ANNUAL REPORT
2016-2017

DIRECTORATE GENERAL OF HEALTH SERVICES
Government of National Capital Territory of Delhi

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GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES

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DIRECTORATE GENERAL OF HEALTH SERVICES
Govt. of NCT of Delhi

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FORWARD

Directorate General of Health Services brings out its Annual Report in pursuit of regular availability of Health Statistics. The information contained in this document reflects the functioning and achievements of the Directorate General of Health Services as well as other Hospitals and other departments working under Govt. of NCT of Delhi.

Directorate General of Health Services delivers health care through its network of Allopathic Dispensaries, Mobile Health Dispensaries, School Health Clinics, Mohalla Clinics, and Polyclinics besides implementation of other programmes/schemes in addition to opening of new Hospitals & Dispensaries. The health care facilities in Delhi are being delivered by a number of Government & Non-Government Organizations whose nodal agency is Directorate General of Health Services.

The reports on performance of Dispensaries/Districts/Hospitals under Delhi Government and morbidity data are being collected online through intranet/internet. ICD-10 based system of morbidity reporting has been adopted for reports included in the publication. All hospitals functioning under the Department of Health & Family Welfare have been provided the facility of online feeding of their monthly reports. SHIB collects and compiles the data from select Delhi Government health institutions. SHIB is not the primary holder of data given herein. It only collects and compiles the data from select health institutions.

The publication of the report is delayed due to constraints of data received from all agencies.

I appreciate the efforts of all the staff members of this Directorate for the achievements made during reference period. I congratulate the team of State Health Intelligence Bureau, headed by Dr. Pawan Kumar for bringing out this publication.

Suggestions for further improvement of this publication are always welcome and will be appreciated.

(DR KIRTI BHUSHAN)

DIRECTOR GENERAL HEALTH SERVICES

OFFICIALS ASSOCIATED WITH THE PREPARATION OF

ANNUAL REPORT 2016-17

TEAM

Dr. PAWAN KUMAR, MD, DNB	**:**	**ADDL. DIRECTOR (SHIB)**
Mrs. SEEMA JOSHI	**:**	**STATISTICAL OFFICER**
Mrs. RATNA BHATTACHARYA	**:**	**P.H.N.O**
Mr. RAJESH KUMAR GUPTA	**:**	**PHARMACIST**
Ms. SHAILJA SHARMA	**:**	**STATISTICAL ASSISTANT**
Mrs. CHANDER KANTA	**:**	**Gr. II STENOGRAPHER**
Mr. VIRENDER SINGH	**:**	**C.D.E.O.**
Mr. DIGAMBER RAUTELA	**:**	**N.O.**
Mrs. MUKESH	**:**	**N.O.**

EDP UNIT

Mr. S.K. JOHRI	**:**	**SR. SYSTEM ANALYST**
Mr. AWADHESH SINGH	**:**	**ASST. PROGRAMMER**

STATE HEALTH INTELLIGENCE BUREAU
Directorate General of Health Services
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Chapter 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 agencies such as Municipal Corporations of Delhi, New Delhi Municipal Council and Delhi Cantonment Board are instrumental in delivery of health care facilities in their respective areas. Various agencies of Government of India such as Ministry of Health and Family Welfare, CGHS, ESI, Railways are also providing health care to general public as well as to identified beneficiaries. Amongst the government organizations, Directorate General of Health Services (DGHS) of Government of NCT of Delhi is the major agency related to health care delivery. This Directorate actively participates in delivery of health care facilities and co-ordinates with other Govt. & Non-Government Organizations for health related activities for the improvement of health of citizens of Delhi. Services under Directorate of Health Services cover medical & public health. This Directorate plays the key role in co-ordination and implementation of various national and state health programmes.

DEPARTMENT OF HEALTH & FAMILY WELFARE

Department of Health & Family Welfare, Govt. of NCT of Delhi is entrusted with the task of looking after the delivery of health care and health related matter in Delhi. Various directorates, hospitals, departments and autonomous bodies functioning under the Department of Health and Family Welfare, GNCT of Delhi are :-

1. Directorate General of Health Services
2. Directorate of Family Welfare
3. Directorate of Ayurveda, Yoga and Naturopathy, Unani, Siddha, SOWA-Rigpa and Homoeopathy systems of medicines (AYUSH).
4. Department of Drug Control
5. Department of Food Safety
6. Maulana Azad Medical College

1. Hospitals (other then those functioning as autonomous bodies)

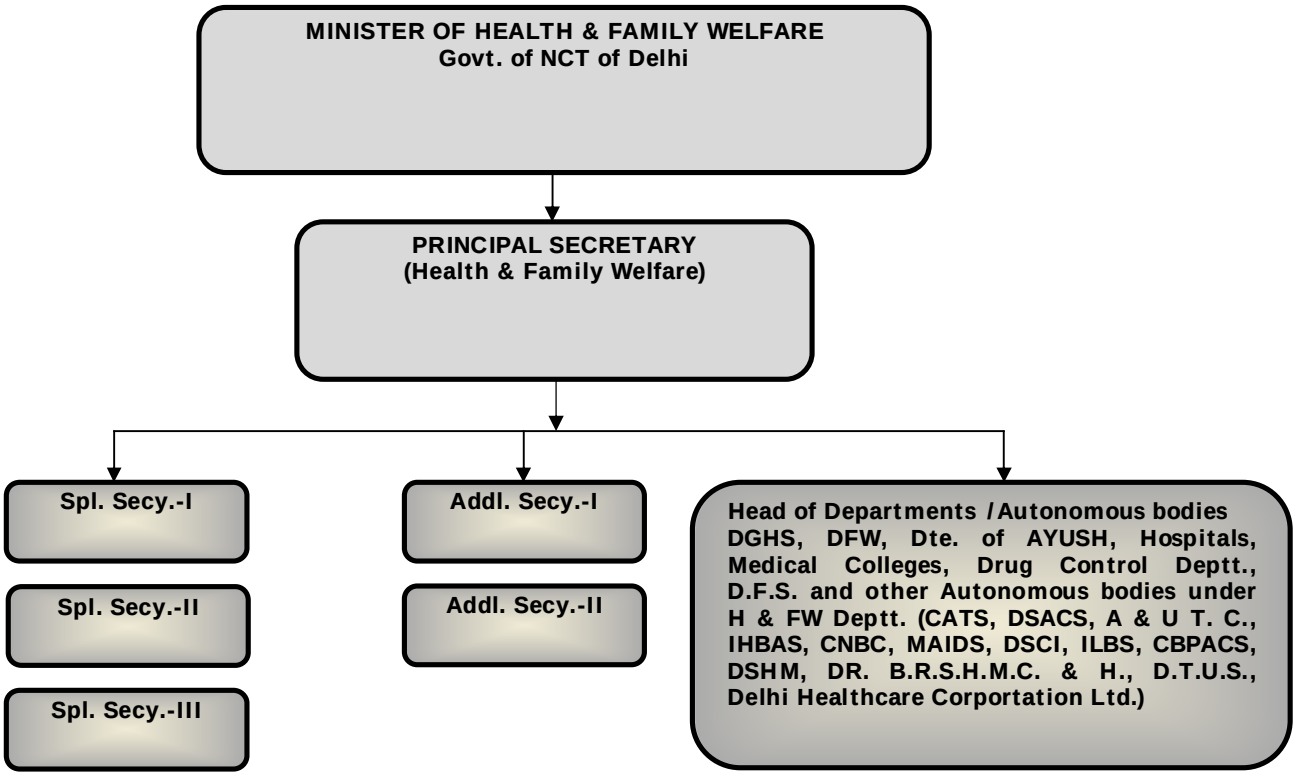
i. Acharya Shree Bhikshu Govt. Hospital, Moti Nagar
ii. Aruna Asaf Ali Govt. Hospital, Rajpur Road
iii. Attar Sain Jain Eye and General Hospital, Lawrence Road
iv. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
v. Bhagwan Mahavir Hospital, Pitampura
vi. Central Jail Hospital
vii. Deen Dayal Upadhyay Hospital, Hari Nagar
viii. Deep Chand Bandhu Hospital, Kokiwala Bagh, Ashok Vihar
ix. Dr. Baba Saheb Ambedkar Hospital, Rohini
x. Dr. Hedgewar Arogya Sansthan, Karkardooma
xi. Dr. N.C.Joshi Memorial Hospital, Karol Bagh,

xii. G.B. Pant Hospital, Jawahar Lal Nehru Marg
xiii. Guru Gobind Singh Government Hospital, Raghubir Nagar
xiv. Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg
xv. Guru Teg Bahadur Hospital, Dilshad Garden, Shahdara
xvi. Jag Pravesh Chandra Hospital, Shastri Park
xvii. Janak Puri Super Speciality Hospital, Janak Puri
xviii. Lal Bahadur Shastri Hospital, Khichripur
xix. Lok Nayak Hospital, Jawahar Lal Nehru Marg,
xx. Maharishi Valmiki Hospital, Pooth Khurd
xxi. Nehru Homoeopathic Medical College and Hospital, Defence Colony
xxii. Pt. Madan Mohan Malviya Hospital, Malviya Nagar
xxiii. Rajiv Gandhi Super Specialty Hospital, Tahir Pur
xxiv. Rao Tula Ram Memorial Hospital, Jaffarpur
xxv. Sanjay Gandhi Memorial Hospital, Mangol Puri
xxvi. Sardar Vallabhbhai Hospital, Patel Nagar
xxvii. Satyavadi Raja Harish Chander Hospital, Narela
xxviii. Sewa Kutir Hospital, Kingsway Camp (assciated with AAAG Hospital)
xxix. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasir Pur
xxx. Sushruta Trauma Centre, Bela Road

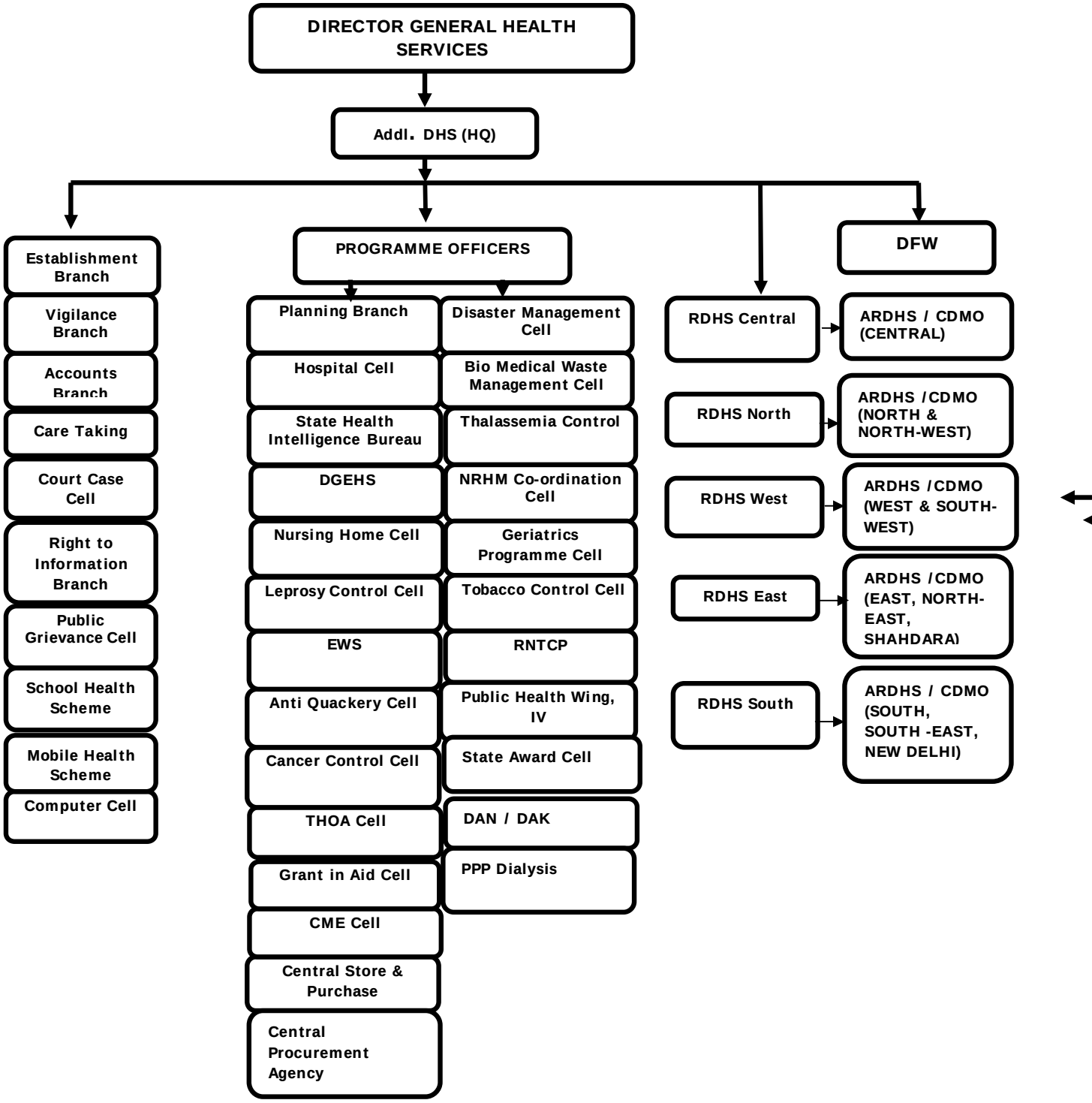
2. Autonomous Bodies/Societies/Hospitals under H & FW Department

i. Ayurvedic & Unani Tibbia College and Hospital, Karol Bagh
ii. Centralized Accidental and Trauma Services, Bela Road
iii. Chacha Nehru Bal Chiktisalya, Geeta Colony
iv. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Najafgarh
v. Delhi State AIDS Control Society, BSA Hospital Campus, Rohini
vi. Delhi State Cancer Institute, G.T.B. Hospital Complex, Dilshad Garden Shahdara
vii. Delhi State Health Mission, Vikas Bhawan 2, Civil Lines
viii. Delhi Tapedik Unmoolan Samiti, Gulabi Bagh
ix. Dr. B.R. Sur Homoeopathic Medical College and Hospital, Nanak Pura, Moti Bagh
x. Institute of Human Behaviour and Allied Sciences, Shahdara
xi. Institute of Liver and Biliary Sciences, Vasant Kunj
xii. Maulana Azad Institute of Dental Sciences, L.N.H. Complex

The organizational structure of Department of Health and Family Welfare, Govt. Of NCT of Delhi is as under:



ORGANISATION STRUCTURE OF DIRECTORATE GENERAL OF HEALTH SERVICES



DIRECTORATE GENERAL OF HEALTH SERVICES

The Directorate General of Health Services is the largest department under 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 Centers, School Health Clinics and Mobile Health Clinics, Aam Aadmi Mohalla Clinics and Polyclinics.

To cope up with the situation regarding need to 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 fulfillment 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 and its analysis Dispensaries/Health Centers/ Hospitals, 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.

Sanctioned Strength: The Directorate has a total sanctioned strength 3816 posts. Groupwise sanctioned-strength and vacancy position of the Directorate General of Health Services including its subordinate offices during 2016-17 as mentioned below:-

Group-A

S.No.	Category	Sanctioned	Filled	Vacant
1	Director General	1	1	0
2	Regional Director	0	0	0
3	Addl. Director (HQ)	1	1	0
4	CDMO	11	10	1
5	ACDMO	11	10	1
6	Doctors (SAG/NFSG/Specialists/CMO/ SMO/MO	606	457	149
7	Special Director (Admn.)	1	0	1
8	Dy. Controller of Accounts	2	2	0
9	Dy. Director (Plg.)	1	1	0
10	Programmer	1	1	0
Total		**635**	**483**	**152**

Group B

S.No.	Category	Sanctioned	Filled	Vacant
1	Sr. P.A.	8	8	0
2	Admn. Officer	2	2	0
3	Sr. A.O.	1	1	0
4	AAO	15	11	4
5	Statistical Officer	34	13	21
6	Asstt. Programmer	1	1	0

7	Store & Purchase Officer	1	0	1
8	Office Superintendent	1	1	0
9	Accounts Officer	3	3	0
Total		**66**	**40**	**26**

Group C

S.No.	Category	Sanctioned	Filled	Vacant
1	Legal Asstt.	1	1	0
2	LDC	55	46	9
3	UDC	58	35	23
4	Head Clerk	21	16	5
5	SA/SI	34	13	21
6	Steno, Gr. III	11	2	9
7	Steno, Gr. II	17	10	7
8	DEO	2	0	2
9	Driver	21	17	4
Total		**220**	**140**	**80**

Paramedical Staff

S.No.	Category	Sanctioned	Filled	Vacant
1	Pharmacist	686	556	130
2	ANM	354	305	49
3	PHN	164	112	52
4	Staff Nurse	5	5	0
5	Lab Technician	3	0	3
6	Lab Assistant	205	193	12
7	Dental Hygienist	10	8	2
8	Physiotherapist	1	0	1
9	Occup. Therapist	1	1	0
10	Jr. Radiographer	3	1	2
11	OT Technician	1	1	0
12	Audiometric Assistant	1	1	0
13	ECG Technician	2	0	2
14	Refractionist	8	6	2
Total		**1444**	**1189**	**255**

Group D

S.No.	Category	Sanctioned	Filled	Vacant
1	Dresser	281	235	46
2	Dark Room Attendant	1	0	1
3	NO/Peon/Attendant	407	366	41
4	NO/Peon/Attendant (Outsourced)	74	66	8
5	SCC	573	439	134
6	SCC (Outsourced)	113	96	17
7	Safai Karamchari	2	0	2
Total		**1451**	**1202**	**249**
Grand Total		**3816**	**3054**	**762**

Budget Expenditure of Directorate General of Health Services 2016-17

Head	Actual Expenditure (in Rs. Lakhs)
Non Plan	**34701.24**
Plan (Medical) + Plan (Public Health)	**30895.19**
Total	**65596.43**

Chapter 2

ACHIEVEMENTS AT A GLANCE

2.1 IMPORTANT HEALTH STATISTICS OF DELHI GOVT. DISPENSARIES AND HOSPITALS DURING 2016-17

Sl. No	Activity	Nos.
1	**OPD Attendance**	
	Dispensaries (Allopathic)	15874112
	Aam Aadmi Mohalla Clinics	3709139
	Dispensaries (Ayurvedic)	746171
	Dispensaries (Unani)	451011
	Dispensaries(Homoeopathic)	2195842
	Hospitals	19436187
	Mobile Health Clinics	140215
	School Health Clinics	122025
2	**IPD Attendance in Hospitals**	704698
3	**No. of Laboratory Tests**	
	Dispensaries (Allopathic)	1970632
	Aam Aadmi Mohalla Clinics	141108
	School Health Scheme	10234
	Mobile Health Scheme	-
	Hospitals	33741844
4	**No. of X-Rays done**	2963942
	No. of Hospitals	38
5	**No. of Beds in Hospitals**	11308 (Sanctioned) 10184 (Operational)
6	**No. of Dispensaries**	185 Dispensaries, 60 SPUHC, 162 Mohalla Clinics, 24 Polyclinics, 24 Mobile Health Clinics, 59 SHS Clinics / Referral Centres, 103 Homoeopathic, 40 Ayurvedic and 20 Unani Dispensaries.
7	**New Dispensaries Opened during 2016-17**	2 Homoeopathic, 1 Ayurvedic and 1 Unani dispensaries.

2.2 NUMBER OF HEALTH OUTLETS UNDER GNCT OF DELHI DURING THE YEAR 2016-17 AND PREVIOUS YEARS.

S. No.	Year / Health Outlets	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1	Allopathic Dispensaries	182	184	188	214	220	234	247	256	260	260	242	245
2	Mohalla Clinics	-	-	-	-	-	-	-	-	-	-	107	162
3	Polyclinics	-	-	-	-	-	-	-	-	-	-	23	24
4	Hospitals	33	33	34	35	38	38	38	39	39	39	38	38
5	Mobile Health Clinics	71	67	68	72	90	90	90	90	90	43	43	24
6	School Health Clinics/ Referral Centres	15	15	28	28	32	34	93	100	100	68	70	59
	Ayush												
i	Homoeopathy	71	72	78	80	87	92	92	95	100	101	101	103
ii	Ayurvedic	22	22	25	26	27	32	32	33	35	36	39	40
iii	Unani	9	9	10	10	11	15	15	16	17	18	19	20
Total		**403**	**402**	**431**	**465**	**505**	**535**	**607**	**629**	**641**	**565**	**682**	**715**

2.3 BASIC STATISTICS OF DELHI GOVERNMENT DISPENSARIES DURING 2016-17

S.No.	Name of District	Annual OPD Attendance		Number of Lab Investigations		
		New	Old	Blood	Urine	Others
1	2	*3*	*4*	*5*	*6*	*7*
1	Central	875890	455577	207419	27368	4983
2	East	745267	571204	185482	22249	19833
3	West	705941	481370	120773	28996	39636
4	North	2152824	1076115	0	0	0
5	South-West	986152	385235	162990	27405	7649
6	North-East	959859	422226	147939	22350	2210
7	North-West	1488911	615139	266632	44500	5478
8	South	669893	281836	117924	19176	13153
9.	Shahadra	857831	427072	155382	24790	0
10.	New Delhi	526191	105206	81560	10564	5890
11.	South-East	708551	375822	157002	28673	12626
	Total	**10677310**	**5196802**	**1603103**	**256071**	**111458**
12	School Health Scheme	122025	0	10234	0	0
13	Mobile Health Scheme	84131	56084	0	0	0
14	Ayurvedic Dispensaries	370638	375533	0	0	0
15	Unani Dispensaries	237261	213750	0	0	0
16	Homoeopathic Dispensaries	784907	1410935	0	0	0
	Grand Total	**12276272**	**7253104**	**1613337**	**256071**	**111458**

2.4 IMMUNISATION OF DELHI GOVERNMENT ALLOPATHIC DISPENSARIES DURING 2016-17

Sl.No.	Name of District	Immunization (Total number of doses)									
		BCG	OPV	DPT	HBV	Measles	MMR	Typhoid	DT	TT Doses	Pentavalent
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
1	Central	2184	35541	8233	75	10568	8807	6749	3660	16844	0
2	East	1314	25248	6548	71	8292	4076	6026	2974	8328	18878
3	West	4031	53889	31613	229	26848	12532	0	0	28936	53185
4	North	18204	104735	1860	0	37038	23422	0	0	50951	86359
5	South-West	1015	41294	281	1158	12640	9297	7666	22	23612	0
6	North-East	6852	63508	17535	3660	18436	12404	8502	6157	13163	51785
7	North-West	43645	151115	5709	40160	54489	0	5853	0	70694	113173
8	South	1227	23596	10330	268	11328	5517	4919	3428	8301	17738
9	Shahadra	1510	17441	7543	178	8340	5621	3657	0	8317	0
10	New Delhi	877	10911	102	65	4190	2781	0	0	5503	0
11	South-East	3603	58464	31988	266	18165	10035	7060	7148	12778	39279
12	Mobile Health Scheme	0	0	0	0	0	0	0	0	0	0
	Total	**84462**	**585742**	**121742**	**46130**	**210334**	**94492**	**50432**	**23389**	**247427**	**380397**

2.5 INVESTIGATION OF MOTHER LABS IN DELHI GOVERNMENT DISPENSARIES DURING 2016-17

Sl. No.	District Name of the test	Central	East	North	North-East	North-West	South	South-West	West	New Delhi	Shahdara	South-East
	No. of Mother Labs	6	4	2	3	4	4	3	6	1	4	3
1	KFT	2252	242	0	520	5421	523	1937	5184	315	704	1640
2	LFT	2787	207	0	658	14834	639	4552	11159	248	847	4281
3	Lipid Profile	2758	202	21	1696	6801	618	2889	3203	345	307	960
4	Serum Electrolyte	529	1262		0	293	0	0	0	0	00	0
5	Blood Sugar	28599	20365	7250	64306	24134	26758	16795	43322	3157	59398	13936
6	Blood Grouping	1967	2858	528	9200	2516	3261	3751	13346	284	7212	3782
7	Peripheral Smear	0	19	0	0	864	122	117	200	0	0	09
8	Malaria Test	3521	407		700	1319	179	69	2184	0	3387	0
9	VDRL	404	2548	565	6790	2196	1833	2312	4516	236	4887	1295
10	HBS AG Rapid Test	1369	2986	784	8472	6115	1936	2956	5378	168	5548	1258
11	Urine Pregnancy Test	1720	1140	640	6085	2488	3171	2380	7557	202	7363	2510
12	Urine Sugar	2778	2697	164	12870	4098	2616	1768	6056	229	7363	1376
13	Urine Albumin	2737	2697		10655	4157	2193	1812	7053	229	7363	1381
14	Urine Microscopic	3076	0	449	477	4314	1324	993	5805	227	3561	699
15	Stool Test	0	0	19	0	158	179	0	0	0	0	0
16	Widal Test	144	860	250	2342	1238	735	1047	1236	261	1688	2056
17	Hematology	41492	5790	4499	23039(HB-16596,TLC-2525,DLC-2405,ESR-1513)	41299	15757	0	27168	1778	34607(HB18144, TLC6503,DLC6503, ESR3457)	24814
18	Platelet Count	665	4064	1228	2048	5141	9811	1799	3992	111	68433	4122
19	Absolute Eosinophils Count (AEC)	821	3	0	0	218	143	8	154	0	191	45
20	RH Factor	0	312	0	0	0	109	123	0	28	0	0
21	Urine Routine	10059	2697	883	10655	4246	1973	0	6638	458	6503	479
22	ECG	0	0	0	0	0	16	0	0	778	0	0
23	Dengue Serology	33	0	0	0	193	0	0	370	0	0	0
	Total	**107711**	**51356**	**17280**	**160513**	**132043**	**73896**	**45308**	**154521**	**9054**	**219362**	**64643**

2.6 OPD and Lab investigations of Mohalla Clinics in Delhi.

Sl. No.	Name of Districts	OPD			Lab investigations								Vaccination
		OPD New	OPD Old	OPD Total	Blood	Urine	Stool	Sputum	ECG	Semen Test	F.N.A.C.	Others (Specified)	
1	East	-	-	267622	32953			0	0	0	0	0	0
2	Shahdara	32048	235	32283	0	0	0	0	0	0	0	0	0
3	North- East	-	-	354314	53147	0	0	0	0	0	0	0	0
4	North	854648	732620	1587268	5760	1483	0	0	0	0	0	0	0
5	North-west	-	-	-	0	0	0	0	0	0	0	0	0
6	West	-	-	588486	0	0	0	0	0	0	0	0	1538
7	South- West	-	-	294977	0	0	0	0	0	0	0	0	0
8	South	143956	-	143956	21359	691	0	0	0	0	0	0	0
9	South- East	-	-	155042	0	0	0	0	0	0	0	0	0
10	New Delhi	-	-	102660	25162	420	1	132	0	0	0	0	0
11	Central	124118	58413	182531	-	-	-	-	-	-	-	-	-

