
3. Procurement of equipment for new building block – Demand from all departments already compiled.
4. Air-conditioning of OPD Blocks.

7.2.ARUNA ASAF ALI GOVERNMENT HOSPITAL

Aruna Asaf Ali Govt. Hospital is presently having three functional units. The mainhospital complex is situated at 5, Rajpur Road with second functional unit at SubziMandiMortuary.ThehospitalalsomanagesservicesatPoorHouseHospitalatSewaKutir, Kingsway Camp and a hospital under Social Welfare Department.The mainhospitalcomplexishaving100beds.Atpresent,thehospitalisprovidingservicesintheGeneralSurgery,GeneralMedicines,Peadiatrics,OrthopedicSurgery,GynecologyandDentalSpecialties.

TheBriefPerformanceStatisticsoftheHospitalduring2023-24andPreviousYearsisasunder:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	161	230962	143893	62665	9334	10580	1868	2393
2019-20	100	156	235357	149542	65601	10173	10178	1629	3874
2020-21	100	157	14153	69429	64023	9698	9047	702	3369
2021-22	100	157	186220	112581	45968	10907	7490	1042	6824
2022-23	100	100	175595	112478	73088	11220	7749	858	1655
2023-24	100	100	184385	101119	76549	9133	8745	1335	7888

Major achievements during the period from 01.04.2023 to 31.03.24/ any other relevantinformation:

1. The functioning of the department of medicine has been made patient friendly the junior doctor have been taught regularly to adopt patient friendly attitude towards all sick patient attending OPD and emergency department this result in significantly increased patient attendance in OPD and would be also to attend maximum number of patient in AAAGH compared to the other department in the hospital.
2. A help desk has been made in the department of Accident & Emergency. This has proved to be beneficial for the patients and their attendants especially those who are illiterate. Dog bite clinic running efficiently in casualty.
3. Paediatric Department:
   - Seizure Clinic data from the month of April, 23 to June, 23 is 42, July, 23 to Sept, 23 is 49, Oct, 23 to Dec, 23 is 51 and Jan, 24 to March, 24 is 28.
   - Study of routinely available Septic markers in new born Septic Screening. Total 39 patients attended in 1 quarter, 44 patients in 2 quarter, 34 patients in 3rd quarter and 13 patients in 4th quarter.
   - Quarterly lectures and hands on training of staff and doctors on Neonatal resuscitation.
   - Metabolic Screening under Mission NEEV screening for babies has been done in Paeds Department.
   - Participated in Poshan Pakhwada mission & Congenital Newborn Screening maha mission.
   - Establishment of SNCU (outborn).
4. ICU Department- After approval of MS, four bed transfer received from IGH-ICU. They are working well. The process of one is under process. One ventilator also taken transfer from SRHCH Hospital.
5. Anaesthesia Department:

- Four Multipara monitors transfer taken from IGH which are working well.
- Internship of O.T technicians started. Number of operative cases increased.

6. Medicine Department:

- COPD and Bronchial Asthma Clinic are running efficiently in Medicine Department.
- Diabetic, Hypertension & Geriatic clinics all running regularly and there is a significant increase in the number of patients. Numbers of Indoor and Outdoor patients have also increased significantly.
- Daily reporting of heat related illness on NPCC portal has been started.
- Daily reporting of ARI has been started. Neonatal Viral Hepatitis Clinic has been established in OPD No. 11.
- 4367 dog bites cases have been managed successfully.

7. Surgery Department- Increased number of major surgeries in O.T and Zero rate of Surgical Site infection.
8. BOBS Department- Implementation of Laqshya Program. Robsonisation and audit in reference to LSCS, referral etc. Strengthening of Anaemia Mukht Abhiyan by Anemia screening and timely management, parenteral iron therapy by 40-45 per month, cancer screening programme, motivating patients and counseling for post partum IUCD almost 75 percent coverage, Menstrual hygiene and sexual education awareness amongst adolescent age group, Handling of high risk pregnancies approx 50 to 70 per month. Maintaining of cancer screening program for early detection and management. Adolescent menstrual hygiene health talk. Health talks for Anaemia, cancer screening and dietary habits.
9. Family planning and Immunisation deptt is doing very well.
10. Yoga Session been done in this Hospital for the Staff posted in AAAGH in every quarter.
11. Inauguration of New OPD block was done on 23.09.2023 and the same is being run efficiently. Remodeling of existing building block is undergoing in this hospital for up gradation from 100 to 151 beds.
12. Timely registration of Birth and Death are being done in the MRD Deptt of this hospital.
13. Celebration of Swacchta Abhiyan activities was organized by Kayakalp team and done from 29/09/23 to 01/10/23 and sensitization of staff and all healthcare workers was done for cleanliness and hygiene through trainings and various activities. Vector control measures were strengthened and information and education of the patients in OPD area was done for cleanliness, hygiene and antitobacco measures.

7.3.ATTAR SAIN JAIN EYE & GENERAL HOSPITAL

This 30 bedded primary level eye & general hospital situated in Lawrence Road,Industrial area of North-West Delhi provides medical care to public. The hospital wastakenoverbyDelhiGovernmenton16thJune1999.

TheBriefPerformanceStatisticsoftheHospitalduring2023-24andPreviousYearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	30	30	68251	42655	0	0	1416	1381	53
2019-20	30	30	60189	37551	0	0	1288	1227	71
2020-21	30	30	25423	7774	0	0	12	12	0
2021-22	30	30	33119	18117	0	0	767	738	9
2022-23	30	20	37458	19046	0	0	909	899	02
2023-24	30	20	44199	24386	0	0	872	842	232

7.4.AYURVEDIC & UNANI TIBBIA COLLEGE HOSPITAL

Tibbiawasre-establishedintothenewbuildingatKarolBaghby Masih-Ul-MulkHakimAjmalKhanSaheb.Thefoundationstone of the Institute was laid by H.E.Lord Hardinge (the then Viceroy of India) on 29th March, 1916. This institution wasinauguratedbyFatheroftheNationMahatmaGandhion13th February1921.Previously this college and allied units were managed by a board established underTibbiaCollegeAct,1952.ThisActnowhasbeenrepealedbyanewActknownasDelhiTibbiaCollege(TakeOver)Act,1998andenforcedbytheGovt.ofNCTofDelhiw.e.f.1st May,1998.

The college is affiliated to the University of Delhi since 1973. It provides 4½ yearsregular course of study followed by one year internship leading to the award of thedegree of Bachelor-of-Ayurvedic Medicine & Surgery (BAMS) and Bachelor-of-UnaniMedicine & Surgery (BUMS). There are 28 Departments (14 Departments for eachsystem) and a Hospitalwith 240 beds (functional) attached to the College to givepracticaltrainingtothestudents.

TheadmissioninBAMS&BUMS/M.D.(Ayurvedic)&M.D. (Unani)aredealt byFacultyofAyurveda&UnaniMedicines,UniversityofDelhi. The Post GraduateCourse (M.D.) in the subject of Kriya Sharir & Kaya Chikittsha of Ayurved Medicineand in the subject of Moalejat ofUnani Medicine has been started from AcademicSession2002withintakecapacityof3studentsineachdiscipline.

TheBriefPerformanceStatisticsoftheHospitalduring2023-24andPreviousYearsisasunder:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	240	240	189972	149408	0	0	4909	0	8016
2019-20	300	172	104065	62558	0	0	2792	0	6568
2020-21	300	240	19632	10043	0	0	1302	0	562
2021-22	300	240	95267	67878	0	0	1467	0	6050
2022-23	240	200	1,23,041	96,067	0	0	A–1172 U-1280	A-05	A-5774U-952
2023-24	240	240	130093	102894	0	0	3017	7	8147

7.5.DR. BABA SAHEB AMBEDKAR HOSPITAL

Dr. Baba Saheb Ambedkar Hospital, Rohini is a 500-bedded Multi Specialty Hospital with provision of super specialties in future. This hospital is the biggest hospital in North-West Delhi catering to the population of around 10 lakhs. This

hospital was started in August 1999 under Directorate of Health Services but is now working directly under Department of Health and Family Welfare, Govt. of NCT, Delhi since 01.08.2003. At present the hospital is having 500 sanctioned beds.

The Brief Performance Statistics of the Hospital during 2023-24and Previous Years is as under:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	500	500	866714	323587	352300	20077	75893	10176	101251
2019-20	500	500	839064	223727	343943	21448	72425	10101	102355
2020-21	500	500	527317	174909	194550	12625	56003	4959	48873
2021-22	500	500	578483	271897	270927	17846	65552	7786	68348
2022-23	500	500	842537	401480	252023	13877	72887	8895	86739
2023-24	500	500	670289	273021	287629	17564	71060	8747	46525

7.6.BABU JAGJIVAN RAM MEMORIAL HOSPITAL

This150 bedded secondary level hospital situated in re settlement colony in Jahangirpuri in North-West Delhi provides health care services in broad basic specialties. The hospital is providing OPD services, round the clock emergency and casualty services, labour room, Nursery and Indoor facility in all basic clinical specialities. Rogi Kalyan Samiti has been established in Babu Jagjivan Ram Hospitalw.e.f. 04-06-2010. The Hospital was established with 100 indoor beds Casualty Labour Room O.T. services, OPD Path Lab, X-Ray, Pharmacy Mortury etc. & was being run as a multi speciality secondary level hospital. Subsequently the hospital has been expanded to increase the bed strength from 100 to 150, USG facility, strengthening of Labour Room & wards setup of NICU & PICU in ward-2. Number of pharmacy counters increased from 3 to5 counters. Establishment of Fever Clinic waiting Area close to OPD & Labour Room, OPD Registration counters increased to 13, provision of separate Registration Counter & pharmacy counter for Children & Senior Citizens & Hospital Staff, Establishment of separate Medical & Surgical Store.

Provisions of EWS patient to get treatment as well as necessary investigation for the Govt. empanelled private hospital is also established & operational from Room No. 101. OS-I counters for de-addiction of patients is also running.

The hospital provides Accidents & Emergency Services, Flu Clinic OPD services, special clinic services. Diagnostics services (Path Lab, Micro Biology Lab, X-Ray). Therapeutic Services,Immunization Services, Operation Facilities, Maternity & Nursery Services, Indoor Services, Biomedical Waste Management Services, MRD, Mortury, Ayush (Ayurvedic, Homeopathy,Unani).

The Brief Performance Statistics of the Hospital during 2023-24 and Previous Years is as under:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	150	100	424560	297205	316994	18100	14243	1102	13139
2019-20	150	128	365351	292240	314944	16058	11769	1002	12756
2020-21	100	128	154464	116722	192151	13916	8796	368	5590
2021-22	150	150	207381	135652	255699	23571	10715	602	4822
2022-23	150	150	342174	192233	277348	26590	10457	598	8937

2023-24	150	150	315849	213230	268928	21991	30932	456	8908

Major achievements during the period from 01.04.23 to 31.03.24

Physical targets and Achievements of BJRM Hospital for BE (2023-24)

1. Kitchen Renovation, BJRM Hospital Jahangir Puri
2. Transgender and disability persons toiles construction, BJRM Hospital Jahangir Puri
3. ICU Room renovation and new porta cabin construction at Ortho OPD Block, BJRM Hospital Jahangir Puri
4. 2 drinking water coolers with RO installation, BJRM Hospital Jahangir Puri
5. Installation of new electrical HT panel in BIMH
6. N.O. Porta cabin change room near sisters changing room casualty
7. Installation of Token Display System in OPD Rooms BJRMH
8. Replacement of 29 Ac's, BJRM Hospital Jahangir Puri

Proposed Physical targets of BJRM Hospital for BE (2024-25) to be completed/achieved

1. Particulars Construction of New Hospital Block-A, Block-B at Babu Jagjivan Ram Memorial Hospital, Jahangir Puri, Delhi.
2. Installation of New 7 drinking water cooler with RO in BJRMH.
3. Replacement of old ceiling fans in BJRMH
4. MRD and Disaster room renovation. BJRM Hospital Jahangir Puri
5. Construction New porta cabin admin block and near ICU room and ANS room BJRM Hospital Jahangir Puri
6. Installation of new CCTV Cmeras various place in BJRMH
7. Renovation of AC plant and Boiler Room at BJRMH
8. Fixing of Signages for fire Exit Route in case of emergency of the Hospital.
9. AQI Display and Hygrometer at BRMH Hospital, Jahangir Puri, Delhi.

7.7.BHAGWAN MAHAVIR HOSPITAL

This 325 bedded secondary level hospital is situated in Pitampura Area of North-West Delhi. The vision of the hospital is to provide quality health services in all the specialties in a harmonious atmosphere to every section of society especially the under privileged through this 325 bedded Multi Specialty Hospital, where by quality to be ensured by close monitoring, constant feedback from the people and regular CME's for the staff, well equipped library & yoga workouts.

The Brief Performance Statistics of the Hospital during 2023-24 and Previous Years is as under:

Year	No.ofBeds		No.ofPatients (OPD)					No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC	IPD	Major	Minor
2018-19	325	325	437350	242832	214181	4092	16949	3216	25778
2019-20	325	325	414509	188211	217960	3632	17291	2941	26790
2020-21	325	325	217158	98823	126448	3623	14652	1524	9162
2021-22	325	325	340219	166070	175439	5437	13118	2393	18797
2022-23	325	325	377395	200591	177316	4627	14364	3287	31147
2023-24	325	325	448712	198926	189645	4522	16075	2745	32477

Major achievements during the period from 01.04.23 to 31.03.24

- Establishment of SAM (Sub Acute Malnutrition) unit in Pediatric Department.
- 100 % component preparation in blood bank.
- Increment in number of major surgeries by 5-7 %: 330 in 2022 & 349 in 2023.

- Increment in PRP, Derma roller and scar revision surgeries in Skin Dept.
- ESR fully automated equipment installed in Pathology Department.
- Waiting time for routine surgeries reduced to one from one and half month.
- Smooth running of casualty services, radiology department.
- Automated system for Hormonal assay procured.
- Eye safety and hygiene program successfully organized on the word sight day.

7.8.CENTRAL JAIL HOSPITAL

Central Jail Hospital located in Tihar Jail Complex provides the medical care to the inmates of Tihar Jail in New Delhi, which is one of the largest prison complexes in the world. The complex comprises of seven prisonsin the Tihar Complex with sanction capacity of 4000 prisoners and accommodates over twelve thousand prisoners. The hospital is having 382 beds including Mandoli and Rohini Jail. De-Addiction Centre (DAC) is ISO 9001-2008 certified unit.

The hospital has separate medical, surgical, Tuberculosis and Psychiatric wards. The hospital has an Integrated Counseling and Testing Centre (ICTC) for HIV, functioning in Central Jail Hospital functioning since June10, 2008, a DOTS Centre for Tuberculosis treatment and also a Dental Unit. The hospital provides round the clock casualty services for the inmates. Pulse Polio Immunization Programmes are carried out regularly as per kept separately. Various NGO's are also working with Tihar Prison and contributing towards medical services.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	270	270	24389	182012	1862	0	7891	0	0
2019-20	318	270	31527	226396	1653	0	5927	0	0
2020-21	318	270	44788	174306	1199	0	6390	0	0
2021-22	318	276	40250	249491	3455	34	7149	0	13
2022-23	382	377	52870	194149	46251	0	7060	0	5
2023-24	337	317	34397	213061	0	0	7606	0	7

7.9.CHACHA NEHRU BAL CHIKITSALAYA

ChachaNehruBalChikitsalaya(CNBC)isa221beddedPediatricSuperSpecialityhospital,situatedinGeetaColony,Delhi-110031,inexistencesince2003,initiallyfunctional under direct administrative control of Delhi Govt.and thereafter convertedintoautonomousinstituteunderDelhiGovt.since03.10.2013.

Earlier,CNBCwasanAssociateHospitalofMaulanaAzadMedicalCollege(MAMC)andremainedaffiliatedwithMAMCupto02.10.2013.

Since 03.10.2013, Chacha Nehru Bal Chikitsalaya became an autonomous instituteunder GNCT of Delhi and was registered under Societies Registration Act XXI of1860,withReg.No.DistrictEast/Society/730/2013.

AftergettingconvertedtoanautonomousinstitutesinceOctober2013,thishospitalisbeinggovernedbyaGoverningCouncil,whoseChairmanistheChiefSecretaryoftheGovernmentofNCTofDelhiandMemberSecretary is the Director of thehospital.

Chacha Nehru Bal Chikitsalaya was established in September 2003 and is now fullyfunctional 221 bedded paediatric Super Speciality hospital to provide preventive &curativeservicesto children up to age of 12 years. CNBC caters patients not onlyfromDelhibutalsofromU.P.,Bihar,Haryana,andPunjab.Almost30% patientsvisitingCNBCarefromoutsideDelhi.

ThisisateachinghospitalaffiliatedtoGuruGobindSinghIndraprasthaUniversity.

CNBCisfirstpublichospitalinIndia to get NABH accreditation in Feb. 2009andcompletedre-accreditationassessmentroundonFeb2023.

Vision:

Toberecognizedasleaderinquality,patient centered,costeffectivehealthcareworkingtowardsHealthyChildWealthyFuture.

Mission:

Toprovidesuperspecialtyservicesusingstateofarttechnology. Committedtoimprovehealthandsatisfactionlevelofourpatientsbyensuringcontinuousimprovement.

- Trainingofallcategoriesofstaff.
- Latesttreatmenttechnologies.

Toprovideteachingandresearchfacilityinpaediatricsubspecialties.Todevelopasaleadingpaediatricreferralcentre.

Thebriefperformancestatisticsofthehospitalduring2022-23andpreviousyearsisasunder:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.ofSurgerie	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	221	210	137431	276888	11884	201	17098	20161	3946
2019-20	221	221	135539	204987	55731	278	18087	3216	7190
2020-21	221	210	45704	128298	48312	197	13570	1058	2118
2021-22	221	221	60408	190827	71297	151	14204	2874	8476
2022-23	221	221	87609	294525	90137	191	18957	2874	2831
2023-24	221	221	103100	221697	106583	183	19195	2522	2787

Any other future proposals / relevant information of the hospital.

- A 610 bedded new hospital block with 46 bedded PICU, 41 bedded NICU& 46 bedded HDU is under construction through PWD in coordination with hospital cell DGHS HQ, GNCTD.
- Applied for FNB Pediatric Orthopedics course from National Board of Examination.
- Proposal to increase in MD (Peads) seats from 4 to 10&MChPaed Surgery from 2 to 4.
- More recruitments as and when clarity on recruitment process received.
- Work for Establishment of DEIC is under process.
- Increase in the capacity of LMO tank from 5 Kl. To 10 Kl.
- Establishment of Blood bank in new building.
- Assessment for NABHre-accreditation is to be held by the end of this year.

Major achievements during the period from 01.04.23 to 31.03.24 any other relevant information:

- MusQan state level certification received in December 2023 and assessment round for national level certification has been done.
- Starting of Pediatric Laparoscopic Surgeries
- Establishment of NRC and LMU under NHM in December 2023.
- Faculty recruitment done.
- NRP and Ventilation workshop.
- Disaster management drill in coordination with DDMAEast District is done in the March2024.
- IAP clinical meet.
- Hand hygiene week celebration from 6th -10th May 2023.
- Organized many public awareness activity like, nukkad natak on infection prevention, and waste management. Tree plantation activity, Environment safety programme, Patient safety week celebration including medication safety and radiation safety, antibiotic awareness week, Thalassemia day, blood donation camp etc.

7.10. CHAUDHARY BRAHM PRAKASH AYURVEDIC CHARAK SANSTHAN

CBPACS is an Autonomous Institute under H&FW Department, GNCTD to provide World Class Education and Health Services. It is a running College (UG & PG) with 210 bedded fully established Hospital. First Ayurved College and Hospital in India to get ISO 9001:2015 certification. First Ayurved hospital in India to have 22 OPDs with specialized OPDs in super-specialties like neuro-muscular disorders, geriatrics, leech therapy, Panchkarma, gastro-intestinal disorders, Yoga, ano-rectal diseases, skin diseases, myopic sights, Pathya-Apathya, Atyayic Chikitsa etc. Other clinical facilities:-

1. Physio-therapy unit
2. Thyroid Clinic
3. Vacenation/Immunization unit for pediatric age group
4. Audiometry facility
5. Darkroom facility for ophthalmology patient
6. ECG facility
7. Marma Chikitsa unit
8. Pathology lab. This is a 100% Grantee Institution from Govt. of NCT of Delhi.

1. Vision :- To develop a facility with international standards, which shall provide a comprehensive and most modern set-up for the diagnosis and treatment of all types of diseases by Ayurvedic system of medicine including yoga and naturopathy ; an advanced Sansthan dedicated for research and a resource for advanced training in the field of Ayurveda. The Sansthan would provide world-class Ayurvedic medical care for patients at affordable costs matching with standards maintained by some of the best available facilities in this field in India and abroad.

2. To serve as a role model for health care by amalgamating the academic skill of the universities, clinical acumen of the super-specialists, research skills of the International Institutions, managerial skills of the corporate world and technology development skills of the country.

3. To establish comprehensive and dedicated facilities in the field of Ayurveda for teaching at the undergraduate, post graduate and post doctoral level.
   - To develop the Sansthan into a deemed university with independent curriculum and degrees.
   - Number of Beds in the Hospital-210
   - Number of ICU Beds-Nil
   - Number of Oxygen Beds-136
   - Number of Ventilators-Nil
   - Number of X-Ray Machine-1* (Non- functional)
   - Whether facility of Blood Bank is available or not:-No Details of Patients:-Upto Dec 2023

- Average Number of patients in OPD per month-29726
- Average Number of patients in IPD per month-580
- Average Number of patients in Casualty per month-Nil
- Average Number of X-Ray per month-Nil
- Average Number of blood bank units collected-Facility Not Available
- Average Number of blood bank units utilize- Facility Not Available
- Average Number of Major surgeries per month-NIL
- Average Number of blood tests conducted per month (Pathology Lab)-7693
- Average Number of patients who received free medicine per month-29726
- (Upto Dec 2023)
- Bed Occupancy Rate per month –88%
- Average number of patients per doctor per month-631
- Lead time to replenish drugs in EDL (Number of days after request in placed)-45
- % downtime of X-Rays Machine (No. of machine hours of downtime/total machine hours)-Facility not available due to non-availability of Technician and Radiologist.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients (OPD)				IPD	No. ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	210	210	156533	227230	0	0	8990	49	5210
2019-20	270	270	175350	258599	0	0	8834	46	6292
2020-21	270	270	21148	7910	0	0	2452	2	9
2021-22	270	270	79784	69415	0	0	2550	24	262
2022-23	210	210	124403	144623	0	0	5316	26	523
2023-24	210	210	163769	209722	0	0	6452	902	151

Achievments:-

MOU with DIPSER for collaborative research.

- Campus placements of interns and Panchkarma technicians.
- 100% availability of drugs included in EDL List
- Available machine and equipments are to be made fully functional
- Completion of formalities to increase 60 Beds in Public interest
- Development of Sports Arena
- Development of International Wellness Centre
- Initiative of New PG-Course in remaining specialization. into the hospital for management of patient care.
- Signing of MOUs with other reputed Universities/Institutions
- Monthly publication of successful cases treated at CBPACS.
- To maintain super speciality Ayurveda hospital to provide comprehensive medical treatments off all wings of Ayurveda medicine
- To prepare medicine required for research projects in teaching pharmacy of Sansthan
- To start the facility for the practice of telemedicine /cyber-medicine at Satellited OPD of CBPACS Introduction of HMIS into the hospital for management of patient care.

7.11. DEEN DAYAL UPADHYAY HOSPITAL

Deen Dayal Upadhyay Hospital was started in 1970 as a 50 bedded hospital which was extended up to 500 beds in 1987. Emergency services were started in 1987 for day time only and with effect from April, 1988 it

became functional round the clock. In 2008, trauma block was commissioned which increased the bed strength to 640; emergency services shifted to this new block with expanded emergency room and wards. Hospital has total 41 Paediatric Intensive Care units which includes Neonatal ICU, Out Born Nursery & Paediatrics ICU. The functional Bed Strength of DDUH is now 648.

This hospital is one of the largest facilities providing hospital with specialized services and inpatient care to people of West Delhi. It is a referral central for peripheral hospital like CGHS, ABGH, SardarVallabBhai Patel Hospital and various private hospitals of West Delhi. It also imparts training to various Post graduate and under graduate medical students and Para-medical students.

In its continuous journey of improvement, many infrastructural revamps and renovations have been carried out in various Wards and Departments of the hospital to make these well equipped with updated technology and machines.

Vision:-

To achieve excellence in Patient Care, this hospital provides the best healthcare facility to patients with the qualified doctors, nurses, para-medical & non para-medical staff in a comfortable, caring and safe environment.

Basic Statistics:-

- Number of Beds in the Hospital - 640 + 8 beds added in Peadiatrics ICU
- Number of ICU Beds - 14
- Number of Medical ICU Beds – 10
- Number of NICU/Nursery Beds – 25
- Number of PICU Beds – 8
- Number of OBN Beds - 8
- Number of Oxygen Beds - 640
- Number of PSA Oxygen Plants - 2
- Number of Ventilators - 34
- Number of X-Ray Machine - (fixed) 2 (portable) 9 Total - 11
- Whether facility of Blood Bank is available or not :- Yes

Departments available –

- Department of Medicine
- Department of Surgery & Plastic Surgery
- Department of Emergency & Casualty
- Department of OBS &Gynae
- Department of Paediatrics
- Department of Orthopaedics
- Department of Opthalmology
- Department of ENT
- Department of Skin
- Department of Pschiatry& Juvenile DeaddictionCenter
- Department of Anaesthesia
- Department of Forensic Medicine
- Department of Ayush
- Department of Chest & TB
- Department of Pathology, Microbiology & Biochemistry
- Department of Medical & Disability Board

Admission Facility for Thaelesemia Treatment, Central Jail Patients & Deaddiction Female Patients

Special Clinic – Cancer Screening & Adolescent Clinic, Diabetic Clinic, Hyper tension clinic, Geriatric Clinic.

National Programmes –JSY & JSSK, Sterilization (Male & Female), NEEV, IndraDhanush, Hepatitis B control programme, Diarrhea control programme, National TB Control programme etc.

Thebrief performance statisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	640	640	872589	472718	493964	13856	70686	15670	42734
2019-20	640	640	869421	474914	490901	11677	66577	13613	47378
2020-21	640	640	412773	184737	319226	9781	46402	5163	35937
2021-22	640	640	467828	215591	330303	7751	43063	8366	36265
2022-23	640	642	697250	367432	412550	11336	58896	10992	61867
2023-24	640	648	728962	382952	427101	10798	59189	11751	10264

Key Performance Indicator (2023-24):-

Indicators	Value
Average number of patient in OPD per month	93334
Average number of patient in IPD per month	4812
Average number of patient in Causality per month	35302
Average number of Blood bank units collected	1511
Average number of Blood Bank units utilize	3410
Average number of Major surgeries per month	963
Average number of Minor surgeries per month	4931
Average number of blood test conducted per month (Pathology Lab)	236325
Average number of patients who received free medicine per month	130129
Bed Occupancy Rate per month – Annual Statistics 2023	91 %
Number of Cases referred out from the Hospital	32
Lead time to Replenish drugs in EDL (number of days after request in placed)	1
Number of Surgeries at night (8 PM to 8 AM)	20.55%
Maternal Mortality Rate	22 per 10000 live births
NMR (Neonatal Mortality Rate)	23 per 1000 live births
Percentage of Surgical site infection	0.34%
Average length of stay	4.4%

Allocation of Budget for DDUH:

(Rs. In Lakhs)

Sl. No	Particulars	Budget Head	BE 2023-24	RE 2023-24	Expenditure 2023-24	BE 2024-25
	Revenue					
1	DDUH, revamping of Hospital Admn.	22100111091	34090	32056	28114.99	33073
2	Computerisation of Hospital Records	22100111045	15	6.50	1.79	15
3	Hospital Waste Management	22100111044	20	7.00	2.27	20
4	Establishment of Medical College	22100510567	10	-	-	-
	Total Revenue	**2210**	**34135**	**32069**	**28119**	**33108**
	Capital					
4	DDUH- Machinery &	421001110940052	800	400	131	400

	Equipment					
5	DDUH - Information, Computer, Telecommunications (ICT) Equipments	421001110940071	300	-	-	200
	Total Capital	**42100111094**	**1100**	**400**	**131**	**600**
	Grand Total (R+C)		**35235**	**32469**	**28250**	**33708**

1. Deen Dayal Upadhyay Hospital, revamping of Hospital Admn.

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme **DeenDayalUpadhyay Hospital, revamping of Hospital Admn.**
2.	Type of Scheme **State**
3.	Budget Head (s) (11 digit) (new head) Revenue Head : 22100111091
4.	**Financial details** :- (Rs. In lakhs)

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)
Revenue 22100111091	34090	32056	28115	33073
Capital	-	-	-	-
Loan	-	-	-	-
Total	34090	32056	28115	33073

5. (i) Objective(s) of the Scheme (3 to 4 Lines)
To provide general, OPD, IPD and Emergency Services, free treatment like Health Check up, advice, medicine etc. Health Care services to general public.

(II) Scheme Details

a) **Revenue-** Program/ Beneficiary oriented Health Welfare scheme.

b) **Capital part-**

6. **Majorachievementsduringtheperiodfrom01.04.23to31.03.24 or otherrelevantinformation:**

INFRASTRUCTURAL UPGRADATION :

- **New Constructions:**
  1. Patient Attendant Waiting Area under Medicine Department.
- **Renovations :**
  1. ICCU Ward
  2. NICU complex
  3. Paedetrics Ward 5
  4. Making all comprehensive Psychiatric services under one roof by shifting OPD and OST clinic to OPD 14 which includes confortable waiting area for patients and better assessment and treatment facilities.
  5. Labour room 1 and maternity OT according to NQAS & LAQSHYA guidelines.
  6. Gynaecology casulty relocated to a spacious renovated area.

NQAS/KAYAKALP PROGRAMME:DDUH has been granted Quality Certification during the year 2023-24 under the External assessment NQAS program and LaQshya program conducted by the empanelled NQAS external assessors from M/o H&FW, GOI.

LAQSHYA and NQAS certified Labour Room of Obs. and GyneaDeptt.

AWARDS/ RECOGNITION :

Certificates of Appreciation were awarded to the Medical and Non Medical Staff of DDUH on the occasion of Independence Day by the Medical Director, DDUH. Special Recognition of Outstanding performance & commitment to excellence awarded to Medicine Deptt.

Publication of Research papers in Delhi Psychiatry Journal Vol 26 from the team of Psychiatry Deptt., DDUH.

Several awards won by family planning unit at state level for their exemplary achievements, maximum number of PPIUCD, Ligations and Non scalpel vasectomy.

WORKSHOP/SEMINARS/OTHER PROGRAMMES:

Several Seminars, workshops and programmes have been conducted in various departments of DDUH which includes --

Pediatrics Deptt. :

- Seminar on Severe Acute Malnutrition (SAM), Dengu,
- Online workshop on MR vaccination Campaign,
- Baby show as part of PoshanMaah, IAP breastfeeding week celebration,
- Fortnightly programme on Intensified Diarrhoea prevention,
- Celebration on Hepatitis Day,
- Zinc and ORS week, Diarrhoea week,
- SAANS programme,
- PoshanMaah celebration,

Deptt. of Occupational Therapy :

- Community Awareness programme,
- World Schizophrenia Day,
- No Tobacco Day, World Mental Health Day,
- Fortnightly Group therapy counselling sessions and awareness programmes to raise awareness for drug de-addiction and prevention,
- Occupational Therapy Day for awareness on rehabilitation services.

GyneaDeptt :

CMEs by. on recent updates on several topics –

- Contraceptive, July 2023
- AOGD clinical meeting, Aug 2023
- Workshop on Post partum hemorrhage in state gynecology conference, Aug 2023.
- Workshop on Hypertensive disorders in Pregnancy – National Conference – Nov. 2023.
- Cancer awareness done for 2 weeks, Nov, 2023.
- World population Pakhwada celebrated with enthusiasm in july, 2023
- Workshop on post partum hemorrhage and Eclampsia by faculty at Delhi Sectt.
- Active participation by all faculty members in various states and national conference as speakers and Panelists.

Academic seminars have also been conducted at DDUH as a part of training curriculum.

7. Proposed Physical Targets for the year **2024-25 :**

- To further improve the BMWM practices.
- To implement any new technology for better management of BMW.
- Renovation of Paediatrics ward with play area in Ward 5 and OPD 7,
- Upgradation of nursery equipments, Audiovisual display for health education and promotion of paedsdeptt.
- APP based OPD registration.
- Computerization of hospital record.
- **T**o provide excellent clinical care to patients as per laid guidelines in time effective manner,

	plan and accomplish academic developments in teaching, clinical care protocols to residents &PGs. • Renovations of CSSD and PAC clinic. • Creation of area for teaching activities or DNB students. • To start suicide prevention helpline in Psychiatry Deptt. in collaboration with Delhi Medical Association of Doctors, also psychosexual clinic and Geriatric psychiatry clinic.
8.	Other details, if any **ONGOING PROJECTS IN DDUH:** ➢ 3.5 Acres of land adjacent to existing building of DDU Hospital is proposed to come up as DDU Medical College. ➢ To ensure compliance of Hospital Bio Medical Waste Management (BMWM) practices as per laid rules and guidelines under the BMWM Act. ➢ APP based Computerization of Hospital Records through HIMS under H& FW Deptt., GNCTD.

2. Computerisation of Records :

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme **Computerisation of Records**
2. a) b)	Type of Scheme **State** State/CSS Scheme (Concerned Ministry- For CSS only)- NA Funding Pattern (For CSS only) Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) Revenue Head : 22100111045
4.	**Financial details** :- (Rs. In lakhs)

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)
Revenue	15	6.5	1.79	15
Capital				
Loan	-	-	-	-
Total	15	6.5	1.79	15

5. (i)	Objective(s) of the Scheme (3 to 4 Lines): E-Office, computerization, HIMS through the Deptt. Of H&FW.
(II)	Scheme Details :
a)	**Revenue- Program/ Beneficiary oriented Welfare scheme etc**- E-office, E-file Movement, E-APAR, Electronic Data Base and treatment record keeping, App based Registration OPD, Computerization of hospital records.
b)	**Capital part-** Implementation of HIMS under the Deptt. Of H&FW
6.	Physical Achievements during the year 2023-24: E-office Scanning of official documents. E-Sparrow. APAR
7.	Proposed Physical Targets for for the year 2024-25 : To maintain and keep updated the computerized record/data in the hospital.