2.7 BUDGET AND MISCELLANEOUS STATISTICS FOR DELHI GOVERNMENT DISPENSARIES 2016-17.

Sl. No.	Districts / Schemes	Budget in Rs. Lakhs	Actual Exp. in Rs. Lakhs	No. of existing Dispensaries/Seed PUHC/ Mohalla clinics.	polyclinics	TOTAL
1	2	3	4	5	6	7
	Directorate General of Health Services					
1	Central	2314.02	2237.20	40	3	43
2	East	1914.50	1718.19	34	1	35
3	North	2065.20	1795.30	25	1	26
4	North-East	1143.20	8512.90	33	1	34
5	North-West	3187.20	3056.90	54	6	60
6	South	1935.70	1378.00	26	1	27
7	South-West	2388.10	2306.40	48	2	50
8	West	3291.40	3102.90	60	4	64
9	New Delhi	1631.90	1399.60	18	1	19
10	Shahdara	2004.00	1787.00	38	3	41
11	South-East	1238.45	1152.20	31	1	32
	TOTAL	**23113.67**	**28446.59**	**407**	**24**	**431**

Sl. No.	Districts / Schemes	Budget in Rs. Lakhs	Actual Exp. in Rs. Lakhs	No. of existing Dispensaries	New dispensaries Opened	Dispensaries Closed	Functional Dispensaries
1	2	3	4	5	6	7	8
12	SHS	2396.95	339.30	67	04	12	59
13	MHS	1582.50	1292.30	24	0	0	24 teams(14 day teams+10 night shelters)

	TOTAL	**3979.45**	**1631.60**	**91**	**04**	**12**	**83**
Directorate of Indian System of Medicine and Homoeopathy							
14	Ayurvedic Dispensaries	5852.5	4379.29	39	01	0	40
15	Unani Dispensararies	5852.5	4379.29	19	01		20
16	Homoeopathic Dispensaries	2894.00	2557.83	101	2	0	103
	TOTAL	**14599**	**11316.41**	**159**	**4**	**0**	**163**

2.7 (A) DISTRICT WISE STAFF POSITION SANCTIONED GROUP A AND B INCLUDING DIRECTORATE OF ISM & H

Sl. No.	Districts/ Scheme	Group A				Group B						
		Medical	Planning & Statistics	Accounts	Others	Medical	Nursing	Other Paramedical Staff	Admn.	Planning & Statistics	Accounts	Others
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*
1	Central	74	0	0	0	0	0	0	0	0	1	0
2	East	45	0	0	0	0	0	0	1	1	1	0
3	West	76	0	0	0	0	10	0	1	03	01	01
4	North	52	0	0	0	0	0	0	0	1	1	0
5	South- West	61	0	0	13	0	47	93	0	0	0	0
6	North- East	30	0	0	0	0	0	0	0	2	1	0
7	North- West	75	0	0	0	0	0	0	1	5	1	0
8	South	36	0	0	0	0	5	0	02	04	01	0
9	New Delhi	34	0	0	0	0	0	0	0	0	1	0
10	Shahdara	54	0	0	0	0	0	0	0	0	1	0
11	South- East	32	0	0	0	0	4	0	01	0	0	0
12	School Health Scheme	21	0	0	10	0	0	0	0	0	0	0
13	Mobile Health Scheme	35	0	0	0	0	20	0	0	0	0	0
14	ISM Wing	59	1	0	2	5	0	0	3	2	2	3
15	Homoeopathic Wing	115	0	0	0	0	0	0	0	2	1	0
	Total	**799**	**1**	**0**	**25**	**5**	**86**	**93**	**09**	**20**	**12**	**4**

2.7 (B) DISTRICT WISE STAFF POSITION SANCTIONED OF GROUP C POSTS INCLUDING DIRECTORATE OF ISM & H

Sl. No.	Districts/ Scheme	Nursing	Paramedical	Admn.	Planning & Statistics	Accounts	I.T.	Others
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1	Central	62	113	0	0	12	0	177
2	East	34	0	6	3	0	0	164
3	West	0	164	1	0	0	0	178
4	North	36	99	8	2	0	0	92
5	South-West	0	0	0	0	0	0	147
6	North-East	4(PHN),15(ANM)	27(Pharmacist) 10(LA)	01(steno)+ 03 (UDC) 01 (LDC)	0	0	0	69
7	North-West	60	116	11	0	0	0	173
8	South	19	36	5	0	0	0	73
9	New Delhi	25	56	6	0	0	0	77
10	Shahdara	08(PHN),31(ANM)	57(Pharmacist),19 (LA)	0	0	0	0	34(NO),67(SCC),23(Dresser)
11	South-East	15	29	UDC 02,LDC02	0	0	0	48
12	School Health Scheme	61	48	8	0	1	0	64
13	Mobile Health Scheme	15	35	5	0	0	0	70
14	ISM Wing	0	49	4	0	0	0	32
15	Homoeopathic Wing	0	106	9	0	0	0	141
	TOTAL	**385**	**964**	**72**	**05**	**13**	**0**	**1629**

2.8 (A) BASIC STATISTICS OF DELHI GOVERNMENT HOSPITALS

Sl. No.	Name of the Hospital	No. of Beds		No of Patients (OPD)				IPD	Surgeries		Deliveries	
		Sanctioned	Functional	New	Old	Emergency (Total)	MLC Cases		Major	Minor	Normal	Cesarean
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*
1	Aruna Asaf Ali Govt.Hospital	100	171	254463	131158	73367	9848	9805	2226	548	1742	504
2	Acharya Shree Bhikshu Govt. Hospital	150	150	425215	273866	177764	4355	11003	1436	158547	1300	380
3	Attar Sain Jain Eye and General Hospital	30	30	76737	35493	0	0	1778	1749	65	0	0
4	Bhagwan Mahavir Hospital	252	252	403001	235923	222569	4136	25650	4310	15409	5022	1726
5	Dr. Baba Saheb Ambedkar Hospital	500	550	1144823	384416	311822	18162	65768	9188	81013	10553	3082
6	Babu Jagjiwan Ram Memorial Hospital	150	100	502046	302937	306037	22372	13558	954	12037	3506	292
7	Central Jail Hospital	270	240	39137	218278	1848	0	6968	0	0	0	0
8	Chacha Nehru Bal Chikitsalaya	221	206	101110	206629	65176	0	18162	3069	0	0	0
9	Deen Dayal Upadhyay Hospital	640	640	736046	473941	413998	27068	63839	12738	36099	10503	2762
10	Delhi State Cancer Institute	102DSCI(East)+50DSCI(West)	102(66 Wd,36 in Pvt Wd) East,WEST YET to be commissioned	17419	256827	12136	0	6605	920	7057	0	0
11	Dr. Hedgewar Arogya Sansthan	200	231	308549	201915	215929	7132	19496	3707	6449	3736	1840
12	Dr. N.C. Joshi Memorial Hospital	100	100	142787	105432	14051	0	1489	508	1619	0	0
13	G.B.Pant Hospital	758	735	122009	673021	20690	0	31163	4407	349	0	0

14	Guru Gobind Singh Govt. Hospital	100	200	374397	308302	171517	4009	19159	3357	46685	4234	1130
15	Guru Nanak Eye Center	212	212(184 Gen.),28(Pvt.)	160907	206542	8014	315	13464	11432	1695	0	0
16	Guru Teg Bahadur Hospital	1512	1456	1135142	587619	419226	17718	95798	20972	49401	13895	5011
17	Institute of Liver & Biliary Sciences	405	193	34863	64908	7326	9	6995	1196	360	-	-
18	Institute Of Human Behaviour and Allied Sciences	500	336	82182	428491	37998	0	3978	179	110	0	0
19	Janak Puri Super Speciality Hospital	300	100	57225	239253	0	0	2383	0	0	0	0
20	Lal Bahadur Shastri Hospital	100	188	522515	273611	344798	19040	26973	3783	32987	7152	1827
21	Lok Nayak Hospital	1837	1853	530338	445042	139966	10373	106723	19346	21707	8727	2876
22	Maharishi Valmiki Hospital	150	150	267415	98251	134420	4743	11300	1526	8011	1383	106
23	Pt. Madan Mohan Malviya Hospital	100	100	364662	194964	278076	0	14430	1959	11018	2498	361
24	Maulana Azad Institute of Dental Sciences	10	10	211250	171794	0	0	151	119	1946	0	0
25	Poor House Hospital	60	20	4753	3442	8195	321	5	0	0	0	0
26	Rajiv Gandhi Super Speciality Hospital	650	60	32304	62150	1149	0	2515	1753	30	0	0
27	Rao Tula Ram Memorial Hospital	100	120	328902	141819	124296	6594	10553	1388	2139	1995	269
28	Sardar Vallabh Bhai Patel Hospital	50	51	348632	165962	91456	0	4613	990	17186	595	158
29	Satyawadi Raja Harish Chandra Hospital	200	200	460042	174744	86846	5506	11196	1099	20184	1704	100
30	Sanjay Gandhi Memorial Hospital	300	300	408640	161232	392876	28048	44342	3375	29465	7798	1953
31	Jag Pravesh Chander Hospital	210	210	599580	277906	382409	12170	16584	1938	25112	3888	559

32	Sushruta Trauma Centre	49	69	0	18284	18493	3443	3824	1210	3563	0	0
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	80	106	195260	90093	77720	20	18758	1830	734	7951	1475
34	Deep Chand Bandhu Hospital	200	154	362102	178774	87436	4199	3454	0	6647	0	0
	Total	**10648**	**9595**	**10754453**	**7793019**	**4647604**	**209581**	**692482**	**122664**	**598172**	**98182**	**26411**
	Homoeopathic/Ayurvedic/Unani Hospitals											
35	A & U Tibbia College & Hospital	300	240	196598	113179	0	0	2895	81	5686	261	0
36	B.R. Sur Homoepathic Medical College & hospital	50	50	23655	37974	0	0	275	0	0	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	210	210	137715	195435	NA	NA	8073	20	2326	0	0
38	Nehru Homoeopathic Medical College & Hospital	100	89	80708	103451	0	0	973	0	138	0	0
	Total	**660**	**589**	**438676**	**450039**	**0**	**0**	**12216**	**101**	**8150**	**261**	**0**
GRAND TOTAL		**11308**	**10184**	**11193129**	**8243058**	**4647604**	**209581**	**704698**	**122765**	**606322**	**98443**	**26411**

2.8 (B) BASIC STATISTICS OF DELHI GOVERNMENT HOSPITALS

Sl. No.	Name of the Hospital	Lab. Investigations			X-Ray Investigations			Other Investigations			No. of Autopsies done	No. of Dialysis Done	Blood Bank Statistics	
		Blood	Urine	Others	General	Dental	Spl. Inv.	Ultra sound	ECG	Audio-metry			No. of units collected	No. of units issued
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Aruna Asaf Ali Govt.Hospital	321587	41001	2037	29616	0	-	0	13797	1546	2308	-	614	514
2	Acharya Shree Bhikshu Govt. Hospital	579498	51538	2444	23874	1203	708	5489	11440	460	0	0	630	431
3	Attar Sain Jain Eye and General Hospital	24840	3125	0	0	0	0	132	4819	0	0	0	0	0
4	Bhagwan Mahavir Hospital	770163	63580	29756	56172	23	243	15623	20778	1378	0	0	1417	2228
5	Dr. Baba Saheb Ambedkar Hospital	1563623	85418	15524	131028	3134	119	23402	58604	5161	918	1742	12186	17737
6	Babu Jagjiwan Ram Memorial Hospital	455209	30522	7229	40019	650	26	8598	16078	4395	0	0	0	153
7	Central Jail Hospital	191195	25813	3872	9128	237	2286	0	3491	0	0	0	0	0
8	Chacha Nehru Bal Chikitsalaya	823318	35245	5557	36619	0	157	3199	0	0	0	699	0	4139
9	Deen Dayal Upadhyay Hospital	2405767	124325	2737983	1199296	6375	438	40458	98625	3516	2042	276	18149	32040
10	Delhi State Cancer Institute	869185	5115	0	24244	0	28253	14590	13292	-	-	-	_	-
11	Dr. Hedgewar Arogya Sansthan	1662944	31680	34065	54319	2637	0	7791	39708	2410	0	7881	3819	2493
12	Dr. N.C. Joshi Memorial Hospital	146606	15513	765	10682	0	0	6964	2178	0	0	0	0	0
13	G.B. Pant Hospital	2423127	60838	419463	57417	0	1998	21586	54789	0	0	0	12501	11896
14	Guru Gobind Singh Govt. Hospital	312198	16074	366	55831	0	0	0	6029	1948	0	0	0	837
15	Guru Nanak Eye Center	25116	2545	29473	0	0	0	7502	0	0	0	0	0	0
16	Guru Teg Bahadur Hospital	2291656	117053	632970	204829	9448	1706	75825	107105	6795	1943	1872	28398	46713
17	Institute of Liver & Biliary Sciences	624605	36846	132552	30869	-	2024	25468	6392	-	-	11697	8543	22065

Sl. No.	Name of the Hospital	Lab. Investigations			X-Ray Investigations			Other Investigations			No. of Autopsies done	No. of Dialysis Done	Blood Bank Statistics	
		Blood	Urine	Others	General	Dental	Spl. Inv.	Ultra sound	ECG	Audio-metry			No. of units collected	No. of units issued
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	Institute Of Human Behaviour and Allied Sciences	540261	8559	8917	7521	-	0	2911	3449	0	0	0	0	87
19	Janak Puri Super Speciality Hospital	331369	9373	2074	19663	0	0	5870	18207	0	0	0	0	0
20	Lal Bahadur Shastri Hospital	767209	100012	2081	104960	0	0	14669	30670	2801	637	0	3533	3442
21	Lok Nayak Hospital	5056514	48103	257219	313088	0	3313	61694	228553	6416	1310	6083	19153	39252
22	Maharishi Valmiki Hospital	413868	21760	18794	43054	3875	0	9052	16021	761	0	0	MVV Hospital has blood storage only	0
23	Pt. Madan Mohan Malviya Hospital	681544	14950	36714	40835	0	0	12138	14235	1596	0	0	0	622
24	Maulana Azad Institute of Dental Sciences	7057	NA	NA	NA	29809	NA	NA	NA	NA	NA	NA	NA	NA
25	Poor House Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Rajiv Gandhi Super Speciality Hospital	112721	3178	2985	3364	0	0	2450	9439	0	0	29889	0	0
27	Rao Tula Ram Memorial Hospital	353555	51543	2783	39501	0	15	2308	16524	1746	312	0	232	162
28	Sardar Vallabh Bhai Patel Hospital	438794	69689	789	26239	417	0	230	7012	2504	0	0	0	0
29	Satyawadi Raja Harish Chandra Hospital	832164	9153	0	63902	0	0	0	11765	1029	0	0	528	249
30	Sanjay Gandhi Memorial Hospital	648376	75292	472613	81098	NIL	1721	12099	27115	1813	1234	0	2023	5105
31	Jag Pravesh Chander Hospital	456605	46365	5010	40100	0	0	1062	10952	2231	0	0	372	294

Sl. No.	Name of the Hospital	Lab. Investigations			X-Ray Investigations			Other Investigations			No. of Autopsies done	No. of Dialysis Done	Blood Bank Statistics	
		Blood	Urine	Others	General	Dental	Spl. Inv.	Ultra sound	ECG	Audio-metry			No. of units collected	No. of units issued
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
32	Sushruta Trauma Centre	32485	80	0	53247	0	3933	1239	1355	0	0	0	1131	1160
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	279187	72110	597	5016	0	0	04	2848	0	0	0	0	0
34	Deep Chand Bandhu Hospital	841856	25117	8016	36826	69	0	0	14111	961	0	0	0	0
	Homoeopathic/Ayurvedic/Unani Hospitals													
35	A & U Tibbia College & Hospital	191680	614	141	5840	0	0	0	0	0	0	0	0	0
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	8387	3577	184	1885	0	0	0	24	0	0	0	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	42159	2098	1438	8336	0	0	0	239	0	0	0	0	0
38	Nehru Homoeopathic Medical College & Hospital	28607	3903	691	707	0	0	209	0	0	0	0	0	0
TOTAL		**27555035**	**1311707**	**4875102**	**2859125**	**57877**	**46940**	**382562**	**869644**	**49467**	**10704**	**60139**	**113229**	**191619**

2.8 (C) BUDGET AND EXPENDITURE OF THE HOSPITALS

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2016-17)		Actual Expenditure (Rs.in lakhs)		Total Expenditure Rs. in lakhs
		Plan	Non-Plan	Plan	Non-Plan	
1	*2*	*3*	*4*	*5*	*6*	*7*
1	Aruna Asaf Ali Govt.Hospital	4066.00		3851.60		3851.60
2	Acharya Shree Bhikshu Govt. Hospital	3545.00		3342.00		3342.00
3	Attar Sain Jain Eye and General Hospital	140.00	452.00	76.90	451.90	528.80
4	Bhagwan Mahavir Hospital	4399.00		4106.00		4106.00
5	Dr. Baba Saheb Ambedkar Hospital	4100.00	8988.0	3557.60	8762.77	12320.40
6	Babu Jagjiwan Ram Memorial Hospital	4451.00		4201.00		4201.00
7	Central Jail Hospital	3045.90		2991.00		2991.00
8	Chacha Nehru Bal Chikitsalaya	6250.0+1373.0(unspent balance)		6437.00		6437.00
9	Deen Dayal Upadhyay Hospital	20990.00		19494.75		19494.75
10	Delhi State Cancer Institute	75 00.00		8041.00		8041.00
11	Deep Chand Bandhu Hospital	2860.00		2748.26		2748.26
12	Dr. Hedgewar Arogya Sansthan	4575.00		4867.31		4867.31
13	Dr. N.C. Joshi Memorial Hospital	1536.00		1354.00		1354.00
14	G.B. Pant Hospital	5500.00		3653.68		3653.68
15	Guru Gobind Singh Govt. Hospital`	960.00	3238.00	869.00	3227.00	4096.00
16	Guru Nanak Eye Center	3456.00		2890.33		2890.33
17	Guru Teg Bahadur Hospital	8030.00	18260.00	7469.85	19459.51	26929.36
18	Institute of Liver & Biliary Sciences	12000.00		12000.00		12000.00

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2016-17)		Actual Expenditure (Rs.in lakhs)		Total Expenditure Rs. in lakhs
		Plan	Non-Plan	Plan	Non-Plan	
1	*2*	*3*	*4*	*5*	*6*	*7*
19	Institute Of Human Behaviour and Allied Sciences	9000.00		7784.21		7784.21
20	Janak Puri Super Speciality Hospital	5653.00		2868.00		2868.00
21	Lal Bahadur Shastri Hospital	5753.00		5160.00		5160.00
22	Lok Nayak Hospital	5423.00	30841.00	5092.08	29472.83	34564.91
23	Maharishi Valmiki Hospital	856.00	3263.00	849.65	3107.47	3957.12
24	Pt. Madan Mohan Malviya Hospital	3559.00		3542.51		3542.51
25	Maulana Azad Institute of Dental Sciences	3500.00		2920.68		2920.68
26	Poor House Hospital	Associated with AAAGH	Associated with AAAGH	Associated with AAAGH	Associated with AAAGH	Associated with AAAGH
27	Rajiv Gandhi Super Speciality Hospital	7500(Grant in Aid)		3501.00		3501.00
28	Rao Tula Ram Memorial Hospital	3379.20		3253.49		3253.49
29	Sardar Vallabh Bhai Patel Hospital	2971.00		2744.00		2744.00
30	Satyawadi Raja Harish Chandra Hospital	3507.00		3308.60		3308.60
31	Sanjay Gandhi Memorial Hospital	4711.00		4355.14		4355.14
32	Jag Pravesh Chander Hospital	1200.00	3142.00	1159.09	3118.91	4278.00
33	Sushruta Trauma Centre	From Lok Nayak Hospital		From Lok Nayak Hospital		
34	Shri Dadadev Matri Avum Shishu Chikitsalaya	2300.00		2269.71		2269.71

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2016-17)		Actual Expenditure (Rs.in lakhs)		Total Expenditure Rs. in lakhs
		Plan	Non-Plan	Plan	Non-Plan	
1	*2*	*3*	*4*	*5*	*6*	*7*
Homoeopathic/Ayurvedic/Unani Hospitals						
35	A & U Tibbia College & Hospital	3997.00		2800.80		2800.80
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	928.00		904.31		904.31
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	2928.00		2598.00		2598(GIA received1750)
38	Nehru Homoeopathic Medical College & Hospital	1544.00		1534.80		1534.80

Chapter 3
DELHI GOVERNMENT DISPENSARIES

Introduction

Primary health care is most important component of health care services for the citizens. This view has been equally echoed by Bhore Committee Report (1948) and accordingly this aspect has been given due consideration in National Health Policy. Directorate General of Health Services, Government of NCT of Delhi is providing primary health care services to the people of Delhi through a network of Dispensaries, Polyclinics, Mohalla Clinics and Mobile Health Clinics throughout Delhi to meet the primary health care needs of citizens of Delhi.

Dispensaries (Health Centres) under DGHS are its front-line health outlets that provide treatment for common ailments including provision of essential medicines to all the persons coming to these dispensaries and also undertake various preventive and promotive activities. The vision of this Directorate is to promote these front-line health outlets as the backbone of health services and overall health development and to actively involve these outlets in bottom up planning.

Functioning of Dispensaries

Planning Branch of this Directorate is responsible for planning and opening of new dispensaries, matter related to identification of area, allotment of land, planning and construction of building etc. and financial aspect are being taken care of by this branch. The operation of dispensaries in the Directorate General of Health Services is based upon district pattern. There are 11 districts functioning under the administrative control of ARD/Chief District Medical Officers. Geographically these districts correspond with the revenue districts.

Facilities at Dispensaries

The facilities provided by these dispensaries are:

- General OPD for treatment of common ailments
- Free distribution of prescribed essential medicines.
- Treatment of minor injuries and dressing etc.
- Basic emergency care during working hours.
- Laboratory Services (Routine Lab. Services)
- Immunization and Family Welfare activities.
- Health Education
- Malaria Clinic (in selected dispensaries only).
- DOTS Center/Microscopy Center (in selected dispensaries only).

AAM AADMI MOHALLA CLINICS RENTED PREMISES DURING 2016-17

List of AAMCs functioning in Rented Premises

Sl. No.	Name Of Aam Aadmi Mohalla Clinics	Ownership Of Building (Rented/Owned Building/Porta-Cabin)	District
1	H.No.467- D, Near Budh Mandir,Village Azadpur	Rented	North
2	126, Ishwar Colony Ext. 3	Rented	North
3	Sant Kirpal Singh Public Trust	Rented	North
4	811, GT Road Aluipur, Delhi 36	Rented	North
5	A-215, Bhalaswa Dairy, Near Police Station	Rented	North
6	House No-81, Gali No-54-V/1, Near Bal Vaishali Public School, Molarband Extn.	Rented	South East
7	J-2-B/75, Gali No-2, Gupta Colony, Sangam Vihar	Rented	South -East
8	195-A, Hari Nagar Ashram, New Delhi-14	Rented	South-East
9	S-10/D-15 Jogabai Ext. Zakir Nagar, Okhla, New Delhi	Rented	South- East
10	C-5, Behind Masjid Noor Jogabai Ext., Khazuri Road, Okhla, New Delhi	Rented	South-East
11	D-24, Bhati Mines, AAMC	Rented	South
12	E-224, Bhati Mines, AAMC	Rented	South
13	Panchsheel Vihar, AAMC	Rented	South
14	Rajpur Khurd, AAMC	Rented	South
15	Holi Chowk, Sangam Vihar, AAMC	Rented	South
16	RZF-1120, Lohia Marg, Pandit Chowk, Raj Nagar-Ii, Palam Colony, New Delhi	Rented	South- West
17	Rz-269/396, Gali No-10-C, Indra Park, New Delhi	Rented	South- West
18	Khasra No-161/162, B-Block, Qutub Vihar, New Delhi	Rented	South- West
19	B-38, Banwarilal Complex, 25 Feet Road, Shyam Vihar Phase-1, New Delhi	Rented	South- West
20	C-92, Sahyog Vihar, Near Masjid, New Delhi	Rented	South- West
21	Pochanpur, Near Harijan Chopal, Sector-23, Dwarka, New Delhi	Rented	South- West
22	RZ-247 A, Gali No 18, Ajay Park, Najafgarh New Delhi-110043	Rented	South- West
23	RZ-38, A-Block, Main Gopal Nagar, Najafgarh New Delhi-43	Rented	South- West
24	100-A, Dwarka Vihar Colony Phase-1, Najafgarh, New Delhi	Rented	South- West
25	RZ-D-87, A/1, Dabri Ext., Gali. No. 9, New Delhi, (632 Sq. Ft.)	Rented	South- West
26	G-70/4, Mandir Marg Mahavir Enclave New Delhi-110045	Rented	South- West

27	K6/4B, Street No. 22, West Ghonda, Delhi	Rented	North- East
28	B-1, Kartar Nagar, 3.5 Pusta, Street No. 2, Near Hero Showroom, Delhi	Rented	North- East
29	D-29, Gokalpuri, Delhi	Rented	North- East
30	B-18/1, Ganga Vihar, Delhi-94	Rented	North- East
31	455, Street No. 8, Moonga Nagar, Karawal Nagar Road, Delhi	Rented	North- East
32	C-45, Gali No. 03, Ambika Vihar, Shiv Vihar, Delhi-94	Rented	North- East
33	B-90, BG/F, House No-36/17, Gali No-14, Main 25 feet Road, Phase-10, Shiv Vihar, Delhi	Rented	North- East
34	H. No. 200, Gali No. 06, Phase-9, Shiv Vihar, Delhi-94	Rented	North- East
35	930, Gali No. 30/7, Jafrabad, Delhi	Rented	North- East
36	H.No. 42/1 Puri Street No. 1, Maujpur Near JM Convent School, Delhi	Rented	North- East
37	House No 1/1616-17 Gali No. 6, Subhash Park Ext. Shahdara, Delhi-110032	Rented	Shahdara
38	House No. D-44, Gali No. 9, Sattar Gali, Main Mohan Puri, Maujpuri, Delhi-110053	Rented	Shahdara
39	House No. C-2/12-B Meet Nagar, Khasra 336, Saboli Village, Delhi-110094	Rented	Shahdara
40	House No.58, Street No.3, North Chhajupur, Shahdara, Delhi-110053	Rented	Shahdara
41	House No. B2/4A, Street 4, East Azad Nagar, Krishna Nagar, Delhi-110051	Rented	Shahdara
42	House No B-10(1/11805), Plot No. A-28, Panchsheel Garden, Naveen Shahdara, Delhi-110032	Rented	Shahdara
43	House No. A-170, Dilshad Colony, Delhi-110095	Rented	Shahdara
44	House No. 312, Gali No-6, Gautam Gali, Jwala Nagar, Delhi-110032	Rented	Shahdara
45	House No C-11/96, Yamuna Vihar, Delhi-110053	Rented	Shahdara
46	Flat No 193 A, Satyam Enclave, Delhi-110095	Rented	Shahdara
47	House No D-233, School Block Nathu Colony, Delhi-110093	Rented	Shahdara
48	House No 7/376, Jwala Nagar, Main Road Shahdara, Delhi-110032	Rented	Shahdara
49	AAMC, Plot No. 3 & 4, D Block, Jai Vihar-1, Najafgarh	Rented	West
50	AAMC,A-32/33 A Ext. Mohan Garden	Rented	West
51	AAMC, H.No. L-2/D, 69A, Mohan Garden, Uttam Nagar	Rented	West
52	AAMC, C-62, Adhyapak Nagar, Nangloi, New Delhi	Rented	West
53	AAMC, Gali No-9, Kh. No. 79/20 Chanchal Park, Bakkaewalla, Vikas Puri	Rented	West