8.	Other details, if any

3. Hospital Waste Management :

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme **Hospital Waste Management**
2. a) b)	Type of Scheme **State** State/CSS Scheme (Concerned Ministry- For CSS only)- NA Funding Pattern (For CSS only) Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) Revenue Head : 22100111044
4.	**Financial details** :- (Rs. In lakhs)

Particulars	BE (2024-25)	RE (2024-25)	Actual Exp. (2024-25)	BE (2025-26)
Revenue				
Capital				
Loan				
Total				

5. (i)	Objective(s) of the Scheme (3 to 4 Lines) To ensure compliance of BMWM practices as per laid Rules and guidelines.
(II) a) b)	Scheme Details As per BMWM Rules 2016 & subsequent amendments of BMWM Act. Routine ongoing practices. **Revenue- Program/ Beneficiary oriented Welfare scheme etc-** **Capital part-** Project Cost, Year of Commencement, target date of completion and Present Status of the Project - Tender cost at present
6.	Physical Achievements during the year 2024-25 : 1. Compliance of BMWM Rules 2016. 2. Training to large number of Resident Doctors/DNB/Interns & Other Hospital Staff.
7.	Proposed Physical Targets for for the year 2025-26 : 1. To improve the BMWM practices. 2. To implement /update technology for better management of BMWM.
8.	Other details, if any

4. Establishment of Medical College :

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution

1.	Name of Scheme **Establishment of Medical College**
2.	Type of Scheme **State**
3.	Budget Head (s) (11 digit) (new head) Revenue Head : 221000510567
4.	**Financial details** :- (Rs. In lakhs) ***Token Provision of Rs. 10 Lakhs was made in RE 2023-24 and BE 2024-25 each. However, no**

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)	BE (2024-25)
Revenue	10	-		Nil*
Capital	-	-	-	-
Loan	-	-	-	-
Total	10	-		Nil*

Budget has been allocated in BE 2024-25.

5. (i)	Objective(s) of the Scheme (3 to 4 Lines) To establish Medical College for Under Graduate and Post Graduate Medical students.
(II)	Scheme Details
a)	**Revenue- Program/ Beneficiary oriented Welfare scheme etc**- Proposal submitted by designated Architects. Estimated cost of project Rs.510 Crores. Approval awaited from Deptt. OfH & FW.
b)	**Capital part-** Estimated cost of project Rs.510 Crores. Approval awaited from Deptt. OfH & FW.
6.	Physical Achievements during the year 2023-24: Yet to be approved
7.	Proposed Physical Targets for for the year 2024-25 : To get the approval.
8.	Other details, if any

5. DDUH – Machinery & Equipment AND Information,Computer, Telecommunications (ICT) Equipments:

	Scheme-Wise format (To be filled for each Schemes of the Department /GIA Institution
1.	Name of Scheme **DDUH – Machinery & Equipment AND Information, Computer, Telecommunications (ICT) Equipments**
2.	Type of Scheme **State**
a)	State/CSS Scheme (Concerned Ministry- For CSS only)- NA
b)	Funding Pattern (For CSS only) Central Share: State Share
3.	Budget Head (s) (11 digit) (new head) Revenue Head : 42100111094

4. **Financial details** :- (Rs. In lakhs)

Particulars	BE (2023-24)	RE (2023-24)	Actual Exp. (2023-24)upto Jan. 2024	BE (2024-25)
Revenue	-	-	-	-
Capital: 421001110940052 421001110940071	 800 300	 400 -	 132 -	 400 200
Loan	-	-	-	-
Total	1100	400		600

5. (i) Objective(s) of the Scheme (3 to 4 Lines)
Procurement of Medical Machinery & Equipment and related miscellaneous items.
Application based computerization of records through HIMS.

(II) Scheme Details:

a) **Revenue- Program/ Beneficiary oriented Welfare scheme etc**-
Guidelines, eligibility criteria, norms – Cost of Scheme, Major Components and date of approval if approved, Likely cost and proposed date of commencement- if yet to be approved.

b) **Capital part-**
Project Cost, Year of Commencement, target date of completion and Present Status of the Project -
Tender cost at present

6. Physical Achievements during the year 2023-24:
New Procurements and installations of medical equipment :
1. Medicine Deptt. -- Echo Machine, ABG Machine, Dialysis – RO Plant.
2. Pediatrics' Deptt.--ABG Machine, Warmer, Weighing machine, Infusion Pump, Infantometer.
3. Miscellaneous consumable medical equipment.

7. Proposed Physical Targets for the year 2024-25 :
Procurement of Machinery and Equipment as per list attached.

8. Other details, if any

Budget Plan and Work Plan for the year 2024-25 with the list of equipment required

(Rs. In lakhs)

Sl. No	Particulars	Budget Head	BE 2024-25	Work Plan	Items to procure	Remarks
	Revenue					
1	DDUH, revamping of Hospital Admn.	22100111091	33073	General /Routine Expenses in the process of revamping of hospital		
2	Computerization of Hospital Records	22100111045	15	Procurement of general items for Computerization of general Hospital Record.	New/advance Computers, photocopier, scanner etc. for various branches including MRD,Accounts Branch, Establishment Branch.	
3	Hospital Waste Management	22100111044	20	Misc. Revenue expenses for management of hospital waste	Procurement of general usage items.	

4	Establishment of DDU Medical College	22100510567	-			No fund allocated
	Total Revenue	**2210**	**33108**			
	Capital					
5	DDUH- Machinery & Equipment	421001110940052	*400	Installation of medical machinery and equipment	As per list attached.	Requirement of additional budget
	DDUH - Information, Computer, Telecommunications (ICT) Equipments	421001110940071	200	HMIS	Procurement of items for Computerization of Hospital Record.	
	Total Capital	**42100111094**	**600**			
	Grand Total (R+C)		**33708**			

***TOTAL REQUIREMENT OF BUDGET FOR 2024-25 = RS.17.62 CRORE**

***BUDGET ALLOCATED UNDER BE 2024-25 = RS. 4.00 CRORE**

LIST OF MACHINERY & EQUIPMENTS REQUIRED (2024-2025)

Sl. No.	Name of Equipment	Estimated Cost (Rs.) (Approx)	Quantity
MICROBIOLOGY DEPARTMENT			
1.	Automated System for culture of Blood and Sterile	40-50 Lakhs	01
2.	Automated identification and Antibiotics susceptibility	20-30 Lakhs	01
3.	Autoclave	5-6 Lakhs	01
4.	Bacteriological spore reader incubator	2-3 Lakhs	01
5.	Bio-safety Cabinet class II A2	13-15 Lakhs	01
	TOTAL	01 CRORE APPOX.	
PATHOLOGY DEPARTMENT			
1	FULLY AUTOMATED IMMUNOASSAY ANALYZER	35-40 LAKHS	01
2	CENTRIFUGE MACHINE	50-60 THOUSAND EACH	05
3	BINOCULAR MICROSCOPES	70-80 THOUSAND EACH	04
4	PHARMACEUTICAL REF.		02
5	TISSUE FLOATATION BATH		02
	TOTAL	0.45 CRORE APPOX.	
ORTHOPEDICS DEPARTMENT			
1.	ORTHOPEDIC OT TABLE	25 LAKHS	02
2.	ELECTRO MAGICAL CANTERY	15 LAKHS	02
3.	ORTHOPEDIC DRILL & SAW SYSTEM	30 LAKHS	03
4	ARTHROSCOPY WITH ACCESSORIES	20LAKHS	01
5	ENDOSCOPIC SPINE SURGERY SET	25LAKHS	01
6.	PROXIMAL FEMORAL NAILING SET	03LAKHS	01
	TOTAL	1.20 CRORE APPOX.	
ACCIDENT & EMERGENCY DEPARTMENT			
1	ABG MACHINE	4-5 LAKHS	01

Sl. No.	Name of Equipment	Estimated Cost (Rs.) (Approx)	Quantity
2	ELECTRONIC WEIGHING SCALE FOR ADULT	18-20 THOUSAND	01
3	BREATH ANALYZER	80-100 THOUSAND	05
4	TRAUMA CARE HANDLING STRETCHER SYSTEM	2-3 LAKHS	10
	TOTAL	0.10 CRORE APPOX.	
BLOOD BANK DEPARTMENT			
1	HEMO MIXER	3.50 LAKHS	04
2	ELISA READER	5-6 LAKHS	01
3	ELISA WASHER	7 LAKHS	01
4.	PLASMA THROWER	12 LAKHS	01
5	TUBE CENTRIFUGE	01 LAKHS	04
6.	DONOR COUCH	02 LAKHS	04
7	DONOR WEIGHING MACHINE	1500-2000 THOUSAND	04
8	BLOOD BOG WEIGHING SCALE	80- THOUSAND	02
	TOTAL	0.35 CRORE APPOX.	

OCCUPATIONAL THERAPY DEPARTMENT			
1	COMPUTERIZED PENDULUM ARGOMETER CYCLE	20- THOUSAND	01
1	MOBILE OPERATING LIGHT	3.60-4 LAKHS	01
2	CAUTERY MACHINE	2.5-3 LAKHS	01
3	OT TABLE	9-10 LAKHS	01
4	PNEUMATIC SEQUENTIAL COMPRESSION MACHINE	1.5-2.0 LAKHS	031
5	OVER HEAD OT LIGHT (FOR EMERGENCY)	5-6 LAKHS	01
1	COMBINATION THERAPY UNIT (IFT +U)	3 LAKHS	01
2	EMG BIOFEED BACK UNIT (SD CURVE, PENADIC TENS ETC.)	4.5 LAKHS	01
3	LASER THERAPY UNIT	4 LAKHS	01
4	LONGWAVE UNIT	5 LAKHS	01
5	SORT WAVE DIATHERMY (SWD)	4.5 LAKHS	01
6	US THERAPY UNIT	1.25 LAKHS	01
1	PATIENT TRANSFER TROLLEY	2-2.5 LAKHS	6
2	DEFIBRILLATOR	3.5 -5 LAKHS	6
3	PATIENT WARMING SYSTEM	3 -5 LAKHS	9
4	MULTI-PARA MONITOR (A) WITH ETCO2 (B) WITHOUT ETCO2	 3-5 LAKHS 2-3 LAKHS	 2 13
5	ANESTHESIA WORKSTATION	4-4.5 LAKHS	4
6	FLUID WARMER	2-3 LAKHS	4
7	TYPE A OXYGEN CYLINDER AND NO2	6-8 THOUSAND	50
8	STERILIZERS-CSSD	30-32 LAKHS	3
9	ICU BEDS	2 LAKHS APPROX	14
10	THEATRE SUCTION UNITS	20-25 THOUSAND	7
11	VIDEOLARYNGOSCOPE		2
12	FIBREOPTIC BRONCHOSCOPE MONITOR	50 THOUSAND (APPROX)	2
13	ABG MACHINE	4-6 LAKHS	1
14	DVT PUMP	1-1.5 LAKHS	3
15	AIR MATTRESS	1-1.5 LAKHS	14
16	AUTOCLAVE FOR OT	5- 8 LAKHS	3
	TOTAL	1.27 CRORE APPOX.	
E.N.T. DEPARTMENT			
1	OPERATING MICROSCOPE	40 LAKH	01

2	FIBRO OPTIC LARNGOSCOPE	25-30 LAKHS	01
3	VIDEONYSTAGMOGRAPHY	25 LAKHS	01
4	OT-TABLE	5 LAKHS	01
5	OT LIGHT 1. PORTABLE2. TOP LIGHT	2-3 LAKHS 3-4 LAKHS	01
6	COBLATOR	10-15 LAKHS	01
7	MICRODEBRIDER	20-22 LAKHS	01
	TOTAL	1.45 CRORE APPOX.	
PEDIATRICS DEPARTMENT			
1	CPAP MACHINE PEDIATRICS	20-22 LAKHS	04
2	BREAST PUMP	4-5 LAKHS	02
3	T-PIECE RESUSCITATORS	2-2.5 LAKHS	02
4	DOUBLE SURFACE PHOTOTHERAPY	1.5-2 LAKHS	02
	TOTAL	0.30 CRORE APPOX.	
OPTHALMOLOGY DEPARTMENT			
1	GREEN LASER MACHINE	80-99 LAKHS	01
2	OPHTHALMIC BIOMETER	80-99 LAKHS	01
3	PHACO EMULSIFICATION MACHINE	60-90 LAKHS	01
4	OPHTHALMIC OPERATING MICROSCOPE	60-90 LAKHS	01
	TOTAL	3.80 CRORE APPOX.	
DENTAL DEPARTMENT			
1	ELECTRONIC DENTAL CHAIR WITH COMPRESSOR AND ACCESSORIES	4.5LAKHS APPX.	01
RADIOLOGY DEPARTMENT			
1	3T MRI MACHINE	APPX. 4-5 CR.	01
2	1000 MADIGITAL RADIOGRAPHY WITH FLUOROSCOPIC X-RAY MACHINE	APPX. 1-2 CR.	01
3	DIGITAL MAMMOGRAPHY MACHINE	50-60 LAKHS	01
4	DIGITAL OPG MACHINE	9-10 LAKHS	01
	TOTAL	7.7 CRORE APPROX.	
SURGERY DEPARTMENT			
1	MOBILE OPERATING LIGHT	3.60-4.00 LAKHS	01
2	CAUTERY MACHINE	2.5-3 LAKHS	01
3	OT TABLE	9-10 LAKHS	01
4	PNEUMATIC SEQUENTIAL COMPRESSION MACHINE	1.5-2.00 LAKHS	01
5	OVERHEAD OT LIGHT(FOR EMERGENCY)	APPX. 60 LAKHS	03
	TOTAL	**APPX. 0.79 CRORE**	

7.12. DELHI STATE CANCER INSTITUTE

Delhi State Cancer Institute, a Cancer Hospital with100 sanctioned bedsis situated in UCMS- GTBH Complex at Dilshad Garden in East Delhi Started on 5/04/2006 and 50 sanctioned beds in West C2/B, Janakpuri started on 13.03.2013.

Firstphase facilities at this Institute with OPD services, ChemotherapyandLinearAcceleratorbasedRadiotherapyfacilitywere formallyinauguratedbytheHon'ble Chief Minister of Delhi on the 26th August2006. The Institute has been making consistent progress in all its activitieseversinceitsestablishment.Onehundredbeddedin-patientsfacilityconsistingofGeneralWards,Semi-

privateWards,PrivateWardsandDeluxeSuiteshavebeencommissioneddurin gFY2010-11alongwiththeexistingthirty-twobeddedday careset up. Allfacilitiesincludingmedicinesareprovidedfreetoallthepatients.Whilethe OPD and allsupportservicesforallthepatientsareavailablefrom7.00AMto5.00PMon allworkingdaystheemergencyservicesare available on round-the-clockbasis.

ThehospitalhasthelatesttechnologyRadiodiagnosisfacilities with 128-sliceCT-ScannerwithRT-Simulation,DigitalX-ray,Digital-Mammography,High-endUltrasoundwithBreast-ElastographyandRFA.All theseequipmentsareonPACSandLANforonlinereportingandaccess.Ultra-modern,fullyautomatedLabequipmentsforHematology,Biochemistry,Im munoassayandMicrobiologyallconnectedthrough LAN for instantonlinereportingandaccessareavailableto provide necessary laboratorysupport.

Thebriefperformancestatisticsofthehospitalduring2022-23andpreviousyearsisasunder:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	150	223	18519	455449	14436	0	12295	902	8584
2019-20	100+50	223	13191	283988	8995	0	6934	382	4185
2020-21	150	223	84410	64776	2546	0	2090	152	499
2021-22	150	169 (East)+18 (West)Yet becommissioned	5853	85640	2650	0	3396	149	1271
2022-23	150	169	7713	259825	7568	0	4628	105	1656
2023-24	150	169	6292	216793	15585	0	5105	132	1162

ANY OTHER FUTURE PROPOSALS/RELEVANT INFORMATION TO THE HOSPITAL:

- Recruitment of Medical, Para-Medical and Ministerial / Non Ministerial being planned.

MAJOR ACHIEVEMENTS DURING 2023-24 / ANY OTHER RELEVANT INFORMATION:

- Average number of patients in Out-Patient Department (OPD) per month 8641
- Average number of patients in casualty / emergency per month - 1416
- Bed Occupancy- 86%
- Average number of patients in In-Patient Department (IPD) per month-411
- Tender finalization of L.M.O & RC (Drug/Medicine)
- IHC Consumable tender finalization
- Procurement Bench top Cartrifuge-02 Units

7.13. DR. B.R. SUR HOMOEOPATHIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE

Dr.B.R. SurHomoeopathicMedicalCollege, Hospital and Research Centre is a pioneerHomoeopathic institution situated inNanak Pura, MotiBagh, New Delhi with a vision to healandcurethesufferinghumanitywithcompassion&care and to be recognized

aspremierhomoeopathicinstitutioninmedicaleducationandresearchandwithamissiontobecenterof excellenceinHomoeopathichealthcareservices,medicaleducation,andresearch.Itwas establishedinNovember1985byDr.B.R.Sur,who wasagreatphilanthropist and aleading Homoeopath of Delhi. The hospital started functioning in the year 1986 with its diagnostic facilitieslikeX-ray,Ultrasound,ECGandPathologyLaboratory.Dr.B.R.Sur donated theinstitution to the Govt. of NCT of Delhi on 2nd October 1998. The Indoor Patient Department wasstarted on 12thSeptember 2000. At present, the hospital is running with the capacity of 50 indoorpatient beds and all basic medical facilities. All services, including medicines are provided to thepublic free of cost. The OPD and IPD facilities are also utilized for the clinical training of interns.The annual patient turn over in OPD is of about 70 thousand patients. It is providing health carethroughGeneralOPDsandspecialclinicsinPediatrics,Geriatrics,Gynaecologyandfamilyplanning, Lifestyle Disorders, Thyroid Disorders, Psychiatry, Arthritis, Respiratory Disorders, SkinDiseases,RenalStones,Eye,ENT,andPhysiotherapy.

Thisinstitutehasbeenentrustedwiththeresponsibilityofprovidingandpromotinghomoeopathic education and training and setting up the standards in the fields of research andcommunityhealthcare.Significantprogresshasbeenachievedsincetheinceptionoftheinstitution intheDirectorateofAYUSH,Govt.ofNCTofDelhi.ThefirstbatchofBHMSstudentswas admitted inAugust1999. This is aco-educational institutionand preparesthe students forthe award on Degree of Bachelor of Homoeopathic System of Medicine and Surgery of Five & halfyear duration (including one year compulsory internship). The college is affiliated to Guru GobindSingh Indraprastha University and is recognized by the Central Council of Homoeopathy (NowNational Commission for Homoeopathy). The annual sanctioned intake for the BHMS course is 63students.Theinstitutionhas12teachingdepartments,andaLibrary with more than 5500books. The departments are being strengthened as per the regulations laid down by the CentralCouncil of Homoeopathy. The institute is under MoU with Deendayal Upadhyay Hospital, HariNagar,MaternityCentre,R.K.PuramandperipheralPHCsfortrainingofstudentsinSurgery,Gynaecology and Obstetrics, Accident and Emergency and Post-mortem examination etc. VariousCMEs, research projects and skill development programmes are also being conducted. Students,InternsandstaffoftheInstituteactivelyparticipateinalltheNationaland State levelprogrammesforthepublicbenefitlikePulsePolio,FamilyPlanningProgramme,WorldPopulationDay,RogiSurakshaSaptah,WorldHeartDay,InternationalDayofGeriatricPeople,WorldDiabetes Day, Vigilance Awareness Week, National Newborn Week, NSV fortnight, voter's day,World hearing week etc and World Health Day etc.Institute is regularly updating its website andsocialmediaaccounts-Facebook,Instagramandtwitter.

Apart from imparting qualitymedical educationandpatient care various, public health initiativeshavebeentakenbythestudents,staffmembersandfacultyof B.R. Sur College. Under theprogramme of Kayakalp and Swachhta drives numerous public awareness programmes, swachhtarallies,plantation drives,cleanlinessprogrammes,hand hygiene trainingsforschoolchildrenandcommunity at large in collaboration with various RWAs are being conducted. In collaboration withNGOslikeRoshnifreesanitarypadvendingmachinesandincineratorsarerecentlyinstalledforstudent's and patients and institute is workingon 'say no to single use plastics' to make dream of 'CleanDelhi',areality.

Instituteemphasisethattheobjectivesof medical education can only be achieved if underlyinggoalistoimprovethepublichealth,andthisinvolvesaddressing all components that influencehealthdirectlyorindirectly.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)					No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC	IPD	Major	Minor
2018-19	50	50	22836	41633	0	0	232	0	0

Year	No.ofBeds		No.ofPatients(OPD)					No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC	IPD	Major	Minor
2019-20	50	50	22415	42024	0	0	217	0	0
2020-21	50	50	12738	17222	0	0	0	0	0
2021-22	50	50	16174	24317	0	0	69	0	0
2022-23	50	50	19466	32266	0	0	385	0	0
2023-24	50	50	20514	39533	0	0	253	0	0

Achievements2023-2024

Hospital activities and achievements:-

- OPD- ENT/PAEDTRIC/EYE.
- IPD- 50 Beds.
- Clinical Pathology Lab.
- Diet/Physiotherapy/Yoga Educational Services.
- UG-63 seat, PG-06 seat (POM & Mat-Medica 3 in each).
- Interns clinical posting in DDU.
- New X-ray machine has been installed and started working w.e.f Jan 2024.
- Screening of children and pregnant women for anaemia and setting up of anaemia management room
- Setting of screening OPD for diabetes free diabetes and lifestyle disorders.
- Two beds have been ear marks for elderly patients.
- Demographic details of patients reporting to OPD are entered in excel sheet instead of paper register.
- Initiation of process for computerized registration counter.
- An outreach OPD started at Tamana School of Hope (NGO) for Autistic children.
- NSV fortnight of Psychiatry program conducted from 21st November 23 to 4th December 23.
- Twelve different project OPD's are running daily from Mon to Sat & Geriatric OPD on Sunday.
- Registration Counter timing 7:30 am to 2:30 pm (Mon to Friday) and 7:30 am to 11:30 am on Saturday.
- Diagnostic Service Laboratory/Radiology X-Ray/USG procurement is under process.

Academic activities and achievements

- Initiation of the PG course of 3 years duration in two subjects namely Materia-Medica and Practice of medicine.
- Implementation of yoga in the curriculum of first BHMS.
- Appointment of guest teachers -pediatrician, Clinical pathologist, radiologist and biostatistician.
- Collaborative research with CCRH on drug proving is being conducted.
- Collaborative research project with society for endocrine healthcare for elderly adolescence and children (SEHEAC).
- Conduction of short term studentship (STSH) program of CCRH.
- Renovation of the PG department with installation of the air conditioners in the classrooms.
- Renovation of the Auditorium with three tower AC installation. Painting of the outside wall of the Auditorium has also been done.
- Construction of two new classrooms with attached toilets and other facilities for UG.
- Settlement of the pending amount with the IP University.
- Organization of orientation programs for 1st BHMS and interns.
- Programs for the skill development disaster management BLS for the staff and the students.
- Election of the student council, CR, VCR.
- Selection of Student champions.
- Orientation program on Opportunities after BHMS for the passed out batch of interns.
- Students participated in the Annual sports and cultural Festival 'Goonj-2023'.

- SHMC participated in IPU Health Mela on Silver Jubilee year of GGIP University & got Certificate of Appreciation.

Administrative activities and achievements

- New X-ray machine and CR system has been installed
- Atomic energy regulatory board (AERB) certificate and TLD badges obtained for X ray department.
- Additional terms and condition for ultrasound machine finalized bid to be uploaded soon after administrative approval.
- A full time facility of Canteen has been made functional after completion of all codal formalities on GeM Portal.
- Process for increase of lease line speed for the hospital and the college rooms has been initiated
- Bi lingual sinages have been installed at various places in the hospital and the college premises.
- Floor plans have been installed on the walls of all the floors.
- Fire safety certificate has been obtained.
- Condemnation of old items has been done.
- Initiation of process for NABH accreditation & early level fee has been deposited & all NCs' have been uploaded.
- Conducted training Programs for Skill Development, Disaster Management, BLS and First aid, etc for the Students and Staff in March and April 2023.
- World homeopathic day was celebrated on 10th of April 2024 in collaboration with directorate of Ayush.
- The preparedness of the Hospital in view of the surge in the COVID-19 was ascertained through the mock drill conducted on 11/04/23.
- Memory screening camp for elderly was organized on 1/05/2023 in collaboration with an NGO 'Hope ek A.S.H.A.'
- Earth day was celebrated by organizing a plantation drive of medicinal plants on 04.05.2023 by Swachhta Committee.
- Celebrated Environment day by organizing Quiz competition.
- The International day of Yoga was celebrated on 21 June 2023 in Dr. B.R.Sur Homoeopathic Medical College, Hospital & Research Centre.
- Various programs and trainings were conducted by the BMW committee throughout the year.
- Training program on primary trauma care was attended by the faculty members, PG students and house physicians. It was conducted at the Directorate of Ayush from 10/07-14/07/2023.
- Founder's Day was observed on 21/08/2023 organised by Cultural committee.
- Training program on 5S and standard cleaning practices on 11.8.23 for interns, doctors, nurses and other staff members
- Anti tobacco campaign was organised in the OPD area on 10/06/23. NukkadNatak was conducted on the occasion.
- Swachhata committee organised an awareness program on Say no to plastics in collaboration with NGO Roshni on 14/08/23.
- Role of Meditation in stress management was organised for all the students and staff members on 20/08/23.
- Teacher's day was celebrated on 5/9/23.
- Swachhata hi seva program was conducted from first October 2023. Cleanliness drive was conducted in MochiGaon and its surrounding areas Nukkad Natak on importance of cleanliness of the surroundings hand hygiene was also demonstrated by the PG students swachata pledge was taken and swachata walk was also done.
- Unity day was celebrated on 31st October on the birth anniversary of Sardar Vallabh Bhai Patel unity run was also organised on the occasion.
- Vigilance week was observed from 30th October to 5th of November.
- Anti-tobacco campaign was conducted from 18th December to 22nd December 2023

7.14. DR. HEDGEWAR AROGYA SANSTHAN

This200bedded secondary level hospital in Trans Yamuna areas is local near KarkardoomaCourtandissurroundedbylocalitiesofKrishnaNagar,KantiNagar,and Arjun Nagar etc. Thehospital is spread over acres of land. The OPD services of the hospital in limited specialties werestarted in November 2002 in the partially completed building. The Hospital at present is providingbothIPDandOPDserviceswithsupportingDiagnosticServices.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	200	231	345282	236376	193911	7238	16398	3449	9092
2019-20	200	231	370601	256147	170776	10346	15726	2658	7099
2020-21	200	238	184458	121106	98720	8577	13649	255	3690
2021-22	200	238	240068	164681	98888	10527	11497	1471	5193
2022-23	200	238	368904	262812	163456	11594	11083	1680	6692
2023-24	200	238	342125	205777	155938	11803	11423	1444	7823

Majorachievementsduringtheperiodfrom01.04.23to31.03.24anyotherrelevantinformation:

1. DHAS is conducted regular blood donation camps, outdoor and indoor.
2. Installation of new equipment including deep freezer, Platelet incubators & Agitators, Blood collection monitors and Automatictismo Processor etc.
3. Regular training are being conducted by a dedicated team of ICN & master trainers of all HCW's including Nursing Orderly & safai karmchari for managing & handling of BMW as per recent guidelines.

Anyotherfutureproposals/relevantinformationofthehospital:

1. Proposal to procure 500 MA digital Digital X-Ray machine.
2. Proposal to purchase New USG color Doppler machine.
3. Remodeling and up gradation of hospital from 200 to 575 bedded hospital.
4. Augumenty component separation unit with addition of new refigrated centrifuge machine in near future.
5. Encourage Nursing Officer incharges to maintain updated documentation, perform regular trainings and follow recent guidelines for BMW handling.

7.15. DR. N.C.JOSHI MEMORIAL HOSPITAL

Dr.N.C.JoshiMemorialHospitalisa100beddedsecondarylevelhospitallocatedinmidstofcityin Karol Bagh in Central Delhi. The hospital was established in 1970 as an Orthopedics Hospital.The hospital services since then have been strengthened and upgraded upto the present level inphasedmanner.Dr.N.C.JoshiHospitalismainlyaSpecializedOrthopedicHospitalbut nowseveralgeneralspecialtieslikeMedicines,Eye,ENT,andGynaeetchavebeenaddedtotheexistin gOrthopedicFacilities.

Thebriefperformancestatisticsofthehospitalduring2023-

24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	60	155907	120670	35025	0	2024	785	1990
2019-20	100	60	176466	131226	11512	0	1460	620	1734
2020-21	100	60	136862	70543	16774	0	408	64	630
2021-22	100	60	174766	77530	21156	0	718	311	821
2022-23	100	60	214735	122804	30026	0	1243	561	1491
2023-24	100	60	215022	121224	32283	0	1163	464	2300

7.16. GOVIND BALLABH PANT HOSPITAL

TheFoundationstoneofGovindBallabhPantHospitalwaslaidinOctober1961andwascommissioned by the Prime Minister Late Pt. Jawaharlal Nehru on 30th April 1964. From a veryhumble beginning with 229 beds, indoor admissions of 590 patients and Outdoor Department(OPD) attendance of 8522 in 1964-65, the hospital has gradually expanded over the years. Nowthis is a 758 bedded hospital. The hospital is a nationally recognized tertiary care institution forCardiac, Neurological and Gastrointestinal Disorders. It offers specialized medical and surgicaltreatment.

It is one of the reputed centers for post-doctoral teaching and training and recognized for manypath breaking researches. The Institution is recognized by Medical Council of India and UniversityGrants Commissionas an independent post graduate college affiliated to University of Delhi. Theinstitution offers Post-Doctoral D.M. degrees in Cardiology, Neurology and Gastroenterology andM.Ch.degrees in Cardio Thoracic Surgery, Neuro Surgery and Gastrointestinal Surgery. Studentsare also admitted in M.D. courses in the fields of Microbiology, Pathology, Psychiatry and Radio-Diagnosis-in-association with dental Azad Medical College-a sister institution. In addition, manydepartmentsarerecognizedforPh.D.Courses.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)		Emergency	MLC	IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old				Major	Minor
2018-19	758	735	124007	852363	25281	0	31533	4407	164
2019-20	758	747	116942	831228	23561	0	30834	4148	126
2020-21	756	747	56860	325407	20444	0	15096	2341	73
2021-22	758	758	80567	461111	24854	0	20962	3038	118
2022-23	758	758	102285	559666	26130	0	26448	3704	149
2023-24	758	758	99951	645038	24758	0	29203	3898	383

7.17. GURU GOBIND SINGH GOVT. HOSPITAL

Guru Gobind Singh Government Hospital, Raghubir Nagar, New Delhi, is a 150 bedded hospital established in the resettlement colony of Raghubir Nagar, West Delhi, under the Special Component Plan (SCP) of the Delhi Govt. with a view to provide secondary level health care to low Socio Economic Group of people in Raghubir Nagar and adjacent area. Hospital is providing following patient care facilities round the clock along with routine OPD services in Medicine, Surgery, Orthopedics, Eye, ENT, Pediatrics, Obstetrics and Gynecology, Physiotherapy, etc.

- HDU
- Emergency
- Casualty
- Nursery
- LabourRoom
- OperationTheater
- AmbulanceService
- Laboratoryservices
- Radiologyservices

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	200	274790	212761	151723	4352	21226	3884	10207
2019-20	100	200	281841	181314	156766	4281	18804	3703	6371
2020-21	100	200	154511	95794	113857	3832	12488	1682	1984
2021-22	100	200	154511	95794	113857	3832	12488	1682	1984
2022-23	150	200	320775	197276	173488	4583	15865	3117	3985
2023-24	150	150	321360	206827	181491	4895	14234	3543	5479

MajorAchievementsduringtheYear2023-24

1. SOPs made for most of the services under Quality care for patients.
2. Patient feedback is taken regularly and monitored.
3. Prescription audits are conducted regularly.
4. Employee of the month scheme has been implemented to motivate the staff.
5. Improvement in facilities for the patients.
6. OST Centre fully functional.
7. Weeding out of old record policy has been initiated.
8. Prescription Audit-Prescription Audit is being conducted regularly for taking corrective measures.
9. Distt., Early intervention Centre(DEIC) work is partially functional
10. Idea box for suggestion/ideas for improvement of hospital services has been installed utside the MS office.
11. Disposal of condemned items is a regular activity.
12. Efforts are made actively by hospital for 100% availability of the EDL Drugs.
13. Hospital has received NQAS National Level Certification in May 2018 for 3 yrs. → Re-certification of NQAS for 3 years from April 2022 - March 2025.
14. Recently, Computed Radiography (CR) System is installed and digital films are being provided to the patients by the Radiology Department. 100 MA X-Ray and 500 MA X-Ray machines have been installed.
15. Construction of 472 beds block is near completion.
16. New CCTV Surveillance system has been installed in the hospital premises along with outer areas.
17. New Sample collection center has been made which is functional.
18. Labor Room has been renovated with a provision of a separate septic labor room.
19. Dialysis center with provision for 10 machines functional in PPP (Public Private Partnership) mode.
20. Fever Corner - round-the-clock screening facility for patients presenting with symptoms of corona
21. Certification of 'LAKSHYA' for 1 year.
22. State assessment for 'MUSQAN' in April 2023.
23. Diploma in Obs & Gynae (NBEM) has been started.

7.18. GURU NANAK EYE CENTRE

Guru Nanak Eye Centre was conceived in 1971 with a view to provide best eye centre to residentsof Delhi. The name of institution was adopted as GNEC with a view to maintain the teaching ofGuru Nanak & initial support was provided by Gurudawara Prabandhak Committee Delhi. TheOutpatientDepartmentBlockstartedfunctioningin1977and the IndoorPatients werekeptineye wardofLNJPHospital.GNECbecameadministrativelyindependenton14th March 1986 withcompleteindoorfacility.184beddedhospitalsstarted functioning in small building. Guru NanakEye Centre, presently a 212 bedded eye hospital is part of MAMC-LNH-GBPH-GNEC Complex.

ThehospitalisattachedtoMaulanaAzadMedicalCollege.TheEyeCentre,eachyear,impartscomprehensive training in Ophthalmology to post-graduates and undergraduates (as part ofMBBScourse)ofMaulanaAzadMedicalCollege.The post graduate training includes clinical,researchandotheracademicactivities.Besides,thecentrealsotrainsfacultymembersfromtheinstitutionscomingforspecializedtraining.A number of Ophthalmologists are trainedundernationalprogrammeforpreventionofCataractBlindnessandtheCentregetsanumberofobserversfromalloverthecountryandvisitorsfromdifferentpartsoftheworld.

ItprovidescomprehensiveeyehealthcareservicestothepublicTheEyeCentrestartedfunctioning independently in 1985. The various services provided by the Centre includes OPDservices, Indoor Services, Operation Theatre (24 hours) facilities, Emergency Services (24hours),SpecialityClinics,EyeBanks,CommunityEyeServicesthroughperipheral health center atNarela,Delhiandbybeingare feral centreoftheMotia-Mukti-BindAbhiyanProgrammeofGovernmentofNCTofDelhi.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No. ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	212	212	155160	153738	7953	359	13795	11792	1517
2019-20	212	212	137998	145470	8556	375	13009	11269	1709
2020-21	212	212	59626	88579	4054	41	5425	5090	576
2021-22	212	212	76084	74547	6160	176	7935	7494	1088
2022-23	212	212	136601	146137	7980	366	15422	13487	2334
2023-24	212	212	117704	135593	11817	498	15779	14193	2191

Anyotherfutureproposals/relevantinformationofthehospital.

Sl. No.	Schemes	Major Achievements 2023
1	Eye Donation Project 221001110060049	Collection of 560 Eyes and around 78 % utilization
2	Eye Donation Camp 221001110080049	3. Laminar flow procured 4. LED board installed (05) Rs. 239990
3	CME / Training 221001110090049	CME was conducted and on training expenditure of Rs. 0.004 Cr. Was done.
4	Amblyopia Free Delhi 221001110090049	The proposal was not fully materialized as fund sanctioned was less.
5	Machinery & Equipment's 421001110920052	Non Mydriatic fundus camera Rs. 5 lakh Pharmacist regrigerator (1200 Lts) Rs. 5 lakh

6	Annual Scientific Programme 221001110070049	DOS monthly meet (CME) was organized on 24.09.2023 with good attendance from doctors and residents from various hospitals in Delhi GNEC Foundation Day celebrations comprising of scientific program was successfully organized on 14.03.2023
7	Establishment & New Units / courses 221001110030049	Low vision clinic started as on 10th July 2023
8	Expansion of Guru Nanak (PWD) 221001110108627	1. Renovation /up-gradation of Auditorium at GNEC, New Delhi. (Sh:- SITC of Audio / Video System, Internal Electrical Installation etc.) (Electrical) 2. Replacement of old existing 3 Nos. 60 TR central AC Plant at GNEC, New Delhi Rs. 66.59 Lac. (Electrical) 3. 100 % for on-going works (Civil)

Future proposal for the year 2024-25.

Sl. No.	Schemes	Future Proposal (2024-25)
1	Eye Donation Project 221001110060049	Aim to achieve around 700 corneas.
2	Eye Donation Camp 221001110080049	Aim to achieve 750 corneas (at least) and to minimize IEC actions for monitoring general public encouraged toward eye /cornea donation.
3	CME / Training 221001110090049	To increasing the training activity and No. of sessions to upgrade the skill set JR, SR, Trainees, PG's etc.
4	Amblyopia Free Delhi 221001110090049	To achieves reduction monocular in childhood blindness, once we obtain AA/ES and depending upon time period available to us.
5	Machinery & Equipment's 421001110920052	
6	Annual Scientific Programme 221001110070049	Proposal is under process and likely to be completed in the time frame.
7	Establishment & New Units / courses 221001110030049	To initiate bachelor of optometry courses at GNEC with annual intake of 20 students. That optometrist who shall study at GNEC in return will increase the work force for imparting netter and efficient care and treatment of General public. Scheme will benefit in early detection and treatment of refractive errors and other ocular diseases.

Sl. No.	Schemes	Future Proposal (2024-25)
8	Expansion of Guru Nanak (PWD) 221001110108627	**1.** Replacement of NCDC approval Evaporative type desert coolers at ward block & Registration hall in GNEC, Delhi(Electrical) **2.** Supply, Installation, Testing & Commissioning of Floor Mounted Air Handling Unit with dual motor for OT premises at GNEC, New Delhi Rs. 15.85 (Electrical) **3.** Sapply, Installation, Testing & Commissioning of Floor Mounted Air Handling Unit with Dual motor for OT Premises at GNEC, New Delhi. Rs. 9.67 Lac (Electrical) **4.** S.I.T.C of street light Panel and IP based surveillance including miscellaneous EI works for security purpose in GNEC Campus, New Delhi. Rs. 13.59(Electrical) **5.** Replacing the existing outlived LT Panel & Emergency Panel at GNEC. Rs. 31.22 lakh. **6.** 30 lakh for on-going works (Civil). **7.** Justification of budge6t in MH 2210 (Maintenance & Repair) as per yard stick (Civil)

7.19. GURU TEG BAHADUR HOSPITAL

Guru TegBahadurHospital is the prestigious and largest hospital situated in Dilshad Gardenarea of Trans-Yamuna (East Delhi) with 1571 sanctioned beds. The hospital is started functioningin 1985 with 350 beds. The hospital is tertiary care teaching hospital associated with UniversityCollege of Medical Science. The hospital serves as a training center for undergraduate and Post-Graduate Medical students. The hospital also runs 3½ Years Diploma in Nursing and MidwiferycourseinitsSchoolofNursing.Thehospitalprovidesround theclockEmergencyServiceincommon clinical disciplines including Neurosurgery Facilities for road side accident and otherTrauma victims, Burn Care Facilities, Thalassemia Day Care Center, CT-Scan, Hemo-dialysis andPeritonealDialysisbesidesOPD/IPDservicesinbroadbasicspecialties.

G.T.B. Hospital runs a fully equipped regional Blood Bank Centre which a part from fulfilling the needs of this area as a Blood Bank also has facilities for providing various fractionated blood components. OPD and IPD registration, Blood Sample Collection Centres, Admission and Enquiry, Lab. Investigation Services and Medical Record Data have already been computerized and integrated through LAN.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No. ofBeds		No. ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	1512	1448	1241050	918163	402416	34385	110231	15432	65256
2019-20	1448	1510	1119179	796977	439140	30995	10656	12204	92982
2020-21	1512	1448	136816	94292	47098	3847	26796	2736	6708
2021-22	1571	1571	492925	316389	219149	19786	61742	573	13
2022-23	1571	1439	681494	665957	383947	33916	95867	14847	29622
2023-24	1571	1400	1174353	809014	468829	31195	100922	3331	16476

Majorachievementsduringtheperiodfrom01.04.23to31.03.24 or

anyotherrelevantinformation:

1. Setting up of specialized facilities in the Obst. & Gynae department – IVF facility, fetal Medicine Services, Gynae Oncology services with a dedicated 30 bedded Oncology Ward, Uro Gynecology& Advanced Endoscopy, setting up obstetric ICU.
2. Department of Ophthalmology, GTBH is planning to upgrade itself to an advanced Eye Care Centre to be established in GTBH.
3. Department of Ear, Nose, Nose & Throat (ENT) is setting up of Smell, Taste & Allergy Centre of Excellence.
4. Osteoporosis and Metabolic bone disease clinic is being planned in the Dept. of Endocrinology, GTBH.
5. Develop a trauma centre.
6. Bone Bank: Started a nucleus for a Bone for a Bone bank in the Orthopedics Department, GTBH.
7. Augmentation of ICU beds & OTs.
8. To expand the facilities like laser surgeries.
9. Implant procurement policy: The orthopaedic implant procurement and policy need to be developed soon.
10. Starting paediatrics endoscopy, services of child psychology, EEG/TMS/Genetics taste / paediatric pulmonary function test & sleep medicine services.
11. LIS of Lab services.
12. Explansion of Lab Services.
13. Procurement of MRI, multidetector CT scan, digital mammography, digital fluoroscopy & high & ultrasounds machines.
14. AR study for above expansion and manpower requirement.

7.20. INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCE

TheHospitalforMentalDiseases(HMD),Shahdara, was established in 1966 in the EasternoutskirtsofDelhiacrosstheYamunaRiveratatimewhencustodialcareofmentallyillwasorderofth eday.Duringthisera,thesocietyhadlosthopesforrecoveryofsuchpatientsandkeptthemfaraway.Itwasavi rtualdumpinggroundforsociety'sunwantedpeople. There used to beinadequate facilities, paucityof trainedstaff and often ill-treatment topatients. Thehospitalwasconverted into a multidisciplinary institute under the Societies Act and registered as a Society bySupremeCourtorderinresponsetopublicinterestlitigation.Sinceitsinception in 1993, it hasservedasagoodexampleofhowjudicialinterventioncanbringaboutchangesforthebenefitofthe patients.Atpresent,itis functioningas anautonomous body with support from Central andDelhiGovernmentsforitsmaintenanceanddevelopmentalactivities.

InstituteofHumanBehaviour&AlliedSciences(IHBAS)isatertiarylevelMedicalInstitutedealsinpatient care,teachingand researchactivities in the field of Psychiatry and NeurologicalSciences.TheInstituteisanautonomousbodyregisteredunder the Societies Act 1860, fundedjointly by Ministry of Health and Family Welfare,Government of India and Government of NCT ofDelhi.Thishospitalwith356sanctionedbedsas providedby hospital authority with 313functioningbeds.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	500	297	87410	503285	44615	0	4356	41	39
2019-20	500	282	82823	538575	40012	58	3971	52	42
2020-21	356	236	43375	261126	36658	0	2558	21	24

2021-22	356	307	57259	310563	36797	0	2743	19	28
2022-23	356	313	70950	458601	36660	0	4300	0	0
2023-24	313	313	114130	557400	-	0	3259	-	-

7.21. INSTITUTE OF LIVER & BILIARY SCIENCES

TheInstituteofLiverandBiliarySciences(ILBS)hasbeenestablishedbytheGovernmentofthe National Capital Territory (NCT) of Delhi an Autonomous Institute, under the Societies Registration Act–1860, at New Delhi. ILBS has been given the status of Deemed University by the University GrantsCommission (UGC). The institutioned beds are situated at D-1 Vasant Kunj, New Delhi. The foundationstone of ILBS was laid in 2003. The first phase of ILBS was completed in 2009. The hospital was startedfunctioning in the year 2009 for providing special treatment of liver related problem with latest medicalfacilities.TheformalinaugurationofthehospitaltookplaceonJanuary14,2010bytheC hiefMinisterofDelhi,Mrs.SheilaDixit.ILBSenvisionsbecominganInternationalCentreofExcel lenceforthepreventionandcure,advancecompetency-basedtrainingandcuttingedgeresearchinLiver,BiliaryandAlliedSciences.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2017-18	353	217	36245	63995	8497	13	7065	1180	354
2018-19	549	234	41342	67699	8273	13	8273	1078	325
2019-20	549	284	36589	68612	8685	10	9212	985	327
2020-21	549	284	24550	50698	7449	07	7447	595	142
2021-22	549	300	32850	68567	7421	10	8721	932	200
2022-23	549	313	38087	84583	8264	04	10376	1095	234
2023-24	549	323	40465	96404	8137	01	10659	1027	204

7.22. JAG PARVESH CHANDRA HOSPITAL

The hospital is situated in Shastri Park area of North-East District of Delhi covering about amillionpopulationresidinginGhonda,Seelampur,YamunaViharandBabarpurAssemblyconstitue ncies of Trans-Yamuna area. This hospital provides secondary health care services tothe people of the above Assembly Constituencies and adjoining areas in addition to primaryhealth care services, laboratory services, MCH, family welfare services and other emergencyservices. Keeping in view of the above objective O.P.D. services at 200 bedded Shastri ParkHospital under Directorate of Health Services, Govt. of Delhi were inaugurated by Hon' bleHealthMinisteron3rdOct.2003throughapartofOPDBlockwhichwasstillunderconstruction.Co mpleteOPDBlockwashandedoverbyPWDduring2ndquarterof2005.

Thebrief performancestatistics of the hospital during 2023-24 and previousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	210	210	686367	489470	374531	12683	19993	2156	26933
2019-20	210	210	675335	433661	370188	16307	21617	2278	26709

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	210	210	321751	192131	233631	18259	15704	1100	15834
2021-22	210	210	396981	220809	269141	15537	14805	900	12480
2022-23	200	215	534115	370850	325429	18115	16009	217	7429
2023-24	200	200	592768	371930	335947	17109	18166	2145	14533

7.23. JANAKPURI SUPER SPECIALITY HOSPITAL

Janakpuri Super Speciality Hospital is an Autonomous Postgraduate Institute and 300 Bedded Super Specialty Hospital. The hospital is running the clinical departments of Cardiology, Neurology, Nephrology and Nuclear Medicine (Thyroid clinic) with all the relevant services. We are in the process of establishing the clinical departments of Cardiothoracic & Vascular Surgery, Neurosurgery, Gastroenterology, GI Surgery, Urology and Endocrinology. The hospital has an NABL accredited Laboratory with Pathology, Biochemistry, Microbiology and Blood Storage units. The Radiology department of the hospital is well equipped for conventional Radiology and Ultrasonography services. The hospital is also running a complete Physical Medicine & Rehabilitation Department with the services for Physiotherapy, Occupational Therapy and Speech Therapy. The two facilities of Dialysis Unit and CT Scan & MRI are available in the hospital on PPP mode. The project of installation of seven Modular Operation Theatres has been completed and two OT have started functioning. The OPD and IPD services as well as the diagnostic services have gradually increased over the past years and it is our endeavor to keep expanding the availability of services and to continue improving the existing services.

Basic Statistics / Statistical Abstract of JSSH

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	300	100	47821	326175	0	0	3577	0	0
2019-20	300	100	36718	340872	0	0	4003	0	0
2020-21	300	100	104334	181474	0	0	2115	0	0
2021-22	300	150	85834	181672	0	0	7877	0	0
2022-23	300	150	55571	315905	1065	0	3791	0	33
2023-24	300	150	57133	357973	3336	0	5108	0	753

Major achievements duringthe period from01.04.23to 31.03.24any other relevantinformation:

	Key Targets of the Department Indicator (Adopted from Planning Department, GNCTD)	Current Value	Proposed Target of the FY 2024-25
A	Total number of functional Delhi Government Hospitals	1	1
B	Total Bed Capacity in JSSH	150	200
C	Total number of beds with oxygen facility in JSSH (excluding COVID-19)	150	200
D	Total number of ICU beds in JSSH	30	30
E	Total number of ICU beds with ventilator facilities in JSSH	30	30

	Key Targets of the Department Indicator (Adopted from Planning Department, GNCTD)	**Current Value**	**Proposed Target of the FY 2024-25**
F	Average number of patients in In-Patient Department (IPD) of JSSH per month	426	500
G	Average number of patients in Out-Patient Department (OPD) of hospitals per day	1158	1500
H	Total number of working Physicians/Specialists in JSSH (Sanctioned Posts- 158)	88	158
I	Total number of Nurses in JSSH (Sanctioned Posts-174)	100	174
K	Total installed capacity of Oxygen plants in JSSH (in L/M)	1500	1500

S. No.	**Objective/Justification of the scheme**	**Provision of secondary and tertiary health service to people Nature of Scheme (Fill only relevant category)**	
(A)	Individual Beneficiary Oriented	Details of Benefit (category wise) Healthcare related No. of Beneficiaries Any other relevant information	• Hospital providing OPD& IPD services in Cardiology, Neurology, Nephrology & Gastroenterology • Laboratory Diagnostic Facility Radiologic Diagnostic facility (X-Ray, Ultrasonography and MRI CT-SCAN(PPP Mode), • Cath Lab • Blood storage Centre DialysisServices (PPP Mode) OT Services for Minor Procedures • Endoscopy Facility Rehabilitation Services • Dietary Services OPD – **4,16,907IPD**: 5,108 .
(B)	Community Activity Oriented	• Details of Activity • Target Groups • For vulnerable and economically weaker section No. of Institutes/Organizations receiving benefits • Any other relevant information	To provide OPD and IPD Services. To cater health care services to the population of West and South-West Delhi Senior Senior Citizen Clinic Thyroid Clinic Free Radiological & other enlisted investigations under DAK Scheme Free inhouse tests & procedures for EWS patient Free Dialysis to residents of Delhi who comes under

			EWS category Disability Board to issue Disability Certificate
(C)	Procurement Oriented	• Purpose of Procurement	Ultrasound machine with color doppler has been procured in the FY 2023-24 to provide inhouse ultrasound & color doppler facility.
(D)	Professional / Skill Development, Capacity (E) Building. Training elc.	• Details of training • No. of training programs (category wise) • No. of Trainees • Any other relevant information • No. of training programs (category wise) • No. of Trainees • Any other relevant information	Departmental training is providing in the following departments: 1. Cardiology 2. Neurology 3. Pharmacy 4. Occupational 5. Therapy 6.Physiotherapy 7.Radiology 8. Phlebotomy 9. Dietetics 10. Microbiology 11.Pathology & Laboratory

Physical Achievements of Schemes

1. Bed Occupancy – 43.44%
2. Average Number of Patient in IPD per Month-426
3. Average number of Patient in Out Patient Department (OPD) per month-34,742
4. Average number of Patient in casualty emergency per month-278
5. Machinery Purchase of Advance Medical equipment is done on need basis to add new services to the hospital after receiving demand from departments with proper justification. One advance Ultrasound with Color Doppler machine has been procured.

Sl. No.	**Target (2023-24)**	**Achievements (2023-24) (1st April, 2023 to 31stMarch, 2024)**
1	Starting Surgical Services	• Started CTVS OPD • Started surgical minor OT • Procedures like Renal Biopsy, Permacath insertion for CKD patients is being performed in Minor OT. • AV Fistula cases has been started. • Two OT have been started on dry run basis.
2	Starting Emergency / Casualty Services and Disaster Management Ward	• Casualty services started during day time. • Acute MI and other Cardiology, Neurology emergencies patients are catered and appropriate emergency treatment is being given. • Disaster management ward established at the JSSH. • Hepatitis B & Anti Rabies Vaccination Facility available.
3	Infrastructure for teaching faculties.	
	Audio visual system	• Audio visual system installed in the conference room for online dissemination of knowledge.
	Remote Teaching	• Remote teaching through conferencing and participating in CME by various departments.
	DrNB classes and academic classes	• Conducting academic classes for DrNB students and residents on regular basis.
	NML- Membership	• NML membership to access research journals for faculties and residents.

Sl. No.	Target (2023-24)	Achievements (2023-24) (1st April, 2023 to 31stMarch, 2024)
4	Starting teaching seats for DM/Mch./DrNB.	• Five (05)DrNB Cardiology Trainees have joined the institute.
5	Procurement of OT, CSSD, Kitchen, Beds, Furniture's, Consumables & Non-Consumables.	• Seven modular OT are ready and handed over to the hospital. • Kitchen services are already functional. • For better stay of patient's attendant, the attendant couch have been provided in patient waiting area. • Comfortable attendant waiting areas are functional on each floor near IPD. • CSSD services are functional.
6	Procurement of Medical Equipments	• Ultrasound with Color Doppler machine has been procured.
7	OPD Services	• One Specialist Cardiology has joined. • Gastroenterology OPD with endoscopy and Colonoscopy has been restarted.
8	Starting of Specialized Clinics	• Thyroid clinic is going on with an average number of 100-125 patients per day. • Neurology department has been running sleep lab successfully. • Around 250 patients in the year 2022-23 with movement disorder, post stroke spasticity and cerebral palsy have been utilizing and benefitting from injection Botox in Botox clinic. • Neurology department started Minor-OT procedures like muscle Biopsy and intra articular steroid injections for carpal tunnel syndrome patients. • EEG & NCV testing is being done in the department of Neurology.
9	Starting of Nuclear Medicine	• The proposal for starting PET scan on PPP mode has been forwarded to the higher authority.
10	Enhancement of Medical Super Speciality Diagnostic Services	• Emergency lab establishment • NABL Accreditation of laboratory • Continuation reaccreditation of lab tests done (now valid up to Nov 2025)
11	Enhancement of Laboratory Services	• Initiation of establishment of emergency laboratory for 24*7 emergency lab test services.
12	Enhancement of Neurorehabilitation Services	• Resumption of speech Therapy services offer the recruitment of speech therapist. • Procurement of latest Physiotherapy equipment for better and enhanced services to patients. • Upgradation of Neurorehabilitation equipments by latest version for better services to patients. • Assessment, evaluation and treatment of speech language communication and cognitive functions regardless of age. • Diagnosis and management of dysphagia (in and out patient services).

Proposed physical Targets for BE 2024-25

Sl. No.	Projects	2024-25
1	**Human Resources**: -Recruitment of Teaching Faculty- Non-Teaching Cadre including Paramedical and Nursing Cadre	• Recruitment of 100% staff against the vacant sanctioned post. To achieve this 100% recruitment is under process. Last advertisement was issued in December 2023 and recruitment process has been done.
2	Outsource Services	• Deployment of employees pertaining to outsource services are on the basis of demand and requirement of the

Sl. No.	Projects	2024-25
		institution as per needed. • Deployment of sanitation staff will be as per SIU norms. • New tender for OPD/IPD registration will be done as per concurrenceof ExecutiveCommittee (EC). • Cafeteria services will be started for employee welfare. • Augmentation of Nursing Orderly strength will be done after concurrence from Administrative Reform (AR).
3	Starting Surgical Services.	• To commissioning ofmain OT complex. • To start with basic vascular procedures once major OT becomes operational. • MGPL project will be handed over from vendor to the hospital. • Anesthesia machine will be procured to provide facility of General Anesthesia. • To start surgeries in super specialized department like Cardiology, CTVS, Neurosurgery& Gastroenterology. • Video Laryngoscope to be procure for anesthesia department.
4	Starting Emergency / Casualty Services and Disaster Management Ward	• To start emergency servicesfull time once adequate Manpower and infrastructure is available. • To provide training and mock drill to hospital staff as and when required.
5	Infrastructure for teaching faculties.	
	Demonstration Room, Cardiology	• Adequately equipped demonstration room to be developed for cardiology department.
	Other trainings	• Mandatory soft skill training and BLS training to all staff of the hospital.
6	Starting teaching seats for DM/Mch./DNB.	• To start DNB in other specialized departments like Pathology & Microbiology.
7	Procurement of OT, CSSD, Pharmacy, Kitchen, Beds, Hospital Furniture, Consumables & Non-Consumables.	• MGPL will be handed over from vendor to JSSH within one month time. • Once OT services will be functional, the remodulation of CSSD department will be plan. • A comfortable waiting area for the patients waiting for medicine from pharmacy centreto be build.
8	Procurement of Medical Equipments.	• Procurement of medical equipments to be done as per the requirement and need of the department through tendering process.
9	OPD Services	• Handling taking of DSCI West wing, which is in the premises of JSSH is under process will be completed within 6 months of time. • Once completed OPD and IPD services under Oncology department will be started. • Que management system to be installed for crowd management in OPD, Pharmacy and Diagnostic area.

Sl. No.	Projects	2024-25
10	Starting of Specialized Clinics	• Purchase and upgradation of equipments for Neuro-electrophysiology lab e.g. NCV+EMG machine, Transcranial Doppler use, r-Trans-magnetic stimulation machine. • Initiating stroke programme. Need for establishing independent DSA lab for performing endovascular procedures. • Appointment of faculty for superspeciality Neurological facilities in the department – Neurosurgeon, Neuroradiologist. • Upgradation of critical care facilities in Neurosciences ICU by approving consultants in critical care, Anesthesia and dedicated trained senior residents. • RTM stimulator will be procured. • Equilibrium Lab to be set up.
11	Starting of Nuclear Medicine	• Initiation of PETCT, SPECT/CT, Hot Lab and High Dose Ward in near future.
12	Enhancement of Medical Super SpecialtyDiagnostic Services	• 24 hours emergency lab will be operated. • Maximum specialized tests will be added. • Continuation and maintenance of NABL accreditation. • Set up of advanced equipment of hematology in emergency lab to automated body fluid cell count and reticulocyte count.
13	Enhancement of laboratory services	• Successful functioning of emergency lab services.
14	Enhancement of Neurorehabilitation Services	• Recruitment of clinical Psychologists on two sanctioned posts that will resume the very crucial service to patients. • Continuous upgradation of Neurorehabilitation equipment by newer versions that will provide updated and better services to patients. • Procurement of following Neurorehabilitation equipments which will expand the scope of Rehabilitation service being provided to patients (i) CPM (Continuous Passive Motion) machine for upper and lower limb. (ii) Treadmill with unweighing system. (iii) Latest version of workstation for better training of patients. (iv) Giving training to more rehabilitation team members for operating Neurorehabilitation equipment.

7.24. LAL BAHADUR SHASTRI HOSPITAL

This Hospital is situated in Khichdipur area of East Delhi in a resettlement colony. The hospitalcampus is spread over 10.11 Acres of land. The OPDs services of the hospital in limited specialtieswere started in December 1991 in the partially completed building. The hospital services sincethenhavebeenstrengthenedandupgradedup-tothepresentlevelinphasedmanner. Thehospital has Medical Board for issuance of disability certificate under persons with disabilities(EqualOpportunities,ProtectionofRightsandFullParticipation)Act,1995Act.

The brief performance statistics of the hospital during 2023-24

andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	105	193	495071	248022	409458	20649	30807	3955	56518
2019-20	105	193	495869	292171	348994	15677	27930	4584	52613
2020-21	105	193	326536	176085	237664	12592	21852	2878	26838
2021-22	113	160	502381	233424	271586	20783	22839	3476	32580
2022-23	108*	160	605353	242424	342318	18487	26556	3675	42998
2023-24	108	160	392833	238108	361165	24249	26585	3756	43751

Any other future proposals or relevant information of the hospital for the period 01.04.2023 to 31.03.2024.

- Construction of 460 bedded MCH Block is under progress.

Major achievements duringthe period from01.04.23to 31.03.24any other relevantinformation:

- Providing Best facilities to the patients

7.25. LOK NAYAK HOSPITAL

LokNayakHospitalisapremierpublichospitalunderGovt.ofNCTofDelhiwithpresentoperational beds of 2053. During the decades of its existence this hospital has grown enormouslyin its size and volume so as to cope with the growing needs of the ever-increasing population ofthis capital city. New State ofout OPD, Emergency Block and Indoor Ward are being constructedsome of thebuilds one already made operational and others are coming up including Ortho IndoorBlock. The catchments area of this hospital includes the most thickly populated Old Delhi are asincludingJamaMasjidandTrans-YamunaArea.Patientsattendingthishospitalfromtheneighbouringstates andotherparts ofthe city have increased manifolds.The hospital providestheGeneralMedicalCareencompassingallthedepartmentslikeMedicine,Surgery, Obst. &Gynae,Paediatrics,Burns&Plasticetc.Italsoprovidesspecializedserviceslike Dialysis,Lithotripsy,RespiratoryCare,PlasticSurgeryandothers.NewDepartmentofPulmonaryMedicineis being setup. The hospital also provides the tertiary care connected with the NationalProgrammesincludingmainlyfamilywelfare&maternityandchildhealthcare.

ThehospitalistertiarylevelteachinghospitalattachedtoMaulana Azad MedicalCollege,providingclinicaltrainingfacilitiestoUnderGraduateandPostGraduatestudents.

The brief performance statistics of the hospital during 2023-24 andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	1837	2053	912077	997883	310526	11429	111353	19500	22844
2019-20	2053	2053	861622	981354	241451	15554	103474	19017	19766
2020-21	2053	2053	37501	42872	61230	1688	28702	3266	801
2021-22	2054	2053	318494	281233	128410	8458	58005	10998	8198
2022-23	2054	2053	745639	707712	179036	14154	88443	18784	14328
2023-24	2053	2053	736421	821998	205765	15563	96729	20962	14047

Major achievements during the period from 01.04.2023- 30.06.2023

EMERGENCY MICROBIOLOGY LAB A total of 27955 samples were tested in the laboratory. A total of 1405 samples of dengue NS1 and 2005 samples of malaria were tested round the clock during the period of dengue outbreak Automated 10 and AST system installed in the laboratory has started participating in the LOAN Anal SOP was prepared and finalized as per the argument of the NOAS

DEPARTMENT OF PEDIATRIC SURGERY Advanced laparoscopic & thoracoscopic surgery was performed by the faulty of the Department. Plasma sterilizer, variety of energy sources like ligasure & harmonic scalpen in OT & ABG Machine, Defibrillator & multipara monitors on every bed had been installed. Completed Intramural project entitled "Serum MMP-7 as a diagnostic & Prognostic biomarker for Extra hepatic biliary atresia" and been submitted, Completed Intramural project entitled "Occurrence of mutation of 1p and p53 chromosome in solid tumor in children and been submitted.

BLOOD BANK Organized 10 voluntary blood donation camps indoor and outdoor. World Blood Donor's day celebration along with voluntary blood donation camp organized. Chemiluminescence automatic analyzer for screening of donor's blood before transfusion installed in the department in order to provide better testing facility of donors blood has been successfully functional.

MOI/C OPD- Senior citizen clinic, running successfully. Cleanliness & Sanitation is of utmost importance. Regular training sessions ISC material conducted. OPD data maintained compiled on basis submitted to modei agencies. Well equipped help desk in main OPD block ground floor. COVID testing done as per ICMR guidelines. Patient oriented friendly environment. Special attention to AMC, senior citizen, specially abled patients. Public address system is well placed. Grievance of patients is attended timely. NQAS data/surveillance is adequately maintained and shared with nodal agencies. Round of OPD are taken frequently. Senior citizen clinic is running successfully on Sunday. Lindoscopy started at 4 floor surgical OPD. Pediatric intensive care OPD follow up started on every Friday. ART world AIDS day program was celebrated on 01.12.2023. CPR awareness programme done on 1" floor OPD block on 06.12.2023. Endoscopy services stared in OPD.Ayush OPD running successfully unani/ Panchkarma. Anemia clinic started in 2nd floor/OBS/Gynae department.

DEPARTMENT OF ANESTHESIA AND INTENSIVE CARE- Participation of faculty and senior resident in basic and advanced life support cases. Dr. Prachi- work as faculty for AOA national, DNB examiner Hyderabad and also conducted a DNB webinar and was faculty for airway working of ISACON, BLS training ISACON-2023 Nominated by MD LNH as faculty member in technical bide, working as sole in charge of new OT block & CSSD as faculty member for preparation of OSCE for DNS exam, as an examiner for OSCE in DNB exam. Dr Preeti - participated in Delhi ISA airway work as faculty, BL5 training attended second program for the PGDHM course of NPHFW in July. Dr. Snigdha attended APPSA 2023 & EDRA workshop and also started pain service for chronic pain in LNH. Also attended 3 days palliative courage of DGHS @ AIIMS, Delhi. Organizer of guest lecture on pain among in MAMC. Faculty at APPRA (2024), observer in PC unit for 10 days in AIIMS. Dr. Riddhima attended national CME as faculty, appointed as GC Member ISA Delhi central zone. Dr. Farah- invited as resource faculty to yeneposa medical college to conduct a music therapy workshop for patients, students and faculty in dec-23.12.2023, publications case report on pulmonary embolism and brief communication on music therapy in health case scenario. Also invited by 4MC to conduct a music therapy workshop for geriatrician, faculty in Gargi college to conduct live music therapy workshop, music therapy lecture in MAMC for PG resident published paper on music therapy in USIP written a book chapter on Al in IIP book series. Dr. Ciunjan Attended as faculty member in Janakpuri super specialty hospital regarding Gas pipeline supply. Also attend meeting on 1" teb & 26 mar as faculty member nominated from LNIH for technical committee for physical inspection & technical evaluation of MGPS in ISS hospital New Delhi. Dr. Anjali- working responsibly as member of purchase committee, efficiently managing OT-1 & gynae OT as incharge, did NOAS check up of ICU-4 & tried to amend deficiency wherever possible. Dr.Vandana organized a guest lecture on intervemional pain manage strategies in MAMC in feh, was invited as faculty in PG assembly held at MAMC by dept, of paed surgery in I eh. Guest lecture on intervention pain manage. High family simulation lab established & installated. Several surgery & ortho live workshops Intervention pain relieving strategies started for chest Pain manage.

DEPARTMENT OF RADIOTHERAPY- Linear Accelerator machine is fully operational and treatment of patient (cancer patient) with the advanced radiotherapy techniques on the said machine is going on.

DIETARY DEPARTMENT-Intensive repeated regular training & counseling of food handlers regarding hygiene, and social distancing. Individual reference needs were taken care off by the interactive session with

patient by dietician Extended meal services for patients attendant & hospital staff since it initiation in January 17'2023 is being carried out till date, in spite of staff shortage. On the occasion of Anaemia free India, poster competition was organized by the gynae department, held on 28.04.2023 in the ANC room, Gynae OPD. Dietetic intern and Assistant Dietician participated in the competition and Ms. Puja Gupta, Dietetic intern won the second prize. Fire safety training was imparted to all kitchen workers and dieticians on 12.06.2023 by Mr. Arther Singh, fire safety incharge. 3 dietetic intern participated in health mela for Ayushman sewa phakwada in maternal & child health & nutrition organized by Madanpur khaddar polyclinic (Aam Aadmi) phase 2, Delhi (under LNH), south cast district in month of September October 2023. INQAS round by external team conducted in month of November 2023. World kidney day was celebrated on 14.03.2024 in medicine OPD, where a display of charts on low protein food, skit/ play by dietetic intern on importance of diet in managing kidney issues, talk by HOD of medicine, Assistant dietitian followed by Q& A, was done.

DEPARTMENT OF ACCIDENT & EMERGENCY- As a nodal centre for G-20 delegates and main casualty Decontamination centre became functional for CBRN disasters. (from 7th sept 2023 to 10th sept 2023).

DEPARTMENT OF DERMATOLOGY- Expression of stst-3 in dermis in patients of systemic sclerosis. Diagnostic accuracy of trichoscopy in primary cicatricial alopecia. Comparison of nerve conduction studles between tuberculoid pole and lepromatous pole of leprosy. Role of LRP1, HSP70 and CXCL10 in pathogenesis of vitiligo.

Anyotherfutureproposals/relevant information ofthehospital during the period from 01.04.2023 to 31.03.2024.

EMERGENCY MICROBIOLOGY LAB- Proposal has submitted for automated analyses for ID and antibiotic susceptibility testing. Proposal has floated for lying of IGL gas pipeline to the laboratory. Proposals have been submitted for up gradation of the laboratory facilities and automation of the work. Further automated blood culture system has been submitted to automate and streamline the blood culture samples being received in laboratory.

DEPARTMENT OF PEDIATRIC SURGERY- Updation of Neonatal surgical ICU & Pediatric Surgical ICU adjacent to ward 5A & 58 in Lok Nayak Hospital, New Delhi. Department library is being furnished with new books to be made in fourth floor, B.L Taneja block, M.A.M.C, New Delhi. Modular O.T., C-ARM guided surgery e.g. PNCL, Robotic surgery & Endotrainer laboratory is being planned to be made by Department in Lok Nayak Hospital, New Delhi. Fellowship programme in Pediatric Urology Processed being.

BLOOD BANK- Automation of Blood Bank and cross matching lab. NAT testing for facility of more safe blood availability for patients.

MOI/c OPD. Complete Digitalization of OPD Services. Proposal for Telemedicine in OPD. Tokenization system to be fully functional and to be streamlined. Tokenization started in OPD at various stations. E-redress system improve and in fast track basis to Strengthen public grievances & resolution at the earliest. stream line of waiting time and queuing system w.r.t tokenization/ Digitization. Cleanliness/ sanitation is of utmost importance. All patients are attended/consultation given in a time bound manner. Patient relevant satisfaction survey form is done every month. Explore options for reduction in the waiting time of the patient for OPD Consultation & registration counter..