54	AAMC H.No. 9, Gali No. 3, Lekh Ram Park, Tikri Kalan	Rented	West
55	AAMC, 69 Hastsal Village, Near DDA Park, Vikas Puri	Rented	West
56	AAMC, House No. 112, Lions Enclave, Ranholla Raod, Vikas Nagar	Rented	West
57	AAMC, B-43, AS/F, Vikas Nagar	Rented	West
58	AAMC, Plot No. B-340 Vikas Nagar, Vikas Vihar	Rented	West
59	AAMC, E-115, Raghuvir Nagar	Rented	West
60	AAMC, B-32/A, New Slum Quarter, Paschim Puri	Rented	West
61	AAMC, A2/254, LIG Flats, Pratik Apartment, Paschim Vihar	Rented	West
62	AAMC, 150-A, Gali No. 4, Nathan Vihar, Ranholla, Nangloi	Rented	West
63	AAMC, B-5, Shiv Vihar, Col Bhatia Road, Tyagi Chowk	Rented	West
64	AAMC, RZ-22, Khushiram Park, Om Vihar Ext	Rented	West
65	AAMC E-159, A Mansaram Park, Uttam Nagar, New Delhi	Rented	West
66	AAMC Plot No. 324, Aryan Garden Raod, Om Vihar Uttam Nagar	Rented	West
67	AAMC E-3/62, Shiv Ram Park, Nangloi	Rented	West
68	AAMC RZ B/149, Nihal Vihar	Rented	West
69	AAMC RZ-E-244, Thanewali Road, Nihal Vihar	Rented	West
70	AAMC RZ-Q-57, Gurudwara Road, 500 Gaj Nangloi	Rented	West
71	H.No. 231-32, Kh. No.28/19, Mange Ram Park, Budh Vihar Phase-2, Delhi-86	Rented	North-West
72	H.No. A-4/291, Sector-4, Rohini, Delhi - 85	Rented	North-West
73	Kh. No: 65/10 ,Q-44, Budh Vihar, Phase-1, Opp.Surya Market, Delhi.10086	Rented	North-West
74	P 2/652, Sultanpuri J.J.Colony, Delhi-110086	Rented	North-West
75	H No. 271, Pole No. 521-1/2/7/5, Village Sultanpur Dabas Neemwali Gali , Delhi 39	Rented	North-West
76	Kh. No :102/10 ,H.No.E-31, Rajiv Nagar, Begumpur, Opp.Sector-22, Rohini, Delhi.110086	Rented	North-West
77	Shiv Mandir, Sewa Samiti, Wazirpur Village, Delhi-52	Rented	North-West
78	Kh. No: 193 , Shish Mahal Enclave, Prem Nagar 3, Delhi 86	Rented	North-West
79	A-2/131, Keshavpuram, Delhi.110035	Rented	North-West
80	H.No. C-441, Khasra No. 42/3, Inder Enclave, Phase-1, Delhi-86	Rented	North-West
81	BH Block, 700 A, East Shalimar Bagh, Janta Flat, Delhi-88	Rented	North-West
82	F4/6, Sector 16, Rohini, Delhi 85	Rented	North-West

83	H.No. 66, Block-E, Pocket-18, Sector-3, Rohini, Delhi - 85	Rented	North-West
84	H.No.E 7/84, Near Sani Bazar Road, Sultanpuri, Delhi-86	Rented	North-West
85	Kh. No:25, H.No.13 A, Rajiv Nagar, Begumpur, Opp. Sector-22, Rohini, Delhi.110086	Rented	North-West
86	C-3/76, Keshavpuram, Delhi 35	Rented	North-West
87	H No-159 Shop, Nanakpura Motibagh, Near Punjab National Bank, New Delhi -110021	Rented	New Delhi
88	80 - A/4, G/F, Near Canara Bank., Village Munirka, New Delhi-110067	Rented	New Delhi
89	WZ-115 A, Todapur Village, I.A.R.I, Delhi 110012	Rented	New Delhi
90	V-11, Old Nangal, Delhi Cantt, Muradabad Pahari, Delhi Cantt., South West, Delhi-110010	Rented	New Delhi
91	R-4C, R-Series, East Mehram Nagar, Delhi Cantt., Delhi-110037	Rented	New Delhi
92	AAMC, Trilokpuri, 6 Block :- Block 6/233, Trilokpuri, Delhi -91	Rented	East
93	AAMC, Trilokpuri, 25 Block: Block 25/446, Trilokpuri, Delhi-91	Rented	East
94	AAMC, Ganesh Nagar, C-95 A, Ganesh Nagar Complex, Delhi 92	Rented	East
95	AAMC, Pratap Chowk, Pratap Chowk, Dallupura Kondli, Delhi	Rented	East
96	AAMC Dallupura: Near Samuday Bhawan, Harijan Basti, Dallupura Village, Kondli, Delhi	Rented	East
97	AAMC West Vinod Nagar: D-55 Gali No. 11 West Vinod Nagar, Delhi	Rented	East
98	AAMC Old Anarkali: House No. 52, Old Anarkali, Krishna Nagar, Delhi	Rented	East
99	AAMC Wazirabad: Khasara No -120, Gali No-17, Main Road, Wazirabad, Delhi.	Rented	Central
100	AAMC Shashtri Nagar: L-74, Shiv Watika Chowk, Shastri Nagar, Delhi-52	Rented	Central
101	AAMC Aruna Nagar: E-28, Aruna Nagar, Majnu Ka Tila, Delhi.	Rented	Central
102	Takia Chowk Chopal, Burari Village, Delhi	Gram Sabha Land	Central

List of AAMCs functioning in Porta Cabin 2016-17.

1	Outside Park, Amber Tower Near Azadpur Flyover, Azadpur Delhi 33	Porta Cabin	North
2	Rain Basera, Sarai Kale Khan	Porta Cabin	South- East
3	Bus Stand, Pulprahladpur, MB Road	Porta Cabin	South-East
4	AAMC Infront of Mandir , Ring Road, Kilokari	Porta Cabin	South- East

5	AAMC Flood Control Land, Abulfazal Enclave	Porta Cabin	South -East
6	AAMC Flood Control Land, Shaheen Bagh	Porta Cabin	South -East
7	AAMC Under Footover Bridge, Batra Hospital, Near Sant Narayan Mandir, Bus Stand	Porta Cabin	South -East
8	AAMC MB Road, Sri Maa Anandmayi Marg, Prem Nagar	Porta Cabin	South -East
9	New A-118, MS Market, Second Pusta Main Road, New Usmanpur, Delhi	Porta Cabin	North –East
10	Infront of Galaxy Salon Centre, Gali No. 2, Pusta-3, Usmanpur, Delhi	Porta Cabin	North-East
11	AAMC Porta Cabin:- Road No. 65, Infront of Janta Colony	Porta Cabin	Shahdara
12	AAMC Porta Cabin:- Road No. 66, Along Drain No.1, infront of EDMC Court	Porta Cabin	Shahdara
13	AAMC Porta Cabin:- Near Jama Masjid, Behind MCD Primary School,Old Seema Puri	Porta Cabin	Shahdara
14	AAMC Porta Cabin:- Road No. 69, Gagan Crossing to Tahirpur, Near Anand Gram Ashram, Bus Stand.	Porta Cabin	Shahdara
15	AAMC Porta Cabin:- Gagan Cinema Xing, towards Sunder Nagri	Porta Cabin	Shahdara
16	AAMC Porta Cabin:- Near Bus Depot of DTC, Seemapuri, Delhi	Porta Cabin	Shahdara
17	AAMC Porta Cabin:- Below GT Road Flyover, Near Mansarover Park, Metro Station infront of Friends Colony, Jwala Nagar	Porta Cabin	Shahdara
18	AAMC Porta Cabin:- AAMC, Basti Vikas Kendra, Kailash Nagar, Chander Puri Railway Line, Old Seelam Pur, Delhi-	DUSIB Building	Shahdara
19	AAMC 12 Block, Tilak Nagar, DUSIB Land	Porta Cabin	West
20	AAMC DUSIB Land, EWS Flat, Baprola (AC-31 Vikashpuri)	Porta Cabin	West
21	AAMC School ID : 1720014 Sarvodaya Sr. Secondary, SKV Janakpuri, D Block, No.-1 (AC-30, Janakpuri)	Porta Cabin	West
22	AAMC Peeragarhi, Near PWD Office, (AC-11, Nangloi Jat)	Porta Cabin	West
23	AAMC JJ Cluster Colony, Meera Bagh, (AC-15, Shakur Basti)	Porta Cabin	West
24	AAMC Mohalla Clinic Peeragarhi, Peeragarhi Relief Camp	Porta Cabin	West
25	Vacant Land, Opposite House No 831, Block-G, Shakurpur, Ranjeet Nagar, DGD Shakurpur (North West), AC-16, Tri Nagar	Porta Cabin	North-West
26	Adj. Delhi Grant Library, MCD Sulabh Shauchalaya, Opp. DUSIB Sulabh Toilet, Wazirpur, JJ Colony, Ranjeet Nagar, AC-17, Wazirpur	Porta Cabin	North-West

27	Vacant Land Of DUSIB, in front of House No.-307, Block - I, Shakurpur, Ranjeet Nagar, DGD Shakurpur, AC-16, Tri Nagar	Porta Cabin	North-West
28	Along Railway Wall, Kela Godam Road Opposite BC Block, Shalimar Bagh, AC-14, Shalimar Bagh, Delhi	Porta Cabin	North-West
29	Outside Govt. Sr. Secondary School, Mangolpuri Khurd, Delhi. AC-12, Mangolpuri	Porta Cabin	North-West
30	On the bank of nala, Rithala Village, Rithala, Delhi.	Porta Cabin	North-West
31	In front of Amrit Enclave, Shahid Bismil Marg, Deepali Chowk, AC-13, Pitampura	Porta Cabin	North-West
32	Near Rain Basera, Cement Siding, Shakur Basti Railway Station.	Porta Cabin	North-West
33	AAMC Talab Chowk: Talab Chowk, Mandawali Fazalpur, Delhi -92	Porta Cabin	East
34	AAMC Vasundhara Enclave: In front on Persona Elite Gym, Vasundhara Enclave, Delhi	Porta Cabin	East
35	AAMC Kondli Gharoli : Shiv Mandir, Kondli, Gharoli Dairy Farm, Delhi	Porta Cabin	East
36	AAMC Khichripur: Block 5, Khichripur, Delhi	Porta Cabin	East
37	AAMC Kalyanpuri: Block No. 19, Kalyanpuri, Delhi	Porta Cabin	East
38	AAMC Shashi Garden: Shastri Mohalla, Shashi Garden, Delhi	Porta Cabin	East
39	AAMC, CPA Building, Shakarpur	Porta Cabin	East
40	AAMC Pracheen Shiv Mandir, Mayur Vihar Phase-3, Pragati Marg, Near Bharti Public School	Porta Cabin	East
41	Mohalla Clinic Nathupura: - Budh Bazar Road, Nathupura, Burari, Delhi	Porta Cabin	Central
42	AAMC Sindorakalan opposite Nav Bharti School Sindorakalan, Delhi	Porta Cabin	Central
43	AAMC Kamla Nagar opposite Primary School Madavaliya School, Kamla Nagar, Delhi 07	Porta Cabin	Central
44	AAMC Yamuna Pushta, Rain Basera, Yamuna Pusta, AC-20, Chandi Chowk	Porta Cabin	Central
45	AAMC Hanuman Mandir Rain Basera, Hanuman Mandir, ISBT, Delhi.	Porta Cabin	Central
46	AAMC Multani Dhanda, Plot No.9857-59, Gali No.5/6, Multani Dhanda , Paharganj	Porta Cabin	Central
47	AAMC Aram Bagh, Near Central Park, Aaram Bagh Road, Delhi-05	Porta Cabin	Central
48	Block-E-7, Dakshinpuri	Porta Cabin	South
49	E-5, Dakshinpuri (Only Innaugrated)	Porta Cabin	South
50	Mahila Vikas Kendra, Tigri, Sangam Vihar	Porta Cabin	South
51	Lado Sarai, M.B. Road	Porta Cabin	South
52	JJ Cluster Tigri, Near MLA Office	Porta Cabin	South
53	M G Road Sultanpur. (Only Innaugrated)	Porta Cabin	South

54	Govt. Girls School, Dwarka Sec-3, School ID-1821203.	Porta Cabin	South-West
55	Rajkiya Pratibha Vikas Vidyalay, Sec-10, Dwarka, School ID-1821137.	Porta Cabin	South-West
56	Rain Basera, Punarwas Colony, Dwarka, Sec-1	Porta Cabin	South-West
57	School ID-1821026, S.K.V. Chhawla	Porta Cabin	South-West
58	School ID-1821036, G.B.S.S.S., Chhawla	Porta Cabin	South –West
59	School ID-1821034, Govt Co-ed. S.Sec. School, Kanganheri.	Porta Cabin	South-West
60	School ID-1822012, G.B.S.S.S., Kair	Porta Cabin	South-West

Dispensaries/Seed PUHC/Polyclinics/Mohalla Clinics						
District	**Delhi Govt. Dispensaries**	**Seed PUHCs**	**Poly Clinic**	**Mohalla Clinic (SPS Structure/govt. Buildings)**	**Mohalla Clinic (Rented Building)**	**Total**
West	25	7	4	6	22	64
North-West	23	7	6	8	16	60
North	18	1	1	1	5	26
Central	26	3	3	7	4	43
New Delhi	12	1	1	0	5	19
North-East	7	14	1	2	10	34
Shahdara	15	3	3	8	12	41
East	16	3	1	8	7	35
South	11	4	1	6	5	27
South-East	9	10	1	7	5	32
South-West	23	7	2	7	11	50
Total	**185**	**60**	**24**	**60**	**102**	**431**

Chapter 4

MOBILE HEALTH SCHEME

Mobile Health Scheme is an independent plan scheme "Special component plan for scheduled castes." Rapid urbanization and construction boom has brought about migration of rural population to urban settings in search of food and job. Prevailing high disparity between rich and poor has forced this migrant population to settle in the small groups in unauthorized colonies called J.J. Clusters. Poverty, sub-human conditions, poor quality of life and lack of medical facilities has resulted in higher incidence of diseases in the population. More than 2 million migrants were found to be in Delhi itself with around 35% living in the J.J. Clusters and unauthorized colonies.

PRIORITY AREAS:

Civic bodies are not able to provide required civic amenities as they are all settled in the area labelled as unauthorized. Among the many initiatives of the Government of Delhi to benefit the population residing in the fringe of society, Mobile Health Scheme was one of them as the Govt took a serious note of poor health status of residents of J.J. Clusters and decided to strengthen the Mobile Health Scheme to provide basic health care to the residents at their door-step according to their felt needs. This was to start with a fleet of 20 mobile dispensaries which were launched covering different J.J. Clusters all over Delhi on weekly basis in1989, which was strengthened gradually with time and 45 MV Dispensaries started providing health care to the J. J. Clusters / unserved areas / construction sites, welfare homes etc.

Directorate of Health Services realizes that no number of drugs and curative care provided to J.J. Clusters can control their pathetic condition until or unless other sectors like NGOs and others also contribute with DHS to improve overall physical quality of life.

OBJECTIVES AND SERVICES

The present status of Mobile Health Scheme is as follows and the functioning of Mobile Health Scheme is as under:

1. To provide basic health care to people living in JJ Clusters / underserved areas / constructions sites, night shelters etc. at their doorstep regularly but as per schedule all areas covered at least twice a week.
2. To provide health education.
3. To take active participation in National Health Programmes like Pulse Polio, Measles and other immunization, Dengue control, Family welfare etc.
4. To provide medical coverage in important institute and at activities and special events like :-
    a. Haz Manjil pilgrims (for three months at different locations round the clock.)
    b. URS Mela for pilgrims (For 20 days at Burari ground round the clock)
    c. Kanwar Camps (for 15 days at more than 100 camps spread all over Delhi round the clock)
    d. Bhartiyam

e. Sant Nirankari Samagam (10 camps round the clock for 5 days)

f. Chhat Puja (More than 100 camps round the clock)

g. Bangladeshi Prisoners (As per Court instructions on regular basis)

h. Juvenile Home, Majnu Ka Tilla

i. Tahirpur Leprosy Complex (On regular basis)

j. Lampur Beggar Home and FRRO (As per Court instructions on regular basis)

k. Tilak Nagar, Peeragarhi, Shalimar Bagh, RK Puram, Lajpat Nagar, Shadipur Depot Leprosy Colonies

l. Children Home, Alipur etc. (Regular Basis) and Arya Anathalaya Daryaganj

m. Destitute Home Motia Khan, Old Age Homes and Senior Citizen Homes and Welfare Clubs

n. Matratva Chhaya at Jahangir Puri and Sarai Rohilla (On regular basis)

o. Independence Day Celebrations (National and State level) Republic Day Celebrations (National and State level)

p. Night Shelter (As per court order more than 200 camps on regular basis)

q. Constructions Sites (All over Delhi on regular basis)

r. IITF Pragati Maidan (15 days), Perfect Health Mela at Delhi Haat.

s. Global Conference on Mysticism (15 days at Burari Ground)

t. Other activities such as public political gatherings, senior citizen screening, disasters management and various melas,

u. Request from public representative, time to time for providing medical facilities etc.

5. To organise special health camps at underserved areas and JJ colonies and focus groups like workers and labourer.

MODUS OPERANDI:

1. For the above-mentioned activities, staff, logistics, supply of medicines and equipment for all camps are provided through Mobile Dispensaries Vans.
2. Activities of Mobile Health Dispensaries are not stationary but mobile in nature i.e these areas are covered by one Mobile Dispensary two times a week and there are diversions of Mobile Dispensaries to cover the aforesaid activities due to its wider approach and flexibility in terms of spatial area and population. Hence the concept of Mobile Health Scheme is totally different in nature from the concept of Mohalla Clinics.
3. Mobile Van Dispensaries for providing basic healthcare facilities to Underserved / JJ clusters where there are no permanent health facilities available nearby.

These Mobile Van Dispensaries as their name suggests are Mobile Units that cater to the population and which are equipped with staff, medicines, other logistics and move from their respective control room to their working stations or designated places on daily basis. On reaching the J J clusters, the Mobile van parks itself at pre-determined regular spot and renders health care services as per timings and moves to next designated place for functioning. After completion of scheduled work, the mobile teams return to the control room.

The medical facilities include examination of patient and dispensing of medicines to patients and record keeping thereof are being managed by staff in and around the vehicle itself as there is no proper place in JJ clusters, etc. for staff other than vehicle.

Vehicles are also used as Mobile Van Dispensaries to provide health care facilities in night shelters also. Each vehicle assigned for night shelters covers minimum eight to ten night shelters daily.

BUDGET:

MHS has been allotted a budget of Rs. 17 crores for this financial year 2017-18 which includes sub heads like Salary of the staff, Materials and Supplies etc.

ACTIVITIES PLANNED

1. MHS every year provides medical coverage to all important events organised in the city as per need or as deemed necessary as mentioned above like Kanwar , Haj, URS Mela etc.
2. MHS zones are divided into five main zones and each zone has a QRT or Quick Response Team for emergency and disaster management.
3. Conducting health awareness and diagnostic camps in their designated areas, construction areas and welfare homes regularly.
4. Contributing towards the various Govt. Health programmes as and when necessary for a common goal of disease control and eradication.
5. Creating awareness in its own individual way for various health related international days in its targeted population.
6. MHS Staff Training Programmes, Refresher Programmes and Discussions

ACTIVITIES STARTED

MHS has already provided coverage in URS Mela, Republic Day Celebration, NCC Camp training programmes, Ambedkar Jayanti and others.

IMPLEMENTATION STRUCTURE AT STATE AND DISTRICT LEVEL

Mobile Health Scheme is headed by the Addl. Director MHS which is headquartered at Dwarka. The functioning of MHS has been divided into 5 main zones of Delhi – North, West, South, East and Central. Though there is no clear cut demarcation of areas in district level but for convenience sake, areas from North and North-West districts are covered by North Zone, from East, North-East and Shahdara are covered by East Zone, areas of South, South-East are covered by South Zone, areas of

Central, New Delhi District areas are covered by Central Zone, South-West and West District areas are covered by the West-District. However that is not a strict norm and flexible as per need.

Each zone has a Zonal Incharge to administer the daily affairs of a particular zone who also has the additional duties of covering his or her assigned areas. Each team is led by a Medical Officer under whom the following staff works – PHN/ANM, Pharmacist, Dresser and an N.O.

MHS has a sanction of 35 posts in each category. The team provides the services as stated above.

Vacancy Position MHS, April-2017					
Name of the Post	**Pay Band/GP**	**Sanctioned Post**	**Filled (Regular)**	**Filled (Contract)**	**Vacant Posts**
MO/SMO/ CMO	PB-3,MO-5400,SMO-6600,CMO-7600	35	27	1	7
PHN	PB-2,4800	20	12	4	4
ANM	PB-1,2400	15	13	0	2
Pharmacist	PB-1,2800	35	28	2	5
AAO	GP-5400	1	0	0	1
Head Clerk	PB-2, 4200	1	1	0	0
UDC	PB-2, 2400	1	1	0	0
LDC	PB-1, 1900	2	1	0	1
Dresser	PB-1, 1800	35	24	0	11
NO/Peon/Attendant	PB-1, 1800	35	18	0	17
NO (Outsource)				16*	
Total		**180**	**125**	**7**	**48**

REPORTING SYSTEM

Every month a monthly morbidity report is compiled and sent for further submission to the MHS headquarter. The reporting is done in a modified version of ICD-10 reporting and is further submitted to SHIB.

Immunisation and other reports as prescribed by the State Health Department are regularly sent to the DHS.

Reports are usually sent Monthly, Quarterly and Annual mode.

	MHS Area List with Constituency				
	Areas	**District**	**Constituency**	**Covered by**	**Days**
Sl. NO.	**Statutory Areas /Welfare Homes**				
1	CAT, Courts	New Delhi	New Delhi	MHS South Zone	Mon to Fri
2	Leprosy Colony, R K Puram	South	R K Puram	MHS South Zone	Wed/Sat
3	Leprosy Colony, Lajpat Nagar	South	Lajpat Nagar	MHS South Zone	Wed/Sat
4	Leprosy Camp, Udyog (Flyover near Peeraghari)	West	Rithala	MHS North Zone	Mon/Thurs

5	Leprosy Colony, Patel Nagar	West	Patel Nagar	MHS West Zone	Tue/Fri
6	Leprosy Colony, Tilak Nagar	West	Tilak Nagar	MHS West Zone	Mon/Thurs
7	Leprosy Colony, Shalimar Bagh	North	Wazirpur	MHS North Zone	Mon/Thurs
8	HLTB and Leprosy Clinic, East Delhi	North-East	Seema Puri	MHS East Zone	Mon to Sat
9	Silicosis affected families, Lal Kuan	South	Tughlakabad	MHS South Zone	Tuesday
10	Silicosis affected families, Tajpur	South	Tughlakabad	MHS South Zone	wednesday
11	Bangladeshi Migrants Transit Camp Rain Basera , Shehzadabagh	Central	Sadar Bazar	MHS Central Zone	Mon to Sat
12	YWCA Home for Women, Sarai Rohila	Central	Karol Bagh	MHS Central Zone	Mon/Thurs
13	Correctional Home for Juvenile, Majnu Ka Tilla	Central	Chandni Chowk	MHS Central Zone	Mon/Thurs
14	Motia Khan Destitute Home	Central	Patparganj	MHS Central Zone	Wed/Sat
15	Matri Chaya, Jahangirpuri	North-West	Adarsh Nagar	MHS North Zone	Mon/Wed/Fri
16	Alipore Children's Home	North-West	Narela	MHS North Zone	Tuesday
17	Oldage Home, Lampur	North-West	Narela	MHS North Zone	Mon/Wed/Fri
18	Frro Begger Home, Lampur Narela, Begger Home Premises	North-West	Narela	MHS North Zone	Mon/Wed/Fri
19	Shanti Dham ,Khera Khurd	North-West	Narela	MHS North Zone	Tue/Thurs
20	Shri Krishna Dham, Old Age Home, Khera Kalan	North West	Narela	MHS North Zone	Tue/Thurs
21	Bindapur Senior Citizen Home	West	Rajouri Garden	MHS West Zone	Tue/Fri
22	Jivadoya Ashram, West Delhi	West	Vikaspuri	MHS West Zone	Mon/Thurs
23	Arya Anathalaya, Girls Section	Central	Chandni Chowk	MHS Central Zone	Tue/Fri
24	Arya Anathalaya Boys	Central	Chandni Chowk	MHS Central Zone	Friday
25	Prayas Children Home	West	Rithala	MHS North Zone	Thurs/Sat
26	Chandra Arya Vidya Mandir, Near Orphanage, Greater Kailash	South	Greater Kailash	MHS South Zone	Tue/Fri
	Senior Citizen Welfare Association				
27	Senior Citizen Welfare Association, Loni Road	North-East	Rohtas Nagar	MHS East Zone	Wed/Sat
28	Senior Citizen Camp, Bhagat Singh Park, Malviya Nagar	New Delhi	Malviya Nagar	MHS South Zone	Thurs/Sat
29	Senior CitizenWelfare Association, Hari nagar	West Delhi	Hari Nagar	MHS West Zone	Saturday
30	Sr. Citizen Welfare Association, Tri Nagar	North-West	Tri Nagar	MHS West Zone	Wed/Sat
31	Sr. Citizen Welfare Association, Gautam Nagar	New Delhi	Malviya Nagar	MHS South Zone	Mon/Thurs
32	Sr. Citizen Welfare Association, Paryavaran Complex	South-west	Chattarpur	MHS South Zone	Friday
	Areas served on basis of special requests/Public Grievance Cell				
33	Radha Krishna Vihar, Jasola, near Apollo Hospital, Okhla	South Delhi	Okhla	MHS South Zone	Thursday
34	Kalkaji Mandir	South-East	Kalkaji	MHS South Zone	Mon/Fri
35	Maidangarhi (contact person 9717173993)	South-West	Mehrauli	MHS South Zone	Tue/Fri
36	Mori gate in collab with BUDS	Central	Chandni Chowk	MHS Central Zone	Monday