DEPARTMENT OF ANESTHESIA AND INTENSIVE CARE- New high risk block 24 bedded ICU manpower creation post proposal sent to M.D. Pain services and clinic to be started. New high risk block manpower creation for 25 OT tables (elective OT location + 1 free emergency service) proposal. Pain procedure room to be created in OPD block for providing special pain service to the public. Training rooms to be created in OT 2 & 3 location for post graduates to maintain, Guest lectures by eminent speakers and CMES, Vacant posts of SR & specialist to be filled & selected properly. Mental health of staff & residents being catered and music therapy techniques. The training for NAQS for staff to be arranged and periodic camps for medical and paramedical staff to be arranged. Dedicated immunization for staff to be arranged as per schedule. Public awareness lecture to be conducted on anesthesia, pain among labour analysis service BL.S. More faculty rooms to be created. Proposal for RFA machine & PRP machines.

LINEN STORE-Annual forecast of demand for FY 2024-25 is proposed to be made in consultation with all stake holders for the hospital and after approval from MID

DEPARTMENT OF DERMATOLOGY-Ongoing clinical studies a study of clinico-epidemiological profile and comorbidities associated with bullous pemphigoid. Clinical profile of infantile haemangioma and its response to propranolol therapy through colour Doppler ultrasound. Association of clinico-histopathologic finding in pigmented purpuric dermatoses CME/ workshops planned for 2024- cutaneous tuberclousis, photodermotoses

DEPARTMENT OF RADIOTHERAPY - Due to installation of new machines in the department, there is acute shortage of trained man-power in the department to operate these machines. The proposal for recruitment of additional staff in various categories has been moved by the department to the competent authority.

7.26. MAHARISHI VALMIKI HOSPITAL

This 150 bedded secondary level hospital situated in rural area of North-West Delhiprovidesservicesinbroadbasicspecialities.

The brief performance statistics of the hospital during 2023-24 andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	150	190	322699	176907	137498	5953	10598	1920	11719
2019-20	150	190	344803	184485	129082	5811	9597	1963	11229
2020-21	150	190	181990	66686	78864	7141	6343	1056	8542
2021-22	150	190	201593	83901	102431	6954	6840	1684	10645
2022-23	150	150	276939	131611	101628	7493	7856	1984	15173
2023-24	150	150	266947	127516	87576	7243	8133	2113	18430

7.27. MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

MaulanaAzadInstituteofDentalSciencesis located within the Maulana AzadMedicalCollege-LokNayakHospitalCampussituatednearDelhiGate.Theinstitutehas10beddedHospital.TheCollegeandHospitalmadeitsinceptionasa"DentalWing"in1983.Twodecadeslater,on26th September2003,DentalWing wasupgradedtoitspresentstatusofaFull-FledgedDentalCollegeandHospital.Theinstituteisacentrefortechnicaleducationinthefieldof Dentistry,conductsprofessional research and provides basic as well as Specialized Dental Health CareServices to the patients. Bachelor of Dental Surgery (BDS) is a four years GraduateProgrammeofferedattheinstitute.ThecollegeisaffiliatedwithUniversityofDelhi.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	10	10	238890	201337	0	0	0	129	1776
2019-20	10	10	244529	201350	0	0	0	125	1575
2020-21	10	10	43278	29270	0	0	0	0	796

2021-22	10	10	101818	64077	0	0	0	37	1115
2022-23	10	10	216849	172297	1114	0	86	36	1992
2023-24	10	10	224969	183843	1113	397	150	105	53266

7.28. NEHRU HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

NehruHomoeopathicMedicalCollegeandHospitalisoneofthepremiersandreputed Homoeopathic Colleges of India and is located in B-Block of Defence ColonyinSouthDelhi.Thiscollegeisa100beddedhospital.Theinstitutionwasfounde dbyPadam Bhushan Awardee late Dr. Yudhvir Singh, a great freedom fighter, SocialWorkerandPioneer HomoeopathofIndia.The foundationstoneofthecollegebuilding was laid byDr. Sushila Nayyar, Hon'ble Minister ofHealth and FamilyWelfareonAugust22,1963.TheO.P.D.WingwasinauguratedbytheHon'bleP rimeMinister, late Shri Lal Bahadur Shastri on May 6, 1964. Classes in the college werestarted from 1967 for Diploma in Homoeopathic Medicine and Surgery (DHMS)Course, upgraded to Bachelor in Homoeopathic System of Medicine and Surgery(BHMS) Course under Board of Homoeopathic System of Medicine. On September 1,1972 this institution was handed over by Dr. Yudhvir Singh Charitable Trust toDelhiAdministration.

The college affiliated to Delhi University in 1992 and the college imparts 5½ year of Course in Bachelor of Homoeopathic System of Medicine and Surgery. The admissioncapacityof100studentsperyear.

Thebrief performance statisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	100	71157	94279	-	-	2717	0	96
2019-20	100	100	76585	99070	-	-	2008	-	-
2020-21	100	70	8324	4592	-	-	762	-	-
2021-22	100	59	46168	42910	0	0	1361	0	0
2022-23	100	60	46168	42910	0	0	277	0	0
2023-24	100	60	-	-	0	0	-	0	0

7.29. PT. MADAN MOHAN MALVIYA HOSPITAL

Pt.MadanMohanMalviyaHospitalisa100beddedhospital situated in MalviyaNagar.ThehospitalwashandedovertoDelhiGovernment by MCD 1996. Thehospitalisspreadover3.08acresofland.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	103	399054	269286	252670	119	13611	1650	2579
2019-20	100	103	348799	200703	261992	763	14977	2044	17397
2020-21	100	103	222218	150838	164088	1260	15590	1712	5667

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2021-22	100	103	286710	221640	232683	1074	13880	1376	12437
2022-23	100	103	346198	228128	266246	690	14121	1809	6304
2023-24	100	103	329414	255613	264192	606	14198	1544	2541

Majorachievementsduringtheperiodfrom01.04.23to31.03.24 or anyotherrelevantinformation:

1. Shifting of DOTs Centre from the main Building to Designated Area.
2. Hearse Van arrangements made for patients free of cost Encl. As above.
3. DAK referrals strengthened
4. Creation of New Medical Record Department in the Basement of the Hospital.
5. Complete Digitization of disability records.
6. Upgradation of Pathology lab test for patient (Start of Hormonal Assay)
7. Upgradation of Radiology (X-ray) services (Installation of 500ma digital radio graphic system)
8. Start of In house ECHO facility.
9. Numerous hands on training provided to Health Care Workers of the hospital
10. Strengthning of Surgical Minor OT.
11. Installation of face detection biometric system.
12. Upgradation of Physiotherapy Services - New equipment.
13. Starting of new born ENT screening Programme.
14. Installation of Medical Gas Pipeline.

7.30. RAJIV GANDHI SUPER SPECIALITY HOSPITAL

Rajiv Gandhi Super Speciality Hospital with sanctioned 650 beds is being establishedin Tahirpur North-East Delhi, with a view to provide Super Speciality health care topeopleofNorth-EastDelhiandTrans-Yamunaareawithanapproximatepopulationof 50 Lakhs. The hospital has been constructed in areaof 13.00 Acre. The hospitalstartedtheservicesofOPDfrom11thSeptember2008.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	250	104	85922	146189	9654	0	6734	5117	3191
2019-20	650	275	79442	150769	12021	0	8762	2910	4434
2020-21	650	500	43286	12486	9906	0	6265	0	0
2021-22	650	250	65316	84672	5683	0	7502	3493	2769
2022-23	650	219	51776	158499	10469	0	7060	1309	1130
2023-24	650	250	41859	160922	11875	0	5313	1182	1494

Anyotherfutureproposals/relevantinformationofthehospital.

- As Delhi lies in stone belt having maximum number of patients with stone disease department of Urology is soon starting STATE OF ART STONE CENTRE with latest technology and modular operation theatre to provide best treatment with minimal waiting period. Department is the only government urology centre in the country providing PRP therapy in andrology patients.

- Urology Department is moving in direction to start rural transplant robotic surgeries and academic training to establish best department of urology under Delhi Government.

Majorachievementsduringtheperiodfrom01.04.23to31.03.24 or anyotherrelevantinformation:

- CTVS Department got recognition from Natural Board of Examination in Medical Science (NBEMS) to start 3 years DNB CTVS teaching program of RGSSH Two students will be selected every year.

- NABL Accreditation of Haematology, Clinical Pathology, Cytology and Histopathology Section, (Mc-6259, Dated 15.01.2024) and the department is also involved in various research programmes, at present involved in funded ICMR research projects in collaboration with Amity University, Noida.

7.31. RAO TULA RAM MEMORIAL HOSPITAL

RaoTulaRamMemorialHospitalis situatedinJaffarpurin the ruralareaofSouth-WestDistrictofDelhi.The hospital campus is spreadover20Acresofland.Thehospital is located adjacent to ITI, veryclosetoPoliceStation.

The OPD Services of the hospital in limited specialties were started inAugust 1989 in the partially completed building. The hospital services sincethenhavebeenstrengthenedandupgradedup-tothepresent levelinphasedmanner.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	100	130	340047	163437	148799	6641	12984	1350	1949
2019-20	100	138	319107	163320	159596	6029	13071	1352	1403
2020-21	100	138	113706	67252	60266	5023	668	411	315
2021-22	100	146	176173	106914	98029	6944	9079	669	293
2022-23	100	108	240547	108991	126452	6996	10913	782	1156
2023-24	100	110	246323	133458	140615	6421	11145	346	9103

Any other future proposals/relevant information of the hospital during the period from 01.04.2023 to 31.03.2024.

Phycal Target (2023-24)

1. Bed Occupancy -85%
2. Average number of patients in In-Patient Department (IPD) per month-1250
3. Average number of patients in Out-Patient Department (OPD) per month including polyclinic – 50000
4. Average number of patients in casualty / emergency per month – 14000
5. Machienery – The following equipment was to be purchased:-
    - X-ray Machine 500 MA
    - Advanced Phaco Emulisification System
    - Anaesthesia Work Station
    - CTG Machine
    - ENT Microscope

Major achievements during the period from 01.04.23 to 31.03.24 or any other relevant information:

1. Bed Occupancy – 54.90 %
2. Average number of patients in In-Patient Department (IPD) per month 928
3. Average number of patients in Out-Patient Department (OPD) per month includingpolyclinic – 36767.
4. Average number of patients in casualty / emergency per month – 11718
5. Machiner – The following equipment are purchased:-

   - ENT Microscope
   - Surgincal Head Light
   - Elisa Reader
   - Blood bag tube sealer
   - Alcohol Breath Analyser
   - Orthopaedic Operation Table

7.32. SANJAY GANDHI MEMORIAL HOSPITAL

SanjayGandhiMemorialHospitalsituatedinMangolpuriAreaofNorth-WestDelhiwascommissionedinApril1986asoneoftheseven100beddedhospitalsplannedbytheGovt.ofNCTofDelhiduringthe6th fiveyearplanunderSpecialComponentPlanforScheduleCast/ScheduleTribes.Lateritwasaugmented to 300 beds in2010.

Thehospitalnowcaterstothehealthneedsofapopulationof15-20lakhresidingintheJ.J.Clusters&ResettlementColoniesofMangolpuri,Sultanpuri,Nangloi,Mundka&BudhViharetc.ThehospitalprovidesO.P.D.facilityofallGeneralDepartmentsinforenoonand24hoursservicesinCasualty,LaboratoryandRadiological investigations, Delivery (Child Birth), Operation Theatres and BloodBankServices.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	300	300	430895	123965	379843	23080	44398	4810	33281
2019-20	300	300	528685	140331	399110	23080	53978	5729	36540
2020-21	300	300	195588	192135	652600	20877	41722	3651	23622
2021-22	300	300	319191	304499	396505	29939	53870	2085	23349
2022-23	300	300	478491	329324	371573	26337	42517	5827	34076
2023-24	300	300	558772	282092	394716	27111	40803	5282	24585

Any other future proposals/relevant information of the hospital during the period from 01.04.2023 to 31.03.2024.

- Mus Qan-As a part of Quality Assurance Improvement intiative and GOI guidelines, whithn theambit of NQAS, in new activity named “MusQan” is being launched to target delivery of quality service to children within the health facilities.
- Recertification of NQAS National Level.
- Recertification of Lakshya level.
- Thallesemia ward.
- Upcoming 362 bedded Trauma Block (under construction).

Major achievements during the period from 01.04.23 to 31.03.24 or any other relevant information:

- Waste convertor machine has been installed and fully operational. Now peels of fruits, vegeta bles, leaves, dead plants and left over food items will be converted into organic compost thro ugh this machine and this compost can be utilized for various plants trees and greenery areas.

- Dental X-ray machine installed in Dental Department SGMH.
- Whole SGM Hospital oxygen supply through LMO has been started.
- To streamline the record management & free up the storage space in the hospital weeding out of records was initiated. The old Records received for weeding out from various department of SGMH is weeded out.
- For strengthening of security services engagement of additional 13 posts of security guard an d 6 posts of security supervisor has been approved by the competent authority.

7.33. SARDAR VALLABH BHAI PATEL HOSPITAL

Sardar Vallabh Bhai Patel Hospital, a 50 sanctioned bedded Secondary Level Hospital is located in thickly populated colony of Patel Nagar (Part of West Delhi),surrounded by adjoining colonies of Baba Farid Puri, Rajasthan Colony, Prem Nagar,BaljeetNagar,Ranjeet Nagar, Shadipur, Kathputli Colony, Regarpura etc in habitedby large populationof people belonging to Lowand Middle Socio-Economic Status.About7–8lakhsofpeoplefallinthecatchmentareaof the hospital and aredependentonthishospitalfortheirday-to-dayhealthneeds. Earlier this was anMCW Centre with MCD, which was taken over from MCD by Govt. of NCT of Delhi on01.10.1996byaspecialactpassedthroughassembly.

Theprimeaimofthe take over was to upgrade this hospital to 50 bedded capacitiessothatitactsasaSecondaryLevelHealthCareDeliveryOutletinthearea.Itsmai nobjectiveistoprovide minimum free basic health care services. This hospital isspread over 1.37 Acres of Land. The Hospital is three-storey building divided into twowingsspreadonanareaof5339Sqmwithbuiltupareaof2334sqm.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	50	50	385011	157395	98755	0	3496	618	12702
2019-20	50	51	400495	169435	89855	0	5241	797	15269
2020-21	50	50	184896	122634	51952	0	3976	452	9895
2021-22	50	50	230205	146705	63393	0	2773	465	9375
2022-23	50	50	261422	159274	74111	0	4234	925	13995
2023-24	50	50	283685	154545	76058	0	4142	1082	14718

Major achievements during the period from 01.04.23 to 31.03.24 or any other relevant information:

	Achievements 2023-24
Bed occupancy	95%
IPD (per month)	346
OPD (per month)	36519
Emergency (per month)	6338
No. of X-rays (per month)	3750
Minor surgeries (per month)	1227
Major surgeries (per month)	90
Average deliveries (per month)	68

Average caesarean (per month)	21
Average patient for free medicines	43203
Blood test (per month)	234987
Complaint redressal	100%

Thetargetsof thehospitalduringtheperiod01/04/2023to31/03/2024.

	Targets 2023-24
Bed occupancy	--
IPD (per month)	450
OPD (per month)	48000
Emergency (per month)	7500
No. of X-rays (per month)	4000
Minor surgeries (per month)	1500
Major surgeries (per month)	100
Average deliveries (per month)	120
Average caesarean (per month)	0
Average patient for free medicines	50000
Blood test (per month)	45000
Complaint redressal	NA

Proposed Targets 2024-25

	Proposed Targets 2024-25
Bed occupancy	---
IPD (per month)	450
OPD (per month)	48000
Emergency (per month)	7500
No. of X-rays (per month)	4000
Minor surgeries (per month)	1500
Major surgeries (per month)	100
Average deliveries (per month)	120
Average caesarean (per month)	0
Average patient for free medicines	50000
Blood test (per month)	100000
Complaint redressal	100%

7.34. SATYAWADI RAJA HARISH CHANDRA HOSPITAL

Satyawadi Raja Harish Chandra Hospital with 200 functional beds is situated in theNarelaSubCityareaofWestDistrictofDelhiand caters to the health needs ofpeople residing in the town of Narela andadjoining ruralareas. The OPD services ofthe hospital were started in 2003. Emergency, Nursing & IPD services are availablewithcommonlatestmedicalfacilities.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	200	200	485828	201862	93382	6216	10231	756	17382
2019-20	200	200	452682	184056	104463	5157	10587	872	15878
2020-21	200	200	49661	14191	11995	843	2413	0	1068
2021-22	200	200	186398	71245	51912	2871	4748	0	9196
2022-23	200	200	393382	168495	114653	3537	7972	271	16345

2023-24	200	200	446066	229938	155665	4168	10259	892	17584

7.35. SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA

Shri Dada Dev Matri Avum Shishu Chikitsalaya is a 106 bedded hospital established in May-2008 in South-West District under GNCT of Delhi with a vision that hospital provide Comprehensive Maternal, Child Health and Family Planning services and to reduce Maternal and Child Morbidity and Mortality in the community.
Shri Dada Dev Matri Avum Shishu Chikitsalaya provides mother and childcare andis located at Dari in South-West District of Delhi. It has an area of10470 Sq. mtrs.with facilities of hostel and staff accommodation. This is the first hospital of its ownkindofGNCTDelhitoprovidemotherandchildhealthservicesinanintegratedway .

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	106	106	189282	89156	72951	9	16737	1364	797
2019-20	106	80	158235	67971	73181	20	14528	1692	790
2020-21	106	80	69548	24751	36446	11	10261	1706	467
2021-22	106	80	114548	38286	56992	25	9844	1867	576
2022-23	106	80	128843	60305	60495	41	12246	2472	679
2023-24	106	80	113366	67116	53495	53	17800	2128	814

Major achievements during the period from 01.04.23 to 31.03.24 or any other relevant information:

Major Achievements during the year 2023-24

The hospital is under expansion plan from 106 beds to 281 beds. After completion of this project, the hospital will be strengthened with the facility of Obs & Gynae ICU for Gynae & Antenatal patients, PICU for Paeds Patients, Creation of Micro Biology Department, Up-graded e- library, Modular Operation Theatre and Renovation and Remodelling of Labour room as per the concept of LDR (Labour delivery room).

Achievements:-

Hospital has been accredited by Ministry of Health & Family Welfare, Govt. of India to have **National Quality Assurance Certification (NQAS)** for 2019-2021 and NQAS re-accreditation by Ministry of Health & Family Welfare, Govt. of India from April-2023 to Mar-2026.

First prize in Delhi state for Kayakalp program and Eco Friendly Hospital 2022-23- An award money of Rs 25 Lakh was received as First Prize from Department of Health for the year 2022-23, hospital got commendation award for year 2021-22, and 2023-24.

Hospital was awarded by Highest **NSV (Sterilization)** done in the week of WPD in South-West District, Delhi in the year 2023-24.

Hospital was awarded **1st prize** for outstanding performance in HMIS services in family planning in the year 2023-24.

Hospital has been **Accreditation with National Board of Examination in Medical Science** for DNB-paediatrics for the period Jan-2024 to Dec-2028.

ACTIVITIES:-

Capacity Building Training of Hospital staff:-Capacity Building of all category of hospital staff is key part of NQAS and Kayakalp Quality Assurance programme. Regular training of hospital staff (Doctors, Nursing Officers, Paramedical staff and Outsourced staff) is being conducted by Quality Department of hospital. The key focus areas are Infection Control Practices, Bio Medical Waste Management, Basic and Advance Life Support, Patient's/Employee's Rights and Responsibilities, Soft Skills, Disaster management, International Patient safety Goals and 5S-the work station Management technique.

Community Awareness:- Hospital organises various community awareness activities in nearby communities, Schools, Kanwar camps etc. The key focus areas for awareness of common public are Environment protection, Swachhta in surroundings and society, Prevention and control on use of Tobocco, Prevention and control of vector borne diseases, Importance of exclusive breast feeding and immunization in children, Diarrhoea and Dehydration Control programme etc. A special **Hygiene Kiosk** was created in hospital shoeing all health awareness related guidelines.

Earth Day 22nd April and Environment day 5th June: - Hospital celebrated the Global importance days with full enthusiasm under guidance of hospital leadership. Plantation drive, Cleanliness drive, No use of plastic, Save Earth by prevention and control on pollution, adoption of eco-friendly items were the key attractions of the programme.

Poshan Pakhwada was celebrated in SDDMASC on 20th March- 2023 to 08th April-2023. Health talks were conducted by the staff of the hospital for all the patients particularly antenatal.

International Nursing Day was celebrated in SDDMASC on 12th May-2023 with the theme "Our Nurse: Our Future" various program and health talks were organized in hospital. Medical Superintendent and all other staff greeted best wishes to all Nursing Offices.

Mother's Day was celebrated in hospital on 13th May-2023 in coordination with NGO Cosmic Savior Paradise. Gift hampers with congratulatory message was provided to all admitted mothers in SDDMASC. Awareness sessions were organized by doctor's for ANC and PNC mothers.

World Environment Day was organized on 05th June-2023 in hospital. Medical Superintendent addressed the public and hospital staff for more plantation and plastic free environment. Plantation was done in hospital premises as well.

Doctor's Day was celebrated on 01st July 2023. "**Thankyou Doctors**" certificates were given by Medical Superintendent to all Doctors including Resident Doctors of SDDMASC hospital. A skit by Resident Doctors was presented on theme **"To raise the voice against the sexual harassment"**

World Population Day fortnight programs was organized during 11th to 24th July-2023 in hospital with the theme of WPD-2023 **"Azadi ke Amrit Mahotsav me, Humlenge Sankalp Parivar Niyojan ko banaayengeKhushiyon ka Vikalp"** Onsite training and awareness of all staff, CME of Doctor's, Posters competition, Nukkad Natak and Awareness talk by all the SDDMASC staff were the highlights of the program.

Breast feeding week (1st to 7th August 2023) - International Breast week was celebrated in SDDMASC. Activities like awareness sessions of ANC and PNC mothers, display of IEC in hospital departments focusing on importance of exclusive breast feeding, Healthy baby show, poster and slogan making competition were organized during the week.

Patient safety day was celebrated in hospital on 17th September 2023. Pledge on patient safety was taken by all hospital staff in hospital departments.

Meditation and stress management workshop organized in co-ordination with Brahamkumari's organization ended with Mental Health Day on 10-10-2023.

Vigilance awareness week was celebrated on **30-10-2023 to 04-11-2023**. All staff took **Integrity Pledge on 30-10-2023.**

Anemia Mukt Bharat Abhiyan, Special clinic has been setup in the hospital for all the antenatal anemic patients. Different type of IEC, in public understandable language and pictures are placed as a part of education program and IFA tablets are being distributed among antenatal patients.

National Health Programmes (NVBDCP, NACP, NCD, NPCCHH, NTCP, NMEP, UIP), Nation Programmes, Health Education Campaigns, Swachh Bharat Activities and programme week/ fortnights regularly organized by the hospital.

Hospital participated in **Viksit Bharat Sankalp Yatra (VBSY)** launched by Hon'ble PM on 15/11/2023. Awareness program was conducted for hospital staff to insure that awareness of benefits and various facilities available to citizen to reach the last mile of deliveries.

NSV fortnight was organized in SDDMASC from 21st of November, 2023 to 04th of December, 2023. **15 NSV** were conducted in the hospital.

Ayushman Bhav Programme was started in Jan-2024 with children nutrition education and counselling sessions in the hospital.

Beti Utsav was celebrated in Jan-2024 on the occasion of **National Girl Child Day**. Pledge on theme "Beti **Shakti Abhiyan"** was taken by public and hospital staff.

Hospital got appreciation certificate in **Anaemia Mukt Bharat Abhiyan** by State TOT.

Stress management session **"Magic of Meditation"** was conducted in hospital by **Brahmakumaris** in March-2024.

CME for hospital staff was conducted in hospital in the month of March-2024 on key topics-

a) **Medical examination of survivor of sexual assault.**
b) **FACTS regarding Rabies and Vaccination.**

Any other future proposals / relevant information of the hospital in the year 2024-25

- Hospital is under expansion with ongoing construction.
- Beds will increase from 106 to 281 beds.
- New departments like PICU for Paeds Patients, Obs & Gynae ICU for Gynae & Antenatal patients, Up-graded e- library, Modular Operation Theatre, Renovation and Remodelling of Labour room as per the concept of LDR (Labour delivery room) and Creation of Micro Biology Department will be set up on completion of the project.

7.36. SUSHRUTA TRAUMA CENTRE

SushrutaTraumaCentrelocatedonBelaRoadnearISBTwasestablishedin1998forpro viding critical care management to all acute poly-trauma victims including headInjuryandexcludingburn,asanannexeofLokNayakHospitalunderoveralladmin istrative and financial control of Medical Superintendent Lok Nayak Hospital.SubsequentlySushrutaTraumaCentrewasdeclaredanindependentinstituti onanddeclaredMedicalSuperintendent,SushrutaTraumaCentreasHODhavingallad ministrative and financial control by Hon'ble L.G. ofDelhi vide office order dated23/02/07. The hospital is having 49 sanctionedbeds. The hospital is situated inmiddle of Delhi and provides critical are management to Poly-Trauma as includingheadinjuriesonlywithlatestfacilities.

Thebriefperformance statistics ofthe hospital during 2023-24and previousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	49	0	0	17967	15545	3221	4087	1127	1661
2019-20	49	49	0	11267	14884	1321	3768	1192	2532
2020-21	49	49	0	13112	14385	2629	6065	786	2662
2021-22	49	49	0	12775	16569	3052	4059	1286	4406
2022-23	49	49	0	21009	19619	3268	3563	1589	12444
2023-24	49	49	0	21071	19524	3450	3044	1362	13822

7.37. DEEP CHAND BANDHU HOSPITAL

ChiefMinisterinauguratedOPDservices of 250-bedded Deep Chand BandhuHospital at KokiwalaBagh,Ashok Vihar,in the presenceofUnion CommunicationMinister.ThehospitalhasbeendedicatedtolateDeepChandBandhu, whorepresentedWazirpurConstituencyinthe Legislative Assembly.Health Minister,localMLAandothereminentpersonalitieswerepresentontheoccasion.OPDstartedw.e.f.22/12/2013&24Hrs.Casualtyalongwith200beddedIPDwef17/9/2015.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2018-19	200	192	401532	277276	146585	6845	8863	758	9820
2019-20	200	289	389089	260097	106939	6714	12686	1762	9776
2020-21	213	200	72376	30786	115913	0	4783	1664	412
2021-22	213	213	191461	114030	67030	6913	2613	70	105
2022-23	200	230	296604	184546	159447	8797	15937	2576	11815
2023-24	250	250	292096	213647	151180	6682	17363	1687	12411

Major achievements during the period from 01.04.23 to 31.03.24 or any other relevant information:

1. Free Medicine & Free Diagnose.
2. De-addication department increase 30 bedded to 50 bedded with all facilities.
3. 24 X 7, Help desk services provided in OPD from 9Am to 4 Pm. Help desk services provided in emergency 24X7.
4. All treatment and medication all with diagnostic all are free of cost available in DCB Hospital.
5. Special/OPD services are available which Sunday Clinic are for Genetics, F-Art & Aids Centre.
6. Patient attendant waiting area.
7. Dedicated war room.
8. Online OPD appointment Services.
9. Hospital prepare for Covid-19 services, previous already services given in pandemic time 2020 to 2022. Where DCB Hospital was dedicated covid Hospital.
10. Timely, appreciation given to workers as per skills given to all cadres (Routine basis).
11. OPD Services are presently running on Computerized/ Manual basis & UDID is generated.

12. Labor Room, M.O.T, PNC and Gynee OPD as per LAQSHYA /SUMAN guidelines. Emergency OT Services unto 8pm daily.
13. Hospital work as per quality norms. Quality/Kayakalap, All hospital services as per quality and kayakalap norms.
14. Peads. Department and OPD as per MUSQAN guidelines, recently process.
15. Online Birth and Death registration provide.
16. Many activities introduced in de-addiction juvenile ward for channelizing their energy in positive manner.

Any other future proposals/relevant information of the hospital:

- To complete the ongoing project of Expansion/Remodeling of hospital unto 400 beds.
- Ensure 100% bed occupancy
- Available machinery and equipment are to be made fully functional.
- Maintain performance indicator.
- To fill all the sanctioned post.
- To improve quality 100% of hospital and patient care.
- To promoting regular basis training to prevent infection and improve quality.
- To decrease HAI (Hospital Acquired infection) in hospital premises.
- The heat stroke facility is made available in DCBH and treated the patient those who were affected by the heat stroke.
- The Dengue and Malaria facility is made available in DCBH and treated the patient those who were affected by the dengue and Malaria.

Any new policy initiatives and reform measures undertaken to improve the quality of delivery of services etc.

The project for re-modelling of the hospital for expansion of beds from 200 to 400 is on going to improve the quality of delivery of services provided to the patients.

7.38. BURARI HOSPITAL

BurariHospitalwasinauguratedon25/07/2020andfully dedicatedfor thetreatmentofCOVID-19patientsonlyandICU was inaugurated on 25/11/2020.BurariHospitalisproposedtoupgradeupto768bedded hospital with Multi-Specialty Services to provide OPD, IPD, 24-hours Emergency, Lab, Radiology ServicesandIntensiveCareServicesfortreatmentof various ailments in multipledepartmentssuchasMedicine,Obs.& Gynae, Surgery, Paeds, ENT, Anesthesia,Ortho,Eye,Skin,Microbiology,Pathology, BMW and Forensic Medicineetc.

Necessary steps are being taken to enhance the capacity to 768 routine beds. It isrequired to create all requisite posts and get it sanctioned from Competent Authorityforsmoothfunctioningofallabovementionedservices.Filefor starting MultiSpecialtyHospitalhasalreadybeensubmittedinDepartmentofHealth&FamilyWelfare,GNCTD.

Thebriefperformancestatisticsofthehospitalduring2023-24andpreviousyearsisasunder:

Year	No.ofBeds		No.ofPatients(OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	768	320	24418	0	0	-	1436	-	-

2021-22	768	600	18202	0	0	0	1088	0	0
2022-23	768	768	229003	99705	120756	749	5130	0	4891
2023-24	768	320	370513	213406	121068	3191	7758	118	16018

Any other future proposals or relevant information of the hospital from 01.04.23 to 31.03.24.

1. Total Medicine OPD patients including Senior Citizens for the financial year 2023-24:-2,46,914.
2. Total IPD patients:-7740
3. Senior Citizen OPD:-42495
4. Management of patients of:
   a) Communicable diseases like: Dengue, ARI (Flu) & COVID-19, Meningitis, Tuberculosis, etc.
   b) Non-communicable disease - Diabetes Mellitus, Hypertension, Cardiac Vascular Disease. Respiratory diseases, Epilepsy, Stroke, Autoimmune diseases, Connective Tissue diseases, Poisonings, Snake bite, etc.
5. Health talk for Senior Citizen associated Comorbidities
6. Awareness talk on antibiotic resistance for Public.
7. Management of critical in Medicine ICU.

Department of Obstetrics and Gynecology

1. Cancer Clinic started in March 2023.
2. One stop centre started in August 2023,
3. Labor Room Services started in Nov-2023
4. First vaginal delivery conducted on 22/11/23.
5. First LSCS done on 12/12/2023
6. First abdominal hysterectomy done on 12/01/24.
7. Total delivers conducted for the financial year 2023-24-91
8. Total LSCS conducted for the financial year 2023-24-10
9. Caesarian Section Audit meeting started & portal entry started
10. PP IUCD insertion started.
11. Various training program done on RMC, Anemia Mukt Bharat, Family Planning, Medicologal examination of sexual assault survivors
12. Health talk are being organized time to time for Anomia, FP, Antetal Services, PMSMA Services.

Department of Pediatrics:-

1. Total No. of patients seen in the year 2023-24 (April-23 to March-24) by the department are-

a. OPD: 92,603
b. IPD:-2.555

2. With the initiation of Labor Room services, the Department commenced a hevel II Neonatal unit in tandem, to provide Essential and Preterm Newborn Care.
3. There was proactive participation in all Public welfare Program for children, in the form of public Heath talks, Resident and Medical officers teaching activities and Poster Competition.
4. In the Ongoing year, the Department visualizes extending of Neonatal services to the outborn children with the availability of more staff upgrading Level II neonatal care to Level III care Structured academic activities with the participation of Post graduates through District Residency program.

Department of ENT:-

1. Audiology started and the data of the same is maintained and uploaded on NPPCD portal, on a monthly basis.
2. Awareneness programme on hearing impairment on 3 March 2023 on world Hearing Day was done and internal training of doctors and other staff also done & executed.

3. Internal training of doctors done on 12th April 2023 on topic Epistaxis and Foreign body management in ENT.
4. Major OT procedures have been started w.e.f October-23 after the initiating of OT wing.
5. Minor OT procedures are being done routinely.

Department of Microbiology and Biomedical Waste Management

1. Plan to install bigger autoclave in BMW department for sterilization of hospital biomedical waste by end of January 2024.
2. To Start In house facility for blood culture and sensitivity testing by automated blood culture system to provide quicker and reliable results which would help in better patient management.
3. To start immunoassays through automated analyzers which help in testing more number of samples in shorter span of time with higher accuracy & early diagnosis thus leading to improved patient outcome.
4. To enhance Hospital acquired infection surveillance for central line associated blood stream infection (CLABSI), catheter associated urinary tract infection (CAUTI), and ventilator associated pneumonia (VAP), surgical site infections (SST) in the hospital as per national guidelines and meeting international standards which is of utmost importance in the interest of the patients as well as to prevent and control spread of various infections in the hospital.
5. To start Antimicrobial Stewardship programme in the hospital to rationalize antibiotic usage and prevent emergence of resistant organisms thus preventing spread of untreatable MDR infections in the patients.
    a) Plan to enroll for External Quality Assurance Scheme
    b) Plan to enroll for Delhi Network for Surveillance of Antimicrobial Resistance (DENSAR)

Department of Casualty & ICU

1. Total Number of patients admitted in ICU for the financial 2023-24-1152
2. Total Number of patients admitted in Casualty for the financial 2023-24-80,924
3. Management of Critically III patients of specialties like medicine, surgery Ortho Etc.
4. Counseling and Education to the patients and relatives about the illness and its management.
5. Maintenance of records pertaining to ICU.
6. Timely indent of medicines, consumables, surgical items etc required for the treatment of the patients.
7. Awareness about the Antibiotic resistance to the resident doctors and other staff working in ICU.
8. Providing care to recovered patients through follow ups
9. Management of Moderate to Severe COIVD-19 Patients in ICU.
10. Triage of the patients & Referrals of the patient to higher Centers required intervention at higher centre.

Services:-

1. Routine and emergency surgeries started w.e.f 03.10.2023.
2. 118 Surgeries have been conducted by financial year 2023-24
3. 16,018 minor surgeries have been conducted by the financial year 2023-24.

Targets for 2024-25 or future proposal.

Sl. No.	Action Point	Description
1	Operationalization of Dialysis	For providng Dialysis Services to Patients in kidney failure
2	Operationalization of Radiological Services (X-ray and USG)	Essential services is part of normal working in Burari Hospital
3	Operationalization of Cultural and Sensitivity	For providing quality services to patients by assisting in diagnosis
4	Operationalization of Blood Bank	Collection and storage of blood and blood products donor screening. Provide life saving blood unit necessary for hospital.