37	GB Road, in collab with BUDS	Central	Matia Mahal	MHS Central Zone	Thursday
38	Bhajan Pura, C and D Block	North-East	Ghonda	MHS East Zone	Mon/Thurs
39	TC Camp, Anand Parvat,	Central	Rajinder Nagar	MHS Central Zone	Mon/Thurs
40	100 Qr WEA, Karol Bagh	Central	Rajinder Nagar	MHS Central Zone	Mon/Thurs
41	Y Block and Z block Loha Mandi	West	Rajinder Nagar	MHS Central Zone	Tue/Fri
42	Balmiki Mandir Naraina	West	Rajinder Nagar	MHS Central Zone	Wed/Sat
43	Baonta Park, near DU	Central	Chandni Chowk	MHS Central Zone	Saturday
44	Sultanpuri , near Police Station	North-West	Sultanpur Majra	MHS North Zone	Mon/Wed
45	Sultanpuri, Ravidas Colony	North-West	Sultanpur Majra	MHS North Zone	Mon/Wed
46	Shakurbasti, JJ colony	North-West	Shakurbasti	MHS North Zone	Mon/Thurs
47	Lalbagh, near Azadpur	North	Model Town	MHS North Zone	Wed/Sat
48	Attrey Properties, Rajapuri	South-West	Palam	MHS West Zone	Wed/Sat
49	Pocket-2, Sec-7, Dwarka	South-West	Dwarka	MHS West Zone	Mon/Thurs
50	Baprola village	North-West	Vikas Puri	MHS West Zone	Wed/Sat
51	Lampur Village	North-West	Narela	MHS North Zone	Saturday
	Construction Sites as per List received				
52	M C Primary School Malviya Nagar Constr Site	New Delhi	Malviya Nagar	MHS South Zone	Thurs/Sat
53	Development of Residential Properties for RBI at Hauz Khas	New Delhi	Malviya Nagar	MHS South Zone	Mon/Fri
54	NBCC Place, Pragati Vihar	New Delhi	Kasturba Nagar	MHS South Zone	Tue/Fri
55	Hudco Bhawan, India Habitat Centre, Lodhi road	New Delhi	Kasturba Nagar	MHS South Zone	Tue/Fri
56	DMRC, JMC- CHEC JV, CBD ground floor near Cross River Mall	East Delhi	Vishwas Nagar	MHS East Zone	Mon/Thurs
57	LNT, Mayur Vihar Ph- I, Construction Site	East Delhi	Trilok Puri	MHS East Zone	Tue/Fri
58	Dr Ambedkar International Centre, Janpath, New Delhi-1	New Delhi	New Delhi	MHS Central Zone	Tue/Fri
59	AICC, Head Office, DDU Marg, Construction Site	Central	Matia Mahal	MHS Central Zone	Mon/Thurs
60	Metro Bhawan, Fire Brigade Lane, Barakhamba Road,	New Delhi	New Delhi	MHS Central Zone	Wed/Sat
61	CP Division, Palika Kendra Sansad Marg.	New Delhi	New Delhi	MHS Central Zone	Wed/Sat
62	Pragati Maidan, Construction Site	New Delhi	New Delhi	MHS Central Zone	Tue/Fri
63	BJP Bhawan, DDU Marg, New Delhi	Central	Matia Mahal	MHS Central Zone	Mon/Thurs
64	Auspicious Construction,Karol Bagh, Near Jeewan Hospital, Construction Site.	Central	Karol Bagh	MHS Central Zone	Mon/Thurs
65	Construction Site, E.E. (M) -II, 52 Block Old Rajender Nagar, Karol Bagh Zone	Central	Karol Bagh	MHS Central Zone	Mon/Thurs
66	DLF Capital Greens Project, 15 Shivaji Marg, Moti Nagar	West	Motinagar	MHS Central Zone	Tue/Fri
67	Mall Road Extension, PWD	North	Timarpur	MHS Central Zone	Mon/Thurs
68	KG Hostel IP College, Delhi	Central	Chandni Chowk	MHS Central Zone	Wed/Sat

69	Constructive site, Allopathic Dispensary,Village Qutabgarh, Narela	West	Narela	MHS North Zone	Monday
70	Constructive MC Pry. School, Sec-26, Rohini	North-West	Rohini	MHS North Zone	Tue/Fri
71	Constructive Site, Ghanta Ghar, Chowk Azadpur	North	Model Town	MHS North Zone	Thursday
72	Constr Site, CBWE, Sec- 22 Rohini	North-West	Rohini	MHS North Zone	Tue/Fri
73	T C Building at Wazirpur	North-West	Wazirpur	MHS North Zone	
74	CGHS Dispensary Sec.-16, Rohini	North-West	Rohini	MHS North Zone	Wed/Sat
75	Staff Qtrs. Income Tax Colony, Pitampura, Csntr. Site	North-West	Shalimar Bagh	MHS North Zone	Tue/Fri
76	Constr Site, MC Pry School, BK II block, Shalimar Bagh, C – 56	North-West	shalimar bagh	MHS North Zone	Mon/Thurs
77	Jal Sadan, Lajpat Nagar Constr. Site	South	Lajpat Nagar	MHS South Zone	Wed/Sat
78	Metro Park Constr. Site Dwarka More & Office	South-West	Dwarka	MHS West Zone	Tue/Fri
79	Human Care Medical, Hospital Building, Sec.- 6, Dwarka	South-West	Dwarka	MHS West Zone	Mon/Thurs
80	Asset Area 13, Hospitality District, Delhi Aerocity, behind Aerocity Metro & Office	South-West	Bijwasan	MHS West Zone	Mon/Thurs
81	Residential Complex Judicial Staff , Sec-19, Dwarka & Office	South-West	Dwarka	MHS West Zone	Tue/Fri
82	Indira Gandhi Hospital Complex, Dwarka, Sec-9	South-West	Dwarka	MHS West Zone	Tue/Fri
83	Mohan Garden, Nilothi WWTP, Ranhola Village, Najafgarh	South-West	Najafgarh	MHS West Zone	Mon/Thurs
84	Civil Construction School Building, at G Block, Vikaspuri and Shiv Vihar	West	Vikas Puri	MHS West Zone	Tue/Fri
85	Sec-10, Dwarka	South-west	Dwarka	MHS West Zone	Mon/Thurs
86	Vegas, Plot No 6, Sector-14, Dwarka	South-west	Dwarka	MHS West Zone	Mon/Thurs
	Underserved Areas				
87	Dayal Camp, Okhla Ind. Area	South	Okhla	MHS South Zone	Thursday
88	Malai Mandir, R.K. Puram	South	R K Puram	MHS South Zone	Wed/Sat
89	Arya Samaj Mandir, SDE	New Delhi	Malviya Nagar	MHS South Zone	Saturday
90	Vijay Mohalla, Mauj Pur	North East	Babarpur	MHS East Zone	Tue/Fri
91	Jyoti Colony	North-East	Babarpur	MHS East Zone	Tue/Fri
92	Sartaj Mohalla, Old Seema Puri, Near Drain	East	Gandhinagar	MHS East Zone	Wed/Sat
93	Seelampur Govt. Girls School	East	Seelampur	MHS East Zone	Tue/Fri
94	Near Gurudwara, Seelampur	East	Seelampur	MHS East Zone	Tue/Fri
95	Seemapuri,F-Block	North- East	Seemapuri	MHS East Zone	Wed/Sat
96	Lal Bagh, Railway Colony, Mansarovar Park	North- East	Rohtas Nagar	MHS East Zone	Mon/Thurs
97	B -Block, Nandnagri	North-East	Seemapuri	MHS East Zone	Mon/Thurs
98	D-Block, Nandnagri	North-East	Seemapuri	MHS East Zone	Tue/Fri
99	Snehalaya, Short Stay Home, Karkardooma	East	Vishwas Nagar	MHS East Zone	Mon/Thurs

100	Tahirpur Sarai	North-East	Seemapuri	MHS East Zone	Wed/Sat
101	D-Park, Pandav Nagar	East	Lakshmi Nagar	MHS East Zone	Mon/Thurs
102	Rajendera Ashram, Pandav Nagar	East	Lakshmi Nagar	MHS East Zone	Mon/Thurs
103	Community Hall, School Block, Shakar Pur	East	Lakshmi Nagar	MHS East Zone	Tue/Fri
104	Durga Mandir , South Ganesh Nagar	East	Lakshmi Nagar	MHS East Zone	Wed/Sat
105	Hanuman Mandir, Ganesh Nagar	East	Lakshmi Nagar	MHS East Zone	Wed/Sat
106	Kalander Colony	East	Shahdara	MHS East Zone	Tue/Fri
107	Sonia Camp, Jhilmil	East	Shahdara	MHS East Zone	Wed/Sat
108	Near Rly. X-ing, Ambedkar Camp	East	Shahdara	MHS East Zone	Mon/Thurs
109	Railway Crossing, Mansarovar Park	North-East	Rohtas Nagar	MHS East Zone	Tue/Fri
110	Lalita Mandir, Ashok nagar	North -East	Rohtas Nagar	MHS East Zone	Tue/Fri
111	New Seempauri, C-Block	North-East	Seemapuri	MHS East Zone	Wed/Sat
112	New Seemapuri, D-Block	North-East	Seemapuri	MHS East Zone	Wed/Sat
113	Near Post Office, Jhilmil, Rajiv Camp	East	Shahdara	MHS East Zone	Wed/Sat
114	Opp. Gurudwara Jhilmil, Balmiki Basti	East	Shahdara	MHS East Zone	Tue/Fri
115	Apurti Bhawan, Aram Bagh	Central	Sadar Bazaar	MHS Central Zone	Wed/Sat
116	Kamla Nehru Camp, Kirti Nagar	Central	Motinagar	MHS Central Zone	Wed/Sat
117	Mayapuri PH -III, Loha Mandi	West	Hari Nagar	MHS Central Zone	Tue/Fri
118	WHS Opp. Rotary Club, Kirti Nagar	Central	Motinagar	MHS Central Zone	Wed/Sat
119	J J Cluster, Balmiki Mandir, Ashok Vihar	North	Wazirpur	MHS North Zone	Mon/Wed
120	Kailash Vihar, Rohini, Sector-32	North-West	Rohini	MHS North Zone	Thurs/Sat
121	Pakistan Transil Camp., Rohini	North-West	Rohini	MHS North Zone	Mon/Thurs
122	Madrasi Mandir, Ashok Vihar	North	Wazirpur	MHS North Zone	
123	Amarjyoti Colony, Sec-17, Rohini	North-West	Rohini	MHS North Zone	Tue/Fri
124	Shyam Colony, Sec-23	North- West	Rohini	MHS North Zone	Tue/Fri
125	Sardar Patel Camp, Jhuggi Near Delhi Govt. Hosp. Plot, Jawala Puri	West	Nangloi Jat	MHS North Zone	Wed/Sat
126	Sardar Colony, Sec-16, near Gurudwara	North- West	Rohini	MHS North Zone	Tue/Fri
127	Nihal Vihar, D-3, Kanharam Complex, Nangloi	West	Nangloi Jat	MHS North Zone	Wed/Sat
128	Chander Shekhar Azad Colony, Wazirpur Industrial Area, Near NDPL Office	North	Wazirpur	MHS North Zone	Wed/Sat
129	Ghasipura, Nangli Dairy	South-West	Matiala	MHS West Zone	Wed/Sat
130	A-Block, Shiv Vihar	West	Vikas Puri	MHS West Zone	Tue/Fri
131	Pipal Wala Chowk MohanGarden	West	Vikas Puri	MHS West Zone	Mon/Thurs
132	Nasirpur Village	South-West	Dwarka	MHS West Zone	Wed/Sat
133	Kutub Vihar Phase II, Gali no 19, Goyla Dairy	South-West	Matiala	MHS West Zone	Tue/Fri
134	Madina Masjid Kutub Vihar	South-West	Matiala	MHS West Zone	Tue/Fri
135	Kutub Vihar Phase I, Ph I , near Goyla Dairy	South-West	Matiala	MHS West Zone	Wed/Sat
136	Mehram Nagar, Airport, Inside	South-West	Delhi Cantt.	MHS West Zone	Wed/Sat
137	Mehram Nagar, Airport, outside	South-West	Delhi Cantt.	MHS West Zone	Wed/Sat
138	Madrasi Colony, Matiala	South-West	Matiala	MHS West Zone	Mon/Thurs

139	Handicap Colony, Matiala	South-West	Matiala	MHS West Zone	Wed/Sat
140	JJ Colony Sector 1, Dwarka CNG Pump	South-West	Dwarka	MHS west Zone	Wed/Sat
141	Harijan Basti Palam Colony, Palam, Near Satya Narayan Mandir, Gali No-2	South-West	Palam	MHS West Zone	Tue/Fri
142	Rewari Line, Palam Reservation Centre	South-West	Palam	MHS West Zone	Tue/Fri
143	Manglapuri Bus Terminal, Main Gate	South-West	Dwarka	MHS West Zone	Wed/Sat

COLLABORATION WITH LOCAL AND INTERNATIONAL NGOs

This is an issue that needs further exploration as an arrangement can be worked out for the maximum benefit of the targeted population as collaboration will bring better outcome.

However a stringent monitoring and reporting need to be in place for complete success of such collaboration. As in any collaboration, there should be a complete demarcation of the responsibilities and liabilities so as no dispute or confusion arises in future.

MHS will be providing coverage in Shraddhanand Marg in collaboration with an NGO.

PENDING ISSUES

At present vehicles are not available with MHS and the dedicated teams are carrying out their assigned duties on their own.

POTENTIAL:

Mobile Health Scheme is a unique and novel initiative and in a modern system where mobility and flexibility is the order of the day, this scheme can be developed to its full potential for the maximum benefits of its targeted population. In fact it can achieve phenomenal results by not only performing in its targeted population, but also in population beyond its perceived scope.

Its mobility is the biggest plus point as it will have a broader outreach and can cater to a far greater population than a fixed dispensary.

Since it is a Mobile Dispensary, providing treatment and care for general complaints, it can be incorporated for the promotion and awareness of any Government Health Scheme.

It also can procure data for analysis from a population which is dynamic in nature and is variable, that which is missed during fixed surveys.

These are just a few of the many fold ways a mobile van dispensary can function in the health care system.

Chapter 5

SCHOOL HEALTH SCHEME

- **DISTRICT HALF DAY TRAINING -** Academic and skill oriented half day trainings of the Officers and Officials was held on every Second Saturday of the month in Districts for strengthening the component of School Health Scheme.

- **IEC ACTIVITIES-** Addressing the school children during assemblies, addressing Parent Teacher's Meetings, poster making, Quiz competitions, skits, slogan writings, elocutions, outdoor publicity campaign on issues like WIFS, Ongoing Health awareness, Importance of Hand washing, prevention & control of Diarrhoea, participation in cleanliness drive, personal hygiene, dental hygiene, myopia and care of eyes, nutritious diet, Hepatitis, HIV-prevention, Substance abuse, De-worming, Beti –Bachao poster and slogan competitions held in schools. Teachers training and awareness about mass de-worming programme.

- **SCREENING FOR SUBSTANCE ABUSE-** As per the recommendation of Juvenile Justice Committee, special drive was conducted for identifying school children indulging in substance abuse in Delhi Govt. & Aided schools. Students were screened and identified students were given counselling. Poster making and Quiz competition were conducted in various schools by health teams for awareness on substance abuse.

- **WEEKLY IRON FOLIC ACID SUPPLEMENTATION PROGRAMME (WIFS- Ongoing Programme) -** Various motivational exercises are conducted by teams of School Health Scheme and Officers/ Officials of Directorate of Education. Monthly coverage report is compiled by SHS and submitted to Govt. of India.

  Awareness talk on WIFS was given by the Medical Teams in the Morning / Evening assemblies. Parents were also motivated by the teams in PTMs. ERS Staff posted in schools for monitoring, motivation and to handle any emergency due to WIFS.

MASS –DEWORMING PROGRAMME: ROUND V

- Successful completions of MDD held on 9th Feb & Mop up Day on 15th Feb 2017, Co- ordination with all Health agencies, Anganwadi & Education Deptt. is done. For the first time Private Schools of Delhi & NCR also participated in the Programme. Data collection was done by School Health Scheme Staff by personally visiting each and every Private School. Teachers, Administrative staff, students and Parents of Private Schools were sensitized for Mass Deworming Programme, Mop-up day & reporting system.

  Meetings & Trainings of Health & Education Personnel including Private Schools was done. Assembly talks in all Govt., Govt. aided and Private Schools for MDD have been done to create awareness of the Programme. Reports compiled at District level and state level.

- **KISHORI MUNCH PROGRAMME**: This Programme in co-ordination with Education Dept, under Sarva Shiksha Abhiyan. Kishori Munch was organized in cluster of 3 -4 Schools in which School Health Scheme staff participated actively in Schools and workshops organized covering Adolescent age girls and discussed adolescent age changes, issues, problems and challenges with school going girls with specials focused discussion on safety of Girls, Save the Girl Child, Menstrual Cycle and Hygiene, Well balanced Diet etc.

- **Kanwar & NCC Camps:** Medical Teams are detailed at NCC & Kanwar Camps for providing first aids and emergencies. The opportunity is used for giving health talks on various topics

- **Orphanage Children Screening:** Medical Teams are deputed to orphanage duty during summer vacation. Medical Screening & Health Awareness talks are done by teams

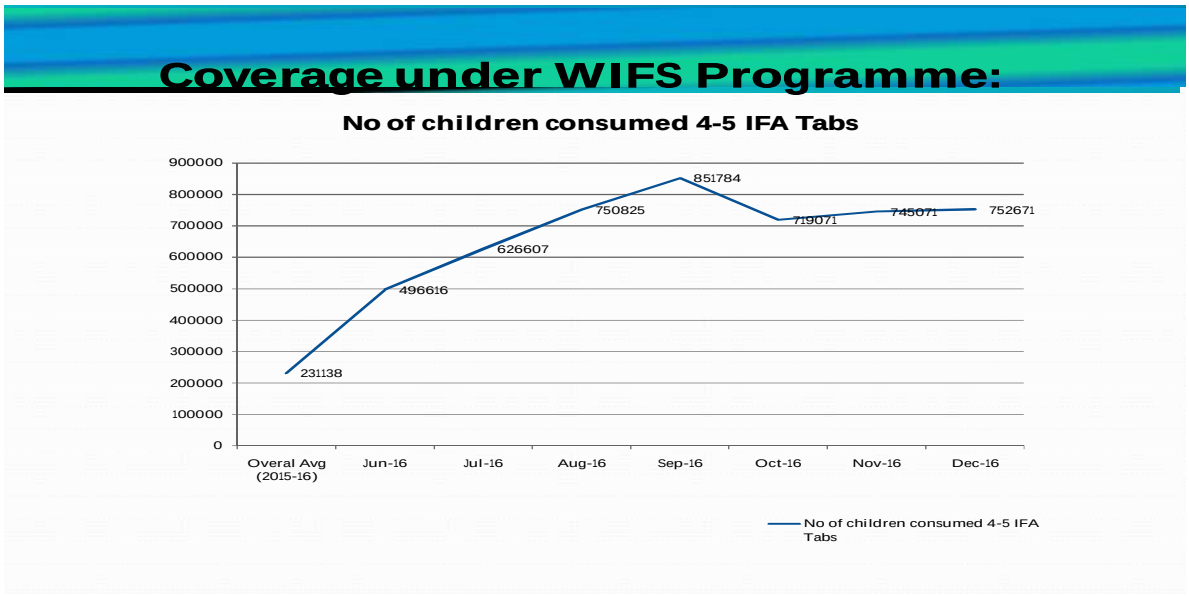
- Trainings: Medical Officers, PHNO undergo various training like RKSK, Substance abuse etc.

Constraints –

- 12 Medical Officer are also functioning as District In-charges of SHS.
- Many SHC are running either without MO or without PHN. Few clinics have Doctor or PHN 3 Days per week only.
- No Lab Technician / Lab Assistant posted in SHC since April 15 to March 16 for blood testing in SHC.
- One Pharmacist is posted in two to three clinics.

Performance of WIFS programme

It consists of Weekly Iron Folic Acid Supplementation (WIFS) programme which is a part of National Programme of India and implemented by SHS (DGHS), GNCT of Delhi and all local bodies in co-ordination with Department of Education for students of Class 6th to 12th in Delhi Govt. and Delhi Govt. Aided Schools. IFA Tablet is given weekly on every Wednesday by trained teachers. Target: 13.82 Lakhs students of 6th to 12th class students of Delhi Govt. & Delhi Govt. Aided Schools. Coverage as per consumption of IFA tablets is 70 percent. But as per reporting by school nodal teachers is 55 percent.



Reason for low Coverage

(a) All Schools are not regularly reporting. Some Schools are reporting number of tablets consumed in place of number of students.
(b) The current online reporting proforma of Dept. Of Education does not tap following information.
  (i) Number of students who consumed 1-3 tablets/month
  (ii) Number of students who refused IFA tablets.

Constraints of School Health Scheme: acute shortage of manpower (MOs 21, Public Health Nurses– 61, Pharmacists – 38)

Recently efforts have been made to enhance reporting by schools which has helped to increase reporting from earlier 17 percent to 55 percent. Dte. of Education issued instructions to all Heads of Schools in this regard but needs further improvement.

Children are administered Zinc for 2 weeks only when they have diarrhoea as per WHO recommendation.

Health talks are given in schools by SHS staff by rotating from school to school on nutrition, balanced diet, hygiene and anemia. However, out of 1218 Govt. & Govt. aided schools annually about 300 schools are covered in this regard due to limited HR sanctioned for SHS as stated above.

Performance of Annually Mass Deworming Programme is implemented in Delhi as per details given below

Delhi has moderate STH prevalence of 28 percent

- GOI Launched National Mass Deworming Programme under National Health Mission in Feb 2015 on a fixed day approach across all states and Union Territories.
- As a National Policy, all target population (Boys & Girls aged 1-19 years enrolled and non enrolled at Schools and Aaganwadi centers) are administered a single dose of Albendazole 400 mg. chewable tablet (Supplied by WHO/GOI) simultaneously on the same day i.e. National Mass Deworming day. Those left out on National Mass Deworming day will be administered medicine on Mop up day. Dose is half tablet for children less than 2 years and full tablet for greater than 2 years.
- In high STH prevalence states (> 50% STH Prevalence) the Deworming is done biannually where as in moderate and low STH prevalence states it is done once annually.

EXECUTION OF PROGRAMME IN DELHI

- Delhi has been implementing the programme for School going Children through School Health Schemes of GNCTD, MCDs, NDMC and Cantt. Board and for pre-school and out of School Children through Anganwadis.
- The Programme was executed in Delhi much before National Programme
  (a) In Feb 2012 (27.1 Lakh children reached).
  (b) Oct 2013 (23.82 Lakh children reached).
  (c) April 2015 (29 Lakh children reached out of target of 38 lakh).
  (d) Feb 2016 (30.56 Lakh children reached out of 38 lakh).
  (e) Feb 2017 (31.2 lakh children reached out of 38 lakh).

According to Child Health Division MoHFW, ; GOI the coverage of programme in Delhi of 82 percent is excellent and it is actually 100 percent considering that some children are absent and all present are administered deworming tablet and efforts are made to cover absentees by conducting mop up round. The decision to conduct biannual round vests with Govt. of India and Delhi Govt. follows these directions. However till now this round has been annual round as Delhi has moderate STH prevalence

Performance of Prevention and Management of Drug/substance abuse Programme through SHS

Establishing Deaddiction centres in GNCTD Hospitals

Health Department, GNCT of Delhi has earned a total number of 30 beds exclusively for inpatient management of the juvenile drug addicts in following Delhi Government Hospitals during 2016:

(i)	Pt. Madan Mohan Malviya Hospital, Malviya Nagar	– 5 beds
(ii)	GB Pant Hospital, Bahadur Shah Zafar Marg	– 5 beds
(iii)	Deen Dayal Upadhya Hospital, Hari Nagar	– 5 beds
(iv)	Dr. Baba Saheb Ambedkar Hospital, Rohini	– 6 beds
(v)	Lal Bahadur Shastri Hospital, Patparganj	– 4 beds
(vi)	Institute for Human Behaviour & Allied Sciences	– 5 beds

Current status of functioning of these centers

(1) On directions of Secretary (Health) a survey of Juvenile De-Addiction wards of all 5 Hospitals and IHBAS was undertaken during 6-7th March, 2017 through teams of doctors of DHS. The survey

substantiated that in all 5 hospitals & IHBAS the beds earmarked for juveniles with substance abuse are segregated from other patients. However, some hospitals (Dr BSAH, GB Pant, & IHBAS) were using these beds for other patients if needed.

(2) Subsequently a Meeting was convened by Secretary (Health) on 8.3.17 with PD DSACS, all concerned Medical Superintendents, Director Social Welfare & WCD, Director IHBAS, and DUSIB. All hospitals were instructed not to use beds earmarked for juvenile drug addicts for any other purpose.

(3) At present these centres are managed by existing staff (psychiatrist), nursing and support staff of the hospital.

(4) However, except for Pt. MMM Hospital, Malviya Nagar where about 86 juveniles with drug/substance abuse have been admitted in last one year, the utilization of beds is low as there is need to link them to referring NGOs dealing with street children and equip them with specialized manpower namely; clinical psychologist, social workers, peer counsellors/ attendants followed by adequate publicity of the existence of De-Addiction Centres among public for their efficient utilization.

(5) Health Department has moved a proposal for creation of these specialized posts for these five GNCTD Hospitals which after concurrence of Administrative Reform, Planning and Finance Departments has been submitted for approval of Hon'ble LG of Delhi.

(6) Timeline: Upon receipt of approval of competent authority which is expected by April 2017, the process for recruitment of these posts will be done at level of IHBAS and posts are likely to be filled by June 2017.

(7) Linkages with NGOs and publicity works will then be undertaken for optimum utilization of the resource created.

PERFORMANCE UNDER NATIONAL /STATE HEALTH PROGRAMME/HEALTH LAWS		
SI. NO.	**PROGRAMMES/ ACTS**	**ACHIEVEMENTS**
1	Drug and Substance Abuse including Tobacco Intake	Regular health awareness through Health talks in schools
2	Anti Smoking	Assembly & group health awareness,debates, quiz and poster making competitions
3	Vector Borne Disease like Dengue, Malaria and Chikangunia	Awareness on vector borne Diseases prevention and Significance of early treatment
4	WIFS	Weekly IRON AND Folic Acid Administration and significance of taking weekly IRON Supplementation along with Diet rich in IRON and Protein
5	Gender equality	Education on Beti Bachhao Beti Padhao, Poster Competition
6.	IDCF	Health talks on prevention and treatment of Diarrhoea, Poster Competition,Quiz
7.	WPD	Health talks, Poster Competitions
8.	NPCCD	Regular Screening & Health talks
9.	NPCB	Positive Health talks and distributions of Spectacles through CDMOs
10	World Health Day	Health talks

DETAILS OF CLINICS	
DISTRICT	**NAME OF CLINIC**
East	Vivek Vihar, GGSSS
East	Gandhi Nagar,
East	Laxmi Nagar
East	SHC, Chander Nagar
East	SHC,Gazipur
East	SHC,Dallupura
East	New Ashok Nagar
East	SHC Mayur Vihar
North-East	SBV No.-1, Yamuna Vihar Block-B
North-East	G.B.S.S, Khazoori Khas
North-East	SKV, Shahdra, No.-1
North-East	SKV Bhartya Mahli,(MBP) Shahdara
North-East	G.G.S.S. New Seelampur, No-2
North-East	Nand Nagri
North-East	Mandoli G.G.S.S.S. School
North-East	SKV No.-2, Seemapuri
North-East	SKV, St.Eknath
North-East	SKV, Mansarover Park
North	Nehru Vihar, (Temporarily Closed)
North	Inderlok
North	Roop Nagar
North	Civil Lines
North-West A	Adarsh Nagar
North-West A	Shahabad Daulatpur
North-West A	Police Line
North-West A	Badli
North-West A	SKV, Jahangirpuri
North-West B	Rohini Avantika
North-West B	SKV, SU Block, Pitampura
North-West B	FU Block, Pitampura
North-West B	Ashok Vihar, Phase-II
North-West B	Sultan Puri, Block-H
North-West B	Mangolpuri, H- Block
North-West B	SV Sec-9, Rohini
North-West B	Saraswati Vihar
North-West B	Mangolpuri, O-Block
West A	SBV, No-2, Tilak Nagar
West A	G.G.S.S.S. West Patel Nagar (Temp. closed)
West A	Block- BE,,Hari Nagar (Temp. closed)
West A	G.G.S.S.S., Tagore Garden (RPVV Temp. closed)
West B	Janakpuri,
West B	Shiv Vihar (closed)
West B	Paschim Vihar
West B	Bindapur
West B	S. P. Road, Nangloi
West B	Vikaspuri
West B	Peeragarhi Village
South	SKV, Malviya Nagar
South	G.G.S.S.S, Ambedkar Nagar, No-Ii Sec-1v (Temp. closed)
South	S.K.V. Chirag Delhi (Temp. closed)
South	Madangir (Temp. closed)
South	Mehrauli Qutub (Temp. closed)
South	Atsbv Chattarpur (Temp. closed)
South	G.B.S.S. J-Block,Saket/Ambedkar Nagar, sec -5 (Temp. closed)
South-East	Skv,Kalkaji No-2
South-East	Sarvodaya Vidyalaya Ali Ganj
South-East	Tughalakabad /CR Park
South West A	Sarojni Nagar
South-West A	R.K. Puram
South-West A	Inderpuri
South-West A	Ghitoni
South-West A	Airforce Palam/Delhi Cantt.
South-West B	Dwarka
South-West B	Palam
South-West B	Dwarka, Sec 6
Central	Karol Bagh
Central	Daryaganj
Central	Paharganj
Central	Jor Bagh (closed)
Central	President Estate
Central	Rani Jhansi

CHAPTER 6
FUNCTIONS OF BRANCHES AND STATE SCHEMES

6.1 PLANNING BRANCH

Achievements of Planning Branch

The Planning Branch of this Directorate co-ordinates with all Programme Officers, CDMOs, CMO(MHS), Incharge SHS for monitoring respective Plan Schemes, Plan expenditure, preparation of BE, RE, targets and achievements. It also co-ordinates with Planning and Finance Department GNCTD for related policy matters on Plan Schemes.

In Delhi, the main thrust under the health sector is to provide preventive, curative and promotive health care services through a network of dispensaries and hospitals in deficient areas in order to provide better health care facilities at the doorstep of the people.

Budgeting and Planning

The total actual expenditure for 2016-17 under Plan (Medical and Public Health) is Rs. 30895.19 lakh.

6.2 HOSPITAL CELL

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 co-ordination 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. The Director General, Health Services approves the preliminary drawings once the detail drawings are prepared by the consultants which are then submitted for approval of DDA/MCD. Once all approvals are in place, the estimated cost is worked out and proposal submitted to Expenditure Finance Committee (EFC) for approval of the project. The Hospital Cell prepares the EFC Memorandum & Cabinet Note including cost estimates, estimates of manpower, equipments etc. In addition to above, the Hospital Cell has been co-ordinating with secondary care hospitals of Delhi Govt. for various hospitals related works.

Other responsibilities under hospital cell:-

i) Stretcher Bearer Services

ii) Plantation issues in Hospitals.

Data base of all hospital projects of DGHS is maintained at Hospital Cell.

Status of Various Hospital Projects under Hospital Cell during 01/04/2016 to 31/03/2017

(i) **600 bedded Hospital at Ambedkar Nagar , Delhi (North)**
The proposal of Bed enhancement from 200 beds to 600 beds has approved by Cabinet and file is under approval of Hon'ble LG office.

(ii) **800 bedded Hospital at Burari, Delhi (North)**
Proposed bed strength has been increased from 200 to 800 beds. 70% construction work has been completed. Revised PE amount (for 800 beds) of Rs. 280cr was submitted for approval of EFC. Planning & FD has sent file to PWD with some observations.

(iii) **Hospital Project & Medical College at Sector-9 & Sector-17, Dwarka**
Proposed bed strength has been increased from 700 to 1500 beds with addition of MCH block & Medical College with intake of 150 students. 45% construction work has been completed.

(iv) **200 bedded Hospital and Trauma Centre at Siraspur, Delhi.**
Revised plan: (A) At 14.7 Acre plot: Enhancement of Bed strength to 1500 and Trauma Centre with Medical College with intake of 200 students. (B) At 5.8 Acre plot: Establishment of Central canteen (Aam Aadmi canteen), Lab, Ware House and file storage area is proposed. MFP in r/o 14.7 acre plot submitted to PWD. Consultant is to be fixed by 31/07/2017.

(v) **7 Hospital Projects and one office building land are under review for further increasing bed capacity and better utilization of maximum FAR.**

1. Hospital Project at Madipur
2. Hospital Project at Jwalapuri (Nangloi) Delhi.
3. Hospital Project at Chattarpur, Mehrauli, Delhi
4. Hospital project at Deendarpur, Delhi
5. Hospital Project at Keshavpuram, Lawrance Road, Delhi
6. Hospital Project at Sarita Vihar, Delhi
7. Hospital Project at Hastsal, Vikas Puri, Delhi
8. Office complex at Raghubir Nagar

(v) The work of Hospital project at Jwalapuri and Vikaspuri (Hastsal) has been transferred to PWD from DSIIDC.

(vi) Consultant for 3 New hospitals (Sarita Vihar, Nangloi and Madipur) is to be fixed by 31/07/2017.

Remodelling of existing hospitals

Remodelling for following hospitals already finalized.

1. Lal Bahadur Shashtri Hospital
2. Dr. Hedgewar Arogya Sansthan
3. Jag Pravesh Chander Hospital
4. Babu Jagjivan Ram Hospital
5. Bhagwan Mahavir Hospital
6. Sanjay Gandhi Memorial Hospital
7. Deep Chand Bandhu Hospital
8. Causality Block, Lok Nayak Hospital
9. New Block at LNJP Hospital
10. Acharya Shree Bikshu Govt. Hospital

11. Rao Tula Ram Hospital
12. Maharishi Balmiki Hospital
13. Aruna Asaf Ali Hospital
14. Guru Gobind Singh Memorial Hospital
15. Satyawadi Raja Harish Chandra Hospital

The PE in r/o above mention hospitals has been put up for EFC by the concern hospitals.

I. Stretcher Bearer Services

- **The services of** Stretcher Bearer personals working in various hospitals under Delhi Government have already been extended till March, 2017.

II. Plantation issues in Hospitals

- The work related to plantation of saplings, shrubs is in progress and 25116 saplings, shrubs and hedges have already been planted in various hospitals under Delhi Govt. Hospitals against the target of 25000**.**

6.3 NURSING HOME CELL

Introduction

Nursing Home Cell was established in DHS to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953 and the rules there under and amendment from time to time. The main activities of the cell are to receive applications from nursing home owners for new registration and for renewal of registration every third year, carrying out regular inspections in order to ensure maintenance of requisite standards in these nursing homes, & various other task as assigned.

The responsibilities assigned to the cell include:-

1. Registration & Renewal of nursing homes under Delhi Nursing Home Registration Act
2. Various Court Case matters pertaining to Pvt. Nursing Homes.
3. Complaints against private nursing homes in Delhi.
4. Compilation of information about Foreign National Patients undergoing treatment in Delhi.
5. Sending Recommendation to Excise Department for procurement of narcotic drugs by private nursing homes.

REGISTRATION OF NURSING HOMES

As per Delhi Nursing Home Registration Act, 1953, ammendment 2003 & the Rules made there under 1966, 1992 and 2011.

The registration of individuals/institutions carrying out nursing home activities in Delhi is mandatory. Besides this, Directorate monitors the quality of health services as prescribed under the said act and renewed on every third year. The forms of registration may be obtained from Nursing Home Cell, Directorate of Health Services or downloaded from the website. Cost of the form i.e Rs 100/- (through demand draft of any bank in favour of Director Health Services payable at Delhi.) has to be submitted at the time of submission of the form alongwith the registration fees as applicable based on

number of beds. Any complaint/grievance in regard of nursing home by general public may also be sent to the Director General Health Services/ Nursing Home Cell.

Status (1st April 2016-31st March 2017).

- Total No. of new Nursing Homes registered during the said period : 29
- Total No. of New complaints received during said period : 164
- Total No. of PGMS complaints received during said period : 198 (approx.)
- Total No. of RTI received during the said period : 178 (approx.)
- Total No. of registrations cancelled during the said period : 21

6.4 ECONOMICALLY WEAKER SECTION

EWS Branch 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 © 2866/2002 in the matter of Social Jurists Vs. GNCTD & Ors. EWS Branch refers the EWS patients to IPH. Monitoring of the Identified Private Hospitals is being done by this branch by Liaison officers, Nodal officers from linked Govt. hospitals and Chief District Medical officers. Free treatment is provided by 43 Identified Private Hospitals (IPH) of Delhi who were given land on concessional rates in Delhi. Every IPH has obligation to provide free treatment on 25% of total OPD and 10% of total IPD to EWS patients. The number of EWS patients treated in 43 IPH during 2016-17 is as follows:

OPD : **8,67,268**
IPD : **37,174**

Total number of EWS patients referred to IPH from this branch during 2016-17 is **448**.

Five Identified Private Hospitals were issued notice for the recovery of the unwarrented profits for not providing free treatment to the EWS patients.

1. Escort Heart Institute
2. Dharamshila Cancer Hospital
3. Max Devki Devi Hospital
4. Pushwati Singhania Research Institute
5. Shanti Mukund Hospital

Dharamshila Cancer Hospital and Escort Heart Institute were given chance of hearing with Special Committee. Max Devki Devi has also requested for the chance of hearing. Cases of Pushpawati Singhania Research Institute and Shanti Mukund Hospital are pending in the Court of Law.

RTI is being dealt within specified time. Lok Sabha/Rajya Sabha questions' answers are sent within the time period. Written complaints and complaints received online through via mail on freepatientcell@gmail.com against any of the IPH are being dealt regularly and action is taken as deemed fit.

There are some court cases being defended in High Court of Delhi and Supreme Court of India. We sensitize and summarize the case history to the Govt. Counsel and attend the court hearing.

6.5 Delhi Arogya Kosh

Introduction:

"Delhi Arogya Kosh" (DAK) is a registered society which provides financial assistance **to the extent of Rs. 5 lacs** 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 3 Lakhs per annum issued by the Revenue Deptt. GNCTD
2. Patient should be a bonafide resident of Delhi for last 3 years (prior to the date of submission of application)
3. Patient requiring treatment for any illness/ treatment/ intervention in a Government Hospital run by Delhi Govt./Central Govt./AIIMS /Autonomous Institutes of the State Govt.

Requisite documents for verification of income:

- National Food Security Card OR Income certificate of up to 3 Lakhs per annum issued by the Revenue Deptt.

Requisite document for verification of Domicile for last 03 years (any one ofthe 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
- Original Estimate Certificate issued by the treating doctor of the concerned Government Hospital indicating the patient's disease and the treatment required along with the estimated 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 concerned Government Hospital affixed on the application form and Estimate Certificate
- Proof of residence in Delhi continuously for last 3 years (Prior to the date of submission of application)
- Photocopies of the treatment record
- Undertaking regarding income details of the family.

Processing of an application:

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

1. Less than Rs.25, 000/-: I/c DAK -> Member secretary (DGEHS).
2. Rs. 25, 000/- to Rs. 1.5 Lakh: I/c DAK ->DSF (E-1)-> Member secretary (DGEHS).
3. More than 1.5 Lakh -: I/c DAK ->DSF(E-1)-> Member secretary(DGEHS)->Chairman(Hon'ble MOH)

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

Total No. of patients who have been provided financial assistance since 1st April'17 to 31st March' 17:

DAK	Number of patients	Amount sanctioned
Total	529	5,00,99,030

Governing Body of Delhi Arogya Kosh in its 11th meeting held on 11.11.2016 resolved that financial assistance shall be provided to eligible patients referred from tertiary hospitals for MRI/CT scan through Delhi Arogya Kosh. These hospitals are GBPH, LNH, GTBH, and BSAH. Later on, in the review meeting held on 28.11.2016 under the Chairmanship of Hon'ble MOH, it was decided to include five more tertiary hospitals. These are IHBAS, JPSSH, RGSSH, DSCI and CNBC.

Governing Body of Delhi Araogya Kosh in its 13th Meeting held under the chairmanship of Hon'ble Minister of Health on 28-2-2017 resolved to amend/change the existing criteria of DAK for free specified surgeries in NABH accredited DGEHS empanelled private hospitals from income upto Rs.3 lakh per annum and bonafide resident of Delhi for more than three years to any bonafide resident of Delhi, identified on the basis of either Aadhaar Card or Voter ID or Passport or Driving License or extract of electoral roll or birth certificate alongwith photo ID proof of either parent (for children below 5 years), irrespective of his/her income status. However, the other conditions for eligibility for referral to be operated in any NABH accredited DGEHS empanelled private hospital having requisite facilities is only fulfilled if the eligible patient is undergoing treatment in any Government Hospital owned and run by GNCTD and is allotted date for specified surgery beyond one calendar month after obtaining pre-anaesthesia clearance (PAC) by the treating doctor (surgeon).

6.6 DELHI AROGYA NIDHI

Delhi Arogya Nidhi (DAN) is a scheme to provide financial assistance upto Rs. 1.5 lakhs to needy patients who has National Food Security Card OR Income Certificate of upto 1 lakh per annum issued by the Revenue Deptt. for treatment of diseases in Government hospitals only.

ELIGILBILITY:

1. Patient should have National Food Security Card OR Income certificate of up to one Lakh per annum issued by the Revenue Deptt.
2. Patient must be resident of Delhi and has to furnish domicile proof of residing in Delhi continuously for last 3 yrs (prior to the date of submission of application).
3. Treatment should be from Government Hospital in Delhi.

PROCEDURE FOR APPLYING FOR GRANT

1. Duly filled Application form along with other supporting documents are to be submitted in the O/o Medical Superintendent of the concerned Hospital where the patient is undergoing treatment.
2. Proof of continuous residence in Delhi continuously for last 3 years (Prior to the date of submission of application) through any one of the following documents:

- National Food Security Card
- Electoral Voter's Photo Identity Card (birth certificate in case the patient is a minor).
- Extract from electoral roll
- Aadhar Card

3. Original Estimate Certificate duly signed by Consultant/ Medical Superintendent/Chief Medical Officer of the Hospital.
4. Two photographs of patient, duly attested by the treating doctor.
5. Photocopies of the treatment record.
6. Applicant has to submit an undertaking for his signature verification as given in application form.

Note: The photocopies of these documents are to be attached with the application and original to be brought at the time of submission of same for verification.

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.

Total No. of patients who have been provided financial assistance since 1st April'2016 to 31st March'2017:

DAN	Number of Patients	Amount Sanctioned
Total	318	1,75,41,651

6.7 DELHI GOVERNMENT EMPLOYEE'S HEALTH SCHEME

Delhi Government Employees Health Scheme (DGEHS) was launched in April 1997 with a view to provide comprehensive medical facilities to Delhi Government employees and pensioners and their dependants on the pattern of Central Government Health Scheme. All health facilities (hospitals/dispensaries) run by the Govt. of NCT of Delhi and autonomous bodies under Delhi Government, local bodies viz. MCD, NDMC, Delhi Cantonment Board, Central Government and other Government bodies [such as AIIMS, Patel Chest Institute (University of Delhi) etc. are recognized under the scheme. In addition, Private Hospitals/Diagnostic centers notified from time to time are also empanelled/ empanelled as referral health facilities. The scheme has been modified for the benefit of beneficiaries vide Office Memorandums dated 06.10.2003, 21.2.2005, 25.10.2007, 28.07.2010, 31.01.2012 and 27.04.2012, and 17.08.2015

A. OBJECTIVE OF SCHEME

It is a welfare scheme with the objective to provide comprehensive medical care facilities to the Delhi Government employees/ pensioners and their family members on the lines of CGHS.

B. SALIENT FEATURES OF THE SCHEME

- Comprehensive health care services to employees and pensioners of Delhi Government through network of Delhi Government Dispensaries, Hospitals and Govt./Private empanelled Hospitals and Diagnostic Centers
- All Hospitals/Dispensaries under Delhi Govt., its Autonomous Bodies and under local self Governance Bodies (viz. Municipal Corporation of Delhi, New Delhi Municipal Council and Delhi Cantonment Board) are recognized for the purpose of medical attendance. Under the scheme it is envisaged to empanel Private Hospitals and Diagnostic Centers in addition to already existing Government facilities for the beneficiaries for availing hospital care and diagnostic facilities. These Private Hospitals/ Diagnostic Centers are also envisaged to provide cashless facility in case of medical emergencies to the beneficiaries.
- Based upon CGHS pattern.
- Membership is compulsory for all eligible serving employees of GNCTD and for retired employees. They have to opt the Scheme at the time of retirement.
- Each beneficiary (employee/pensioner) to get attached to Delhi Government Allopathic Dispensary/ Hospital and that would be his/her AMA for all the purpose.
- Benefits of the scheme are prospective in nature.
- On the basis of prescribed rate of Contribution for its membership.
- Treatment facilities – cashless facility for all beneficiaries during emergency in empanelled private hospitals, and for pensioners' cashless facility is available even in non emergent conditions.
- Prevailing CGHS rates for availing treatment/diagnosis in private empanelled hospitals/diagnostic centers.

C. FACILITIES PROVIDED TO MEMBERS

The following facilities are being provided to the beneficiaries through the recognized health facilities under DGEHS i.e Govt. dispensaries/ hospitals & Private empanelled hospitals:

- Out Patient Care facilities in all systems.
- Emergency Services in Allopathic System.
- Free supply of necessary drugs.
- Lab. and Radiological investigations.
- Super specialty treatment i.e. kidney transplant, CABG, joint replacement etc.
- Family Welfare Services.
- Specialized treatment/Diagnosis in Govt. /Private Empanelled Hospitals/Diagnostic Centers under DGEHS.
- Provision of machines such as CPAP, BIPAP, Oxygen Concentrator and Hearing Aid.
- IVF and Bariatric Surgery.

D. ACHIEVEMENTS DURING THE PERIOD 01/04/2016 TO 31/03/2017

Sl. No	Achievements	
1	Total No of new hospitals/diagnostic centres empanelled: 1. In Delhi. 2. NCR Areas (Ghaziabad, Gurgaon, Faridabad & Noida). 3. Existing empanelled centres 165 have increased to 197.	 32 25 7
2	In Non DGEHS covered areas proposal approved for empanelment to provide coverage to beneficiaries.	12 centres to be empanelled subject to fulfillment of empanelment criteria by the inspection committee
3	Payment to empanelled hospitals towards Cashless treatment to pensioners	Pendency reduced to 90 days in majority of cases.
4	Authorized Local chemists engaged for supply of medicines to pensioners beneficiaries	**In all the 11 district of NCT of Delhi**
5	Technical opinion/advise/permission etc. provided to other Delhi Govt. Departments on medical reimbursement	Total File received:-1661 File sent to Department after opinion provided- 1381
6	RTI matters	**233**
7	PGMS	**118**
8	Improvements in functioning of DGEHS Scheme.	**1. 4 set of bills received from empanelled centres has been reduced to 2 sets of bills** **2. Permission of certain injectable items and medicines liberalized.** **3. Public meeting hours are now full working day.** **4. Queries/clarification on telephone**

6.8 CENTRAL PROCUREMENT AGENCY (CPA)

Central procurement Agency (CPA Cell) for drugs was established in Directorate of Health Services as a part of implementation of one of the main aim of 'Drug Policy' of Govt. of Delhi announced in 1994. The agency is to make available good quality drugs at affordable price in all Government of Delhi Hospitals/Health Centers. The agency was started with the objective of making pooled procurement of essential drugs after inviting tenders and placing supply orders for the drugs for all institutions/hospitals in the state of Delhi. The pooled procurement programme was to be implemented in three phases.

The scheme "Central Procurement Agency" initially implemented under Drug Control Deptt. and now has been transferred to Directorate of Health Service w.e.f. 1.3.2000 now located at F-17, Karkardooma. The Broad objectives of the scheme was to procure drugs centrally required by the hospitals and various health centers situated different part of Govt. of Delhi and their distribution to these institutions ensuring high quality standards with comparatively low cost. By creating procurement agency, the state will be in a position to procure drugs at competitive rates. Because of larger size of orders being placed with the pharmaceutical firms, ensure the availability of drugs which are uniform and good quality & in generic names in all Health Units of State. CPA also ensure the quality of medicines by testing the randomly picked up medicines & surgical consumables in NABL

approved Laboratories. In this system of procurement, pit falls of multi point procurement system will also be over come. Therefore, it is proposed to sustain the scheme during 11th five year plan period.

Central Procurement Agency (CPA Cell) for drugs was established in Directorate of Health Services as a part of implementation of one of the main aim of 'Drug Policy' of Govt. of Delhi announced in 1994. The agency is to make available good quality drugs at affordable price in all Government of Delhi Hospitals/Health Centers. The agency was started with the objective of making pooled procurement of essential drugs after inviting tenders and placing supply orders for the drugs for all institutions/hospitals in the state of Delhi. The pooled procurement programme was to be implemented in three phases.

The scheme "Establishment Central Procurement Agency" was initially implemented under Drug Control Department and was transferred to Directorate of Health Services w.e.f. 1.3.2000. The agency as a unit of DHS is located at F-17, Karkardooma, Delhi. The broad objective of the scheme was to procure quality drugs centrally required by the hospitals and various health centers situated in different parts of Delhi and distribution to these institutions ensuring high quality standards with comparatively low cost. Through this system, the state is in a position to procure drugs at competitive rates because of larger size of orders being placed with the pharmaceutical firms, ensuring the availability of drugs which are uniform and good quality of medicines by testing the randomly picked up medicines and surgical consumables in an NABL approved laboratories. In this system of procurement, pit falls of multi point procurement system are also over come.

Central Procurement Agency is closing and its place 'Delhi Health Care Corporation Limited' shall henceforth be managing the affairs of procurement of GNCT of Delhi.

6.9 COURT CASE CELL

Court Case Cell in DHS (HQ) deals with the court cases filed or defended by the Directorate of Health Services or Health & Family Welfare Dept. of Govt., 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 of Govt. counsel for defending the case and also forwards the same to concerned branch for para-wise comments for filing counter affidavit. The Court Case cell also processes and files cases / appeals of different branches in the relevant courts. It also receives summons/attends the courts/briefs the govt. Counsel.

COURT WISE & YEAR WISE DETAILS OF THE COURT CASES, DEFENDED BY COURT CASE CELL, DURING 2016-17

Year	No. Of Case BFC					Total	New Case					Total	Decided					Total	Balance on or 31st March
	Supreme Court	CAT	District Court	Consumer Form	Delhi High Court		Supreme Court	CAT	District Court	Consumer Form	Delhi High Court		Supreme Court	CAT	District Court	Consumer Form	Delhi High Court		
2016-2017	9	9	37	8	30	93	1	15	6	2	8	32	0	5	18	2	5	30	95

6.10 CENTRAL STORE & PURCHASE

The activity undertaken by the store & purchase.

1. Store & Purchase Branch at DHS (HQ) carries out procurement, storage and distribution of lab.consumable, general items, stationary items, furniture items, miscellaneous equipments/items for dispensaries and Seed PUHC under Directorate of Health Services.
2. AMC/CMC of all Equipments (Inverters, Refrigerators Pharmaceutical, Semi-Automatic Blood Analysers, etc.).
3. Co-ordination among six Districts Sub Stores for CPA medicines and surgical consumable items.
4. Sanction of CPA medicines and surgical consumable items bills of six District Sub Stores under DHS.
5. Procurement of medicines for eligible poor patients under Delhi Arogya Kosh, DHS (HQ).
6. Non CPA tender (General stationary items, lab.items, etc.) process.
7. Co-ordination of functions and meetings of technical purchase committees and tender related activity.
8. Maintenance of central store for items concerned with store and purchase and also CPA buffer stock which is an additional task.
9. Stock Entries and maintenance of stock registers, entries of challans.
10. Entries of bills in stock registers.
11. Proper maintenance of store.

The achievement of store and purchase branch for the year 2016-17

1. Management of store and 20% buffer stock of procured medicines through C.P.A for Delhi Govt. hospital and District Drug Store.
2. Providing of Mobile Lab (Portable Lab) for 3 Aam Aadmi Mohalla Clinics and medical equipments for 160 Mohallas.
3. Procurement of medicines for patients from Delhi Arogya Kosh/ Delhi Arogya Nidhi.
4. AMC and CMC of lab-equipments, photocopy machines, inverters etc. installed in various offices and DGD's, GNCTD.
5. Provided general items for Mohalla Clinics (Pilot Project).

6.11 BIO MEDICAL WASTE MANAGEMENT CELL

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. However Ministry of Environment, Forest and Climate Change, Govt. of India notified the new Bio Medical Waste Management Rules, 2016 on 28th March, 2016. 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/Convener

There are 109 hospitals (including Ayurvedic Hospitals, Maternity Homes, IPP VIII) in the Govt. sector, 1050 (approx.) registered Nursing Homes in Private Sector and large number of Hospitals, Health Centres run by Government as well as Non Government Organization. In order to facilitate the proper treatment of the biomedical waste generated from dispensaries, smaller Nursing Homes/Clinics, Blood Bank/ Diagnostic Laboratories etc., the Government has taken initiatives to establish centralized waste treatment facilities.

The Delhi Government has allowed establishment of Centralized Biomedical Waste Treatment facilities at Nilothi by the name SMS Water Grace BMW Pvt. Ltd.at Nilothi, New Delhi and M/s Biotic Waste Solutions Pvt. Ltd at G.T. Karnal Road, Delhi. Biomedical Waste is collected from Health Care Facilities in Delhi, transported and treated in this Common Bio-medical Waste Treatment Facilities (CBWTF) as per Bio Medical Waste Management Rules, 2016 in accordance with DPCC order dated 15/5/2015.