5	Operationalization of New Manifold	Augmentation of Oxygen Infrastructure.
6	Operationalization of New Conference hall	For conducting & meetings and trainings
7	Operationalization of Dental OPD	To provide medical treatment to dental patients
8	Quality certification by Kayakalp/NQAS	To maintain high level of cleanliness, hygiene and infection control in the hospital.
9	Quality certification of hospital by NABH	To maintain high level of cleanliness, hygiene and infection control in the hospital.
10	QCBS. Method Implementation in Engagement Nursing & Paramedical Staff	Necessary regarding staff shorter in hospital and smooth functioning of vacancy services in the hospital.
11	Outsourcing of Radiology services (CT & MRI)	Radiological services are necessary for diagnosis & management of various diseases.
12	To obtain consent under Air and Water Act.	Statutory requirement for running the hospital
13	Computerizes file monitoring system	To improvise & strandline the functioning of administration department.
14	Color coding of files for reorganization	To improvise & strandline the functioning of administration department
15	Unique identity fixation number for all hospital forms / register etc (stationary)	To improvise & strandline the functioning of administration department
16	To make all OTs functional	To arrange adequate manpower.

7.39. AMBEDKAR NAGAR HOSPITAL

AmbedkarNagarHospitalwasinauguratedbyHon'bleChiefMinister,Delhion9th August2020as a 600 bedded dedicated COVID hospital to cater to the needs of residents of Delhi. The OPDservices forObstetrics&Gynecology andPediatrics wasinauguratedon5th April,2023 andhospital is working to escalate OPD services for Obstetrics & Gynecology and Pediatrics during2023.Hospitalaimistostart200bedgeneralhospitalincludingservicesof Gynecology,Pediatrics, Medicine, Surgery, ENT, Eye & Dermatology specialty subject to availability of HumanResource.TwoOxygenPlants-PressureSwingAdsorption(PSAs)havingOxygenGenerationCapacityof600liter/minuteand330liter/minuterespectivelyareinstalledandfunctionalinthehospital.TheProposalforfillingupofvacantpostofspecialistDoctorsi.e.Medicine,EYE,ENT,Skin&Radiologyisundersubmission.

The brief performance statistics of the hospital during 2023-24 and previous years is as under:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	200	200	7279	0	831	0	418	0	0
2021-22	600	200	10450	2021	5169	0	818	0	0
2022-23	600	200	4141	455	833	0	25	0	0
2023-24	600	200	32441	29439	12313	0	645	0	0

Major achievements during the period from 01.04.2023 to 31.03.2024 any other relevantinformation:

1. The OPD services of department of Gynecology & Obstetrics and Pediatrics have started in Ambedkar Nagar hospital w.e.f April, 2023. The IPD services for Gynecology & Obstetrics and Pediatrics have started in the month of August, 2023 and Labor Room services started during September, 2023 in the hospital.
2. The family planning services has been made functional following operationalization of LMIS portal w.e.f 30.06.2023. Anaemia room has also made functional w.e.f 19.04.2023 for line listing and tracking of patients of anaemia in pregnancy and to provide parental iron treatment.

3. For cervical cancer screening Paps screen test has started in the hospital. The hospital presently has 02 Registration counters for OPD patients for Gynecology and Obstetrics/Paediatrics & Medicines during routine OPD hours.
4. The pharmacy Unit is well equipped and all medicines as per the essential medicines list of hospital are available in sufficient quantities. Also, in-house lab have started in the hospital w.e.f 4th Dec.2023 for providing the services like Haematology, Biochemistry, Complete urine examination and Serology etc.
5. The Routine immunisation services for children & ANC patients (Gynecology and Obstetrics) have been started w.e.f 01.05.2023 in the hospital under universal Immunisation Program.
6. The Mission Indra dhanush 5.0 was implemented for children upto 5yr of age and pregnant patients (ANC). Breast feeding / IYCF week was organised and heath talks were delivered in OPD area. CME for SAANS and congenital new Born screening (CNS) was conducted.
7. All vaccines under universal Immunization programme are provided to pediatric patients attending OPD and to all the newborn delivered in the hospital.
8. A separate room has been set in OPD for IYCE counselling for breast feeding, complimentary feeding, feeding for SAM & MAM etc. and NBSU is set up to stabilize inborn newborn babies.
9. Training program is conducted for staff for MSSK, IDCF, IYCF, SOP for SAM, SAANS programme and for doctors for NRP, SAM-SOP, SAANS etc.

Proposed Physical Targets (2024-25) to be completed / achieved

1. To escalate OPD/IPD services in respect of other departments of the hospital subject to availability of manpower and infrastructure in the hospital.
2. The hospital aim is to start OT services for surgical department including Gynecology and Obstetrics subject to availability of manpower and infrastructure in the hospital.
3. To set-up Blood storage center in Ambedkar Nagar Hospital and to make functional the MGPS already installed in the hospital in order to facilitate delivery of the oxygen to patient bed from a Centralized source such PSA/ LMO.
4. To strengthen labor room services by providing 24 hours round the clock services subject to availability of manpower and to strengthen family planning services by providing MTP facilities and strengthening of tracking of anaemia patients.
5. To upgrade the services of Registration counters round the clock for the registration of Emergency/ Gynecology and Obstetrics /Paediatrics patients visiting hospital.
6. To Start U-WIN portal for routine immunization services under directions of CDMOs) and to strengthen immunization services with increased manpower (nursing staff).
7. To strengthen the services like colposcopy, hysteroscopy, biopsy and cryotherapy facility in the hospital.
8. To establish adolescent clinic and to implement JSSK scheme.
9. To expand the services and provide in-house surgical and medical management for patients, requiring specialised surgical/medical procedures in emergency once the specialist Doctors are posted in hospital and OT services are functional in hospital.
10. To continue regular training and teaching activities of doctors and staff of the hospital and to fill up the vacant posts.

7.40. INDIRA GANDHI HOSPITAL

Indira Gandhi Hospital, Delhi Government is planned as a 1725 bedded TeachingHospitalandMedicalCollegetobemadeoperationalintwophases.Thehospitalwasplanned initially for 500 beds, thereafter it was scaled up to 700 bedded TeachingHospital, which was further, scaled up to 1725 beds teaching hospital with multi-specialtyandsuperspecialtyservicesandamedicalcollege.Atpresent,IndiraGandhiHospital has capacity of 1241 beds. In the second phase, hospital will add484

bedded MCH Block and a medical college with 150 MBBS students' intake anddifferent post-graduate programmes including MD/MS/DNB/DM/MCH/Diploma etc within54months.

TheHospitalisplannedasafacilitywithstate-of-the-art technologyin itsconstructionandoperations.Itisacertifiedgreenbuildingwithallitsbedbeing Oxygenbeds.Ithasbeenenvisagedasasuperspeciality hospitalwhichwill alsohaveaMedicalCollegeinitsnextphaseofconstruction.

Indira GandhiHospital was made operational in the second wave COVID Pandemicin Delhi since 10-5-2021 in which it had to achieve a target for operationalising 1241bedsand330ICUbedsforCOVIDmanagement.

The target foroperationalisation of1241 beds with 330 ICU beds has been achievedin time i.e 20th October 2021. All 1241 beds are Oxygen supported beds with MGPSandmanifoldgassystem.

ItalsostarteditsOPDserviceswitheffectfrom22nd November2021 and IPDservices were startedfrom 31st January 2022. The IPD services were declared openon 31st December 2021 however it had to be halted due to rising cases of COVID 3rd Wavepandemic.Emergencyserviceswerestartedon11/04/2022andMajorOT/EmergencyOTserviceson6/7/2022.

Thebriefperformancestatisticsofthehospitalduring2023-24areasunder:

Year	No.ofBeds		No.ofPatients (OPD)				IPD	No.ofSurgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2021-22	1241	1241	27006	10311	0	0	322	0	0
2022-23	1241	200	442478	159479	94865	10746	5179	557	12669
2023-24	1241	500	609650	433882	183716	21666	10592	1618	10864

Any other future proposal/ relevant information of the hospital:-

1. Integration of Lab Information Services and Android Application for registration of online appointment for OPD services.
2. To start Color Doppler Ultrasound, Vacuum assisted Breast Biopsy unit, Bone mineral densitometry system, Digital Mobile Radiography system, 1000MA Digital Radiography, Digital OPG & Mammography, Fibro Scan system in Radiology Department.
3. PICCU-to increase number of operational Beds in Pediatrics Department.
4. To increase Dental Chairs in Dentistry Department.
5. To Start BERA service in ENT Department for hearing loss as it is an objective assessment & we work be able to issue ENT related disability certificate.
6. Planning to start HDU/Medical ICU in Medicine Department.
7. Starting of Postmortem in Forensic Department.
8. Starting of Super specialty Services subject to available specialized manpower.
9. Initiating 2nd phase of Indira Gandhi Teaching Hospital and Medical College to be achieved in 4 years.
10. To start TB Lab.
11. To establish fungal culture.
12. In the second phase, hospital will add a Medical College with 150 MBBS students' intake annually.

Major achievements during 2023-24 or any other relevant information:-

1. Labour room & Maternity OT 24*7 was started in August 2023.
2. Initiation of surgical ICU for postoperative care
3. 24*7 O2 delivery by 20MT LMO, 6 PSA plants and MGPS.
4. BLS trainings at all hospital staff.
5. Two special clinics- well baby clinic & High Risk clinic started.

6. Neonatal intensive care and other Neonatal care services started and 20 bedded NICU started w.e.f. August 2023.
7. PICU and Pediatric Emergency- patient care services to these two areas has been strengthened.
8. Blood storage centre is functional since last one year.
9. Immunology lab has been successfully established this year.
10. At present in house lab is providing round the clock services catering to emergency IPD and OPD patients, on an average performing 100000 (approx.) tests per month.
11. Cytology lab has been successfully established for early diagnosis of cancer and other diseases.
12. To successfully established culture and DRUG sensitivity testing and reporting process and system for various clinical samples.
13. To successfully establish ELISA testing.
14. Lab is well equipped automated analyzers which aids a faster turnaround time.
15. Started CT scan services.
16. Started basic skill lab.
17. Started weekly De Addiction clinic and OPD.

CHAPTER8

8. CENTRALISEDACCIDENT&TRAUMASERVICES(CATS)

Centralized Accident & Trauma Services (CATS), an Autonomous Body of Govt. of NCT of Delhi is providing 24x7x 365 free of cost ambulance service through toll free number **"102"** for all kind of medical emergencies including on board deliveries.

ACHIEVEMENTS 1ST APRIL 2023 TO 31 MARCH 2024

1. Total 6,72,425 service calls have been received in CATS Control Room and same were attended by CATS ambulances.
2. Total 4,97,947 patients have been shifted by CATS ambulances.
3. Average response time of CATS ambulances were 16.6 minutes.
4. CATS successfully provided the Ambulatory Support during G-20 International Summit held in September 2023 in New Delhi.
5. During April 2023, 38 new ambulances have been inducted in CATS ambulance fleet under CSR funds
6. During the period 01.04.2023 to 31.03.2024, CATS has operated 380 No.'s ambulances (CATS own ambulances 240 No.'s& additional hired 140 No.'s ambulances).

FUTURE PLAN & ONGOING PROJECT

1. Up- gradation of 30 seated CATS Control Room is under process.
2. Procurement of 50 BLS ambulances is under process.

CHAPTER9

9. DIRECTORATEOFFAMILYWELFARE

Directorate of Family Welfare (DFW) is responsible for planning, co-coordinating, supervising the implementation, monitoring and evaluating following programs / initiatives related to Maternal, adolescent, newborn and child health along with implementation of certain statutory Acts like MTP Act and PNDT Act.

1. Provision of Antenatal, Natal and Post Natal services to pregnantwomen with an aim to reduce maternal morbidity and mortality.
2. Implementation of maternal health programs i.e. JananiSurakshaYojana (JSY), JananiSishuSurakshaKaryakram(JSSK), PMSMA, LaQshya.
3. Provision of Essential new born care (at every 'delivery' point at time of birth).
4. Operationalization of Facility based sick newborn care (at FRUs & District Hospitals) through Special Newborn Care Units.
5. Provision of Home Based Newborn Care (HBNC) & Home Based Young Child Care (HBYC) Programmes.
6. Promotion of Infant and Young Child Feeding Practices (IYCF) under Mother's Absolute Affection (MAA) Programme.
7. Management of Childhood Diarrhoeal Diseases.
8. Prevention and management of Acute Respiratory Infections & Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) Programme.
9. Provision ofKangaroo Mother Care (KMC)atDelivery Points.
10. Setting up of District Early Interventions Centre (DEIC): To counter 4Ds (Defects, Deficiencies, Diseases, and Developmental Delays &Disabilities).
11. Nutritional Rehabilitation Centre (NRC): Establishment & Strengthening of NRC to take care of severely malnourished children (SAM).
12. Strengthening of Early Intervention Center - Centre of Excellence (CoE) at Maluana Azad MedicalCollege&LokNayak Hospital of Delhi.
13. Provision of family planning services (Basket of Contraceptives, female/male sterilization, Counseling, follow-up, support & referral etc).
14. Support ASHA in providing support to eligible couples through scheme likes Home Delivery of Contraceptive (HDC).
15. Implementation of UIP (Universal Immunization Program), Intensified Pulse Polio Immunization Programme (IPPIP) and U-WIN and e-VIN Portal.
16. Surveillance of VPD (Vaccine Preventable Diseases) Services.
17. Bi-annual rounds of National De-Worming Day (NDD) are held in the state as part of Anemia prevention and control strategy among children and Adolescents.
18. Operationalization of"UDAAN" scheme with an aim to improve accessibility of Sanitary napkins for adolescent girls (non-school going) and alsotoincrease their awareness ofMenstrual Hygiene Management.
19. Weekly Iron & Folic Acid Supplement (WIFS) program to ensure provision of a weekly prophylactic dose of IFA tablet to adolescents to prevent Anemia.
20. Health & Wellness programs in schools by training of teachers who then work as Health & Wellness Ambassadors with focus on adolescent centric issues with school children.
21. Implementation of PC & PNDT & MTP (Medical Termination of Pregnancy) Act.
22. Co-ordination and execution of IEC activities, campaigns through Mass EducationMedia.
23. Weekly Iron & Folic Acid Supplement (WIFS) program to six age groups viz. Children (6 months- 5 years), Children (5-9 years), Adolescents (10-19 years), pregnant women, lactating women and women

of reproductive age group through ASHA workers, ANMs, Anganwadi centers and schools to prevent Anemia

24. Point of care treatment & testing in by digital hemoglobinometers in T4 (Test-Treat-Talk- Track) Anemia camps across schools & colleges of Delhi and in the community, under Anemia Mukt Bharat Scheme.
25. Procurement of vaccines (through CPA), stocking, maintaining cold chain, disbursing vaccines and family welfare logistics to all health providing agencies in thestate.
26. Capacity Building to update knowledge & skills of various categories of health functionaries by providing RMNCHA+N trainings by the H&FW TrainingCentre.

1. Essential Immunization Program:

Directorate of Family Welfare (DFW) through its Immunization Section, is implementing Routine Immunization Services under Universal Immunization Programme (UIP), which are one of the largest public health interventions, providing specific protection to the catered beneficiaries against the Vaccine Preventable Diseases (VPDs), by marked reduction in morbidity and mortality. The same is provided through a network of more than 600 Vaccine Cold Chain Points, and more than 9500 Immunization Session Sites. Further, AEFI Surveillance and VPD Surveillance are also conducted as a component of the programme.

To achieve 100% vaccination coverage, Intensified Mission Indradhanush (IMI-5.0) was observed for one week each in August, September and October 2024 to reach unvaccinated and partially vaccinated children. Under UIP, the Full Immunization Coverage (FIC) is more than 100% for the period of 2023- 2024, with 3,19,189 beneficiaries vaccinated against a target of 3,02,870 children for the period as per MoHFW, GoI estimates.

As a part of the programme, the State is working intensively towards the Measles-Rubella (MR) Elimination Goal, which aims to eliminate these diseases. Fever with rash surveillance actively rolled out. Focused activities towards MR elimination initiated in state. NMNR (Non-Measles Non-Rubella Discard Rate) in the state is now above 2, in line with the National requirements of rate required to be above 2. All 11 districts are currently having NMNR >2.

UWIN Portal (Data Portal for Routine Immunization) in line with Co-WIN Platform has been successfully scaled-up in all 11 districts of the State. On U-WIN, sessions are being held digitally, and recording the vaccination records of infants, pregnant women and children in the age group of 1-5 years. The goal is to bring the private health facilities under its ambit.

Continued Roll out of Quality Management System in AEFI. State has been consistently performing well in AEFI surveillance with no silent district and improvement reporting and recording.

Cold Chain Augmentation: The cold chain space is being monitored on a regular basis, with utilization of e-VIN Platform, along with strict vigil on the Cold chain temperature, through Temperature Loggers.

The SNID on 8th December 2024 was in a complete decentralized manner, under the direct control of District Magistrates (DMs) and Chief District Medical Officers (CDMOs), who managed the manpower, logistics, IEC, vaccine distribution, Cold Chain & location of booths, which was granularly planned and coordinated by the respective District Immunization Officers (DIOs). More than 18 lakh children were administered Oral Polio Vaccine during this Pulse Polio Round SNID under IPPIP (from 8th to 17th of December 2024), including 6,08,097 children were vaccinated against Polio in 6323 no. of booths, on Sunday, 8th December. More than 48 lakh households have been visited by HTH teams during the 5 days of HTH Activity from 9th to 13th December 2024 and Mop-Up, for administering Polio Vaccine to all left out children who could not take the Polio drops on Sunday.

Immunization Indicators:

Code	Parameters	Grand Total 2023-24
4.1.1.a	Live Birth - Male	138736
4.1.1.b	Live Birth - Female	127312
4.4.2	Number of Newborns having weight less than 2500 gms	62083
4.4.3	Number of Newborns breast fed within 1 hour of birth	221128
9.1.1	Child immunisation - Vitamin K (Birth Dose)	245709
9.1.2	Child immunisation - BCG	275152

Code	Parameters	Grand Total 2023-24
9.1.3	Child immunisation - Pentavalent 1	298077
9.1.4	Child immunisation - Pentavalent 2	292507
9.1.5	Child immunisation - Pentavalent 3	289312
9.1.6	Child immunisation - OPV 0 (Birth Dose)	271026
9.1.7	Child immunisation - OPV1	295572
9.1.8	Child immunisation - OPV2	291216
9.1.9	Child immunisation - OPV3	289406
9.1.10	Child immunisation - Hepatitis-B0 (Birth Dose)	242790
9.1.11	Child immunisation-Inactivated Injectable Polio Vaccine 1 (IPV 1)	293060
9.1.12	Child immunisation-Inactivated Injectable Polio Vaccine 2 (IPV 2)	288565
9.1.13	Child immunisation - Rotavirus 1	298440
9.1.14	Child immunisation - Rotavirus 2	293128
9.1.15	Child immunisation - Rotavirus 3	289256
9.1.16	Child immunisation - PCV1	295520
9.1.17	Child immunisation - PCV2	288952
9.2.1	Child immunisation-Inactivated Injectable Polio Vaccine 3 (IPV 3)	303128
9.2.2	Child immunisation (9-11months) - Measles & Rubella (MR)/Measles containing vaccine(MCV) - 1st Dose	313664
9.2.4	Child immunisation - PCV Booster	306299
9.2.5.a	FULLY IMMUNIZED children between 9 and <12 months- Male	168572
9.2.5.b	FULLY IMMUNIZED children between 9 and <12 months- Female	150617
9.4.1	Child immunisation - Measles & Rubella (MR)/ Measles containing vaccine(MCV)- 2nd Dose (16-24 months)	289215
9.4.2	Child immunisation - DPT 1st Booster	309982
9.4.3	Child immunisation - OPV Booster	308376
9.5.1	Child Immunization- Typhoid	257589
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	211878
9.5.3	Children more than 10 years received Td10 (Tetanus Diptheria10)	128672
9.5.4	Children more than 16 years received Td16 (Tetanus Diptheria16)	23109
9.7.1	Immunisation sessions planned	126881
9.7.2	Immunisation sessions held	124588

Source: HMIS Portal

2. CHILD HEALTH

Child Health is one of the important components of RCH Programme. The State is making concerted efforts to reduce Mortality and Morbidity among children. Infant Mortality Rate (IMR) of Delhi has shown decline from 24 (SRS 2013) to 12 (SRS 2020).

Parameters	SRS 2020	SRS 2013
Neonatal Mortality Rate	9	16
Infant Mortality Rate	12	24
U5 Mortality	14	26

The aim of the State is to reduce Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5-MR) to single digit. To reduce Neonatal Mortality Rate, State has improved Newborn Care Facilities by establishing Special Newborn Care Units (SNCUs) and Kangaroo Mother Care also New Born Care Corners (NBCCs). The Key Strategies to decrease the LBW prevalence through Optimum Antenatal care and maternal nutrition and to ensure Essential Newborn Care, State has mapped NBCCs with trained care providers for all 61 delivery points. To ensure prompt identification, stabilization and management of sick Newborns, strengthening of well-equipped and staffed NBSUs, SNCUs and NICUs is being carried out. Furthermore, for prompt and seamless referrals of sick neonates requiring higher level of neonatal care, well defined Referral Linkages are also being created.

Comprehensive Screening of the Newborns for Developmental Anomalies is being done in the hospitals. Screening for early intervention through Field Workers under Home Based Newborn Care (HBNC) &Home Based Care for Young Children (HBYC) is also being carried out. Early recognition of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) to facilitate InterventionatDEICs and referral

hospitals is being undertaken. An effective system of Child Death Review is also being operationalized as a key strategy to reduce the delay in delivery of Health Care to sick children.
Delhi has 33 public hospitals providing intensive & resuscitative care to the new born babies who are sick. 30 hospitals are Special Newborn Care Units(SNCU) providing level-II and above care. 3 public health facilities are Stabilizing units for Newborn.

New Born Care Corners (NBCCs)are functional at all 59 delivery points within the labour room and OTs in the State ensuring essential New born care at all the delivery points.

Nutritional Rehabilitation Center (NRC)
Strengthening of existing Nutritional Rehabilitation Centre (NRC) in 04 hospitals at KSCH, BMH, LNH & HRH and establishment of 2 new NRCs to take care of severely malnourished children (SAM). NRCs are facility based units providing medical and nutritional care to SAM Children under 5 years who have medical complications. Also skills of mother on child care and feeding practices are improved so that child receives care at home.

Intensified Diarrhoea Control Fortnight (IDCF)

Intensified Diarrhoea Control Fortnight (IDCF) was implemented in 2014, with an aim of achieving improved coverage of essential life- saving commodity of ORS, ZINC dispersible tablets and practice of appropriate child feeding practices during diarrhoea. Delhi observed IDCF Campaign 2023 from **05th June, 2023 to 17th June, 2023** across the State to sensitize and bring awareness among the masses. **1183543 under 5 children were pre-positioned with ORS packets during the campaign**. Delhi also carried out the following activities like ORS preparation Demonstration in UHNDs and focused group discussions in all districts. Munadi and other IEC activities were done to create awareness on IDCF. ASHAs & AWW meetings were done. Health Talks were given in the facilities and communities during this fortnight.

Mother Absolute Affection Programme (MAA)

MAA focuses on awareness campaign to improve the breastfeeding indicators, at all 60delivery points and to impart trainings & to improve skills of Health Care worker involved in Child care at their institutes and also sensitization of ASHAs & AWW for motivating mothers and pregnant women for Early initiation of breastfeeding& Exclusive Breast Feeding.

Kangaroo Mother Care (KMC):

KMC is a family participatory technique that involves skin-to-skin contact between a mother/ care giver and newborn baby to meet the baby's needs for warmth, nutrition especially for Low Birth Weight (LBW) babies**.** Kangaroo mother care has been started in 33 Newborn care units for improving survival of premature and LBW babies.

SAANS programme aimed to reduce child morbidity and mortality due to pneumonia has been rolled out.Sensitization on SAANS has also been done for all district officers. SAANS was implemented successfully for treatment and timely referral of Pneumonia cases to health care facilities along with IEC done at District / facility / community level.Guidelines of treatment algorithm disseminated to all health facilities for Display and implementation and Basic equipment are available with all facilities**.** Hand-held Pulse oximeters and Nebulizers were also procured. SAANS campaign 2023-24 was implemented from 12th Nov 2023 to 29th Feb 2024.

The report of SAANS 2023-24 campaign is as under:

No. of ASHAs that did house-to-house visits of under-five-children under SAANS	6225
No. of under-five-children assessed by ASHAs for symptoms and signs	394731
No. of under-five-children having symptoms and signs of acute respiratory illness	26448
No. of under-five-children administered pre-referral dose of Amoxicillin in the facility (As a policy ASHA is not provided with Amoxicillin and does not administer Antibiotics in the community)	1834
No. of under-five-children referred to health facilities	10781
No. of homes where counseling was done using MCP card	316992
No. of under-five-children treated with cough and cold in OPD	197581
No. of under-five-children treated with Pneumonia in OPD	17179
No. of under-five-children treated with Severe Pneumonia by admission	6704

No. of under-five-children administered medical oxygen	4807

Child Death Review (CDR)

CDR has been launched in Delhi in all Districts to find out the gaps in child health delivery mechanisms and taking corrective actions. Delhi has a relatively low Child mortality which has been decreasing steadily. The aim is to decrease it further to minimum possible. District level Task Force for Child Death Review has been notified and meetings are being held. State level task force has also been notified**and last State Level Task Force meeting for CDR was held in April 2024.**

Activities under RashtriyaBalSwasthyaKaryakram (RBSK)

Newborn Screening- Mission NEEV Project: Comprehensive Newborn Screening Programme (Mission NEEV) is aimed at holistic evaluation of all newborns at various institutions in the Delhi State. The aim is to cover at least 1.5 lakhs births. Currently, **35**Public Health Birthing Facilities are reporting and carrying out activities under Mission NEEV.

Center of Excellence- Early Intervention Center- LokNayak Hospital (COE-EIC-LNH): - COE-EIC at LN Hospital is operational since October 2021, taking care of children identified to be suffering from 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) to facilitate intervention at DEIC. DEIC is also functional at Swami Dayanand Hospital (SDN).

Strengthening of Public Sector Nurseries: In order to **s**trengthen reporting on the FBNC portal by existing SNCUs/NICUs, State is providing Human Resource and capacity building activities to the existing SNCUs/NICUs.

Establishment of 5 LMUs: A Lactation Management Unit (LMU) is a specialized unit within a healthcare facility that provides comprehensive support and management for mothers and their babies, focusing on breastfeeding and lactation, particularly for sick, preterm, and low birth weight babies in intensive care. Two LMUs have been operationalized at Dr. Baba SahebAmbedkar Hospital and Chacha Nehru BalChikitsalya in F.Y. 2023-24.

MusQan: To ensure child-friendly services in public Health Facilities, MoHFW has launched MusQan for pediatric age group within the existing framework of NQAS to ensure timely,effective,efficient,safe,personcentered,equitable& integrated quality services in public health facilities**.** Three hospitals (LBSH, ABSH& Sanjay Gandhi Hospital) of Delhi had achieved National certification of MusQan in F.Y. 2023-24.Pt. Madan Mohan Malviya Hospital and Satyawadi Raja Harish Chandra Hospital achieved State 'MusQan' Certification in Year 2023.

3. FAMILY PLANNING:

FP services are provided through primary, secondary and tertiary care facilities.

A. Permanent or Limiting methods of Contraception:

Delhi Provides high quality sterilization services through hospitals of different agencies (Delhi Govt., MCD, NDMC, CGHS, ESI, NGOs and accredited private facilities). The Revised compensation scheme is followed for incentivizing the beneficiaries through PFMS portal. Adverse events following sterilization services are covered through Family Planning Indemnity Scheme (FPIS). **During the year 2023-24, 28 sterilization failures and 1 sterilization Death were compensated.**

B. Temporary methods:

Condoms, Oral pills (3 types), IUCD (2 types) and Injectable contraception services are provided at all health facilities and are available to the masses at nearest dispensaries. Besides, pills for emergency use in contraceptive accidents (ECP) are also available. Special emphasis is laid to fulfill contraceptive needs of Postpartum and Post abortion women.

The performance figures (2023-24) are submitted in Table below.

A	Permanent Method	
1.	Male Sterilization	340
2.	Female Sterilization	15193

B	Temporary Method	
1.	IUCD	102480
2.	MPA	46323
3.	Centchroman	118148
4.	OCP	176070
5.	ECP	48243
6.	Condom	5409587

Family Planning Coverage for F.Y 2023-24(Source: HMIS)

4. HEALTH &FAMILY WELFARE TRAINING CENTRE (HFWTC):

Details of No of participants trained under RMNCHA+N training conducted by HFWTC during 2023-24 for health care workers (Medical officers and other health care workers)are as follows:

5. TRAININGS CONDUCTED AT HFWTC 2023-24

Trainings Conducted at HFWTC 2023-24				
Training Head	Medical Officers Trained	PHNO/Nursing Officer Trained	Others	Total Trained
Maternal Health	155	213	49	417
Child Health	28	17	49	94
Family planning	0	30	0	30
Adolescent Health	87	205	132	424
Nutrition	0	0	350	350
Immunization	0	6	180	186
Total	**270**	**471**	**760**	**1501**

6. ACCOUNTS SECTION:

Sl.No.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" PLAN	BUDGET ESTIMATE 2023-24	EXP. UPTO THE MONTH OF Feb. 2024	EXP. FOR THE MONTH OF March, 2024	PROGRESSIVE TOTAL March. 2023-24
				(IN RS.)		
1	Directorate of Family Welfare inclusive of TQM & System Reforms	2211-00-001-91-00-19 Digital Equipment.	500000	0	0	0
		2211-00-001-91-00-26 Advertisement & Publicity	2000000	970849	926719	1897568
		2211-00-001-91-00-49	1500000	710000	0	710000

Sl.No.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" PLAN	BUDGET ESTIMATE 2023-24	EXP. UPTO THE MONTH OF Feb. 2024	EXP. FOR THE MONTH OF March, 2024	PROGRESSIVE TOTAL March. 2023-24
				(IN RS.)		
		Other Revenue Expenditure.				
2	Directorate of Family Welfare (CSS)	2211-00-001-89-00-01 Salaries	17300000	16899917	0	16899917
		2211-00-001-89-00-05 Rewards	180000	165792	0	165792
		2211-00-001-89-00-06 Medical Treatment	60000	0	0	0
		2211-00-001-89-00-07 Allowances	16500000	15986388	0	15986388
		2211-00-001-89-00-08 Leave Travel Concession	100000	0	0	0
		2211-00-001-89-00-11 Domestic Travel Expenses	100000	0	0	0
3	Sub Centre (CSS)	2211-00-101-78-00-31 Grants-in-aid-General	23950000	0	0	0
4	Rural Family Welfare Services	2211-00-101-76-00-31 Grants-in-aid General	8525000	0	0	0
5	Urban Family Welfare Centres (CSS)	2211-00-102-74-00-01 Salaries	6506000	5828518	0	5828518
		2211-00-102-74-00-05 Rewards	40000	34540	0	34540
		2211-00-102-74-00-06 Medical Treatment	100000	0	0	0
		2211-00-102-74-00-07 Allowances	5830000	5353225	0	5353225
		2211-00-102-74-00-08 LTC	100000	0	0	0
		2211-00-102-74-00-11 Domestic Travel Expenses	100000	0	0	0
		2211-00-102-80-00-31 Grants-in-aid general	245300000	0	0	0
6	Revamping of Urban Family Welfare Centres (CSS)	2211-00-102-78-00-31 Grants-in-aid general	120500000	0	0	0
7	Expenditure on Post-Partum Units in Hospitals	2211-00-102-76-00-01 Salaries	21427000	19281078	2485436	21766514
		2211-00-102-76-00-05 Rewards	60000	48356	0	48356
		2211-00-102-76-00-06 Medical Treatment	5000000	4374576	121667	4496243
		2211-00-102-76-00-07 Allowances	19008000	18945296	2245756	21191052
		2211-00-102-76-00-08 Leave Travel concession	1000000	325823	114903	440726
		2211-00-102-76-00-11	150000	79496	2811	82307

Sl.No.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" PLAN	BUDGET ESTIMATE 2023-24	EXP. UPTO THE MONTH OF Feb. 2024	EXP. FOR THE MONTH OF March, 2024	PROGRESSIVE TOTAL March. 2023-24
				(IN RS.)		
		Domestic Travel Expenses				
		2211-00-102-76-00-13 Office Expenses	4100000	2841993	531233	3373226
		2211-00-102-76-00-16 Printing & Publication Expenses	100000	0	0	0
		2211-00-102-76-00-18 Rent for Others.	2200000	1833684	180000	2013684
		2211-00-102-76-00-19 Digital Equipment	100000	35975	15554	51529
		2211-00-102-76-00-24 Fuel & Lubricants	5000	0	2700	2700
		2211-00-102-76-00-28 Professional Services	500000	261090	14235	275325
		2211-00-102-76-00-29 Repair and Maintenance.	100000	60711	23682	84393
		2211-00-102-76-00-49 other revenue expenditure	200000	96839	39316	136155
8	Grants for expenditure on Post Partum Units in Hospitals	2211-00-102-75-00-31 Grants-in-aid General	21370000	0	0	0
9	Spl. Immunization Prog. Incl MMR	2211-00-103-80-00-21 Supplies & Materials	2500000	0	0	0
10	Pulse Polio Immunization	2211-00-103-75-00-21 Supplies & Materials	500000	0	0	0
11	Health & Family Welfare Training Centre(CSS)	2211-00-003-78-00-01 H Health & Family Welfare Training Centre(CSS) Salaries & Others	600000	0	0	0
12	Grant-in-aid to State Health Society	2211-00-800-95-00-36 Grant-in-aid Salaries	1200000000	670915000	300000000	970915000
		TOTAL=	**1728111000**	**765049146**	**306704012**	**1071753158**

	Deduction upto the month of -Feb 2024	Deduction for the month of March-2024	Progressive (In Rs.)
Income Tax	12662082	923453	13585535
Edn.Cess	506483	36936	543419
TDS	116230	31175	147405
NPS (10%+14%)	4768376	474089	5242465
GST	86462	29350	115812

7. ADOLESCENT HEALTH:

Delhi has an adolescent Population of nearly 35.0 Lac which is nearly 21% of its entire population. This represents a huge opportunity that can transform the social and economic fortunes of the State if substantial investments in their education, health and development are made.

As a part of strategy to address the Health & Development needs of adolescents a strategy in the form of RashtriyaKishorSwasthyaKaryakram (RKSK) has been adopted in Delhi. RKSK is a strategy based on a continuum of care for adolescent health & development needs, including the provision of information, commodities and services through various Adolescent Friendly Health Clinics (AFHCs) and also at thecommunity level. It aims to provide an amalgamation of Preventive, Promotive, Curative, Counseling & Referral services to the adolescents.

Weekly Iron & Folic Acid Supplementation (WIFS) Program

WIFS Program is being implemented through Govt./Govt. aided Schools under the Directorate of Education as well as through AnganwadiCentres under the Department of Women & Child Development in Delhi wherein IFA supplement in the form of "BLUE" tablet is administered to adolescent girls & boys on each Wednesday throughout the year with alternative day of administration as Thursday. 9,98,794 was the average monthly coverage of IFA Blue tablets in Govt. and Govt. aided schools among class 6th to 12th girls, 8,38,258 among class 6th to 12th boys for F.Y. 2023-24. For out of school adolescent girls (10-19yrs) IFA Blue tablet is administered throughAnganwadiCentres.

National De-worming Day Campaign

Improving the health of children and adolescents is priority areas of NHM. National De-worming Days aims to improve the health and well being of pre-school and school age children by reducing soil transmitted Helminths (STH) infections through Mass De-worming Campaign. Deworming is a scientifically proven method of mitigation of intestinal worms and is a key intervention to curb anemia along with other proven interventions like sanitation, safe drinking water and hand washing.
A total of 43.51 lakh children were covered during the last round held in April, 2024
(Against a target of 49.30 lakh i.e. coverage of 88%).

Celebration of Adolescent Health Day:

Activities to increase awareness about adolescent health & development issues and to dispel various myths and misconceptions regarding various issues particularly related to Nutrition, Mental Health, Sexual & Reproductive Health and Menstruation etc. apart from various important adolescent issues plaguing the State in particular Menstrual Hygiene, Substance, Misuse, Teenage PregnancybesidestheincreasinglyrelevantissueofAnemiaandmalnutritionwereundertaken.The activity was conducted at 45 venues across Delhi.

Menstrual Hygiene Scheme:

"UDAAN" scheme has been rolled out with an aim to improve accessibility of adolescent girls (non-school going) to sanitary napkins and also make them more aware of Menstrual Hygiene Management. A revised scheme that provisions for a pack of 10 sanitary napkins (against a pack of six earlier) every month completely "Free of Cost" (against at a subsidized cost of Rs.6/- per pack earlier) has been approved and is expected to be rolled out shortly.

A study to understand the menstrual hygiene practices among adolescent girls in rural and urban resettlement areas of Delhi was conducted by Maulana Azad Medical College (supported under National Health Mission). The report has been disseminated and the recommendations have been adopted by the State.

Anemia Mukt Bharat:

Under Anemia Mukt Bharat Program (AMB), Prophylactic Iron Folic Acid (IFA) Supplementation is provided in six age groups viz. Children (6 months- 5 years), Children (5-9 years), and Adolescents (10-19 years), pregnant women, lactating women and women of reproductive age group (20- 49 years). For Children, Adolescents and Women of reproductive age group, Weekly Iron Folic Supplementation (WIFS) is provided through schools and in community through ASHA workers and Anganwadi centers. For pregnant (2nd trimester onwards) and lactating women (up to 6 months), IFA Tablets are provided daily.Average monthly 40,375 children from 6- 59 months; 47,011 children of 5-9 years and 52,572 women of reproductive age (WRA) 20-49 years (non-pregnant, non-lactating), received the required doses of Iron and folic acid (IFA) drugs monthlyfor F.Y. 2023-24 for prophylaxis of anemia under Anemia Mukt Bharat.

T4 (Test, Treat, Talk & Track) Anemia Camps has been initiated in community and schoolsof Delhi in which Point of care treatment & testing by digital hemoglobinometers is being done. Total 71 T 4 Anemia camps were organized in the year 2023- 24 in Delhi.

In addition to it, other measures to reduce prevalence of anemia are also implemented like promoting iron rich diet through awareness generation in the community, monitoring all the preventable causes contributing to anemia apart from iron deficiency, availability of lab facilities for Thalassemia diagnosis and complete

anemia profile in government hospitals. All mild and moderate anemic cases are treated diligently so as not to land up in severe anemia and timely referral to designated facilities for severe and refractory anemia.

8. MATERNAL HEALTH:

Maternal health is an important program under RMNCHA and is aimed to reduce Maternal morbidity and mortality through facilitating provision of quality antenatal and delivery services and ensuring postnatal services to pregnant women and implementation of maternal health programs/ schemes i.e. JSY, JSSK, PMSMA, LaQshya, etc.

JananiSurakshaYojana:

It is a centrally sponsored scheme. The scheme aims to promote institutional delivery amongst Pregnant women (PW) belonging to Scheduled Caste, Scheduled Tribe & BPL families. PW are incentivized for undergoing institutional delivery in urban and rural area @Rs. 600/- and Rs.700/- respectively and BPL women is also incentivized with Rs. 500/- in case of home delivery.

The Accredited Social Health Activist (ASHA) is an effective link between the Govt. health facility and the pregnant women to facilitate in implementation of this program and she is also incentivized for facilitating the scheme in her allocated area.

The scheme is being implemented in all 11 districts of Delhi w.e.f. 2006.

All the health facilities enroll the eligible JSY beneficiaries i.e. PW belonging to SC/ ST/ BPL families during Antenatal clinics and then register them on RCH Portal and fetch the Aadhar linked Bank Account details of the client and necessary documents and she is given the JSY payment after delivery.

The mode of payment is Direct Benefit Transfer (DBT) into the account of beneficiary via PFMS Portal.

Year	Physical Achievement	Approved Budget(in lakhs)	Financial Achievement (in lakhs)
2023-24	3648	138.50	63.67

Source:State Report

JananiShishuSurakshaKaryakram (JSSK):

This scheme was launched in Delhi State w.e.f. September 2011.This is a centrally sponsored scheme. It aims to provide free and cashless service to all pregnant women reporting in all Government health institutions irrespective of any caste or economic status for normal deliveries / caesarean operations, for antenatal / postnatal complications and sick infants (from birth to 1 year of age).

The scheme aims to mitigate the burden of out of pocket expenses incurred by families of pregnant women and sick infants. Under the scheme no cash benefit is directly provided to beneficiary. Only the health facilities/ delivery points are provided fund under JSSK to enable them to provide free services to pregnant women and sick infants to fill the gap in demand under various subheads i.e. Diet, Drugs and Consumables, Diagnostics, Blood Transfusion, Transport & no User Charges levied by the facility, if any.

Sl. No.	JSSK Service Delivery	Free Drugs & Consumables	Free Diet	Free Diagnostics	Free blood
1.	Total No. of Pregnant Women who availed the free entitlements.	291405	167413	225223	14712
2.	Total No. of sick infant who availed the free entitlements.	23906		18072	1100

Source:State Report

Service Utilization: Referral Transport (RT) under JSSK (2023-24)

Sl. No.	Referral transport services		State vehicles (CATS) + others
1.	No. of Pregnant Women who used RT services for:		
	i	Home to health institution	40495
	ii.	Transfer to higher level facility for complications	9906

Sl. No.	Referral transport services		State vehicles (CATS) + others
	iii	Drop back home	7374
2.	**No. of sick infant who used RT services for:**		
	i.	Home to health institution	-
	ii	Transfer to higher level facility for complications	885
	iii.	Drop back home	-

Comprehensive Abortion Care Services (CAC) Annual Report:

Unsafe abortion with its associated complications remains a public health challenge in spite of legalization of induced abortion through MTP Act 1971. Comprehensive Abortion Care(CAC) is an attempt to provide guidance on safe, quality and comprehensive care for abortion within the frame work of MTP Act. It is an integral component of Maternal Health Intervention as a part of National Health Mission (NHM).

Annual performance under CAC for 2023-24 is as under:

Facility Type	Number of Facilities providing CAC services	Number of MTP conducted	Post- Abortal Contraceptive Services
Public Health Facilities	**109**	**4238**	**3769**
Private Health Facilities	**738**	**22577**	**12860**
Total	**847**	**26815**	**16629**

DAKSH Trainings are being conducted on newer strategies of Care around birth at National skill labs for enhancing knowledge and skills of service providers.

PradhanMantriSurakshitMatritvaAbhiyan (PMSMA)

PMSMA was implemented in Delhi State as per MOHFW, GOI guidelines w.e.f. July2016. It aims to provide quality antenatal care, identifying High risk PW beneficiaries and initiating appropriate treatment without delay so that IMR and Maternal mortality ratio can be reduced.

It is held on 9th of every month at all the Govt. health facilities. A due list of all missed out/dropped out pregnant women in 2nd& 3rd trimester & High risk pregnant women from the community is prepared by ASHAs and mobilized to the Govt. health facilities for ANC check-up.

Services provided on PMSMA day is given below:

Year	Total no. of Pregnant women antenatal care under PMSMA & e-PMSMA	Total no. of Pregnant women received PMSMA & e-PMSMA Services for the 1st time	High risk Pregnant Women clients identified
2022-23	64353	16467	17718

Source: PMSMA Portal

Kilkari messages:

This is a mobile service that delivers time-sensitive 72 audio messages (Voice Call) about pregnancy and child health care directly to the mobile phones of pregnant women/ mother/ parents. Essentialities-Entry in RCH portal, Correct mobile no of the beneficiary, LMP, Date of delivery etc.

LaQshya:Labour Room Quality Improvement initiative---

Ministry of Health and Family Welfare, India has launched an ambitious program "LaQshya- Labour room quality improvement initiative on 11th Dec. 2017. The program is targeted as an approach to strengthen key processes related to Labourroom and Maternity OTs to reduce maternal mortality and morbidity**. In Delhi five public health facilities Pt. Madan Mohan Malviya, Sanjay Gandhi Memorial, Guru Gobind Singh Govt. Hospital and Acharya Shree Bhikshu Hospitals are now LaQshya certified.**

Maternal Death Surveillance and Response:

Maternal deaths occurring in state are reviewed at facility, district and State level so that gaps are identified and corrective actions are taken to prevent future deaths. Most maternal deaths are reported from Medical Colleges Hospitals and high case load delivery points. Nearly 39% maternal deaths reported belong to neighboring state.

During 2023-24, total 681 Maternal Deaths were reported (Source-HMIS Portal). Out ofthese 590(87%) were reviewed.

9. PC & PNDT:

Directorate of Family Welfare is the nodal department for the implementation of PC & PNDT Act in Delhi. The PC PNDT Act is being implemented through statutory bodies i.e., State Supervisory Board, State Advisory Committee, State Appropriate Authority, District Appropriate Authority & District Advisory Committee as per the provisions of PC & PNDT Act.

Sex Ratio at Birth as per Civil Registration System data for 2023 is 922

The various IEC/ BCC Activities were carried out for the awareness of society in regard to the important girl child

- Sensitization cum State Level Training on effective implementation of the Act for Stake Holders with District Appropriate Authority, SDM, District Nodal Officers, District Advisory committee, State Advisory Committee members .
- The Billboard signature campaign was organized at the Central Park, Connaught place Delhi on 24.01.2024 on the occasion of National Girl Child Day.
- Community Awareness programs are being conducted by organizing Health Talks, Focal Group Discussion, NukkadNatak, Beti Shakti Abhiyan and the BetiUtsav was celebrated 18th Jan – 31st Jan 2024 and is celebrated every year.
- The State Appropriate Authority, PC& PNDT has conducted 1st and 2nd attempt of Competency Based Test (CBT) with authorities of Guru Gobind Singh Indraprastha University (GGSIPU) under Six months training rules, 2014 and amendment on 2020 and Certificates have been issued to 61 qualified in 1st attempt in 2022 and 43 Candidates have qualified in 2nd attempt CBT under PC PNDT in 2024.

The annual report in term of physical achievements is as:

Year April 23 - March 24									
Sl. No.	**Total No. of Centers**	**Inspection**	**Ultrasound machine sealed**	**Cancellation/ Suspension**	**DAC meeting**	**Show Cause notice issued**	**Ongoing Court cases**	**New court Case during this period**	**Convictions**
Q.1	1739	144	7	9	15	19	73	1	0
Q.2	1741	80	10	7	3	21	70	0	0
Q.3	1742	91	3	2	0	11	70	2	0
Q.4	1737	140	3	6	0	9	66	0	0
Total	**1737**	**455**	**23**	**24**	**18**	**60**	**66**	**3**	**0**

ART & Surrogacy (Regulation) Act, 2021

The Assisted Reproductive Technology (Regulation), Act 2021 and Surrogacy (Regulation), Act 2021, have come into force on 25th January, 2022 for the regulation and supervision of the assisted reproductive technology clinics and the assisted reproductive technology banks, prevention of misuse, safe and ethical practice of assisted reproductive technology services for addressing the issues of reproductive health where assisted reproductive technology is required for becoming a parent or for freezing gametes, embryos, embryonic tissues for further use due to infertility, disease or social or medical concerns and for regulation and supervision of research and development and for matters connected therewith and for regulation of the practice and process of surrogacy and for matters connected or incidental thereto.

The Directorate of Family Welfare is implementing the both the Act in the State of Delhi. All the facilities providing ART & Surrogacy services are to be registered and comply with the Act.

- Total Registration issued under ART & Surrogacy Act for the clinics as
  - ✓ ART Level -1 = 27,
  - ✓ ART Level -2 = 75
  - ✓ ART Bank = 22
  - ✓ Surrogacy clinics = 47
  - ✓ Total =171

CHAPTER 10

10. DELHI STATE AIDS CONTROL SOCIETY

1. INTRODUCTION

1.1 Delhi State AIDS Control Society, a society under Department of Health and Family Welfare,Govt.ofNCTofDelhi,implementsNationalAIDSControlProgrammeand BloodTransfusionServicesProgramme,centrallysponsoredschemesinDelhi. Presently Phase V of National AIDS Control Programme is being implemented. Thesociety became functional on 1st November, 1998**.** The main objectives of the society areto prevent and control HIV transmission in Delhi and to strengthen state capacity to respondtolong-termchallengesposedbytheepidemic.Thesocietyimplements National AIDS Control Programme activities through various Government institutes/ hospitals and non-government organizations in Delhi. The activities under the Blood TransfusionServicesprogrammeofDirectorateGeneralofHealthService, MoHFWand government ofIndiaarealsoimplementedbyDSACS.

1.2 ThefacilitiesundertheNationalAIDSControlProgrammeandBloodTransfusion Services provided through various health facilities in Delhi are depicted in Table 1.

Table1:Facilities/servicesunderNationalAIDSControlProgrammeandBlood Transfusion Services in Delhi

Service/Facilities	**Numberoffacilities(ason31stMarch2024)**
IntegratedCounselling&Testing Centres (ICTC)	ConfirmatoryFacilities:85(including1Mobile ICTC, screening facilities: 465 Facility Integrated Counselling andTestingCentres(F-ICTCs)inGovt.facilitiesand411F-ICTCs in Private Hospitals, 5 centres designated as SampoornaSuraksha Kendra (SSK)
TargetedIntervention (TI) Projects for High Risk Groups	79(29FSW,10MSM,8TG,16IDUs,4Truckersand12 Migrantprojects)
Opioid Substitution Treatment (OST) Centres	12Centres: DSACSrun8(BJRM,DDUH,GGSGH,JPCH, SGMH, LHMC, Chandni Chowk & Central Prison Tihar) & 4 NGO sites (Krishan Foundation, SPYM, Sahyog Charitable Trust, Bhartiya Parivartan Sansthan) and 17 satellite OST Centres
DesignatedSTI/RTI Clinics (DSRC) and Laboratories	28 DSRCs, 1 State Reference Centre at GTBH, 1 Regional STI/RTITraining,Research&ReferenceLaboratoryatMAMC, and 1 Apex STD Teaching, Training & Research Centre at Safdarjung Hospital
Antiretroviral Treatment(ART) Centres	12(AIIMS,BSAH,DCBH,DDUH,GTBH,KSCH,LBSH,LNH, NITRD, RMLH, SJH and Central Prison Tihar), 1 Centre of Excellence at MAMC and 1 Pediatric Centre of Excellence at KSCH
National/State Reference Laboratories andotherLaboratories	2NationalReferenceLaboratories(NCDC,AIIMS),4StateReferenceLaboratories(LHMC,MAMC,SJH,UCMS), 2 Viral Load Testing Laboratories (AIIMS, IHBAS), 8 CD4 Testing facilities (AIIMS, BSAH, DDUH, GTBH MAMC, NCDC, RML, SJH) and 1 DNA-PCR Laboratory for Early Infant Diagnosis (EID) at AIIMS.
RedRibbonClubs	85(inColleges/Universities)
BloodTransfusion Services	20supportedBloodCentres(includes11designatedas Regional Blood Transfusion Centres)

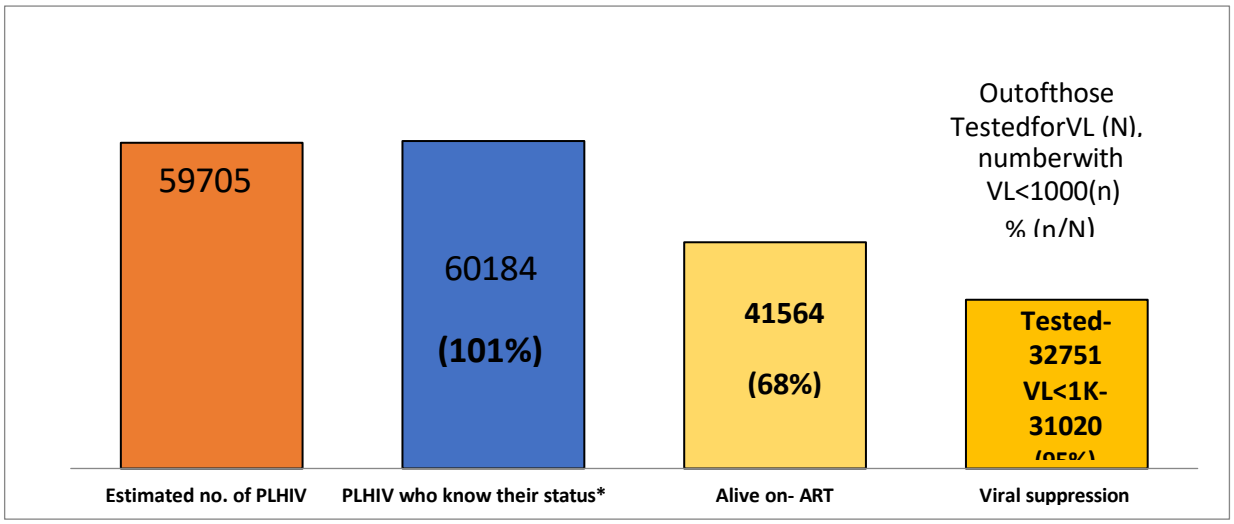
1.3 NACO has estimated adult HIV prevalence (15-49 year age group) to be 0.31%with 59705 persons living with HIV, 2954 new HIV Infections every year and 1033 HIV relateddeathsinDelhifor2023.TheseestimatesarebasedupondatafromHIVSentinelSurveillanceact

ivitiesandprogrammedata.HIVSentinelsurveillanceactivitieswerecarriedoutduring2023-24inDelhiat11HighRiskGroup(HRG)sites (4 Female Sex Workers (FSW), 2 Men having Sex with Men (MSM), 2 Transgender (TG),3InjectableDrugUsers (IDU) and4Bridgepopulationsites(2SingleMaleMigrant& 2 Truckers sites).

1.4STATUS OF 95-95-95 IN DELHI

1.4.1 95-95-95 is a strategy to achieve Sustainable Development Goal of ending the AIDS epidemic by 2030. The 95-95-95 strategy aims at 95% of all people livingwithHIV knowing their HIV status, with 95% of these people with diagnosed HIV infectionon sustained antiretroviral therapy and 95% of these people receiving antiretroviral therapy having effective viral suppression.

Figure1:Statusof95-95-95targetsinDelhi2023-2024



2. BASICSERVICESDIVISION

2.1 Basic Services Division deals with HIV Counseling and Testing services andsexually transmitted infections/reproductive tract infections facilities. The STI component deals with awareness, prevention, and management of the sexually transmitted infections/reproductive tract infections.

2.2 HIV COUNSELING AND TESTING SERVICES

2.2.1 HIVCounselingandTestingServices(HTCS)isfirststepindetectingand linking people with HIV to access treatment and care. The goal of these services is to identify people living with HIV at the earliest (after acquiring the HIV infection), and linking them appropriately to prevention, care and treatment services. Integrated Counseling and Testing Centers (ICTCs) functioning under Basic Services Division provide the following services:

i. Counselling and Testing of clients and linkage of detected HIV positives to ART Centres

ii. Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) (Previously Prevention of Parent-To-Child Transmission of HIV (PPTCT) and elimination of Mother-To-Child Transmission of syphilis (EMTCT) and Early Infant Diagnosis (EID))

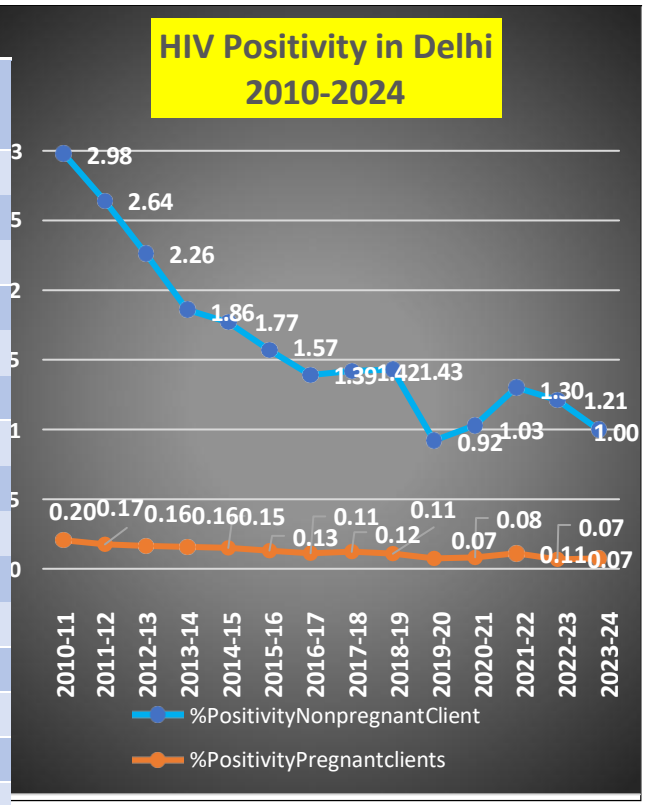
iii. HIV-Tuberculosiscollaborativeactivities.

2.2.2 As on 31/3/2024, 85 confirmatory facilities; Stand Alone ICTCs (including one mobile ICTC), 976 screening facilities (465 Govt. Facility Integrated Counseling and testing centres (FICTCs) and 411 Private sector FICTCs under Public privatePartnership Model (PPP) were functioning in Delhi. The performance of the Basic Services Division in regard HIV testing, HIV-

TB cross-referrals and STI-ICTC cross referrals is depicted in Table 2.

Figure2:HIVtestingandpositivityatICTC/FICTCsin Delhi-2010to2024

Year	Personsotherthan PregnantFemales			PregnantFemales		
	Tests	Detec-tions	Positi-vity %	Tests	Detec-tions	Positi-vity %
2010-11	229732	6838	2.98	161043	329	0.20
2011-12	278550	7366	2.64	204241	356	0.17
2012-13	306465	6936	2.26	206199	338	0.16
2013-14	350391	6523	1.86	212366	332	0.16
2014-15	378025	6709	1.77	222574	332	0.15
2015-16	403014	6334	1.57	236216	307	0.13
2016-17	433837	6051	1.39	242253	268	0.11
2017-18	439868	6249	1.42	260440	315	0.12
2018-19	454097	6478	1.43	284580	306	0.11
2019-20	650828	5861	0.92	330934	247	0.07
2020-21	330732	3422	1.03	253870	207	0.08
2021-22	256616	3327	1.30	93534	104	0.11
2022-23	511919	6172	1.21	318776	213	0.07
2023-24	635653	6135	1.00	351343	259	0.07
Total	5659727	84401	1.00	3378369	3913	0.12



2.2.3 HIVtestingandpositivityinDelhisince2010aredepictedinFigure2.

Table2:PerformanceofBasicServicesDivisionin2023-24.

A. HIVtestingatICTCs/PPTCTsandFICTCs

S. No.	Indicator	Clientgroup			Total
		General Client's incl. HRGs	PregnantWomen		
			Govt.ICTC/ FICTC	Private Sites	
1	AnnualTargetofTests	553500	240000	100000	893500
2	No.ofHIVTestsconducted	635653	254679	96664	986996
3	Achievement(%oftarget)	114.8%	106.1%	96.7%	110.5%
4	HIVdetections	6135	259	46*	6538
5	HIVPositivity%	0.97%	0.07%		0.66%
6	Registrationsoutofdetected	5161	395	45	5556#
7	%initiatedonART	84%	98%	98%	86%

*These46casesareincludedinthe259casesconfirmedatICTC,Totalnumberofpregnant womenwithpregnancyduringtheyearwas403includingoldcases

#Excludesotherwisereported32takingARTfromPrivatefacilities, 146deaths,13repeattests reportedamong6538HIVdetections,63underfollow-upason31st March2023andexcludes directly registered in other states.

B. HIV-TBCrossreferrals

Sl.No.	Indicator	ICTCtoRNTCP	RNTCPtoICTC
1	AnnualTargetforreferrals	33210	70000
2	Numberofclientsreferred	19895	61862
3	Achievement(%ofannualtarget)	60.0%	88.4%

Sl.No.	Indicator	ICTCtoRNTCP	RNTCPtoICTC
4	NumbersdetectedwithTB(%outofreferred)	297(1.5%)	-
5	NumberstreatedforTB(%outofdetected)	297(100.0)%	-
6	NumbersdetectedwithHIV(%outofreferred)	165(0.8%)	473(0.8%)
7	RegisteredforART(%outofdetected)	165(100.0%)	473(100.0%)

A. DesignatedSTI/RTICentres-ICTC(DSRC-ICTC)crossreferrals

Sl.No.	Indicator	DSRCto ICTC	ICTCto DSRC
1	AnnualTargetforreferrals	50000	33210
2	Numberofclientsreferred	48679	46501
3	Numberactuallyreached	42711	40332
4	Achievement(%ofannualtarget)	87.7%	86.7%
5	NumberdetectedwithHIV(%)	279	
6	NumberregisteredatART(%outofdetected)	238(85.3%)	
7	InitiatedonART(%outofregistered)	188(78.9%)	
8	NumberdetectedwithSTIoutofclients (% out of clients reached DSRC)		120(0.26%)
9	TreatedforSTI(%OutofdiagnosedSTI)		120

2.2.4 The ICTCs are also involved in screening of children born to HIV infectedmothers under EVTHS initiative (Elimination of Vertical Transmission of HIV and Syphilis),earlierknownasEMTCT(EliminationofMothertoChildTransmission). The exposed children are tested at 6 weeks, 6 month, 12 month and 18 month of age. The samples are collected at the ICTC though dry blood spot test and sent to EarlyInfant Diagnosis lab at AIIMS for testing. The exposed new born is also given prophylaxis (Nevirapine to exposed newborns born to low risk mothers (with suppressed viral load and on ART for more than 6 months, Zidovudine to exposed newborns born to low risk mothers exposed to nevirapine and dual prophylaxis (both Zidovudine and Nevirapine) to exposed newborns born to mothers with high viral load (more than 1000 copies per ml).

Table3.EarlyInfantDiagnosisactivities

S.No.	Indicator	Status
1	LivebirthstoHIVpositivemothersduringtheyear	348
2	BabiesgivenARVProphylaxis(%outoftotallivebirths amongst Positive Mothers)	348(100.0%)
3	Babiestestedfirsttimewithin2months(Anti-body+ DNAPCR)	335(96.3%)
4	Babies tested between 6 weeks to 6 months (using DNAPCR)	268(77.0%)
5	Babies screened +ve by Dried Blood Spot Test (1st PCR test)- (% of screened +ve to tested)	2(0.6%)
6	Babiesconfirmed+veby2nd PCRtest (%ofconfirmed+vetoscreenedpositive)	2(0.7%)
7	Babies initiated on ARTduring First year of age(% out of confirmed detections)	2(100.0%)

S.No.	Indicator	Status
8	TestingofHIVexposedchildrenbeyond18monthofage Out ofeligiblebabiesbornbetween Oct.2021-Sept.2022	
a	Numbers(%oftotalbornto+vemothers)	247(92.8%)
b	ConfirmedHIV+vechildrenoutof8a(%ofconfirmed+veto screened)	10(4.0%)
c	NumberinitiatedonARTbeyondtheageof18month(% Initiatedoutofconfirmeddetections)	9(90%)

2.3 SAMPOORNA SURAKSHA STRATEGY (SSS)

2.3.1 TheobjectiveofSSKistoreachouttopopulations'atrisk'forHIVand STI/RTIs; going beyond to provision of HIV Counselling and Testing services and to provideacomprehensiveservicespackagetomitigateriskofgettinginfected.ThisstrategyfacilitatesNACO'svisionofbuildinganintegratedresponsebyreachingout to diverse populations - where every person is safe from HIV/AIDS having access to IntegratedCounselling&TestingCentres(ICTCs),istreatedwithdignityandhas accesstoqualitycarewithahealthyandsafelifesupportedbytechnological advances. Sampoorna Suraksha Strategy have been implemented in Delhi with 5 Sampoorna Suraksha Kendras being functional since September 2023. TheperformanceofSSKsisdepictedinTable4.

2.3.1 TargetpopulationforSSK: Thepopulation"AtRisk"forHIV&STIsisdefined as 'any individual who is at risk of acquiring HIV or STI due to risky behaviours of self or partner(s)'. This will include the core population, bridge population, their spouses/partners and other populations who are engaged in risky behaviours. 'At Risk' Population includes:

- Self-initiatedclientsatICTCandDSRCwithriskybehaviour
- Socialand sexualnetwork ofself-initiated clients / individuals.
- RegularandNon-RegularPartner/s/SpouseofHRG(FSW,MSM,TG/TS)who are not associated/covered with TIs & LWS
- Needle/SyringessharingPartners(IDU/FIDU)andtheirsexualPartners(who are not associated with TIs/ LWS)
- Youthandadolescentswhoareatriskdue totheirriskybehaviour
- Individualshavingcasualsexualrelationwithregular/non-regularpartner/s
- STI/RTIclientsvisitingDSRCwithSTIcomplaints
- HIVnegativebut'at-risk'clientsidentifiedthroughvirtualoutreach,NACO Helplineetc.

Table4:SSKwiseTarget&Coveragefor2023-24

District	NameofSSKUnit	Physical Targetfor SSKs	Noof Clients Registered	%of Coverage
New Delhi	SafdarjungHospital	875	1074	122.74
NorthEast	JagPraveshChandraHospital	875	959	109.60
NorthWest	DrBabaSahebAmbedkarHospital	875	425	48.57
South	Pt.M.M.M.Hospital	875	636	72.69
West	DeenDayalUpadhyayHospital	875	603	68.91
Targetv/sCoverage		**4375**	**3697**	**84.50**

2.3.2 The five aforementioned Sampoorna Suraksha Kendra's (SSKs) were approved for2023-24,withprovisionofone(1)SampoornaSurakshaManager(SSM)andtwo

(2) Sampoorna Suraksha Outreach Workers (SSORW) engaged for each SSK. The engagement of aforesaid SSMs and SSORWs have been made through the TI-non-governmentalorganizations(TI-NGOs).Fundprovisionsforthe operation oftheSSKs is approved & allocated under the Global Fund grant by the National AIDS Control Organization (NACO).

2.4 SEXUALLY TRANSMITTED INFECTION (STI) COMPONENT:

2.4.1. The objective of the component of Basic /Preventive services is to prevent new HIVinfectionsbyprevention,presumptive/syndromicmanagementoftheexisting STIamongstthegeneralandhigh-riskpatientsthrough:

- CounselingforSTI&HIV,
- Awarenessgeneration,
- VDRL/RPRtestingofpotentialclientsforearlydetectionofSyphilis,
- SyndromicmanagementofSTIcases,
- SupplymedicinekitsforsyndromicmanagementtoDSRCsandTIs,
- Suitablelinkagestopreventfurtherinfectionsand

Table5:PerformanceofSTIcomponentfor2023–2024

SNo.	Indicator	Achievement
1.	Target(No.ofattendees)	124434
2.	TotalNumberofattendees	123927(99.6%)
3.	No.ofnewSTIcasesreported	68453(55.2%)
4.	No.reportingwithoutsymptoms	31370(25.3%)
5.	No.offollowupvisits	24104(19.5%)
6.	No.ofRPR/VDRLtestsconducted	61477
7.	No.foundRPR/VDRLpositive(Positivity%amongtested)	846(1.4%)
8.	No.ofpartnersnotified	38443
9.	No.ofpartnersmanaged/treated	27109(70.5%)
10.	No.ofclientsreferredtoICTC(%outofnewattendees)	48679(71.1%)
11.	No.ofclientsfoundHIVPositiveoutofreferred	279(0.57%)

Table 5A:SyndromicdiagnosisofnewSTIcasesatDSRCs

Sl.No.	Syndromes	Male	Male%	Female	Female%	TG	TG%
1.	VaginalCervicalDischarge(VCD)			28890	52.3		
2.	GenitalUlcer(GUD-NonHerpetic	313	2.2	158	0.3	3	5.9
3.	GenitalUlcer(GUD-Herpetic	958	6.8	425	0.8	4	7.8
4.	LowerAbdominalPain(LAP)			21292	38.6		
5.	UrethralDischarge(UD)	1041	7.4			0	0.0
6.	AnorectalDischarge(ARD)	4	0.0	0	0.0	0	0.0
7.	InguinalBubo(IB)	77	0.5	184	0.3	0	0.0
8.	Painfulscrotalswelling(PSS)	53	0.4			0	0.0
9.	Genitalwarts	1803	12.7	1049	1.9	4	7.8
10.	OtherSTIs	9898	70.0	3221	5.83	40	78.4
	Total	**14147**	**100.0**	**55219**	**100.0**	**51**	**100.0**

Percentagesshownareoutoftotalattendinggendergroup

2.5 Thepregnantwomencomingtofacilities/hospitalsarealsocounselled &tested of pregnant women for Syphilis in coordination with Gynaecology and Obstetrics departments of hospitals and at health facilities. The medicine kits for treatment of sexually transmitted infectionsareprocuredbyNACOandsuppliedtohealthfacilities (to DSRC and TIs) through DSACS.

3. PREVENTION DIVISION

3.1 Prevention Division (previously known as Targeted Intervention Division) works for prevention and control of HIV/STI amongst High Risk Group (HRG) (Corepopulation and Bridge Population) and deliver Targeted Interventions (TI), Harm Reduction services for People with Injecting Drugs (PWIDs) including (Opioid Substitution Treatment (OST) and Intervention in Prisons and other closed settings (OCS). TIs are peer led interventions wherein services like regular outreach, behavior change communication, STI treatment and management, free condom distribution counseling, provision of clean needles and syringes, abscess management, Opioid Substitution Therapy (OST) for PWIDs and other services like HIV testing and ART through referralandlinkagesareprovidedattheirdoorstep.