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 and monitoring the Biomedical Waste Management Rules, 2016 in the health care facilities in the state of Delhi.

Objectives

1. Facilitation of Biomedical Waste Management Rules 2016 and amendments thereof.
2. Reduction of health care waste induced infections/illnesses and patient safety.
3. Dissemination of the provisions of Acts and Rules to the health care personnel, and also the community at large
4. Capacity building of health care institutions to manage biomedical waste
5. Strengthening of monitoring mechanism at state and district level.
6. Co-ordination with other agencies.

Basic data of Bio Medical Waste Management in Delhi.

Quantum of biomedical waste treated in Delhi (As per DPCC report)	:	Approx. 23 Ton per day
No. of Healthcare establishments in Delhi	:	4643 (based on applications received in DPCC)
No. of Delhi Government Hospitals	:	37
No. of Delhi Govt. Dispensaries	:	242 approx.
No. of Mohalla clinics	:	150 approx.
Polyclinics	:	23 approx.

Service providers in r/o Common Biomedical Waste Facility in collaboration with Govt. of Delhi.

S.No.	Name of the firm	Date of commencement	Address	Treatment capacity	Area allocated for BMW collection
1	M/s SMS Water Grace BMW (P) Ltd	April 2011	SMS Water Grace BMW Pvt. Ltd., DJB, S.T.P., Nilothi, New Delhi-110041	19.2 tons per day	South-West Distt. West Distt. Central Distt. East, Shahdara, and North-East Distt.
2.	M/s Biotic waste Solutions Pvt. Ltd.	October 2009	46, SSI Industrial Area, GT Karnal Road Delhi-110033.	34 tons	North Distt. North-West Distt. New Delhi Distt. South and South-East Distt.

Trainings:-

The BMW Management Cell has been conducting regular trainings of all categories of health care workers independently and jointly in collaboration with Centre for Occupational and Environment Health, Maulana Azad Medical College, New Delhi. Since training is an ongoing process to improve the skills and knowledge, all the health care workers including doctors, nurses, paramedical staff's etc. is to be trained as per Bio Medical Waste Management Rules 2016.

Awareness generation:

Further, regular awareness activities are also being undertaken by the Biomedical Waste Management Cell, Directorate of Health Services through outdoor banners. Posters on Biomedical Waste Management are displayed in health care facilities for health care workers and the general public at large.

Environment Management Group: -

As per the Advisory Committee, it is suggested to constitute a dedicated Environmental Management Group (EMG) in all Govt. Hospitals having 100 beds and above, headed by the Medical Superintendent/Medical Director of the Hospital and consisting of other members e.g. Nodal Officer (BMW), concerned Engineers from PWD/Engineering Division, Paramedical staff etc.

The mandate of EMG will be to look after the matters concerning implementation of the requirements under Pollution Control Laws including BMW Rules, Air & Water Acts etc. as given below:

- The Biomedical Waste Management Rules, 2016.
- The Municipal Solid Waste (Management & Handling) Rules, 2000
- The Water (Prevention & Control of Pollution) Act, 1974
- The Air (Prevention & Control of Pollution) Act, 1981
- The Environment (Protection) Act, 1986
- The E Waste (Management & Handling) Rules, 2011
- The Batteries (Management & Handling) Rules 2011
- The Water (Prevention & Control of Pollution) Cess Act, 1977
- The Hazardous Waste (Management, Handling & Transboundary Movement) Rules 2008
- The Plastics Manufacture, Sale and Usage Rules, 1999
- The Delhi Degradable Plastic Bag (Manufacture, Sale and Storage) and Garbage (Control) Act, 2000
- The Noise Pollution (Regulation and Control) Rules 2000

The activities during the year 2016-17 is given as under:

- Re-organization of State Level Advisory Committee for Bio Medical Waste Management has been done as per Rules 11 of BMW Mgmt. Rules 2016.
- Meeting of Advisory Committee for Bio-medical Waste Management was held on 18th May, 2016 under the Chairmanship of Secretary (Health & Family Welfare) in his Chamber at 9th Level, Delhi Secretariat, New Delhi-110002 regarding implementation of Notification Bio Medical Waste Management Rule 2016 by Ministry of Environment Forest and Climate Change, Govt. of India notified on 28th March, 2016.
- A Core Committee under the Chairmanship of Member Secretary, DPCC has been constituted in order to prepare a road map for transition from Bio Medical Waste (Management & Handling) Rules 1998 to Bio Medical Waste Management Rules 2016.
- The Ist meeting of Core Committee constituted with the approval of Secretary (H&FW) held on 27/7/2016 at 3:00 PM in the chamber of Member Secretary, DPCC to discuss a road map for transition from Bio Medical Waste (Management & Handling) Rules 1998 to Bio Medical Waste Management Rules, 2016.
- IInd meeting of Core Committee held on 7/9/2016 at 3:00 PM in the Chamber of Member Secretary, DPCC.

- A meeting of Advisory Committee for Bio Medical Waste Management was held on 25th November, 2016 under the Chairmanship of Secretary (Health & Family Welfare) regarding implementation of Notification of Bio Medical Waste Management Rules 2016.
- District level monitoring committee has been constituted in all districts of DGHS and approved by Secretary Health & Family Welfare.
- Drafted SOPs pertaining to Infection Control/Bio Medical Waste with Dr. Sangeeta Sharma IHBAS as Chairperson and the document has been finalized.
- Administrative approval and Expenditure sanction of Competent Authority has been conveyed to five Delhi Govt. Hospitals i.e. G.B. Pant Hospital, Jag Pravesh Chandra Hospital, Dr. Hedgewar Arogya Sansthan, Guru Nanak Eye Centre, Dr. BSA Hospital for implementation of NABH Safe I certification programme
- Administrative approval and Expenditure sanction of Competent Authority has been conveyed to five more Delhi Govt. Hospitals i.e. Delhi State Cancer Institute, GTB Hospial, Lok Nayak Hospital, Sardar Vallabh Bhai Patel Hospital and Sushruta Trauma Centre for implementation of NABH Safe I certification programme.
- Bio Medical Waste Management Services extended to all Aam Aadmi Mohalla Clinics of GNCT of Delhi.
- Delhi State Action Plan for Climate Change contributed one chapter on Health and all the meeting attended by AD (BMW Mgmt.), Dte.General of Health Services.
- The rates for utilizing CBWTF by the Health Care Facilities for the year 2017 w.e.f. 01/01/2017 has been approved by the Competent Authority.
- Regular Inspection of Common Bio Medical Waste Management Facility (SMS Water Grace BMW Pvt. Ltd and Biotic Waste Solution Pvt. Ltd) in association with DPCC and CPCB.
- Details of authorization, treatment of BMW and Annual Report etc displayed on the Website of CBWTF and installation of CCTV cameras and GPS system by the service providers of BMW Mgmt.
- Action taken report by Directorate General of Health Services, GNCT of Delhi regarding Minamita Convention of Mercury forwarded to Directorate General of Health Services (Environment & Climate change).
- The area in Delhi distributed between two CBWTF, the rate for collection, transportation and treatment of Bio Medical Waste from Delhi Govt. Hospitals/Dispensaries are issued from Bio Medical Waste Management Cell with the approval of DGHS.
- Effluent Treatment Plant established in almost all the Delhi Govt. Hospitals as a part of Environmental Management Group.
- DGHS was actively involved in the Workshop on Compliance of Bio-medical Waste Management Rules, 2016 organized by Delhi Pollution Control Committee on 09/11/2016. Dr. R. Aggarwal, Addl. Director (BMW Mgmt.) made a presentation on Bio-medical Waste Status in NCT- Related Issues/Challenges.
- DGHS was actively involved in the workshop of INDIA HOSPITAL SUMMIT – BIO MEDICAL WASTE MANAGEMENT AND SUPPLY CHAIN conducted by PHD Chamber of Commerce and Industry in collaboration with DGHS and AD(BMW) gave a special address on Bio Medical Waste Management - Present Trends and Practices on 17/3/2017.
- Participated in the workshop organized by The Energy and Resources Institute (TERI) for the understanding Climate and Health Associations of India network at India Habitat Centre, Lodhi Road, New Delhi on 6th and 7th of March, 2017.

6.12 Antiquackery Cell

The Anti Quackery Cell, Dte. of Health Services, Govt. of NCT of Delhi functions as a Co-ordinating Agency, receives complaints from the people residing in Delhi. These complaints are referred to concerned CDMOs for inspection in respect of the complaints.

The CDMO constitutes a team for the inspection of the said complaints. The team so constituted by the CDMO carries out the inspections and prepares the report. Inspection report is directly sent to Delhi Medical Council by the CDMO for further necessary action.

The complaints received against Ayurvedic Doctors, Homoeopathic Doctors, Dentists and Physiotherapists are referred to the respective councils i.e., Delhi Bhartiya Chikitsa Parishad, Board of Homoeopathic System of Medicine, Delhi State Dental Council and the Delhi Council for Physiotherapy & Occupational Therapy respectively for further necessary action at your end.

- Judgement of Hon'ble Delhi High Court dated 30/5/2014 has been circulated in all districts of DGHS, GNCT of Delhi for implementation after taking approval of the Competent Authority.
- All the complaints regarding quacks received in this branch has been forwarded to the respective CDMOs for necessary action.
- Paid Rs. 3 Lakhs (Rs. three lakhs only) as compensation to the NOK of deceased Nikhil, Sh. Virender (father) as per direction of NHRC case No. 1907/30/0/2011 (LF 1142/30/1/2012) dated 3/06/2016.
- The hearings called by Delhi Medical Council in pursuance of show cause notices issued to various individuals who are alleged to be practicing in modern scientific system of medicine without holding the recognized medical qualifications, was attended by Dr. R. Aggarwal, Addl. Director (AQC) during the year 2016-17.

6.13 SKILL DEVELOPMENT CELL

The Skill Development Cell (SDC) was established in the month of March 2016 in DGHS with the intent of improving the skills of the Health Care Workers (HCW) posted in the various Health institutions of GNCTD.

AIMS

To inculcate the skills and update knowledge to Health Care Workers of Hospitals/ Health Care Facility working under Govt. of NCT of Delhi by means of trainings at institutional level and DGHS(HQ) level.

OBJECTIVES

The main objectives of SDC are following:

a) To assess the knowledge and basic core competencies of Health Care Workers (HCW) on latest trends in health care and provide need based training.
b) Increase the productivity of Health care and provide need based training.
c) To give credit hours in certificate essential for renewal of Licence of Nurses and Pharmacists.
d) To establish skill lab. in various hospitals to impart training.
e) To plan future strategy for continuing education for all HCW.

Achievements of SDC

- Trainings-cum-workshops held in 2016-2017

S. No	Date	Number of Participant attended the Workshop	Details of Training Workshop
1	22/3/2016	64 Nurses	Skill development training workshop of newly recruited Staff Nurses.
2	11/5/2016	50 Nurses	Training workshop on " Leadership and Soft Skills for Senior Nursing Personnel" of different hospitals of GNCTD.
3	15/6/2016	55 Nurses	Training workshop on "Patient Safety and Quality Assurance" for Nursing Sister and Staff Nurses.
4	30/6/2016	43 PHN	Training workshop on "Soft Skills and Documentation" for PHN working under DGHS, GNCTD
5	29/7/2016	50 nurses	Workshop for Nurses on "IV Cannulation and vital signs measurement"
6	15/11/2016	27 nurses	Workshop for Nurses on "IV Cannulation and Vital Signs Measurement"
7	7/12/2016	33 Lab technician	Workshop for Lab technician on " Soft skills and Phlebotomy"
8	20/12/2016	38 Pharmacists	Workshop for Pharmacists on" Soft skills and Management of Medication"
9	13/1/2017	31 pharmacists	Workshop for Pharmacists on" Soft skills and Management of Medication"
10	31/1/2017	48 Nurses	Workshop for Nurses on " Soft skills and Vital signs measurement"
11	21/2/2017	45 Nurses	Workshop for Nurses on on" Leadership soft skills and inventory management"
12	27/2/2017	33 ANM	Workshop for ANM on "Soft skills and Vital signs measurement"
13	16/3/2017	36 Nurses	Workshop for Nurses on "Leadership, Soft skills and inventory management"

- Total 13 trainings were conducted by SDC and in total 553 Health Care Workers trained on the above mentioned topics.
- The SDC also initiated establishment of Skill lab. in various hospitals of GNCTD with a view to provide in-house trainings to all Health Care Workers. In continuation of the same letter was sent to various hospitals to identify Nodal Officer of Skill lab.
- Prerequisite for establishment for skill lab. alongwith sample training calendar was also sent to all the hospitals and districts. The first meeting of Nodal Officers was held at DGHS (HQ) on 13/5/2016 and consecutive meeting held on 25/7/2016.
- A Core Committee was formed with the approval of DGHS for supervision, monitoring and evaluation of Skill lab. The first meeting of Core Committee held on 13/6/2016 the core reconstituted on 18/1/2017 and meeting held on 15/2/2017.

- The meeting regarding TOT programme for Nodal Officers of Skill lab. was held on 30/9/2016.

The objectives of the TOT programme are as follows:

1. Conceptualize the concept of skill training.
2. Carry out actions required to establish Skill lab. and make the lab functional.
3. Prepare training calendar for their respective institutions.
4. Plan and conduct training.
5. Conduct, monitor and evaluate the training.
6. Prepare and submit reports.

6.14 Transplantation of Human Organ Act (THOA) Cell

Ministry of Health & Family Welfare, Govt. of India notified on 27th March 2014, the Transplantation of Human Organs and Tissues Rules, 2014. As per old Rules, the No Objection Certificate given to the Donor or the Recipient if the transplantation surgery is done outside the State, where he or she is residing. However, the NOC process has been removed and in place of it Form-20" Verification of residential status, etc. When the living donor is unrelated and if donor or recipient belongs to a State or Union Territory, other than the State or Union Territory where the transplantation is proposed to be undertaken, verification of residential status by Tehsildar or any other Authorized Officer for the purpose with a copy marked to Appropriate Authority of the State or Union Territory of domicile of donor or recipient for their information shall be required.

- DHS has nominated its nominees to Hospital Authorisation Committees of all the Licensed Hospitals in Delhi. DHS is also part of State Level Authorization Committee.
- All the State Level Authorization Committee meeting was attended by Dr. R. Aggarwal, Addl. Director (THOA).
- NOC was issued to the patients for kidney / liver transplantation on request from the hospitals.
- Attended Hospital Authorization Committee meetings at Apollo Hospital as DGHS nominee.
- DHS has nominated its nominees to Hospital Authorisation Committees of all the Licensed Hospitals in Delhi. DHS is also part of State Level Authorization Committee.

6.15 Continuing Medical Education (CME) Cell

Introduction

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 Govt. 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 programmes for all categories of staff.
2. Co-ordination with Govt. and Non-Govt. 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.

Achievements of CME Cell (HQ) for 2016-17		
Sl. No.	**Name of training**	**No. of participants**
1	National Training Programme " Safe Use of Medicine on 5-6th April 2016 at MAMC.	28
2	"Emergency Preparedness and Disaster Management in Health Institutions" held on 16-18 May 2016 at IIHMR, Dwarka, New Delhi.	10
3	Training Programme for Nurses on Safe & Quality Medication Management "held on 8th - 9th July 2016 at Maulana Azad Medical College, New Delhi.	27
4	"A Global event on Hepatitis" held on 28th July in Mumbai.	1
5	Emergency Trauma Management Programme held on 25th to 29th July 2016 at Nagpur.	6
6	Pre-Accreditation Entry Level Certification Programme for Delhi Govt. Hospitals at Faridabad.	98
7	Leadership Development Programme is scheduled for 1st August at IIM- AHMEDABAD.	68
8	World Trauma Congress 2016 (3rd International Congress of the World Coalition for Trauma & 8th Annual Conference of the Indian Society for Trauma and Acute Care) Conference on 17th to 20th August 2016 at Vigyan Bhawan, New Delhi.	45
9	"Training Course on Hospital Administration for Senior Nursing and Hospital Administrators" from 05th - 23rd Sep. 2016 at NIHFW.	02
10	Various Training Programme organized by UTCS.	207
11	Participation as a member of Core Group Member at School of Health Sciences, Raman Bhawan, (D-Block) New Academic Complex, IGNOU, Delhi-68.	1
12	A Multi Speciality Conference" on 07/08/16 at Hotel Le-Meridian, New Delhi.	95
13	"Vigilance Procedure" on different date for the Medical Superintendents and other officers of Delhi Govt. hospital organized by Directorate of Training (UTCS), Govt. of NCT of Delhi.	66
14	Quality Assurance and Accreditation of Health Care Organization" on 5-7 September, 2016 IIHMR, New Delhi.	14
15	CME on Postpartum Haemorrhage as a part of Annual Conf. 2016 of AICC RCOG North Zone on 10 Sept. 2016 at G. B. Pant Auditorium, MAMC Campus, New Delhi.	31
16	National Symposium on "How to Write and Present the Research Papers" on 2nd September, 2016 to be organised by Banaras Hindu University, Varanasi, India.	1

17	Managing CBRN Emergencies for 20 Medical Doctors between 26th to 28 Sept. 2016 at Institute of Nuclear Medicine & Allied Sciences (INMAS).	53
18	Post Graduate Diploma in Healthcare Quality Management Course at Tata Institute of School Sciences, Mumbai.	1
19	Training programme on "Issues in Contract Management in IT/E-Governance Projects" organized by Department of IT on 14th Oct. 2016 to 16 Oct. 2016 at Vrindavan, Uttar Pradesh.	1
20	one year Post Graduate Diploma Course in Disaster Preparedness & Rehabilitation (Part time Programme), for the academic year 2016-17.	2
21	59th Annual Delhi State Medical Conference-"DMACON 2016" alongwith Hospicon 2016 on 9th, 10th and 11th December, 2016 at Talkatora Stadium, New Delhi.	94
22	International Conference on Hospital Waste Management and Infection Control (ISHWCON 2016) on 02-03 December 2016 at Manipal, India.	17
23	"Management Development Programme on Legal Issues in Health and Hospital Management" on 7-9 December, 2016 at IIHMR, New Delhi.	11
24	"Training Course on Leadership Development in the Health Sector" on 05th-09th December 2016 at NIHFW, New Delhi organized by National Institute of Health and Family Welfare (NIHFW) institute under the Ministry of Health and Family Welfare, Govt. of India.	4
25	International Training Programme on Procurement Management of Healthcare Sector at Uday Samudra Leisure Beach Hotel & Spa Kovalam, Thiruvananthapuram, Kerala, India. On 16th -20th January 2017.	1
26	61st Annual National Conference of Indian Public Health Association on 24th -26th February, 2017 at AIIMS, Jodhpur.	7
27	Five days workshop on "Current Developments in Occupational and Environmental Medicine" at Maulana Azad Medical College on 13th to 17th February 2017.	6
28	Second MAMC-MFM Workshop on Fetal Growth Restriction at Maulana Azad Medical College, on 18th February 2017, New Delhi.	20
29	XIVth National Conference of Hospital Infection Society India on 09th-11th February, 2017 at Guwahati Medical College and Hospital, Guwahati, Assam, India.	1
30	"Annual Academic Feast of Delhi Rheumatology Association-Rheumatology Update" at MAMC on 12th February 2017.	31
31	Annual Conference of Indian Society of Colpscopy and Cervical Pathology (ISCCP) on 3rd to 05th March, 2017 at Maulana Azad Medical College and Lok Nayak Hospital, Delhi	35
32	"INDIA HOSPITAL SUMMIT with special focus on Bio Medical Waste Management on March 17, 2017 at PHD House, 4/2 Siri Institutional Area, August Kranti Marg, New Delhi.	54
33	54th Annual Conference of the Indian Academy of Pediatrics held on 19th-22th January, 2017 at Bengaluru.	1
Total		**1039**

6.16 GRANT IN AID CELL

Sl. No.	Scheme	Particulars		
1.	GIA to St. John Ambulance (SJAB) (NP) 21001200900031 (NP)	1. Out of pocket expenses to volunteers & Supervisors of permanent First Aid Post, and 2. Basic medicine and consumables. 3. Refreshment to volunteers at temporary First Aid Posts in the celebration of national Days etc.	Rs. 5 Lakh.	Fund was released in two instalments. The programme is being implemented by SJAB
2.	ESIC (Non Plan) 22100110299032	Shareable expenditure within ceiling 1. Expenditure incurred on prescribed ceiling per insured person. 2. Expenditure on drugs & dressing along with repair & maintenance of medical equipment	Nil	1. Fund was released to ESIC, due to lack of clarifications to be submitted by ESIC to this office. 2. Continued effort was made in the form of correspondence with ESIC for submitting clarifications.

6.17 RIGHT TO INFORMATION ACT 2005

Yearly Report April 2016 to March 2017						
S.No.	Districts	Direct	Indirect	Transfer to other PIO	Fee	Addl. Fee
1	East	19	103	11	190	228
2	West	11	88	6	60	150
3	Central	25	48	4	70	1706
4	Shahdara	16	77	3	160	7200
5	New Delhi District	12	94	0	120	230
6	North	7	41	0	70	0
7	North-East	46	58	5	460	90
8	North-West	22	78	4	220	0
9	South	19	85	6	160	48
10	South-East	5	62	0	50	40
11	South-West	24	120	3	280	0

12	MHS	0	22	0	0	0
13	SHS	1	25	0	10	0
Total		**207**	**901**	**42**	**1850**	**9692**
	DGHS Direct	615	0	188	5785	230
	DGHS Indirect	0	647	227	0	80
	Total	**822**	**1548**	**457**	**7635**	**10002**
	Appeal		81			
	Rejected		2			
	Accepted		**79**			

6.18 (PUBLIC GRIEVANCE CELL)

1. The Public Grievance Cell received grievances regarding health related issues (complaint against staff of CDMO Office, facilities, opening of Dispensaries, NHRC complaints, CPGRAMS complaint, 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 DAN/IS&M/MCD/T.B./ Anti Quackery/ Nursing Home Cell/ financial assistance and the matter related to branches of Directorate of Health Services .
2. The matter is examined and forwarded to the concerned Branches / Districts / Hospitals or other Departments for enquiry/ comments/ necessary action (Hard and Soft Copies) and received reports/ ATR from concerned Branches, Districts, Hospitals or other Departments forwarded to the complainant or uploading in the portals. If allegation is substantiated then action is taken against the defaulter.
3. Issues requiring decision and Activities of Public Grievance Cell:-
    - Compulsory attending of the Public Grievances Commission hearing by the concerned Branch Officer or concerned CDMO.
    - Preliminary enquiry on allegation against Nursing Home is being conducted by Nursing Home Cell, Health Services. 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 and Branch for enquiry. Findings of inquiry intimated to the complainant and action is taken against the defaulters.
    - The complaint pertaining to **PGMS/CP GRAMS/ Listening Post of LG Portal** examined by this branch (Hard and Soft Copy) and forwarded to the In-charge of concerned Branches / District / Hospitals or other departments for necessary

action and received reports/ATR for forwarding to the complainant or uploading in the Portal.

Status of complaints/ grievances at PG Cell DGHS

Sl. No.	Complaint pertaining to Districts/Branches/other Departments	Grievance received	Grievances forwarded to AGROs for necessary action	Pending at PG Cell DGHS
1.	East	35	35	-
2.	North-East	40	40	-
3.	West	55	55	-
4.	North-West	57	57	-
5.	South	45	45	-
6.	South-West	35	35	-
7.	Central & New Delhi	40	40	-
8.	North	70	70	-
9.	Shahdara	27	27	-
10.	South-East	25	25	-
11.	Misc.Matter pertaining to other department.	65	65	-
12.	Grievances related to financial assistance	120	120	-
13.	PGC Correspondence	40	40	-
14.	CPGRAMS Correspondence	160	160	-
15.	Matters pertaining to Anti-Quackery	50	50	-
16.	MHS correspondence	25	25	-
17.	Matters pertaining to Nursing Home Cell	65	65	-
18.	Matter pertaining to Govt. Hospital etc.	25	25	-
19.	RTI matters	19	19	-
20.	Matters relating to DMC + MCI	30	30	-
21.	Circular/Meeting Notice received.	40	40	-
22.	Matter pertaining to DAN	90	90	-
23.	Matter pertaining to opening of Dispensary.	50	50	-
24.	Matter pertaining to opening of new Hospitals.	30	30	-

25.	Matter pertaining to School Health Scheme.	10	10	-
26.	Matter pertaining to IS&M.	15	15	-
27.	Matter pertaining to MCD	10	10	-
28.	Matter pertaining to STO (TB Control office)	05	05	-
29.	Matter related to the Branches of DHS i.e. DGEHS Cell, AO (Admn.), Leprosy Branch, PH Wings, Legal Cell, Addl. DHS (M), Plg. Cell, S&P Cell, GIA Cell, SHIB Branch and other Branches.	160	160	-

PGMS Status (01/04/2016 to 31/03/2017)

S.No.	Department	Total Received	Total Pending/Overdue
1	MSNH	146	99/40
2	EWS Branch	148	0/0
3	DGEHS Cell	138	23/21
4	DAN	104	1/0
5	CDMO North-East	102	13/13
6	CDMO North-West	81	1/0
7	CDMO West	71	0/0
8	Planning Branch	53	0/0
9	CDMO Central	51	23/23
10	CDMO Shahdara	41	13/8
11	CDMO South-West	30	1/1
12	CDMO New Delhi	29	3/3
13	CDMO East	26	0/0
14	CPA Branch	20	5/4
15	GRO	16	1/1
16	CDMO South	18	0/0
17	Hospital Cell	17	0/0
18	Admin Branch	09	5/5
19	BMW Branch	12	1/1

20	CDMO South-East	12	0/0
21	CDMO North	14	0/0
22	MHS	07	2/1
23	Caretaking Branch	08	1/1
24	Project Branch	02	2/2
25	PIO RTI DGHS	08	6/6
26	MSNH 1	3	0/0
27	AD SHS	03	0/0
28	Anti Quackery Cell	2	0/0
29	Anti Smoking	03	0/0
30	DSNC	2	2/2
31	PPP Dialysis	03	0/0
32	Store And Purchase Branch	2	2/2
33	Hospital	1	0/0

6.19 DISASTER MANAGEMENT CELL (PH-II)

Introduction

Disasters are known to strike without warning. The Government, Local Bodies, Voluntary Bodies have to work in co-ordination & co-operation to prevent or control 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.

6.20 NON COMMUNICABLE DISEASES CONTROL PROGRAMME (NPCDCS)

Directorate of Public Health: The plan scheme "Directorate of Public Health" under GNCTD & the programme "NPCDCS" under NHM are focussing on Non-communicable Diseases (Hypertension/Diabetes) and other issues.

The following activities were undertaken:

Monitoring & supervision of by-weekly DT/HT Clinic in all Hospitals under GNCTD. Facilitation of opportunistic screening for DT/HT through Health Centres under GNCTD all over Delhi. Facilitation of field level screening / counselling on DT/HT. The prepared education materials on DT/HT are utilized in Health Centres and in field activities.