3.2 As on 31.3.2024, Seventy-nine (79) Targeted Intervention Projects were being implemented in Delhi in partnership with Non-Government Organizations (NGOs) and Community Based Organizations (CBOs) amongst High-Risk Group (HRGs) during 2023-24.

Table6:HRGCoverageunderTIProjectsinDelhifor2023-2024.

Sl. No.	Typology	No.of TIs	Mapping Estimates	HIV Prevalence 2021(%)	Coverage	Coverage Percent*	HIV tests conducted
1	Female Sex Workers(FSW)	29	88399	0.81	74680	84	108846
2	Men having Sex WithMen(MSM)	10	27026	2.59	28006	104	26932
3	Transgenders (TG)	8	17907	5.53	14313	80	19620
4	Injecting Drug Users(IDU)	16	32481	15.87	17926	55	23567
5	Migrants	12	277882	0.75	260883	94	37428
6	Truckers	4	60000	0.80	43770	73	5825
7	PrisonInmates	-	63154	2.45	-	-	11791

*Percentagehasbeen calculatedagainstthemappingestimates

Table 7: Performance of clinics at Targeted Intervention Projects for 2023-2024

Sl.No.	Typology	Clinic Attendance	STI diagnosed	STItreated	Percent Treated
1	FemaleSexWorkers(FSW)	254645	4210	4207	100
2	MenhavingSexwithMen (MSM)	80511	296	286	97
3	Transgenders(TG)	49075	295	285	97
4	InjectingDrugUsers(IDU)	59306	101	97	96
	TotalCoreGroup	**443537**	**4902**	**4875**	**99**
5	Migrants	104862	1696	1695	100
6	Truckers	21732	310	309	100

Table 8: Performance of Syphilis screening at Targeted Interventions (Core Groups) for 2023-2024

Sl. No.	Typology	Syphilis Screening	Syphilis reactive	Syphilis treated	Percent treated
1	FemaleSexWorkers(FSW)	115343	20	17	85
2	Men having Sex with Men (MSM)	34337	46	42	91
3	Transgenders(TG)	22173	29	23	79
4	InjectingDrugUsers(IDU)	27640	5	5	100

Table9:HIVTestingandTreatmentCascadeatTargetedInterventionsfor2023-2024

Sl. No.	Typology	HIV Tests	HIV Positive	OnART	Cumulative HIV Positives	Cumulative on ART	Percentage on ART
1	FemaleSexWorkers (FSW)	108846	120	105	525	466	89
2	MenhavingSexwith Men (MSM)	26932	104	95	645	588	91
3	Transgenders(TG)	19620	47	45	308	295	96
4	Injecting Drug Users (IDU)	23567	262	189	725	651	90
	TotalCoreGroup	**178965**	**533**	**434**	**2203**	**2000**	**90**
5	Migrants	37428	110	88	628	585	93
6	Truckers	5825	15	10	44	32	73

3.3 OpioidSubstitutionTherapy(OST): Twelve(12)OpioidSubstitutionTherapy centerswerebeingruninDelhiduring2023-24undertheprogrammeformitigating the habit of injectable drug use. Buprenorphine substitution is provided to eligible clients with active injectable opioid use at these centers. One of the centers is being run in Central Prison, Tihar for its inmates.

3.4 Four (4) new OST centers have been started in NGO setting atBhartiya Parivardhan Sanstha in Shahdara District, Krishna Foundation in East Delhi, Sahyog CharitableTrustinSouth-EastDistrictandSPYMinSouthDistrictinFY2023-24.

3.5 TheperformanceofOSTcentersisdepictedinTable10.

Table10.PerformanceofOSTCentersinDelhiduringF.Y.2023-24

OST Center	Year of Opening	Total Clients registered	Expected clients load	Active Client load	Average regular/ very regular active clients*	Retention rate	Average daily doseper client
DDUH	Mar. 2013	1111	392	107	96	27.2	3.05
BJRMH	Dec.2012	1757	228	215	211	94.2	3.72
JPCH	Oct.2012	1767	684	364	200	53.2	2.09
SGMH	Nov.2012	1466	902	691	585	76.6	4.44
Ch.Chowk PS	Mar. 2015	1177	603	384	278	63.6	4.02
GGSGH	Jun.2015	982	340	291	252	85.5	3.36
LHMC	Aug.2015	773	452	292	199	64.6	3.63
TIHAR PRISON	Mar. 2019	26	0	0	0	0	0
KF	Mar. 2023	244	152	152	49	100	2.56
SPYM	Mar. 2023	280	239	194	132	81.1	3.38
SCT	Mar. 2023	225	225	154	63	68.4	2.33
BPS	Mar. 2023	442	202	202	92	100	2.44

*Veryregular(visitingOSTCentrefor25daysormoreinamonth)andregular(visiting15-24days) KF-KrishnaFoundation,SPYM–SocietyforpromotionofYouthandMass,SCT-SahyogCharitable Trust,BPS-BhartiyaParivardhanSanstha

ThedataofSpokes(SatelliteOSTs)centreshasbeenincludedinthedataofconcernedhubOST Centre

3.6 Hub & Spoke Model of OST Delivery: DSACShasimplementedhub-and-spoke modelofOSTdeliverytooptimizeresourcesandtoensureoptimalreachsinceMarch 2023. The Hub and Spoke model envisages to create OST dispensing units (Spokes) linked to the existing OST Centre (Hub) with minimal additional resources. OST centre act as a focal point for registering a client to OST after due assessment. Once registered, the client's daily/most often routines are plotted and then assigned to a specific spoke. 17 OST dispensing units have been setup as per the concentration of hotspots. Additional ANM placed at each dispensing unit supported by TI outreach staff operating in the area.

Table 11. Opioid Substitution Therapy (OST) Hub and Spoke Delivery Model-Details of Linked spokes

Sl. No.	District	No. of OST Centres in theDistrict	Centre	No. of Linked Spokes	Spokerun byTINGO	SpokeArea
1	North	1	BJRM	0	-	-
2	South-West	0	-	1	RAWAT	Ranhola
2	West	3	DDUH			
			GGSGH	2	HDS	RaghubirNagar
					HDS	Shadipur
			TiharPrison	0	-	-
3	NorthWest	1	SGMH	3	Matrix	RamaVihar
					Matrix	SultanPuri
					St. Thomas	JJCBawana
4	Central	1	CCPS	2	LFAT	NabiKarim
					LFAT	YamunaBazar
5	South	1	SPYM-Dakshinpuri	2	SPYM	RKPuram
					SPYM	LajpatNagar
6	SouthEast	1	SCT-Ashram	2	SCT	SaraiKaleKhan
					SCT	MadanpurKhadar
7	Shahdara	0	-	3	BPS	Mansarovar Park
8	NorthEast	1	JPCH		GSF	KhajooriKhas
					BPS	KasimVihar
10	NewDelhi	1	LHMC: BKSMargRain Basera	-	-	-
11	East	1	KF-Vishwas Nagar	2	KF	SaperaBasti
					KF	SanjayAmarCly.
GrandTotal		**12**		**17**		

HDS- Human Dev. Society, KF- Krishna Foundation, BPS- Bharatiya Parivardhan Sanstha, GSF- Ganga Social Foundation, SPYM- Society for Promotion of Youth and Masses, SCT- Sahyog Charitable Trust

3.7 SPAINTERVENTION:

3.7.1 Keeping in view the changing pattern of sex work in Delhi, Spas in Delhi are being covered as a strategy through targeted interventions under FSW and MSM

interventions. The Spa interventions were first piloted during 2018-19, first time in India by Delhi. Total 1511 Spa/ massage parlours have been listed in the state including 29 MSM specific Spa operating in Delhi.

3.7.2 Atpresentthepopulationiscoveredexclusivelythrough6TIProjectsviz.FSW- Anchal Charitable Trust (Shahdara), Chelsea (Malviya Nagar), Drishtikon (Rohini), Manch (Rajouri Garden), Samarth (Majnu ka Tila area), MSM- Space (Rajiv Chowk Area).PresentlyTisarecovering825Spasandrenderingservicesto12612FSWsand 615 MSMs associated with these Spas.

3.8 NETWORK OPERATOR APPROACH

3.8.1 Changing patterns in sex work in Delhi has necessitated to adopt an approach to cover sex workers operating through networks for HIV prevention. Networks are being covered as a strategy through targeted interventions under FSW and MSM interventionssince2018-19.By2023,3574NetworkOperatorshavebeenreachedunderFSWTIinterventionprogramthroughNetworkbasedapproachoutofwhich 2862 Network Operatorshas beenregisteredin the TIs.

3.8.2 Onanaverage2638NetworkOperatorwerecontactedbyTIeachmonthduring FY 23-24As on 31st March 2024, total number of female sex workers associated with the network 0perator was 71909 and on an average 2804 workers were joining with new network operator per month during the FY 23-24.

Table12:NetworkOperatorApproachunderFSWTargetedInterventionprogram

Indicator	2019-20	2020-21	2021-22	2022-23	2023-24
AverageMonthlyNetwork OperatorcontactedbyTI	2238	1802	2090	2338	2638
TotalFSWassociatedwith the network Operator	43512	39826	38273	42716	71909
AveragemonthlyFSW Joiningnewnetwork operator	1590	868	1106	1217	2904

3.9 VirtualInterventionforHRG

3.9.1 DelhiStateAIDS ControlSociety (DSACS)has designed and implemented a virtual intervention for FWS, MSM and TGs to address the challenge of sex work being carried virtually or sex workers being hidden or unwilling to get enrolled in Targeted Interventions.Thisinterventionstrategyintendstoreachlessvisibleandharderto reachhighriskpopulations(FSW/MSM/TG)thatareusingtheinternet/mobileapps to ensure the prevention and control of HIV epidemic. This virtual intervention is an innovativeweb-basedcommunicationstrategywhichaimstoidentifyandlinkthe virtual network based KPs with the service provisions.

3.9.2 Delhi State AIDS Control Society has conducted virtual mapping of MSM to estimatevirtuallyactiveMSMpopulationinDelhi.Variousvirtualplatformsareused by the MSM to connect to their partners like applications (Eg. Grindr, Planet Romeo, blued),Whatsapp,Facebooketc.28thousandMSMareusingvirtualplatforms. MajorityoftheMSMspreferredtobeactiveduringnight(81%)andonSunday(94%) insearchoftheirsexualpartners.OnanaverageavirtualMSMuse1.67profilesto their name in different virtual sites. Two-fifth (42%) of the MSMs visited physicallocation for solicitation in thepastonemonth as per virtual mapping. The performanceof interventions is depicted in following graph.

3.9.3 3224 Virtually active population reached through promotion of Web Application at Social Media Platforms and only 30% registered at TI. Online Outreach is more effective,58%ofthevirtuallyactivepopulationreachedatTItoseekservices.

3.9.4 ProgrammaticMappingandPopulationSizeEstimation(p-MPSE)

3.9.5 Programmatic Mapping and Population Size Estimation (p-MPSE) exercise for High Risk Group (HRG)/ Key Population (KP)was rolled out in all the districts of theStateasperNationalAIDSControlOrganization(NACO)GuidelinesinOctober2021. The PMPSE activity include identifying Hot Sports of Sex workers / TG by the team and conducting Group Discussion (GD) with Key Informants (KI) and stake holders for estimation GRGs/KPs. Completion of Field level data collection for Hotspot, network operators and Village Information for all the districts (TI & Non-TI) was completed by June2022.Reviewofresultswasdonebystatesteeringcommitteeandrecommended to NACO in March 2023.

3.9.6 Population Size Estimation: The current p-MPSE has estimated around 88400FSWsfollowedbyIDUs(32484),MSM(27026)andH/TG(17908)inDelhi.The district wise size estimation of High-Risk Population is depicted in Tables 13A-13D.

Table13A.AdjustedEstimatedSizeofFemaleSexWorker(FSW)Population.

District	AtPhysicalHotspots					Through Network Operators Adjusted Estimated Size	Total Estimated Size (Adjusted)		
	No. of Hots pots	HRG % visiting more than 1 hot-spotsinthe district	Adjustedestimation				Minimum	Average	Maximum
			Minimum	Average	Maximum				
Central	94	1	2931	3109	3286	9152	12083	12261	12438
East	0	0	0	0	0	11309	11309	11309	11309
NewDelhi	12	11	210	223	237	1987	2197	2210	2224
North	35	27	565	617	669	6403	6967	7020	7072
NorthEast	5	5	229	241	254	10518	10747	10760	10772
NorthWest	14	45	168	189	209	11139	11307	11327	11348
Shahdara	0	0	0	0	0	2648	2648	2648	2648
South	16	7	434	481	527	5375	5809	5856	5902
SouthEast	11	22	110	133	156	6641	6752	6774	6797
SouthWest	54	15	1270	1407	1544	5625	6895	7032	7169
West	50	30	1034	1140	1246	10064	11097	11203	11310
	DelhiTotal						**87811**	**88399**	**88989**

EstimatedSizehasbeenadjustedexclusivelyfornetworkoperators

Table13B.AdjustedEstimated Sizeof Menhaving Sexwith Men(MSM)Population.

District	AtPhysicalHotspots					Through Network Operators Adjusted Estimated Size	Total Estimated Size (Adjusted)		
	No. of Hots pots	MSM % visiting more than 1 hotspot in the district	Adjustedestimation				Minimum	Average	Maximum
			Minimum	Average	Maximum				
Central	115	6	3679	3401	3954	345	3746	4023	4299
East	79	19	2145	1957	2332	382	2338	2526	2714
NewDelhi	45	15	1143	1026	1260	0	1026	1143	1260
North	60	12	2171	2082	2260	136	2219	2307	2396
NorthEast	36	0	1156	1041	1271	0	1041	1156	1271
NorthWest	150	20	4194	3824	4563	223	4047	4416	4785
Shahdara	34	8	991	901	1081	28	929	1019	1109
South	107	15	2264	2136	2391	242	2378	2506	2633
SouthEast	92	16	2029	1825	2233	32	1857	2061	2265
SouthWest	59	23	2304	2131	2478	0	2131	2304	2478
West	74	19	2369	2076	2662	1196	3272	3565	3858
	DelhiTotal						**24984**	**27026**	**29068**

Table13C.AdjustedEstimatedSizeofHijra/Transgender(H/TG)Population.

District	AtPhysicalHotspots					Through Network Operators Adjusted Estimated Size	Total Estimated Size (Adjusted)		
	No.of Hot spots	H/TG Proportion visiting more than 1 hotspot Inthedistrict	Adjustedestimation				Minimum	Average	Maximum
			Minimum	Average	Maximum				
Central	73	18	1275	1155	1395	125	1280	1400	1520
East	44	4	806	727	885	50	777	856	935
NewDelhi	72	12	1291	1115	1466	0	1115	1291	1466
North	60	18	1646	1500	1792	231	1731	1877	2023
NorthEast	33	3	1144	1049	1239	0	1049	1144	1239
North West	88	12	1945	1703	2186	89	1792	2034	2275
Shahdara	16	4	352	324	379	0	324	352	379
South	54	11	1186	1014	1358	0	1014	1186	1358
SouthEast	64	21	1103	934	1272	0	934	1103	1272
SouthWest	40	12	2353	2187	2520	50	2237	2403	2570
West	123	10	3066	2739	3393	1196	3935	4262	4589
	DelhiTotal						**16188**	**17907**	**19626**

Table13D.AdjustedEstimatedSizeofInjectableDrugUsers(IDU)Population.

District	AtPhysicalHotspots					Through Network Operators Adjusted Estimated Size	Total Estimated Size (Adjusted)		
	No. of Hotspots	H/TG% visiting more than 1hotspot in the district	Adjustedestimation				Minimum	Average	Maximum
			Minimum	Average	Maximum				
Central	195	20	3884	3432	4335	0	3432	3884	4335
East	56	12	1692	1560	1823	298	1858	1989	2121
NewDelhi	43	17	864	788	940	0	788	864	940
North	85	14	2108	1865	2350	0	1865	2108	2350
NorthEast	143	9	4071	3547	4595	219	3766	4290	4814
NorthWest	124	10	3215	2850	3579	164	3013	3378	3743
Shahdara	123	15	3052	2762	3342	23	2785	3075	3364
South	119	18	3324	3086	3561	0	3086	3324	3561
SouthEast	183	11	4847	4460	5233	0	4460	4847	5233
SouthWest	47	22	1430	1362	1497	0	1362	1430	1497
West	131	14	3259	2996	3522	36	3032	3295	3558
DelhiTotal							**29447**	**32481**	**35516**

3.10 COMMUNITY SYSTEM STRENGTHENING (CSS):

3.10.1. The National AIDS Control Program (NACP) recognizes the need forcommunity-engaged responses as the key to elimination of HIV/AIDS related stigmaand discrimination.Since the beginning of NACP, the National AIDS Control Organization (NACO) acknowledged the collaboration of the communities, PeopleLiving with HIV (PLHIV) networks and Civil Society Organizations. Efforts were madeto involve communities in every stage of programme planning, designing and implementation. Recognizing the need for community-led responses as key to eliminationofHIV/AIDS,CommunitySystemStrengthening(CSS)was institutionalized duringthe NACP phase V. CSS catalysed theimproved healthoutcomes of NACP through strengthening prevention programs, advocacy and rapid response reducing stigma and discrimination, enhancing treatment literacy, greater involvementofcommunitiesindecisionmakinganddevelopingstructuredsystems of community-led monitoring (CLM).

3.10.2. **CommunityLedMonitoring(CLM),**isavitalelementoftheCSSframework. It is a structured approach which is designed to systematically gather quantitative and qualitative data regarding HIV services. Its core objective isto capture recipient insights, experiences, and needs, translating this information into targeted actions and transformative change. CLM is an accountability mechanism for monitoring and assessing HIV responses at different levels. It is led and implemented by local community members, community organizations of PLHIV, networks of KPs, other affected groups, and other community entities. CLM uses a structured platform and rigorously trained peer monitors to collect and analyse qualitative and quantitative data on HIV service delivery systematically and in a routine manner.

3.10.1 Based on the above context, Delhi State AIDS Control has initiated various initiatives under the CSS and CLM, and following are the key achievements:

- ConstitutionofStateCommunityResourceGroup(SCRG):Statelevel Community Resource Group was constituted under Chairmanship of Project Director involving Community members and People Living with HIV/AIDS and Youthkeypopulationtoensureeffectivequalityprogramdeliverybycreating an enabling environment and active involvement of Community through State andDistrictCommunityResourceGroups
- Training of Community Champions: 129 CCs were trained on NACO, CSS Module and 168 CC trained across the rounds of CLM on NACP guidelines and ODK app for data collection.
- PositiveSpeakers: 15 CCwereinvitedasPositiveSpeaker.
- MasterTrainer:6CCsweretrainedasMasterTrainersoftheCCsunderNACO.Engagement of CC: Out of 236, 184 were selected as the CC by the S-CRG. 129 CCs trained on CSS modules, 133 CC were provided periodic training. 10 Community Champion also formed Street Play Group.
- Improvement across the Facility: Hospital Administration has extended support by provisioning full time OST Doctor.
- Intensified initiatives taken by Services Providers on Social Protection Schemes: 7246.
- FreeLegalAidServicesbyDLSA.
- Field level issues resolve on real time basis through the cluster coordination meeting.
- Toilet hygiene, provision of drinking water audio-visual privacy, positive attitude of the service providers towards the beneficiaries, timing, signages, sitting arrangement.

4. CARE,SUPPORTANDTREATMENTDIVISION

4.1. Care, Support & Treatment division at Delhi SACS is entrusted with the responsibility of providing Antiretroviral Treatment services to PLHIVs through 12ARTCentres,1CentreofExcellenceand1PediatricCenterofExcellence.COEcater to the HIV patient from Delhi and linked ART Centres from Uttar Pradesh, Rajasthan, Haryana,MadhyaPradesh,UttarakhandandconducttheSACEPforinitiatingthem on second/third line ART Treatment. Two of the ART centres at AIIMS & RML are ART pluscentres;authorizedtostartsecondlinetreatmentfortheirpatients.

4.2. Five(5)CareSupportCenters(CSCs)arebeingrunbyNGOsunderVihaan project in various districts for providing support services to the PLHIVs in the community.These5CSCsarefundedunderGFATMProjectandlinkedtoART Centres as under :

i. LoveLifeSociety–LNH,GTBH,LBSH,DDUH
ii. OPNP+-SJH,RMLH,KSCH
iii. DNP+-BSAH,DCBH
iv. NCPI-AIIMS,NITRD
v. Love LifeSocietyhasbeenoperatinganCSCexclusivelyfortransgenders– ForTGsfromallARTCentresinDelhi.

4.10 ART Centers provide ART Treatment and support to all PLHIV registered. The facilitiesoflaboratorytests,CD4CountandViralLoadtestingarealsomadeavailable to the patient at the centers. Currently eight CD4 Machines are installed AIIMS, Safdarjung Hospital, RMLH, MAMC, NCDC, GTBH, Dr. BSAH, DDUH and two viralload machines are available at AIIMS and IHBAS in Delhi.

4.11 As on 31stMarch 2024, 86676 PLHIVs have been cumulatively registered at ART Centers in Delhi since inception in 2004 and 39094 PLHIVs were on regular antiretroviraltreatment.TheperformanceoftheCSTdivision/ARTCentresis depicted in Table 14.

Table14:PerformanceofARTCentresinDelhifromApril2023toMarch2024

Sl.No	Indicator	Target	Achievement	Achievement%
1	NewPLHIVsregistered		5085	
2	InitiatedonART	5085	4701	92
3	RetainedinCare	4701	3964	84
4	PregnantwomeninitiatedonART		229	
5	OpportunisticInfectionstreated		1559	
6	CD4testsTesting	25000	23796	95
7	ViralLoadTesting	42000	32236	77
8	Virallysuppressed	32236	30598	95

Table15:ARTCentrewisestatistics(Cumulativedataason31stMarch2024)

S. No.	ART Centre	Ever Registered	Active Care	Ever Started onART	Aliveon 1stLine ART	Aliveon2nd Line ART	Pre ART Deaths	OnART Deaths	Pre ART LFUs	On ART LFU
1	AIIMS	11335	5356	8055	5314	341	265	1018	743	1220
2	BSAH	12699	5755	9721	5737	367	517	1380	250	1673
3	DCBH	3141	1934	2881	1901	44	41	151	158	801
4	DDU	9315	4240	6651	4209	242	247	653	797	1183
5	GTBH	13156	5330	9575	5317	137	615	1829	836	1976
6	KSCH	1383	836	1155	825	78	102	174	42	98
7	LBSH	2637	1822	2485	1807	20	48	258	84	412
8	LNH	9593	3376	6701	3376	396	429	1419	539	1171
9	NITRD	3437	1938	2971	1935	43	133	627	138	270
10	RMLH	10883	4807	7974	4806	362	282	1330	329	1343
11	SJH	8294	3563	6080	3558	210	307	748	237	967
12	TIHAR JAIL	803	321	788	309	5	0	14	2	345
	Total	**86676**	**39278**	**65037**	**39094**	**2245**	**2986**	**9601**	**4155**	**11459**

4.5 HIV-TBConvergenceatARTCentres

4.5.1All patient's comingtoARTCentrearescreenedforsymptomsofTBatevery visit (4S Screening). Those suspected to have the infection are referred for testing to Chest Clinic. Patient diagnosed with TB are started on Anti-tuberculosis Treatment (ATT) at the ART Centre concerned as per RNTCP guidelines. Status of HIV- TB coordination activities is depicted in Table 16.

Table16:StatusofHIV-TBcoordinationactivitiesatARTCentresduringFY2023-24

ART Centre	TotalPLHIV visits	4s Screening done	PLHIV with Presumptive TB	Presumptive TB cases referred for Testing	Referred PLHIV testedfor TB	PLHIV diagnosed havingTB
AIIMS	47400	42484	190	190	190	78
BSAH	30530	29615	995	684	684	208
DCBH	15105	13077	411	411	341	136
DDU	27107	26745	596	168	168	130
GTBH	43920	38908	380	380	366	87

ART Centre	TotalPLHIV visits	4s Screening done	PLHIV with Presumptive TB	Presumptive TB cases referred for Testing	Referred PLHIV testedfor TB	PLHIV diagnosed havingTB
KSCH	5424	5118	403	60	60	28
LBSH	11812	11812	268	268	268	28
LNH	36547	10627	368	184	184	76
NITRD	12531	9911	538	452	440	37
RMLH	33588	29725	807	772	772	108
SJH	36390	34252	385	385	385	90
TIHARJAIL	3437	3437	32	30	30	16
Total	**303791**	**255711**	**5373**	**3984**	**3888**	**1022**
%ofTotal		**84%**	**2%**	**74%**	**98%**	**26%**

5. Laboratory Services Division

5.10 LabServicesdivisionatDSACScoordinatesandmonitorthefollowingactivities:

- HIVtestingservices
- ExternalQualityAssuranceScheme(EQAS)inHIVtesting
- CD4testingservices
- Viralloadtestingservices
- NABLAccreditationofReferenceLaboratories&STIlaboratories(QA)
- NABLCertificationofstandaloneICTC/PPTCTCunderM(EL)Tprogram
- NACOCertificationofExcellenceforICTC/PPTCTC

5.11 ConductionofTrainingsandworkshopsExternalQualityAssuranceScheme(EQAS):

5.11.1 84 standalone ICTCs, 1 Mobile ICTC and 3 FICTC centers are linked to four State Reference Laboratories in Microbiology departments of 4 Medical Colleges of Delhi viz. Lady Hardinge Medical College, Maulana Azad Medical College, Safdarjung Hospital and University College of Medical Sciences under External Quality Assurance Scheme (EQAS) program. Besides, 2 National Reference Laboratories functioning in Microbiology departments of National Centre for Disease Control and All India Institute of Medical Sciences, Delhi also participated in the program. Five CD4 testing laboratories, one APEX STI Laboratory and two Regional STI Reference Laboratories are also participated in the EQA program.

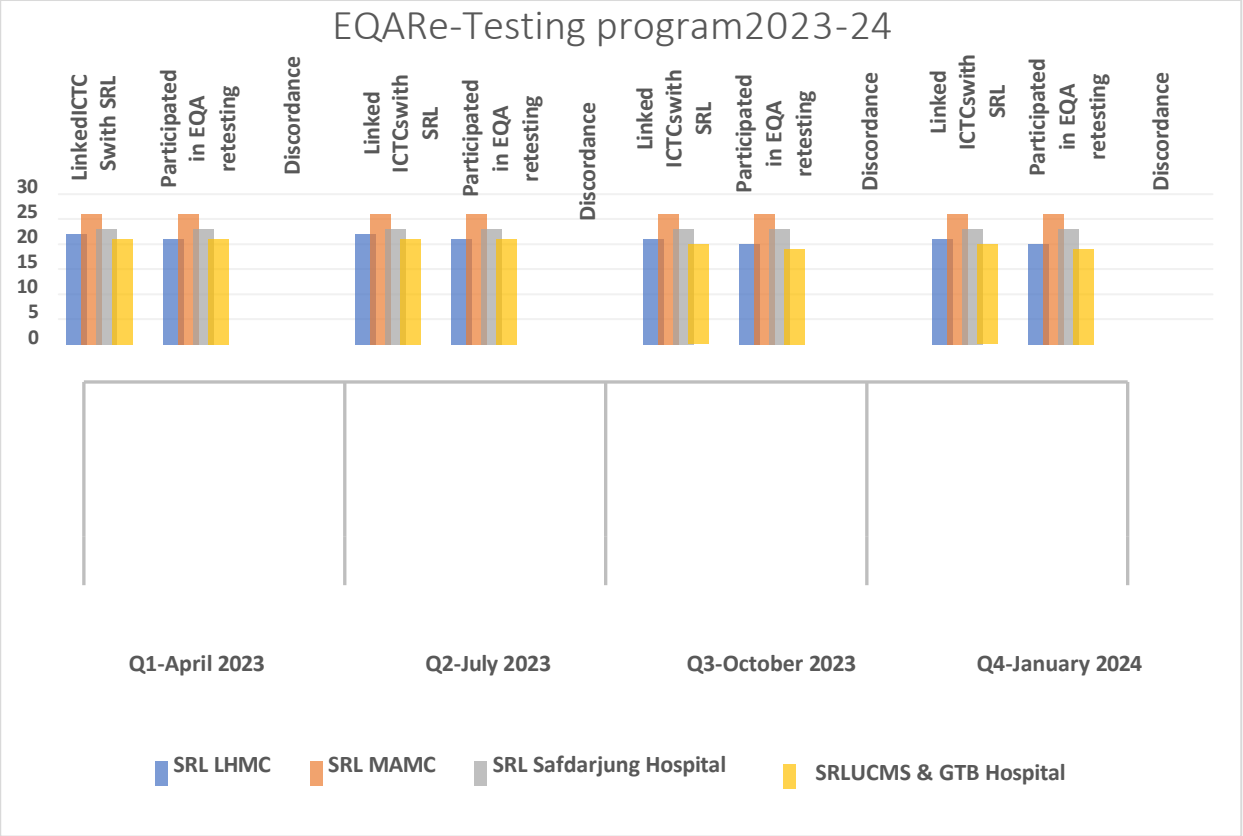
5.11.2 AspartofExternalQualityAssuranceScheme,StateReferenceLaboratories sendcodedsamples(panels) to thelinked ICTC/PPTCTCs for testing twicein a year and these centers report the result to the SRL within seven days of receiving the coded samples,tocheckthelevelofconcordance.NRLsalsosendcodedsamples(panels) toSRLsfortestingtwiceinayear,andreporttheresultstotheNRLwithinseven daysofreceivingthecodedsamples,tocheckthelevelofconcordance.

5.11.3 Since 2010, allSRLs have regularly conducted EQAS activities for their linked centers. All linked ICTC/PPTCT Centers have reported with more than 90% participation in quarterly Re-testing and Bi-annual proficiency panel testing activitiesto assure quality in HIV testing. The participation of SRLs and NRLs of Delhi has been 100% to their linked NRLs and Apex Laboratory at NARI respectively under National EQAS program during 2023-24 Linked ICTC/PPTCT centres participate in EQAS with theirlinkedSRLstocrosscheckHIVtestresultsbysending20%ofPositiveand5%ofNegativesamplestestedinthefirstsevendaysofthemonth.

5.11.4 The participation in the EQAS scheme during 2023-24 by the centers during Quarter1,Quarter2,Quarter3andQuarter4wasreportedas98.91%,98.91%, 97.77% and 98.88% respectively by ICTC/PPTCTs and mobile ICTC in retesting activitieswith100%concordanceamongsttotal92centersduring1stQuarterand 2nd Quarter and 90 Centers during 3rd Quarter and 4th Quarter participating in the activity.

5.11.5 A total of ten standalone ICTC/PPTCT centers are certificated from NABL under M(EL)T program during 2023-24. Three SA-ICTCs are recognized as Centre ofExcellencefromNACOduring2023-24.

Figure4.EQAS retestingparticipationofICTC/PPTTCfromApril23–March24



5.12**CD4 Testing:** At present CD4 testing is available at 8 Centres viz. AIIMS, BSAH, DDUH, GTBH, MAMC, RMLH, SJH, NCDC). During April 2023 to March 2024 , 23795NumberofCD4testswerecarriedout.

5.13**Viral Load Testing:** During the year, Viral Load Testing services were being provided at the designated functional centres at IHBAS and AIIMS laboratories for all ARTCenters.Atotalof32236ViralLoadtestsofARTpatientshavebeenconducted till 31/03/24 (From April 2023- March 2024).

6. BLOODTRANSFUSIONSERVICESDIVISION

6.1 ThiscomponentpreviouslyunderNACP,withgrantreceivedthroughNACO, hasbeentransferredtoDirectorateGeneralHealthServices(DGHS),Ministryof HealthandFamilyWelfare,Govt.ofIndiawithgrantnowroutedhroughDGHS.

6.2 Seventy-Nine (79) blood centres were functioning in Delhi as on 31st March, 2024. Out of these, 20 blood centres of these are DGHS supported. DGHS supported blood centres are supported in the form of :

- Provisionofadditionalmanpower,
- Provisionoftestingkits,bloodcollectionbagsand
- Financialassistancefororganizationofvoluntaryblooddonationcamps.

6.3 Out of the 20 supported blood centres, 9 are supported as Regional Blood Transfusion Centres (RBTC) at AIIMS(Main), AIIMS (CNC), BSAH, DDUH, GTBH,HRH, IRCS, LNH, LHMC), 2 as Model Blood Banks (DDUH and IRCS), 4 as District Level Blood Banks (DHAS, LBSH, SGMH,) and 2 as Major Blood Banks (KH and SDNH). All these 20 blood banks are having Blood Component Separation Units (BCSUs).

Table17A.DGHSSupportedBloodCentresinDelhi

Central Government	Delhi Government	LocalBodies	NGOs
• AIIMS(Main) • AIIMS(CNC) • AIIMS(JPNATC) • RMLHospital • Safdarjung Hospital • LHMC	• DrBSAH Hospital • DDUHospital • DHAS • GBPHospital • GTBHospital • ILBS • LBSHospital • LNHospital • SGMHospital	• HinduRao Hospital • Kasturba Hospital • Swami Dayanand Hospital	• Indian Red CrossSociety (IRCS) Blood Bank • RotaryBlood Bank

Table17B.DetailsofDGHSSupportedBloodCentresinDelhi

Particulars	BloodCentres	Numbers
1.TotalNo.ofDistricts	-	11
2.No.ofDistrictswithBloodCentres	-	11
3.No. of DGHS Govt. of India supported Blood Centres	-	20
a.ModelBloodCentres withBCSU	DDUH,IRCS	02
b.MajorBloodCentreswithBCSUs	KH,SDNH	02
c.MajorBloodCentreswithoutBCSU	-	0
d.DLBBswithBCSUs	DHAS,LBSH, SGMH,GTBH	04
e.DLBBswithoutBCSUs	0	0
f. RegionalBloodTransfusion Centres	AIIMS(Main), AIIMS (CNC),BSAH,DDUH, GTBH, HRH, IRCS, LNH,LHMC	11
4.BloodStorageCenters	-	13
5.BloodMobile(Total/Working)	IRCS,RMLH,DDUH	3/0
6.BloodTransportationVan (Total/Working)	1	1/1 (Licensed up toDecember2023)

Table17C:Details of Blood Component Separation Units (BCSUs) and Blood Storage Centres

Details	Govt.		NGO/Trust /Charitable		Private	
	With component	Without component	With component	Without component	With component	Without component
Blood Centers-79	22	0	11	0	45	1
Total Blood Storage centers	13		Nil		Nil	

Table 18. Performanceof DGHS Supported Blood Centres in Delhi (Apr 2023 to Mar 2024,source- e- Raktkosh Portal)

S.No.	Indicator	GrandTotal
1.	In-houseVoluntaryCollection	83617
2.	CampCollection	52173
3.	CampcollectionbyBTVvan	24648
4.	TotalVoluntaryCollection	160438
5.	NumberofCamps	2013
6.	ReplacementCollection	292454
7.	TotalCollection	452892
8.	VoluntaryCollection%oftotal	64.57

Table19.StatementonBloodUnitCollectioninDelhisince2015-16to2023-24.

Year	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
2015-16	125606	124692	250298	2292	299687	549897
2016-17	110753	136466	247219	2514	299771	546990
2017-18	117874	134840	252714	2419	298162	550876
2018-19	141297	147010	288307	2541	308546	596853
2019-20	145553	135035	280588	2286	290980	571268
2020-21	104965	55988	160953	1364	231329	392282
2021-22	42736	39102	81838	657	140638	222481
2022-23	86383	37166	122549	822	200799	331544
2023-24	83617	135790	160438		292454	452892

6.4 National Voluntary Blood Donation day was celebrated on 30thOctober at GTB Hospital and graced by Director General Health Services, GOI as Chief Guest with participation of over 500 persons. Various NGOs and Donors were facilitated on thisday.

7. INFORMATIONEDUCATIONCOMMUNICATION&MAINSTREAMINGDIVISION

7.10IEC & Mainstreaming division at DSACS is entrusted with the responsibility to carry out various IEC activities and coordinating with government departments, privatesectoretc.forwelfareofPLHIVandmainstreamingtheHIVcontrolactivities. Various IEC activities carried during 2023-24 include:

i. ParticipationinWorldBloodDonorsDayeventon14thJune2023at auditorium,MaulanaAzadMedicalCollege.

ii. One-month outdoor campaign for public awareness on routes of HIV transmission and promotion of AIDS Helpline through 90 rent free hoardings, 9 Public utility, 92 Bus Wrap on DTC buses, 17 Metro Rail Display Board and 574 Auto Hood Wrap in the month of September-October 2023.

iii. Printing of awareness message on routes of HIV/Transmission on 103000 Delhi Metro Rail Corporation Passenger Smart Card.

iv. Participation in IITF 2023 from 14th to 27th November 2022 at Pragati Maidan, Delhi. DSACS provided Counseling & Testing, free distribution of Condoms and IEC materials during theExpo. 25 Folk Performances organized for awarenesson HIV/AIDS during IITF.

v. Celebration of World AIDS Day 2023 at Dr. BSA Hospital & Medical College Auditorium on 1stDecember 2023. Around 600 people from communities participated in the program under the theme of World AIDS Day 'Let Communities Lead'. During the programme, the best performing centres among the facilities run by Delhi State AIDS Control Society were felicitated.

vi. On the occasion of World AIDS Day FlashMob on awareness of HIV/AIDS was organized by Community Champions at 8 strategic locations in Delhi.

vii. Free SMS Campaign on awareness of HIV/AIDS released by Vodafone on 1stDecember 2023 in Delhi Circle.

viii. CandleMarchontheoccasionofWorldAIDSDay2023organizedatalldistrict of Delhi with support of TI NGOs & facilities.

ix. HIV/AIDS Awareness campaign through social media accounts of DSACS viz. Facebook, Twitter, Youtube, Instagram, Koo & Linkedin has been done in Financial Year 2023-24.

x. DSACS participated in National Voluntary Blood Donation Day 2024 event on 30thSeptember at auditorium UCMS & GTB Hospital.

xi. DSACS carried out one-month outdoor campaign for public awareness on routesofHIVtransmission andpromotionof AIDS Helplinethrough38Public utility & 345 Bus Wrap on DTC buses in the month of February- March 2024.

xii. Sensitization of workers on HIV/AIDS awareness & folk performances during celebration of National Safety Week programme at CPWD Building Project, Redevelopment of GPRA Colony Phase 1, Kasturba Nagar, Kotla Mubarakpur, and New Delhi on 6thMarch 2024.

7.11Youth Intervention

7.2.1. Youth Intervention component deals with promoting awareness activities about HIV/AIDS for the prevention amongst youth and to inculcate good health practices in relation to HIV/AIDS and reproductive health. The Adolescent Education Programme (AEP) sub-component is implemented in secondary and senior secondary schools to build-up life skills of adolescents to cope with the physical and psychological changes associatedwithgrowingup.TheRedRibbonClubsestablishedin colleges/universities are encouraged to organize various awareness and promotional activities.Variousactivitiescarriedoutunderthiscomponentinclude:

i. Awareness cum orientation session organized in 85 Red Ribbon Clubs of the colleges/institutesthroughout theyearwith theparticipationofmorethan3000 students.

ii. Blood donation camp and awareness sessions conducted at all the Red Ribbon Clubsonspecialdaysoftheyeari.e.WorldBloodDonorDay,NationalYouthDay, Women'sDayetc.Morethan100unitsofbloodcollected.InaugurationoftheRRC held in UCMS during the event of National Voluntary Blood Donation Day at GTB Hospital.

iii. YuvaMahotsav organized byNYKSEast,NYKSCentral,NYKSNorth-Eastand NYKSNorthandIECstallwasinstalledfortheawarenessofHIV/AIDSon 4.5.2023 approximately 3000 students participated including schools. HIV awareness stall was installed for awareness.

iv. State level Red Run on 17.09.2023 at NSUT campus with over 150 participants and around 200 students from different colleges.

v. Participated in regional quiz held at Dehradun and National level Red Run organized on8.10.2023atGoaforawarenessonHIV/AIDS.

vi. RedRibbonWeekwas organized atTecniainstituteofadvancedstudiesfrom23rdOct - 31stOctober 2023 by RRC members on awareness of HIV/AIDS.

vii. 6 new MoU signed for opening of New RRC in Ram Lal Anand College, Maharaja Agarsen Institute of Technology, Shaheed Bhagat Singh College, Netaji Subhas UniversityTechnology,BhaskaracharyacollegeofAppliedSciencesandUniversity College of Medical Sciences.

viii. World AIDS Day: Human Chain Rally, Awareness campaign on HIV-AIDS, inter collegedebatecompetition,shotanInstagramReelonthetopicofWorldAIDSDay on 1st December 2023.Pledge ceremony, poster making competition and social media awareness campaign were organised.

ix. National Youth Day organised on 12.01.2024 at Tecnia Institute of Advanced Studies and PGDAV College (Eve.). Promotion of RRC via positive talks, Radio Talks, Reel making, Decoration of tree with small red ribbons and hanging cards/notes,promotionofhelplinenumberandmobileapplicationthrough RRC has been done.

x. AEP trainings organised by SCERT of 580 teachers from 15-29th February 2024.

xi. Awareness Session with the school children held in GBSSS BC Block Sultanpuri, Delhi on 28.02.2024.

xii. International Women's Day Celebration held at Banarasi Das Chandiwala Institute of Information & Technology (BCIT) on 08.03.2024 and Video making competition held on HIV/AIDS.

xiii. Treasure Hunt activity and Poster making competition on HIV/AIDS held at Banarasi Das Chandiwala Institute of Information & Technology (BCIIT) on 07.03.2024 total 51 students participated.

xiv. RRC, HJ Bhabha ITI Mayur Vihar organized the RRC activities (Health talk, Quiz Competition, Poster making competition and debate on HIV on 26th and 27th March 2024 total 62 participants.

7.12MAINSTREAMING

i. MeetingofJointWorkingGroup(Telecommunications)onHIV/AIDS preventionandcontrolwasconvened on 18/12/2023under thechairmanship of Project Director, DSACS.

ii. Training of 336 Anganwadi Worker and 394 CDPOs/ASHA Coordinators and SupervisorsofWoman&ChildDevelopmentDepartmentwereconductedby theSPMDivisionwithcoordinationofDAPCUsinDelhi.

iii. Trainingof500PolicepersonnelonawarenessofHIV/AIDS&HIV&AIDS prevention & Control Act 2017 conducted by DSACS.

iv. Trainingof110FireServiceStaffonawarenessofHIV/AIDS&HIV&AIDS prevention & Control Act 2017 conducted by DSACS.

v. Trainingof104DelhiMetroRailCorporation(DMRC)staffonawarenessofHIV/AIDS&HIV& AIDSprevention&ControlAct2017conductedbyDSACS.

vi. Training of 50 Complaints officer on awareness of HIV/AIDS & HIV &AIDS prevention & Control Act 2017 conducted by DSACS.

vii. Training of 172 DSACS facility staff on Social Protection Scheme & AIDS Prevention & Control Act 2017 conducted by DSACS.

viii. Trainingof8249DTCStaffonawarenessofHIV/AIDS&HIV&AIDSprevention & Control Act 2017 conducted by DSACS.

7.13 THE HIV & AIDS PREVENTION & CONTROL ACT 2017:

State rules on HIV and AIDS Prevention Control Act 2017 are notified vide gazette notification dated 2nd Nov.2022. AlldistrictmagistratesinDelhihavebeendesignatedasombudsmenintheir respective districts. Till date 50 Complaint officers have been designated by various Delhi Govt. hospitals and departmentssfor grievance redressal of the Protect Persons,incompliance to the HIV(P&C)Act 2017.

7.14DELHI GOVERNMENT FINANCIAL ASSISTANCE SCHEMES FOR PLHIV

7.14.1 'Financial Assistance Scheme for people living with HIV/AIDS & Children/Orphan/Destitute Children infected/affected by HIV/AIDS: People Living with HIV/AIDS require lifelong antiretroviral treatment to prevent severe life-threateningopportunisticinfectionsalsorequiringextranutritioninadditiontocope up with their compromised immune system. Their suffering from stigma and discrimination by family, society and community at large, is compounded by the fact that many of PLHAs are poor, unable to even meet the cost of transportation to ART centre for antiretroviral treatment. Similarly, there are Double Orphan Children infectedor/affectedbyHIV/AIDSinDelhi,whoseparentshavedied(atleastoneparent died due to HIV/AIDS) and these children eventually are either living with their grandparents or extended families or are in institutional care. They are often malnourished, suffer from stigma and discrimination and cannot afford proper education including cost of buying education related material and transportation to school, affecting their long-term survival in the community.

7.14.2 Keeping in view the above facts the scheme for financial assistance to Persons/children living with /affected by HIV was approved vide Cabinet Decision No. 1838 dated 7-12-11. The scheme became operational w.e f. 01-04-2012 as a Plan Schemeof Department ofHealth& FWofDelhi.Till date total6741 beneficiariesare cumulatively enrolled with the scheme with following the eligibility criteria and approved financial assistance package is depicted in Table 19. The scheme is funded by Govt. of NCT of Delhi. A total amount of Rs. 13,43,40,211/- were disbursed to eligible beneficiaries during the F.Y.2023-24.

Table20:DelhiGovernmentFinancialAssistanceSchemeforPLHIV

Beneficiary	Eligibilitycriteria	Assistance per month in Rs. (as on 31-03-2024)	No. of beneficiaries
People living with HIV/AIDS (including children on antiretroviral treatment)	• ResidentofDelhiforlast3years • Annualfamilyincomeshouldnotexceed Rs.1.0 lakh • Shouldbeonregularantiretroviral treatment for at least last 1 year at any OfGovt.ARTcentreinDelhi	2496/-	6630
Orphan Children infected with HIV/AIDS (<18 Years ofAge)	• Bothparentsdied • ChildinfectedwithHIV/AIDS • Childundercaregiver/familiesinDelhi	5116/-	34
Destitute children infected with HIV in institutional care (<18 years of age)	• Statusofparentsunknown • ChildinfectedwithHIV/AIDS • ChildininstitutionalcareinDelhi • ChildshouldbeonART	5116/-	50
Orphan Children affected by HIV/AIDS (< 18 years of age)	• Bothparentsdiedandatleastoneof the parent died of HIV/AIDS • Childundercaregiverorinstitutional care in Delhi	4368/-	27

7.5.3. TRAVEL CONCESSION SCHEME:

7.5.3.1. Regular lifelong Anti-Retroviral Treatment (ART)to Persons infected with HIV (PLHIV)is an important for desired outcome of the treatment.The PLHIV have to travel to ART Centre to collect the medicines periodically and for treatment of opportunistic infections ordinarily once in a month and. The number of HIV patients registered atART centres are around 33000 and is likely to increases by around 5000-6000 every year.

7.5.3.2. Most of the persons infected with HIV belong to the low socio-economic and disadvantagedgroupsofthesocietyandfinditdifficulttomeetthecostoftransportation for visiting the ART centre regularly for Anti-Retroviral treatment andfor increased nutritional needs.

7.5.3.3. The Scheme of Travel concession to the eligible PLHIVs/CLHIVs patients attendingthe ARTcentresinDelhiforundertakingvisitstotheART centresthus has been approved by the Delhi Government Vide Cabinet Decision No. 2782 dated 6/12/2019. DSACS receives the funds from Delhi Government through the DepartmentofH&FWandthepaymentonaccountoftravelconcessionshallbemade onquarterlybasisbasedonnumberofvisitsandcriterialaiddown,throughAadhaar based after verifying their visits through ART centres.

7.5.3.4. EligibilitycriteriaforschemeforTravelConcessiontoPLHIVonART:

- Person infected with HIV should be on treatment from authorized ART Centre in DelhiunderNationalAIDSControlprogramme.
- ThepersonshouldberesidentofDelhiatleastforlastthreeyears.

7.5.3.5. Quantum ofConcession:

- AverageRs. 120/- pervisitshallbethequantumofconcessiontothebeneficiary of the scheme.
- The number of visits shall be limited to a maximum of 12 visits in a calendar year and not more than 2 in a calendar month.

Table21:TravelConcessionSchemeAchievements

CategoryType	Enrolled Beneficiaries FY 23-24	Death	LFU	Activebeneficiaries on 31/03/2024
PLHIV/CLHIV on ART	659	2	1	656

AtotalamountofRs.188760/- hasbeendisbursedtoeligiblebeneficiariesduring the Financial Year 2023-24.

8. HRStatusason31stMarch2024

8.1 The statusofContractualPositionsatDSACSisasunder: **Table21A.**

StatusofHRatDSACSHQunderNACP/BTS

Sl. No.	Component	Positions	Sanctioned		Engaged/Working againstthepositions
			NACP	BTS	
1	Regular	PD,APD,DDF,Joint Director2,Dy.Director-2, AD-2,StoreOfficer,FA-3, Others:4	16	1	9 (2Regularon deputation, 7Contractual)
2	Contractual	JointDirectors	2	-	2
		Deputy Directors	6	-	0
		AssistantDirectors	9	1	5
		Divisional Assistant	11	1	8
		Others	1	-	1
Total			**45**	**3**	**28**

Table21B.StatusofcontractualpositionsatDSACSunderNACP

Sl.No.	Component	Positions	Sanctioned	Engaged
1	DISHA /DAPCU	Cluster ProgrammeManager	2	2
		DistrictProgrammeManager	4	3
		ClinicalServicesOfficer	3	0

Sl. No.	Component	Positions	Sanctioned	Engaged
		ClusterPreventionOfficer	7	-
		DataMgmtandDocumentationOfficer	3	0
		DistrictAssistant	19	7
Subtotal			24	12
2	BSD	LabTechnician	97	97
		Counsellor	112	109
		Otherstaff	3	3
Subtotal			212	209
3	CareSupport and Treatment	Sr.MedicalOfficer	6	6
		MedicalOfficer	16	14
		ResearchFellowClinical	1	0
		LabTechnician	16	15
		Counsellor	38	37
		DataManager	21	21
		Pharmacist	11	11
		StaffNurse	15	15
		Otherstaff	15	15
Subtotal			139	134
4	STI Component	ResearchOfficer	2	2
		TechnicalOfficer	1	1
		LabTechnician	2	2
		Counsellor	31	31
Subtotal			36	36
5	LabServices	TechnicalOfficer	9	8
		LabTechnician	9	8
Subtotal			18	16
6	OST/TI	Medical Officer	4	4
		Counsellor	6	6
		DataManager	7	7
		ANM	7	7
Subtotal			24	24

Table 21C.Status ofcontractual positionsinperipheral units/facilitiesunderBlood TransfusionServices(DGHS)

Sl. No.	Component	Positions	Sanctioned	Engaged
1	Blood Transfusion Services	DivisionalAssistant(atSBTC)	1	1
		Accountant(atSBTC)	1	1
		LabTechnician	40	34
		Counsellors	16	12
		Otherstaff(Driver/Attendantetc.)	13	11
		Total(BTS)	71	59
		GrandTotal(NACPandBTS)	**562**	**509**

In addition6securitystaff isengagedonoutsourcing basis.

9. BUDGETARY POSITION AND UTILIZATION OF FUNDS (FY2023-24)

Table22.BudgetarypositionandutilizationoffundsduringFinancialYear2023-24

Component	Sanctioned Budget 2023-24	Opening Balance as on 01.04.2023	GIA received	Expenditure F.Y. 2023-24	Pending Advance issuedin the year	Total Utilization	% of Utilization against Sanctioned budget
1	2	3	4	5	6	6(5+6)	7
GOI,MoHFW/NACO							
ICTCFund	1,175.08	214.29	785.24	846.29	6.55	852.84	72.58
NewDBSFund	1,440.66	562.67	495.84	779.42	37.54	816.96	56.71
CSTFund	819.01	166.75	538.91	620.83	0.21	621.04	75.83
TIFund	3,326.85	562.68	2,541.47	2,980.68	36.41	3,017.09	90.69
Total	**6,761.60**	**1,506.39**	**4,361.46**	**5,227.22**	**80.71**	**5,307.93**	**78.50**
DGHS,GOI							
BloodTransfusion Services(BTS)	**966.14**	**414.85**	**554.55**	**810.99**	**2.30**	**813.29**	**84.18**
Govt.ofNCTofDelhi							
FinancialAssis-TancetoPLHIV	2,000.00	109.29	1,890.71	1,343.40	-	1,343.40	**67.17**
Remuneration/Inc-entive to DSACS Contractualstaff	350.00	2.17	347.83	247.33	-	247.33	**70.67**
Total	**2350.00**	**111.46**	**2238.54**	**1590.73**	**-**	**1590.73**	**67.69**

(ProvisionalFigures,subjecttoAudit)

CHAPTER11

11. DRUGSCONTROLDEPARTMENT

The Drugs Control Department of Delhi is a Regulatory Department under Health & Family Welfare Department, Govt. of NCT of Delhi. It regulates manufacture of drugs & cosmetics and sales of drugs. For the enforcement of various Drug Laws, Delhi State has been divided into two Divisions. Each Division is comprised of two Zones and is headed by one Dy. Drugs Controller. North-West Zones comprises one Division and south-East Zones comprises of the other Division. The Drugs Control Organisation was functioning, as a subordinate office under Directorate of Health Services till January 1986 and Director Health Services was the Ex-officio Drugs Controller. Thereafter, the Drugs Control Department became an independent Department with **Drugs Controller as Head of Department.** The Drugs Control Department of Delhi State is enforcing the provisions of following statutes, enacted by Government of India:

(1)Drugs & Cosmetics Act, 1940 and Rules made there under.
(2)Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954.
(3)Drugs (Prices Control) Order, 2013.

VISION

To ensure availability of safe, efficacious and quality Drugs and cosmetics to the consumers.

Basic Statistics

- Sales Establishment in Delhi : 39425
- Manufacturing Establishment in Delhi : 935
- Inspections of Manufacturing Unit : 269
- No. of cases where violation detected : 13
- Inspections of Sales Establishment : 3806
- No. of cases where violation detected : 327

Key Performance Indicators

Number of inspections carried out in Manufacturing Units : 269
Number of drug licences cancelled /suspended by licencing authority/ surrendered by Manufacturing Units: 3
Number of Special inspections Programmes carried out in Sales Establishments: 3806
Number of drug licences cancelled /suspended by licencing authority/ surrendered by Sales Units: 214

A. INSPECTIONS

a.	Manufacturing Units:	269
b.	No. of cases where violation detected	13
c.	Sales establishments:	3806
d.	No. of cases where violation detected	327

B. SPECIAL INSPECTIONS

a.	Manufacturing Units:	269
b.	No. of cases where violation detected	13
c.	Sales establishments:	627
d.	No. of cases where violation detected	200

C. COMPLAINTS

a.	No. of complaints received	236
b.	No. of cases where violation detected	127
c.	No. of cases where stock of drugs /cosmetics/ documents seized	15

D. SAMPLE FOR TEST/ANALYSIS

1.	No. of Samples collected	576
2.	No. of test reports received	610
3.	No. of samples reported as standard quality	590
4.	No. of samples reported as not of standard quality	20
5.	No. of samples found spurious	11

E. DEPARTMENTAL ACTION

a.	No. of cases where licences cancelled	38
b.	No. of cases where licences suspended	179
c.	No. of cases were warning issued	01

F. PROSECUTION

1.	No. of cases launched	05
2.	No. of cases decided	04
3.	No. of cases convicted	01
4.	No. of cases acquitted/ discharged	03
5.	No. of cases pending in the court	94

G. DETAILS OF FIRMS WHERE LICENCES GRANTED/CANCELLED

(1) Sales Establishments granted licences

a.	Total Sales Establishments	3353

(2) Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	03
2.	Homoeopathic Medicines Mfg. Units	NIL
3.	Cosmetics Mfg. Units	64

(3) No. of sale firms where licences surrendered and cancelled

1.	Total Sales Establishments	510

(4) No. of manufacturing firms where licences surrendered and cancelled

1.	Allopathic drugs mfg. Units	01
2.	Homoeopathic drugs mfg. Units	NIL
3	Cosmetics mfg. units	21

H. NO. OF LICENCED FIRMS.

1.	Sales Establishment	39425
1.1	Allopathic Drugs	38805

1.2	Restricted Drugs	164
1.3	Homeopathic	495

2.	Mfg. Establishment	935
2.1	Allopathic Drugs	90
2.2	Homoeopathic Drugs	08
2.3	Cosmetics	742
2.4	Blood Banks	80
2.5	Approved Testing Laboratories	15

CHAPTER12

12. DEPARTMENT OF FOOD SAFETY

The Department of Food Safety, Govt. of NCT of Delhi has the mandateto implement the Food Safety and Standards Act, 2006, Rules & Regulations,made their under in the NCT of Delhi to ensure the availability of **Safe and Whole Some Food**. The important issues concerning to the Department of FoodSafetyisasfollow:-

i) Majorachievementsduringtheyear 2023-24.

- The Department of Food Safety has issued 16107online **FSSAIlicenses** and **35615 Registrations** to Food Business Operators from01/04/2023 to 31/03/2024 which is mandatory requirement to carryout or commenceFood Businessesunderprovision of FSSAct,2006Rulesand Regulationsmadetheirunder.

- Further, during this FY the Department of Food Safety has underthecomplianceof "minimizingRegulatory Compliance Burden" issuedofficeorderandthroughFSSAIownedFoSCoS(FoodSafety and Compliance System) portal, which is completely webbased PAN India Software. Earlier **License and Registration wereissuedwithin60daysand07daysfromthedateoffilingapplication respectively but now under reducing the complianceburden the issuance time of License and Registration has beendecreased from 60 to 30 days and for registration, it has beendecreased from 07 to 04 days**. This will enable the applicant to getLicense/Registration withinmuchlesser timeand also encouragetheFoodBusinessOperatorstowardstheseservices.

- Furthermore,theDepartmentofFoodSafetyhas**randomizedinspection examination and auditing** of Food Business premisesand alsomaderegisterand records**online**.

- During the said F.Y. 2023-2024, Department has lifted 3390 **formalsamples** of various types of Food articles for its analysis and alsodrawn 3572 **surveillance samples** for the purpose of analysis andsurveillance, survey and research under provision of FSS Act, 2006Rulesand Regulationsmadetheirunder.

- Department of Food Safety has created awareness among consumerandFoodBusinessOperatorstofollowtheCOVIDappropriate behavior Through **Food Safety on Wheel (FSW)** in the marketsacross NCT of Delhi by **distributing pamphlets** and on the **spottesting demonstration about adulterants** in various food articlesand conducting all three activities of FSW (Testing, Training andAwareness).

- Inthiscurrentfinancialyear,all **11districtsofFoodSafetyDepartment**hadparticipatedinaPANIndia**EatRightChallengeinitiativeof FSSAI.**

- Till date 130 Eat Right Campuses has been certified by FSSAI. 09 East Right Stations and 23 Eat Right School has also been certified. As on date 130EatRightCampuseshavebeencertified by FSSAIin Delhi which is givenintabularform asfollows:

District	Number of EatRightCampuses	Nameof EatRightCampus
West	15	i. Police Station Hari Nagar ii. MIG Chowki Shubhash Nagar iii. Police Station Khyala iv. Police Station Moti Nagar v. Police Station Punjabi Bagh vi. Police Station Tilak Nagar vii. Children Home for Girls I, II,III,IV & Foster Care Adoption Center viii. Punjabi Bagh Club ix. Kalra Hospital SRNC Pvt. Ltd. x. Police Station Kirti Nagar xi. Kukreja Hospital and Heart Center Pvt. Ltd. xii. Khetarpal Hospital xiii. MAHARANA AGRASEN Hospital xiv. Tihar Prison Jail No.2 xv. Sri Balaji Action Medical Institute
NewDelhi	16	i. Police Station Sarojini Nagar ii. Police Station Vasant Kunj iii. Police Station R.K. Puram iv. Police Station Connaught Place v. Police Station Sagarpur vi. ITC Sheraton New Delhi Hotel vii. ITC Maurya viii. Bihar Niwas ix. Baroda House, Northern Railway x. Andhara Pardesh Bhawan xi. New Custom House, C/O Delhi Custom xii. Police Station Mandir Marg xiii. Police Station Tilak Marg xiv. YMCA Tourist Hostel xv. Institute of Liver and Biliary Sciences xvi. Police Station Barakhamba Road
Central	16	i. Police Station Timar Pur ii. Police Station Bara Hindu Rao iii. Police Station Gulabi Bagh iv. Police Station Darya Ganj v. Police Station Civil Lines vi. RPSF, Head Quarter 6th Battalion vii. Place of Safety, Special Home for Boys viii. Observation Home for Boys-1 ix. Missionaries of Charity Mother Teressas Home x. Delhi Council for Child Welfare xi. Lok Nayak Jaiparkash Hospital xii. Gandhi Smriti and Darshan Samiti xiii. Aruna Asaf Ali Hospital GNCTD xiv. Sir Ganga Ram Hospital xv. Legislative Assembly National Capital Territory Of Delhi

District	Number of EatRightCampuses	Nameof EatRightCampus
		xvi. BLK MAX Super Specialty Hospital
SouthWest	02	i. DCP Complex – Sector 19, Dwarka ii. Delhi Police Mess Kapashera iii. Police Station Palam Village iv. Police Station Uttam Nagar v. Police Station Najafgarh vi. Police Station Mohan Garden vii. Police Station Jaffarpur viii. Police Station Dwarka North ix. Police Station Dwarka Sec 23 x. Police Station Dwarka South xi. Police Station Malviya Nagar xii. JW Marriot New Delhi Aerocity xiii. Police Station Vikas Puri xiv. Police Station Janakpuri xv. Police Station Inderpuri xvi. Police Station Naraina xvii. Police Station Mayapuri xviii. Bhaskaracharya College of Applied Science xix. Human Care Medical Charitable Trust xx. Venkateshwar Hospital
North West	06	i. Pitampura Police Station Mess ii. Max Healthcare Shalimar Bagh iii. Saroj Medical Institute iv. Sanjay Gandhi Memorial Hospital v. Fortis Hospital vi. Rajiv Gandhi Cancer Institute and Research Center
Shahdara	08	i. Institute of Human Behaviour & Applied Sciences ii. Police Station Vivek Vihar iii. Police Station Seemapuri iv. Police Station Shahdara v. District Police Line Shahdara vi. Police Station GTB Enclave vii. Directorate of Training(UnionTerrritory Civil Services) GNCTD viii. Guru Teg Bahadur Hospital GNCTD
North	06	i. Aadharshila Observation Home for Boys II ii. Holy cross Social Service Centre iii. New Police Line Kingsway Camp Model Town iv. Police Station Samaypur Badli v. New Police lines Kingsway Camp GTB Nagar vi. Maharishi Valmiki Hospital GNCTD

District	Number of EatRightCampuses	Nameof EatRightCampus
North East	05	i. Police Station Bhajanpura ii. Police Station Seelampur iii. Police Station Khajuri Khas iv. Police Station Usmanpur v. Police Station Gokal Puri
South East	09	i. Police Station Sangam Vihar ii. Police Station C.R. Park iii. Police Station Kotla Mubarkpur iv. Police Station Lodhi Colony v. Police Station Defense Colony vi. Cheshire Home vii. Holy Family Hospital viii. Escorts Heart Institute and Research Centre ix. Indraprastha Apollo Hospital
South	12	i. Police Station Neb Sarai ii. Police Station Maidan Garhi iii. Police Station Sangam Vihar iv. Police Station Saket v. Police Station Mehrauli vi. Police Station Hauz Khas vii. Police Station Fatehpur Beri viii. Police Station Greater Kailash-1 ix. Police Station Dr. Ambedkar Nagar x. Madhukar Rainbow Children's Hospital xi. Medeor Hospital xii. Max Saket & Max Smart Hospital
East	16	i. Police Station Anand Vihar ii. Police Station Madhu Vihar iii. Police Station Kalyan Puri iv. Police Station Shakar Pur v. Police Station Krishna Nagar vi. Police Station Geeta Colony vii. Police Station Gandhi Nagar viii. RK Hospital ix. Aruna Asif Ali Hospital GNCTD x. Metro Hospital and Cancer Institute xi. Lal Bhaadur Shastri Hospital, GNCTD xii. Chacha Nehru Bal Chikitsalaya xiii. Malik Radix Healthcare Pvt. Ltd. xiv. Mother Diary Fruit & Vegetable Pvt. Ltd. xv. Dharamshila Naryana Super Specialty Hospital xvi. Max Super Specialty Hospital, Patparganj

- **DATAonBHOG:**

Department of Food Safety has also certified following 20 **temples** under**BlissfulHygienicOfferingtoGod(BHOG)FSSAIinitiative**namely:

1. Pratidin Nishulk Bhojan Sewa Shri Ram Kuti Mandir, Narela
2. Hanuman Balaji Mandir, Vivek Vihar
3. Sai Sharnam Mandir, Kabul Nagar
4. Malai Mandir, R. K. Puram
5. Rajouri Garden Sanatan Dharam mandir
6. Tilak Nagar Sanatan Dharam Mandir
7. ISKCON Rohini
8. Golak Dham Mandir, Dwarka
9. Shri Sanatam Dharam Shiv Mandir, Yusuf Sarai
10. Jagannath Temple, Hauz Khas
11. Swaminarayan Akshardham Temple
12. Shri Sai Baba mandir, Najafgarh
13. Uttara Guru Vayurappan Temple,
14. Pracheen Hanuman Mandir, New Delhi
15. Shree Adya Katyayani Shakti Peeth Mandir
16. ISKCON, Punjabi Bagh
17. ISKCON, East of Kailash
18. Shri Sai Baba Mandir, Lodhi Road
19. Shree Swaminarayan mandir, Civil Lines
20. Shree Vishwanath Sanyaas Asharam, Civil Lines

CLEAN AND FRESH FRUIT & VEGETABLE MARKET:

DepartmentofFoodSafetyhasalsocertifiedFruitandVegetableMarkets,namely:

1. INAFruitandVegetableMarket
2. FruitandVegetableMarket,KotlaMubarkpur
3. SabziMandiGhantaGhar,KamlaNagar
4. RishiNagar(RaniBagh)SabziMandi.
5. Chotti Sabzi Mandi, Janakpuri.

CLEAN STREET FOOD HUB:

DepartmentofFoodSafetyhasalsocertified08CleanStreetFoodHub namely:

1. ISBT Anand Vihar, East Delhi
2. Dilli Haat, INA Market, New Delhi
3. Jaina House Commercial Complex, Dr. Mukerjee nagar
4. Front of Ansal Building, Dr. Mukerjee nagar
5. Jhilmil market 7 Chaska Restaurant Lane
6. Yashwant Palace
7. ISBT Kashmere Gate
8. Qutab Minar market and 10 are under process.

- Innovative Activity: Nukkad Nataks have been organized at various districts i.e. North West, North, West, East, New Delhi, South, Central, Shahdara, North East, South East
- License/Registration Camps to facilitate Food Business Operators foronspot License/Registration:
- Department of Food Safety has played Eat Right videos at various locations in Delhi places

& alsodisplayedpostersofEatRightatallthesevenue.

- Department of Food Safety has also organized49Registration andLicense Campsand facilitatedFood Business Operators who applied at the spot for Registration and License.

Trainingof AnganwadiWorkersandANMs:

- Department of Food Safety imparted training on safe and hygienic foodunderFoodSafetyTrainingandCertification(FoSTaC)FSSAIinitative in coordination with Department of WCD and trained Aanganwadiworkersaswellas ANMs. Total 6465 FoSTac training imparted in F.Y. 2023-24.

DepartmentofFoodSafetyhasimplementedvariousFSSAIinitiatives/programmesasdescribedabove,an delaboratedasbelow;i.e. Clean Street Food Hub, Clean and Fresh Fruits and VegetableMarkets,EatRightCampuses@Schools,@Institution,@Govt.Offices,@Hospitals,@Jails,@ CanteenClub,@Police Station,@Kitchen Canteen of running under Department of WCD. TemplesandGurudwara(HolyPlaces) have been certified underFSSAIBHOGinitiative,implementation of RUCO, Save Food or Hygiene Rating, Clean andFreshMeat,ServeSafeinitiative,FoodFortificationandFoSTaC.

All abovementionedinitiativesare being undertaken by theDepartmentof FoodSafety to improve the quality of delivery of services in respect of safe andwholesomefood totheconsumer/publicintheNCTofDelhi.

The Government of India sponsored the proposal for International Year of Millets (IYM) 2023 which was accepted by the United Nations General Assembly (UNGA). The declaration has been instrumental for the Government of India to be at the forefront in celebrating the IYM. As Nutri cereals Sorghum (Jowar), Pearl Millet (Bajra), Finger Millet (Ragi/Mandua), Minor Millets i.e. Foxtail Millet (Kangani/Kakun), Proso Millet (Cheena), Kodo Millet (Kodo), Barnyard Millet (Sawa/Sanwa/ Jhangora), Little Millet (Kutki) and two Pseudo Millets (Buck-wheat (Kuttu) and Ameranthus (Chaulai).

Department of Food Safety Delhi also will be conducting millet centric activities including mahotsavs/melas and food festivals, training of farmers, awareness campaigns, workshops/ seminars, placement of hoardings and distribution of promotional material at various key locations in the state, etc. Millets are important by the virtue of its mammoth potential to gen–erate livelihoods, increase farmers' income and ensure food & nutritional security all over the world.

The Department of Food Safety Delhi remains committed to ensure availability of safe and wholesome food to the citizens of Delhi by implementing the provisions of FSS Act and Rules/Regulations made there under in the letter and spirit and by creating awareness for promoting safe and healthy diets.

Disclaimer for projected data: The population and sex ratio figures for 2024 are projections based on available data from 2011. 1 These figures are estimates and are subject to change due to various demographic, social, and economic factors. Projections are inherently based on assumptions and should be interpreted as indicative trends rather than definitive outcomes.


PUBLIC HEALTH
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