6.21 CANCER CONTROL CELL

The activities under "Cancer Control Cell" are being undertaken with two basic objectives.

Sustained information dissemination pertaining to danger signals (early signs/symptoms) of Common Cancers (Breast Cancer, Oral Cancer & Cervix Cancer) & adoption of healthy life style habits towards prevention.

Facility up-gradation for treatment of cancer.

6.22 NATIONAL LEPROSY ERADICATION PROGRAMME: DELHI 2016-17

WHAT IS LEPROSY?

Leprosy/Hansen's disease is an infectious disease that causes severe, disfiguring skin sores and nerve damage in the arms, legs, and skin areas around the body. The incubation period is 3 to 5 years / till 20 years. Leprosy is caused by mycobacterium lapre. It is not so contagious but if one come into close and repeated contact with nose and mouth droplets from someone with untreated leprosy.

Children are more likely to get leprosy than adults. It primarily affects the skin and nerves outside the brain and spinal cords (Peripheral Nerves). Eyes and the thin tissue lining the inside the nose. Loss of sensation occur on the affected area of skin with muscle weakness.

What are types of Leprosy?

Leprosy is characterized according to the number and type of skin sores you have. Specific symptoms and your treatment depends on the type of leprosy you have. The types are:

Paucibacillary/Tuberculoid:

A mild, less severe form of leprosy. People with this type have only one or a few patches of flat, pale-coloured skin (paucibacillary leprosy). The affected area of skin may feel numb because of nerve damage underneath. Tuberculoid leprosy is less contagious than other forms.

Multibacillary/Lepromatous:

A more severe form of the disease. It involves widespread skin bumps and rashes (multibacillary leprosy), numbness and muscle weakness. The nose, kidneys and male reproductive organs may also be affected. It is more contagious than tuberculoid leprosy.

Borderline:

People with this type of leprosy have symptoms of both the tuberculoid and lepromatous forms.

Sl. No.	Characteristic	PB (Pauci bacillary)	MB (Multi bacillary)
1.	Skin lesions	1 – 5 lesions	6 and above
2.	Peripheral nerve involvement	No nerve / only one nerve with or without 1 to 5 lesions	More than one nerve irrespective of number of skin lesions
3.	Skin smear	Negative at all sites	Positive at any site

How do you diagnose?

If patients have a suspicious skin sore, your doctor will remove a small sample of the abnormal skin and send it to a laboratory to be examined. This is called a skin biopsy. A skin smear test may also be done. With paucibacillary leprosy, no bacteria will be detected. In contrast, bacteria are expected to be found on a skin smear test from a person with multibacillary leprosy.

What is treatment of Leprosy?

Leprosy can be cured. In the last two decades, more than 14 million people with leprosy have been cured. Treatment depends on the type of leprosy that patients have. The drugs used are dapsone, rifampicin and clofazimine-different combinations of these drugs are recommended depending on whether a person has paucibacillary or multibacillary leprosy. Public Health England (PHE) reports that since the introduction of multi-drug therapy (MDT) in 1982, the number of leprosy cases has been dramatically reduced. Before the introduction of MDT, many leprosy patients could expect to take medicine for life. MDT has been made available free to all leprosy patients in the world by the World Health Organisation.

- Rifampicin: 10 mg/ kg. body weight, monthly once.
- Clofazimine: 1 mg /kg. body weight daily and 6 mg/kg body weight, monthly once.
- Dapsone: 2 mg /kg body weight daily.

Duration of treatment:

Leprosy persons with PB leprosy need 6 months treatment that must be completed in maximum of 9 consecutive months. This means PB leprosy person cannot miss a total of more than 3 pulses during treatment. MB leprosy person needs 12 months treatment that must be completed in 18 consecutive months. All the efforts must be made to complete 6 pulses in 6 months for PB cases and 12 pulses in 12 months for MB cases.

Note: Rarely, specialists may consider treating a person with high bacterial index for more than 12 months; decision is based on clinical and bacteriological evidence.

Advantages of Multi Drug Therapy (MDT)

- MDT kills bacilli (M.leprae) in the body. It stops the progress of the disease, prevents further complications and reduces chances of relapse.
- As the M. leprae are killed, the patient becomes non-infectious and thus the spread of infection in the body is reduced. Moreover, chances for transmission of infection to other persons are also reduced to a considerable extent.
- Using a combination of two or three drugs instead of one drug ensures effective cure and reduces chances of development of resistance to the drugs.
- Treatment with multi-drug therapy reduces duration of the treatment.
- Duration of treatment is short and fixed.
- MDT is safe, has minimal side effects and has increased patient compliance.
- Available in blister pack; easy to dispense, store and take.

Ensuring regularity of treatment:

- Counsel the person adequately regarding the disease, its curability, duration of treatment and importance of regular & complete treatment. Encourage the person constantly to complete the treatment.
- Tell the basic facts about the disease e.g. disease is curable, skin patches may not disappear or take some time to disappear after the completion of the treatment.
- Explain the method of taking drug. Ask person to swallow first dose in front of the Health Worker / Doctor (Assign a person to observe intake of first dose).
- Tell them that medicine is to be collected every 28 days (better to collect 1-2 days in advance).
- Tell the person about possible side effects and when to report.
- Encourage person to ask questions.

Ask person to bring the previous blister pack. Every time patient comes to collect medicine, examine and assess for any complication or worsening of disability. Contact the person who has not reported to collect the monthly blister pack with the help of your team members or members of the community. Find out the reason and try to find a solution to the patient's problem.

Reasons for interruption of treatment may be many like:

- Poor accessibility of the clinic (distance/ connectivity / timings).
- Difficulty in taking time off work.
- Lack of understanding about disease and importance of regular treatment.
- Stigma often fed by negative attitude and fear in the community.
- A poor relationship with health care providers adopt, accompanied MDT, whenever it is essential ensure timely release from treatment of MDT.

Encourage regular and complete treatment:

Patients who are not collecting drug on time should be contacted immediately to identify the reasons and take corrective actions. Flexibility in MDT delivery (more than one pulse at a time) may be adapted whenever it is essential.

Follow up of patient on MDT:

Whenever a patient comes to the PHC, reassure the patient, ensure regularity of treatment, and look for side effects of MDT or sign /symptoms of reaction/ neuritis.

Completion of treatment with MDT:

Skin lesions due to leprosy may not disappear immediately on completion of fixed duration treatment with MDT. In some people, light-coloured patches remain on the skin permanently. Persons with residual patches at the time of completion of treatment must be told this, otherwise, they may not understand why their treatment has been stopped and may try to take treatment from somewhere else. Loss of sensation, muscle weakness and other nerve damage may also remain. Educate the patient about the difference between persistence of light-coloured patches or loss of sensation despite successful therapy as an expected outcome, appearance of new lesions or new sensory loss, nerve involvement, ocular involvement or other signs and symptoms of reaction as danger signs for which the person should report immediately. Ensure that person with disability knows about "self care" for prevention of disability or it's worsening. (For self care refer POD) Ask persons with low risk for development of reaction/ disability to report immediately on appearance of any of the signs/ symptoms and people with high risk to come for follow up after three months for first year after completion of treatment and every six months for next two years. Those taking steroid therapy are asked to come after two weeks.

After completion of treatment, a very small number of patients may get new skin patches because of relapse. Refer such PAL to referral center for confirmation of relapse and treatment. 7.3.16 criteria to restart course of MDT On relapse of disease, MDT is restarted. Relapse must be differentiated from Leprosy Reaction. Drop out cases that discontinued MDT for more than three months in PB and more than six months in MB leprosy regimen, restart treatment as other cases. Any new lesion reappears after completion of full course of MDT. Refer the case to identified referral center for confirmation of relapse.

What is National/State Programme?

The programme was started in last year of 1st five year plan. The mile stones of the programme are as follows:

1955 - National Leprosy Control Programme (NLCP) launched.
1983 - National Leprosy Eradication Programme launched.
1983 - Introduction of Multidrug Therapy (MDT) in Phases.
2005 - Elimination of Leprosy at National Level.
2012 - Special action plan for 209 high endemic districts in 16 States/UTs.
2016 - Leprosy case Detection Campaign in high endemic Area.
2017 - Sparh Leprosy Campaign.

What are its objectives?

- Decentralization of NLEP responsibilities to States/ UTs through State/ District Leprosy Societies.
- Accomplish integration of leprosy services with General Health Care System (GHS).
- Achieve elimination of leprosy at National level by the end of the Project.
- Provide good quality leprosy services.
- Enhance Disability Prevention and Medical Rehabilitation.
- Increase advocacy towards reduction of stigma and stop discrimination and Strengthen.
- Monitoring and supervision.
- To achieve elimination of leprosy at National level by the end of the project.
- To accomplish integration of leprosy services with general health services in the 27 low endemic states.

- To proceed with integration of services as rapidly as possible in the 8 high endemic states.

How to achieve these objectives?

A large number of voluntary organizations have been playing a pioneering role in anti-leprosy work in India. While some of them were engaged in training, education and research, others were also engaged, in case detection, treatment, rehabilitation and control work. A large number were voluntary, while some received grants from governmental organizations and others from international agencies.

What are the Strategies?

To eliminate the following strategy adopted:

Modified Leprosy Elimination Campaigns (MLEC):

Organizing camps for 1 or 2 weeks duration for case detection, treatment and referral.

Special Action Projects for the Elimination of Leprosy (SAPEL):

- Initiative for providing MDT services in special difficult to access areas or to neglected population groups.
- Early detection of leprosy cases
- Intensified health education and public awareness campaigns
- Regular treatment of leprosy cases providing multi- drug therapy(MDT) at fixed centres near the patient.
- Disability prevention and medical rehabilitation.
- Multi-bacillary leprosy is labelled when there are 6 or more skin patches and/or 2 or more nerves affected. Skin smear is positive.
- Paucibacillary leprosy is labelled when there are 5 or less than 5 skin lesions and/or 1 more nerve affected. Skin smear do not show bacilli
- Rifampicin is given once a month. No toxic effects have been reported in the case of monthly administration. The urine may be coloured slightly reddish for a few hours after its intake. this should be explained to the patient while starting MDT.
- Clofazimine is most active when administered daily. The drug is well tolerated and virtually non-toxic in the dosage used for MDT. The drug causes brownish black discoloration and dryness of skin. However, this disappears within few months after stopping treatment. This should be explained to patients starting MDT regimen for MB leprosy.

What is prevalence and New case detection?

Prevalence Rate (PR):

Number of cases on record at a given point of time per 10,000 populations.

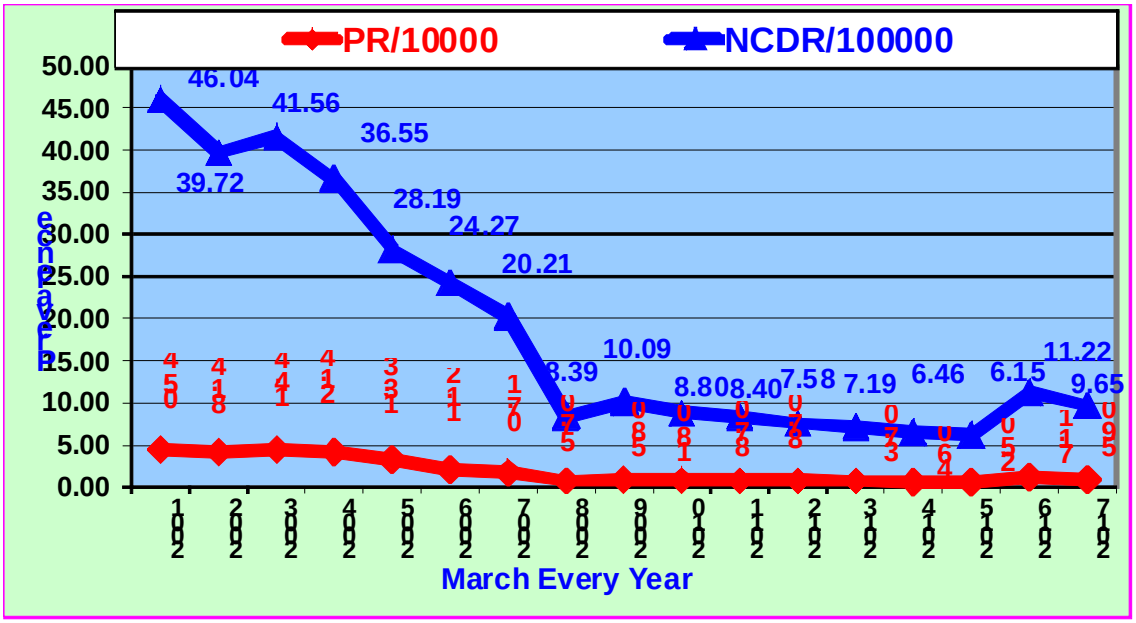
New Cases Detection Rate:

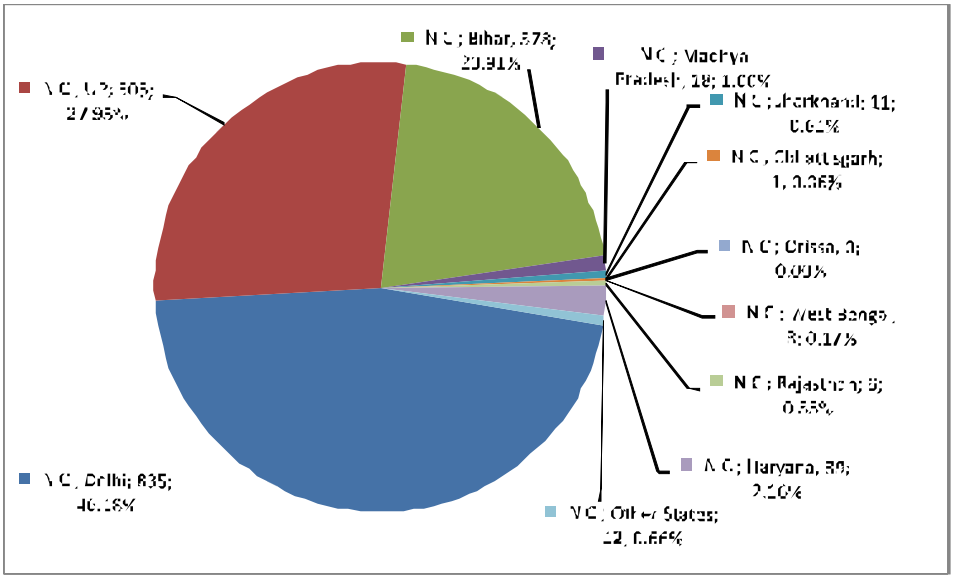
Number of new cases detected during the year per 1,00000 populations.

PR and NCDR for last seventeen years.

Migration:

About 54% patients come to Delhi for treatment from neighboring states like UP, Bihar, Haryana, Madhya Pradesh and Jharkhand. UP alone contributes almost 28% of new leprosy patients diagnosed in Delhi.





What is rehabilitation?

Leprosy may have already permanently damaged the nerves. As they no longer feel pain, a person is then at risk of injuring their hands and feet while completing daily tasks such as walking and cooking. We train people within communities to lead self-care groups which help minimize the risk of injury.

We have specialist shoemakers to build shoes to support a leprosy-affected person's damaged feet. These have thick soles, often made from old vehicle tyres, so that they cannot be perforated by glass or debris and injure numb feet. Recently more cosmetic MCR footwears are available for better acceptance.

What services are provided to the affected persons?

- Providing treatment (MDT) to the leprosy affected persons (LEP).
- Deformity correction which are being done in DFIT Goyla Dairy and The Leprosy Mission Hospital (TLM).
- Rupees eight Thousand are being paid to the patients who under goes for the correction of the deformity of Claw hands and drop foot.
- To provide MCR footwear.
- Free Medical Services/Medicines are being providing to the LAP and other supported treatment if require.
- Dressing materials are being provided to the LAP having ulcer.
- Weekly visit in the leprosy colonies by NMS/LA/PMW.
- Fortnightly visit in the leprosy colonies by the Medical Officer Incharge of the nearby Dispensary.
- Monthly visit in the leprosy colonies by the District Leprosy Officers.

Budget approved in 2016-17—2.93 Crores

Budget Proposed 2017-18 — 3.45 Crores.

What activities are planned this year?

- Quarterly Review Meetings.
- State Level Workshop.
- IEC activities.
- Leprosy Case Detection Campaign (LCDC).
- Chemoprophylaxis are being provided to the contact persons of newly diagnosed LAP.
- Focus Leprosy Campaign (FLC) for newly detected grade two disabilities.
- PIP meetings.
- Field level monitoring in leprosy colonies by DLOs.
- Repeat Online reporting system training shall be given to the NMS/LA/MIS experts.

How many activities already started?

- Working on IEC activities.
- Planning for quarterly review meeting.

What is implementation structure at district level?

At District level NLEP is implemented through District Leprosy Societies. Each District has a District Leprosy Officer to implement the programme.

What is reporting system?

Reports are collected in SIS format, compiled and sent to government of India. The system for sending Online Reports to the Central Leprosy Division on regular basis is under process.
In this regards, the leprosy portal are being started on District level after the training to MIS expert and DLOs of the Districts by the ICMR trainers.

What is the role of International, National and Local NGOs?

International Federation of Anti-Leprosy Associations (ILEP) is providing technical support from time to time. ILEP agencies are also helping in reconstructive surgeries and provision of micro cellular rubber footwear. They are also conducting sensitization programme for hospital and District Administrators.

Involvement of peripheral workers:

Monthly refresher trainings are being imparted to the ASHAs in Dispensaries of Districts in which a session about the leprosy shall be included.

An urban leprosy project in collaboration with Hind Kusht Nivaran Sangh is being implemented under Bangkok declaration to fill the gaps NLEP. Initially three Districts (East, Shahdara and North-East) are selected to improve early case detection, completion of treatment through retrieval of treatment defaulters and prevention of further worsening of disabilities.

6.23 STATE AWARD SCHEME 2016-17

State Awards to Service Doctors working in Delhi was first started in the year 1997-98. Under this scheme 20 Service Doctors from Allopathy, Homoeopathy 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.1,00000/- and each Nurse/Paramedical Staff is given Rs.50,000/-.

The criteria of selection to the Award:

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 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 Health Services - Convenor

The number of awards conferred so far:

Year	No. Of Doctors	No. of Paramedical Staff
2007-08	19	50
2008-09	20	49
2009-10	22	49
2010-11	21	47
2011-12	20	50
2012-13	20	31
Total	**122**	**276**

The applications for State Awards 2015-16 will be invited shortly. 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.

State awards for the year 2013-14 and 2014-15 are likely to be conferred shortly.

6.24 SILICOSIS CONTROL PROGRAMME: 2016-2017

Introduction:

Silicon Dioxide or Crystallized Silica causes fine levels of dust to be deposited in the lungs. Silicosis is difficult to diagnose at its onset. Those affected may experience shortness of breath, fever, chest pain, exhaustion and dry cough. More advanced forms of the disease will show Cyanotic Mucus Membranes and Asthma or other breathing difficulties, similar to advanced Emphysema. The Silicosis disease may also leave the lung more vulnerable to Tuberculosis, and has also been linked to the development of autoimmune disorder such as Lupus and Rheumatoid Arthritis. 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.

Objectives of the Programme:

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 Urban Development 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, Urban Development Department and involvement of NGOs

Govt. Efforts for Silicosis Control in Lal Kuan Area:-

Lal Kuan (a small urban village near the Mehrauli-Badarpur Road) 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. Chief Minister Delhi convened a meeting in Delhi Secretariat to discuss the problem of silicosis in the Lal Kuan area. The meeting was attended by the Health Minister of Govt. of Delhi, Food Minister, Principal Secretary (Health & Family Welfare), Directors Social welfare, and Director Health Services (DHS) and other officers of different Departments. Representatives of NGO-Prasar alongwith the Silicosis victims were also present to explain the sufferings of Silicosis victims in Delhi. Chief Minister asked the officials to find long term rehabilitation for the Silicosis victims. The medical examination and physical survey of the area was advised to provide benefits to needy population.

Strengthening of Services: Health Department is generating awareness about Silicosis in the community. Doctors are being sensitized to suspect and detect cases of Silicosis. The media interest on occupational hazards has triggered the voice to review occupational safety rules and implement them strongly across the country. Active involvement of NGOs has brought Public Private Partnership.

Mobile Medical Vans are now visiting for four days a week. It is distributing free medicines for Silicosis and other respiratory and Occupational Diseases. The building of the Hospital/PUHC at Tajpur with X-ray facility needed for the detection of the Silicosis is almost complete. The survey of the medical team is complete a short report on the health survey has also been submitted to the Delhi Government.

Medical Survey: The health survey results show that, about 68 percent of the symptomatic people surveyed suffer form silicosis, Silico-Tuberculosis. A large percentage of people also suffer from hearing loss and malnutrition. The survey stressed on the need for continued surveillance of the health of the people and a further comprehensive study on the health of Lal Kuan victims.

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: A Medical Team consisting of occupational Health Experts' conducted clinical survey of the affected person in Lal Kuan area.

1. A multi purpose Community Health Centre (CHC) for the treatment of the occupational disease has been established at the Tajpur near Lal Kuan.
2. A seed PUHC opened at Lal Kuan to cater the needs of Lal Kuan people.
3. CDMO South-East is providing free medical treatment through PUHC, Lal kuan and MO I/c is co-ordinating for the referral for further management and diagnosis to National Institute of TB and Respiratory Diseases (NITRD), New Delhi through CATS Ambulance.
4. Dr Sushil MO from MHS (Silicosis Cell) has been assigned two days in a week in Lal Kuan Dispensary for identifying suspected cases of Silicosis and co-ordinating with NITRD for establishing the diagnosis and medical treatment.
5. 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.

6.25 SPECIAL HEALTH PROGRAMME FOR GERIATRIC POPULATION

The population of persons over the age of 60 years has tripled in last 50 years in India. The population of Senior Citizens was 7.7% of total population in 2001 which has increased to 8.14% in 2011. It is estimated that around 14 lakh senior citizens are living in Delhi. Senior Citizens at large require holistic care to meet their social, emotional, health and financial needs.

Delhi Government has already framed State Policy for Senior Citizens with commitment to provide Financial and Social Security in form of Old Age Pension, Protection of Life and Property and Priority Health Care.

Senior Citizens suffer from multiple chronic diseases like Hypertension, Cataract, Osteoarthritis, Chronic Heart Diseases, Diabetes, Nesual Deafness and several types of Mental Disorder. These diseases results in disabilities affecting the activities of daily living . It has been reported that 8% of senior citizens are confined to their home or bed.

The following provisions have been made and being implemented to provide special health care services to Senior Citizens in Delhi –

1. General Health Care is being provided to all senior citizens on preferential basis in most Delhi Government Hospitals & Dispensaries.
2. Sunday Clinic for Senior Citizens in Delhi Government Hospitals except superspeciality and maternity & child hospital.
3. Provision of Separate Queues for Senior Citizens at OPD, Pharmacy, Diagnostic Facilities etc.
4. Senior Citizen Help Desk in most Delhi Government Hospitals has been set up at OPD.
5. Designated Nodal Officer exist in hospitals to address the grievances.
6. It has also been provisioned that inmates of various Old age home to be attended on priority in each hospital.
7. Screening of Senior Citizens at dispensary level for identification of hidden diseases / disabilities for which one is not aware or which have not been manifested and referral to appropriate higher level. In this activity ASHA worker has been engaged.
8. Training of Medical / Para medical staff on Geriatric Health care so that senior citizens can be attended with care and on priority basis.
9. IEC / Awareness Generation / Observation of International Day for Older Person and similar activities has been organised on 1st October to acknowledge the importance of Senior Citizens and create awareness on various services and provided by Delhi Government.Various Mass Media activities (Hoardings at rent free sites, Metro Trains panels, websites) were organised.

Public was sensitized about the various facilities provided to Senior Citizens in Delhi Govt. Hospital.

As per instructions of Govt of India, instructions issued to following 11 hospitals in Delhi (one per distt) to earmark 10% of total bed strength reserved for Senior Citizens (minimum 10 beds – 6 in Medicine, 2 in Surgery & 2 in Orthopaedic Deptt.)

- Dr. Hedgewar Arogya Sansthan, GNCTD.
- Jag Parvesh Chandra Hospital, GNCTD.
- Swami Dayanand Hospital, MCD.
- BJRM Hospital, GNCTD.
- Maharishi Valmiki Hospital, GNCTD.
- Sanjay Gandhi Memorial Hospital, GNCTD.
- RTRM Hospital, GNCTD.
- Kasturba Gandhi Hospital, MCD.
- Pt. Madan Mohan Malviya Hospital, GNCTD.
- Charak Palika Hospital, NDMC.
- Cantonment General Hospital, Ministry of Defence.

These beds will be earmarked for Senior Citizen patients only. However if the bed is lying vacant, the same can be allotted to other patients also with due prior written communication to the patient or attendant that on arrival of Senior Citizen Patient the bed will be vacated for Senior Citizen Patient and the admitted non Senior Citizen Patient will be allotted another bed in co-ordination with the Medical Officer-In-Charge of the ward. The NPHCE (National Programme for Health Care of Elderly) programme under NHM will support in kind of Medical & Paramedical manpower (Contractual Medical Consultants, Staff Nurse and Physiotherapists etc.) some

essential equipments and medicines which hospitals fails to provide but is essential for the management of these Senior Citizen Patients admitted on these reserved beds.

6.26 National Programme for Prevention and Control of Deafness (NPPCD)

What Is Deafness?

The WHO definition of "Deafness" refers to the complete loss of hearing ability in one or both ears. The cases included in this category will be those having hearing loss more than 90 DB in better ear (profound impairment) or total loss of hearing in both the ears.

Types of deafness

1. Auditory Processing Disorders.
2. Conductive
3. Sensorineural.
4. Mixed.

Diagnosis:

The complete loss of hearing ability in one or both ears.

Treatment:

Hearing aid.

Complications of not Treating:

If left untreated.

Auditory Impairment ⟶ Reversible Deafness ⟶ Irreversible Deafness

Programme Execution, Expansion and Achievements:-

The GOI Programme Division has included four Districts in Delhi – North-East, North-West, Central and West in National Programme for Prevention and Control of Deafness (NPPCD Programme).

Objectives

1. To prevent avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipment, material and training personnel.

STRATEGIES

1. To strengthen the service delivery for ear care.
2. To develop human resource for ear care services.
3. To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
4. To develop institutional capacity of the District Hospitals, Community Health Centers and Primary Health Centers selected under the Programme.

COMPONENTS OF THE PROGRAMME

1. Manpower Training and Development – For prevention, early identification and management of hearing impaired and Deafness cases, training would be provided from Medical College Level Specialists (ENT and Audiology Department) to grass root level workers.
2. Capacity building – for the District Hospital, Community Health Centers and Primary Health Centre in respect of ENT/ Audiology Infrastructure.
3. Service provision – Early detection and management of hearing and speech impaired cases and rehabilitation, at different levels of Health Care Delivery System.
4. Awareness generation through IEC/BCC activities – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to Deafness.

The cases reported during 2016-17 are as follows:

S No	No. of cases examined with Deafness	0-5 years		5-15 years		15-50 years		>50 years		Total		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1	Mild	85	68	244	241	928	932	308	288	1565	1529	3094
2	Moderate	55	58	262	225	1031	1041	526	461	1874	1785	3659
3	Severe	44	60	194	183	632	523	650	515	1520	1281	2801
4	Profound	114	115	355	339	1014	844	637	545	2120	1843	3963
Total		**298**	**301**	**1055**	**988**	**3605**	**3340**	**2121**	**1809**	**7079**	**6438**	**13517**

Tympanogram	555

Hearing Aid Trial	852

Number of Surgeries Performed:- 2016-17				
S.No	**Surgery**	**Male**	**Female**	**Total**
1	Myringoplasty	133	185	318
2	Tympanoplasty	154	205	359
3	Myringotomy	19	11	30

4	Grommet Insertion	12	9	21
5	Stapedectomy	30	25	55
6	Mastoidectomy	169	197	366
Total		**517**	**632**	**1149**

Referrals: No. of cases referred during 2016-17 are as follows:

Sl. No.	Referred For	Up to 15 years		15-50 years		>50 years		Total	
		Male	Female	Male	Female	Male	Female	Male	Female
1	Number of hearing aids fitted	277	272	269	244	181	193	727	709
2	No. of persons referred for rehabilitation	294	310	123	125	118	0	535	435
3	Speech	238	157	62	28	10	24	310	209
4	Counseling	399	326	233	168	115	232	747	726
Total		**1208**	**1065**	**687**	**565**	**424**	**449**	**2319**	**2079**

6.27 FLUOROSIS MITIGATION PROGRAMME

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

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.

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.

Any suspected case can be confirmed after retrieval of a clinical history, by the following tests

- Any suspected case with high level of fluoride in urine (>1mg/L).
- Any suspected case with interosseous membrane calcification in the fore arm confirmed by X-ray Radiograph.
- Any suspected case, if kidney ailment is prevailing, serum fluoride need to be tested, besides urine fluoride.

The identified cases shall be confirmed by:

a. Physical examination i.e Dental changes, pain and Stiffness of Peripheral Joints, Skeletal Deformities.
b. Laboratory tests i.e. urine and drinking water analysis for Fluoride Level and where possible.
c. Radiological examination i.e. X-ray of forearm, X-ray of most affected part.

In Delhi, the Fluorosis Mitigation Program works for the Prevention and Control of Fluorosis.

The Objectives of the Fluorosis Mitigation Programme, 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 co-ordinating 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:

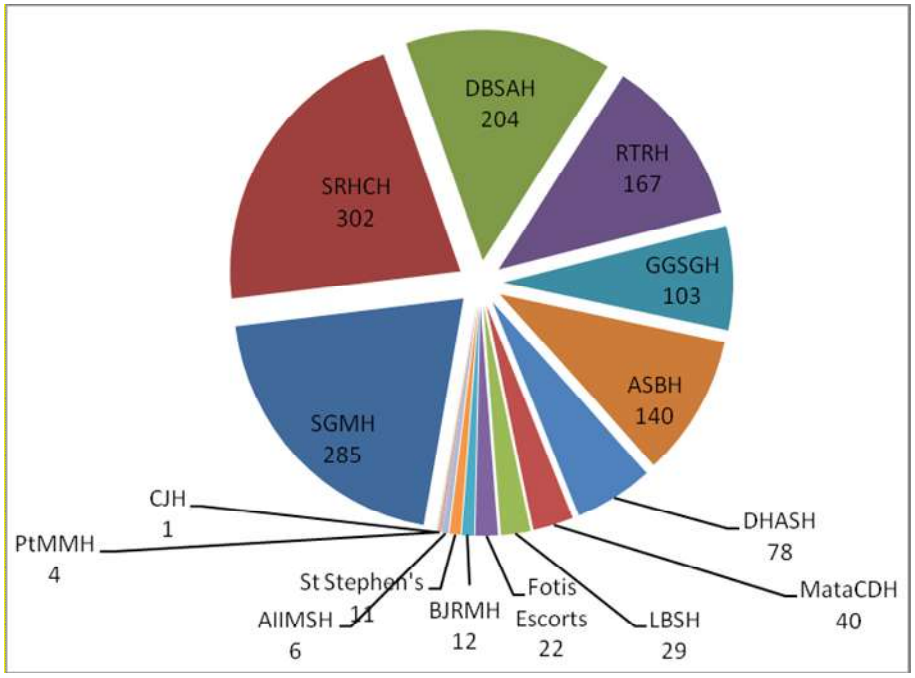
- Awareness-cum-Training Programme for Medical Officers of PHC and District Hospitals about general symptoms of Fluorosis and preventive management and also for Paramedical Workers, ICDS Workers, PRI functionaries, Teachers in the community.
- Community surveillance by organizing Diagnostic Health Camps.
- Awareness of the general public by IEC and other activities.

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 North-West, North, South-West and West Districts are still reporting significant number of Dental Fluorosis cases.

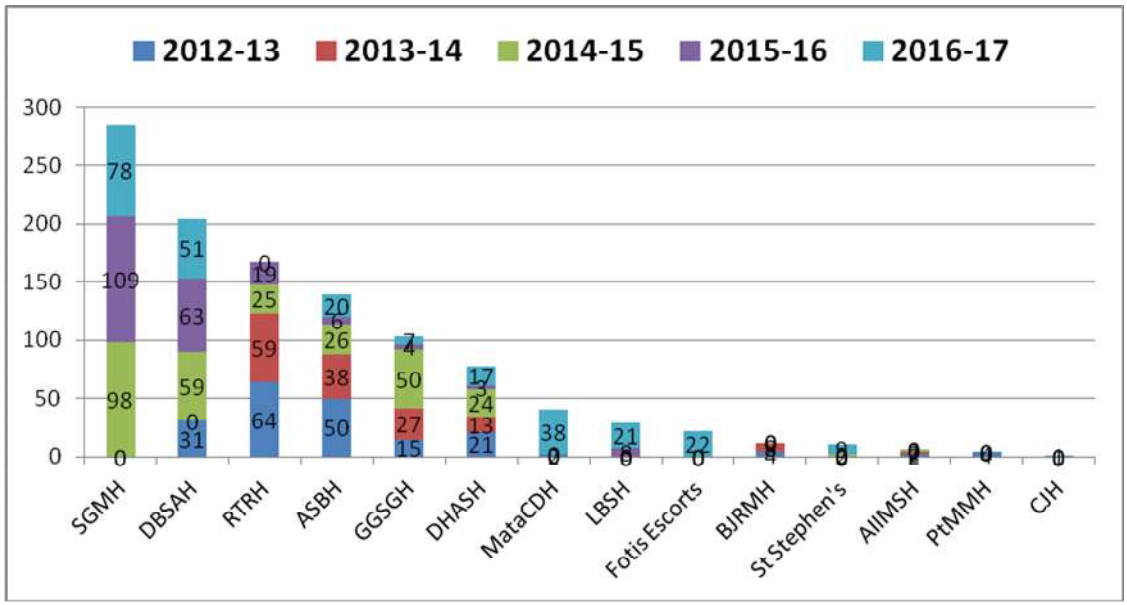
PIE DIAGRAM OF CASES REPORTED IN FIVE YEARS: 1404



FIVE YEARS FLUOROSIS CASES IN DELHI

As far as individual hospital is concerned the Hospitals like Sanjay Gandhi Memorial Hospital; Dr. Baba Saheb Ambedkar 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.

YEAR WISE CASES REPORTING FOR LAST FIVE YEARS



6.28 TOBACCO CONTROL PROGRAMME 2016-17

In Delhi, Tobacco Control Programme is being executed through State Tobacco Control Cell, Directorate of Health Services, Dept. of H&FW, GNCTD. Two act namely, Cigarettes and Other Tobacco Products Act (COTPA) 2003 and Delhi Prohibition of Smoking and Non-Smokers Health Protection Act 1996 are applicable in Delhi. Delhi is among the pioneer states in India which has separate Tobacco Control Legislation even before enactment of Cigarettes and Other Tobacco Products Act (COTPA) 2003. Strict Enforcement of these acts is the main objectives of Tobacco Control Programme in Delhi. Apart from that STCC Delhi is also implementing Tobacco Free Delhi Project with the aims to make Delhi Tobacco free Capital of India, DRY DAY for TOBACCO and various other activities to protect the people from the ill effects of Tobacco use.

A. Facts About Tobacco And Tobacco Use:

1. 41% male and 3.7% female in Delhi use any kind of tobacco product.
2. 14.1% students (upto age 15 years) currently use any tobacco products where 4.2% students currently smoke cigarettes and 11.9% currently use tobacco products other than cigarettes.
3. Tobacco Products have 7000 deadly chemicals and among these toxic chemicals, 169 are known carcinogen.
4. Every year in the world, around 50 lakhs people die due to Tobacco Use and in India; tobacco is responsible for 9 lakh deaths per annum.
5. India has highest number of oral cancer in the world and 90% of all oral cancer is due to tobacco habit.
6. 40% - 50% of all Cancer cases in India are due to tobacco use.

B. Major Activities Going On Under Tobacco Control 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 for not to sell any tobacco products and also to public for not to consume any tobacco products on that day. We publicized this concept to Government/Private Offices/Departments and various Social Media. Apart from this Intensive Awareness & Enforcement Drives are being conducted throughout Delhi on this day. Following of the few activities conducted on occasion of DRY DAY for TOBACCO on last day of the month. Every month a particular target population is allotted for awareness cum enforcement drive under various sections of COTPA

2. Tobacco Free Delhi Initiative:

- A campaign to Make Delhi Tobacco Free has been initiated with the aims to make Delhi, Tobacco Free Capital of India in phase manner. In first instance Delhi Police, Transport Department, Education Department and Health Department will be declared Tobacco Free and gradually it will be implemented in rest of the Departments.

The following activities have been focused under this initiative-

- Identification of Nodal Officer from all Department / Building/ Offices: We have received list of Nodal Officers from various departments for training / co-ordination purpose.
- Display **'Tobacco Free Zone'** board at the entrance of boundary wall in Hindi & English languages.
- Display of '**No – Smoking Signage'** alongwith the name and contact detail of Nodal Officer within the building at entrance, reception, prominent places of every floor, staircase, lift and other important places.

- Banning selling of tobacco products around all building under the Departments by issuing self administrative order.
- IEC Programme / Awareness Generation Programme. Maximum utilization of departmental display board for dissemination of Anti – Tobacco Messages.
- Ensure No-Smoking / Tobacco Free status within the premises.
- Instruction also sent for fine / challan procedure in case of non compliance of Tobacco Control Legislations & presence of direct / indirect evidence of smoking / use of gutkha like tobacco products within the premises.
- Ensuring ban on direct / indirect advertisement of Tobacco Products on State / Interstate Bus Services / Taxies / Autos / Trucks / Tempos / Others.
- Display of Anti – Tobacco Messages on Transport Department Properties, Public Service Vehicles and Bus / Train / Flight tickets etc.
- Ensuring Smoke free / Gutkha like tobacco free status in all public service vehicles – Buses, Taxis, Autos etc
- Apart from that regular inspection / monitoring is being conducted through State as well District Units.

3. Awareness / Sensitization meetings:

As per Tobacco free Delhi Initiative sensitization programmes held in Health, Education, Transport, Police, other Deptt & communities. In total 1397 such prog were conducted & approx 48300 people were sensitized on tobacco control issues.

4. School Health Programme :

Delhi Tobacco Control adopted 394 schools under Tobacco Free Delhi Initiative & conducted activities as per Tobacco free Delhi Initiative

5. Unique Initiative Of Delhi State Tobacco Control Cell:

A. DRY DAY FOR TOBACCO ON LAST DAY OF EVERY MONTH
   Whole World and rest part of India observe World No Tobacco Day only once (31st May) in a year but we are, in Delhi observe No Tobacco Day once in every month (DRY DAY for TOBACCO on last day of every month since 2013 & 1st dry day was observed on 31st may 2012).
B. State Tobacco Control Cell has evolved tobacco free zone with a unique logo for educational institutes and non educational institutes separately. Awarenes and Cessation tools in form of online Quiz Programme at ZERO COST to EXCHEQUER have been introduced.
C. Regular communication with CBSE/ NCERT to incorporate a chapter / topic on tobacco control issues in the course curriculum of CBSE for 6th – 12th standard students.
D. Integration of one program into other for IEC purposes. Anti Tobacco Message has been inserted into outdoor hoardings of other health programme like Cancer Control, RNTCP etc. Anti Tobacco Messages introduced in TB treatment card.
E. In the interest of Tobacco Control Programme, the Licensing Department of Delhi Police has modified the registration / renewal forms of restaurant / eating houses and have included the provisions of Tobacco / Smoke Free rules to protect the public. Special commissioner Delhi Police has issued instruction to all Police Stations for notifying nodal Officers and for active participation in Tobacco Control Activities of the State.
F. DCP (HQ) Delhi Police has issued circular to address Tobacco Control Matter in the monthly crime review meeting at each Police Station as well at each District level.
G. Extension of section 6 of COTPA to Health Facilities through an administrative order.
H. To protect the minors and the pregnant females attending Dispensaries / Hospitals, on the instruction of State Tobacco Control Cell, the CDMOs/ MS of Hospitals have issued orders

that Tobacco sale within the radius of 100 meters from all Health Centres is prohibited.

I. For the first time in India, FIR has been lodged against Pataka Tea, Kuber and Shikhar Pan Masala for surrogate advertisements of tobacco products under section 5 of COTPA. Delhi Metro Rail Corporation has removed few surrogates' advertisements of tobacco products from their train on our request.

J. Letters to Bollywood stars and their wives were written with a request to refrain from pan masala advertisements.

K. Special Sensitization Programme initiated for vendors to educate them on section 4, 5, 6, 7 & illicit trade practices (to avoid sale of illegal, without pictorial warning cigarette Pkt. products) so that repeated challans of vendors can be avoided. Letters written to Deptt. of Customs, VAT, Delhi Police to conduct raids at some suggested places to stop illicit trade of tobaccos.

L. Special focus on e-cigarettes and hookah bars have been stressed during sensitization and enforcement.

6. Enforcement of Tobacco Control Legislation from April 2016 - March 2017

- No of Public Place and Public Service Vehicle Inspected = 6734
- No of Person Fined under Public Places and Public Service Vehicle = 680
- No of Tobacco Vendors Fined = 1014
- Total fine Collected (in INR) = Rs 9,81,120/-

TOBACCO KILLS - QUIT NOW / TOBACCO FREE DELHI / INDIA

6.29 THALASSEMIA CONTROL PROGRAMME 2016-17

Thalassemia Control Programme under Haemoglobinopathy Control

Hemoglobinopathies are inherited disorders which impose a heavy burden on family and the health sector in India as cause of morbidity and mortality. It mainly includes Thalassaemia major & Sickle Cell Disease. India has the largest number of children with thalassemia major in the world-about 1 to 1.5 lakhs, and almost 42 million carriers of B thalassemia. About 10,000-15,000 babies with thalassemia major are born every year. Sickle Cell Disease affects Tribal Groups, as well as some other communities in certain States, such as central part of India, Gujarat, Maharashtra and Kerala. Carrier frequency varies from 1 to 35 % and there are a huge number of people with Sickle Cell Disease.

According to ICMR study 1 out of every 18 births is a thalassemia carrier in Delhi. In Delhi around 200 Births of Thalassaemia major takes place every year. All these patients require repeated & regular blood transfusion (Every two to four weeks) and iron chelation therapy for survival. The average cost per patient is Rs.50,000- Rs.2,00,000 per year which is bound to increase further with inflation. A Thalassaemic child on an average requires 30 units of blood every year. Sickle Cell Disease is not a significant problem of Delhi.

Carrier screening is the only strategy to prevent each Thalassemia birth

Carrier Screening

A. Active Screening

- All pregnant females in first trimester in Delhi establish carrier screening services for screening of pregnant women and their husbands, to prevent the birth of children with

Thalassemia major or intermedia and SCD. Relevant instructions to all the hospitals have been issued.

- All students of Tenth class in Delhi installation of sustainable and cost effective carrier screening programmes at school level for adolescents backed by adequate and effective prescreening educative programmes. Instructions have been issued to School Health Scheme.
- Extended family screening of all known and detected carriers and patients

B. Passive Screening

Screening in pre-marital, pre-conception and others.

Tools for Execution of Screening:

1. Awareness

- Community education and awareness programmes to remove any myths regarding transmission of disease, gender bias, stigma related to disease and carrier states. Informing the community about appropriate prevention options and their availability through public health facilities.
- Various mass media campaign through Newspaper Advertisement on International Day for Thalassaemia on 8th May 2016 along with website campaign was carried out through out Delhi
- Various mid media activities including sensitization meetings were carried out by respective hospitals.

2. DEIC Labs for Diagnosis

For laboratory facilities for testing and confirmation of hemoglobinopathy carriers at district level (DEIC labs) facility for HPLC test exist in GTB, MAMC/LNH, DDU, BSA & Chacha Nehru Bal Chikitsalaya under GNCTD. Under NHM in FY 2016-17, 5 HPLC Machines for Pt. MMM Hospital, Babu Jagjivan Ram Memorial Hospital, Dr. Hegewar Arogya Hospital, Aruna Asaf Ali Hospital, Shri Dada Dev Matri and Shishu Chikitsalaya were approved under NHM for which the procurement through Open Tender is in progress.

It is mentionable that Diagnostic(HPLC test) & treatment facilities for Thalassemia at present are available with GTB Hospital, Maulana Azad Medicla College / Lok Nayak Hospital, Chacha Nehru Bal Chikitsalaya, BSA Hospital and DDU Hospital under GNCTD & Central Govt. Hospitals like AIIMS, Safdarjung Hospital, Lady Harding, RML Hospital etc. These facilities are free of cost in all GNCTD Hospitals. The remaining Hospitals may refer suspect patient to these Hospitals for the diagnosis of thalassemia trait after usual screening procedures. The instructions in this regard have been issued repeatedly to all Hospitals. Thalassaemia trait testing is being done at least thrice a week**.**

Treatment Facilities to Thalassemics :

Blood Transfusion Facilities & Iron Chelation Therapy are available in above designated Hospitals free of cost. Blood Transfusion Facility to Thalassemic patients are provided 7 days a week including holidays. These instructions are well displayed outside Thalassemia Care Centre/ Ward.

6.30 PPP DIALYSIS

At present, the Dialysis Centres under PPP mode are functioning in three Delhi Govt. Hospitals (Cluster-I) with following number of dialysis machines:

1. Lok Nayak Hospital – 10 machines

2. Rajiv Gandhi Super Speciality Hospital – 30 machines
3. Dr. Hedgewar Arogya Sansthan – 20 machines.

At these Dialysis Centres, Haemodialysis Services are being provided at low prices to the entire populace of Delhi and free of charges to the poor and other identified patients under the Sponsored Category.

Achievements since 1st April, 2016 to 31st March, 2017:

Number of dialysis sessions performed in these centres:

Number of paying patients	= 1082
Number of session done for paying patients	= 5761
Number of Sponsored patients	= 5295
Number of session done for sponsored patients	= 48930

6.31 COMPUTERIZATION OF DHS (HQ) AND SUBORDINATE OFFICES

Computer Cell is involved in computerization of DGHS (HQ) and Subordinate Offices and carrying out the following for period 2016-2017.

1. Computer Branch is maintaining an intranet facility with two servers and 160 nodes since 2004 that connects the DGHS (HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Heath Schemes and School Health Schemes.
2. Providing FMS Support for Computers & Peripheral devices.
3. It maintains the web server that supports various applications being used by various Branches of DGHS. In addition it collects OPD and IPD Registration data 38 Delhi Govt. Hospitals and 260 Dispensaries.
4. Up-gradation of 10 MBPS to 25 MBPS Leased Line Internet.
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. The System had become old and new districts have been added. Accordingly a need assessment was done with intent to bring out the next advanced version of the Application Software.

Performance data of the computer cell in 2016-17 is as below:

Computer cell also provided IT support and Help Desk for various Branches Of DGHS and Subordinate Offices.

a. Requests from Depts.Under H&FW for Uploading Information : Around 1400
b. New Web pages Creation for various Health Depts/Hospitals : 11
c. Modification done on existing web pages for various Health Deptments/ Hospitals : 54

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

a. E-office Training to DGHS (HQ) & Hospitals with its various Subordinate Offices including various districts Health Administrations like Mobile Heath Schemes and School Health Schemes.
b. EMD Manager(Employee Master Database)/ Nodal Officer for DGHS(HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Heath Schemes And School Health Schemes.

c. 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.
d. 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.
e. 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.
f. Hiring of eight manpower for E-office implementation at DGHS (HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Heath Schemes and School Health Schemes.

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

a.	Desktop	=	120
b.	UPS (Offline)	=	70
c.	All in One Desktop	=	1

3. Disposal of condemned computers through MSTC.

6.32 STATE HEALTH INTELLIGENCE BUREAU CUM RESEARCH AND ANALYSIS CELL

The State Health Intelligence Bureau Branch was established in the Directorate General of Health Services in 1989 under Plan Scheme. This Branch collects, compiles and analyses the health related data of GNCT of Delhi i.e. Communicable and Non-Communicable Diseases, Status Report, Morbidity Data (ICD-10), Mother Lab. Reports. SHIB prepares Annual Report, Citizen Charter and Health Facility.

Functioning/Achievements:

1. Collection & compilation of Morbidity & Mortality Report (ICD-10) and publish in Annual-Report of DGHS.
2. Online Monthly reporting of Communicable & Non-Communicable Diseases received from various Hospitals of Delhi and online submits to CBHI, Govt. of India.
3. Collection and compilation of Monthly Mother Lab Report, Collection & compilation of Status Report of Health Institutions of Delhi on server of DGHS.
4. Annual Report for the year 2015-16 has been prepared and uploaded on the website of H&FW at SHIB portal.
5. Data collection for preparation of Health Facility is under process.
6. Updated the Citizen Charter of DGHS and uploaded on the website.
7. Compiled data for Statistical Handbook has been sent to Directorate of Economics and Statistics, GNCT of Delhi.
8. Compiled data for Economic Survey has been sent to the Planning Department, GNCT of Delhi.
9. Collection & compilation of data for NHP 2016 and to be sent to CBHI, Govt. of India.
10. Compilation of reply material of Delhi Assembly / Parliament Questions and submit to the Secretary Health & Family Welfare GNCT of Delhi and concerned Department/Ministries.

6.32.1 Statement of compiled Morbidity /Mortality Reports of diseases with ICD-10 codes from some of the Hospitals of Delhi from Jan 2016 to Dec 2016.

ICD Code	Disease Name	OPD Male	OPD Female	OPD Child	IPD Male	IPD Female	IPD Child	Death Male	Death Female	Death Child
A00	Cholera	3598	4562	2847	104	108	121	0	0	0
A00-A09	Intestinal infectious diseases	71240	72807	56502	57	59	69	0	0	0
A01	Typhoid and parathyphoid fevers	12356	11671	9865	1757	1584	1906	9	3	13
A02	Other Salmonella infection	296	276	18	3	5	34	1	0	0
A03	Shigellosis	2	34	635	10	3	168	0	0	0
A04	Other bacterial intestinal infections	3003	2400	1044	4	3	2	0	0	0
A05	Other bacterial foodborne intoxications	200	107	135	7	2	1	0	0	0
A06	Amoebiasis	20536	20589	18389	339	224	288	3	0	1
A07	Other protozoal intestinal diseases	862	316	322	13	10	14	1	3	1
A08	Viral and other specified intestinal infections	466	560	1286	27	17	75	0	1	1
A09	Diarrhoea and gastroenteritis of presumed infections origin	126767	103414	112553	4010	3928	8117	142	29	35
A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	6612	8154	458	711	533	158	43	21	0
A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	1374	1332	463	665	366	92	46	17	3
A18	Tuberculosis of other organs	1756	1242	505	316	196	110	4	4	7
A19	Miliary tuberculosis	59	216	158	137	116	32	9	1	2
A20-A28	Certain zoonotic bacterial diseases	222	218	217	23	19	10	0	0	0
A24	Glanders and melioidosis	75	42	0	1	0	0	0	0	0
A25	Rat-bite fevers	24	2	0	37	0	4	0	0	0
A30	Leprosy Hansen's disease	941	971	551	36	34	14	0	0	0
A30-A49	Other bacterial diseases	3148	3687	2642	3	6	2	11	6	0

A31	Infection due to other mycobacteria	909	776	165	0	0	45	4	1	17
A35	Other tetanus	35	9	19	31	1	0	0	1	0
A37	Whooping cough	173	172	61	3	3	45	0	0	0
A40	Streptococcal septicaemmia	6	8	25	5	1	89	1	2	8
A41	Other septicaemia	3	0	0	1784	1112	991	782	353	291
A46	Erysipelas	76	0	0	0	1	1	1	0	0
A49	Bacterial infection of unspecified site	1123	1215	892	93	58	89	0	0	0
A50	Congenital syphillis	3222	1468	1	2	4	19	0	1	3
A50-A64	Infections with a predominantly sexual mode of trasmission	2049	5563	29	0	0	0	0	0	0
A54	Gonococcal infection	323	301	119	27	26	0	0	0	0
A59	Trichomoniasis	75	1325	1	0	1	2	0	0	0
A60	Anogenital herpesviral (herpes simplex) infections	40	215	0	3	0	1	0	0	0
A63	Other predominantly sexually transmitted diseases, not elsewhere classified	411	1002	10	0	2	0	0	0	0
A64	Unspecified sexually transmitted disease	107	515	0	0	3	3	0	0	0
A65	Nonvenereal syphilis	227	160	71	0	0	0	0	0	0
A68	Relapsing fevers	29	85	41	0	0	0	0	0	0
A69	Other spirochaetal infections	210	0	0	1	1	1	0	0	0
A70	Chlamydia psittaci infection	14	23	36	0	0	0	0	0	0
A71	Trachoma	229	367	280	0	0	0	0	0	0
A74	Other diseases caused by chlamydiae	165	0	0	0	0	0	0	0	0
A79	Other rickettsioses	50	0	0	7	2	0	0	0	0
A86	Unspecified viral encephalitis	3	2	2	31	16	30	7	2	7
A87	Viral meningitis	52	48	41	17	6	58	0	0	0
A89	Unspecified viral infection of the central nervous system	71	56	45	8	1	0	0	0	0
A90	Dengue fever (classical dengue)	755	725	625	889	512	432	16	9	20

A90-A99	Arthropod-borne viral fevers and viral haemorrhagic fevers	586	436	368	3	6	6	0	0	0
A91	Dengue haemorrhagic fever	0	0	5	48	26	17	1	0	1
A92	Other mosquito-borne viral fevers	1702	1906	1307	1188	796	446	15	10	2
A93	Unspecified arthropod-borne viral fever	4503	5727	2255	16	13	6	0	0	0
A94	Unspecified arthropod-borne viral fever	72	90	51	80	77	70	0	0	0
A99	Unspecified viral haemorrhagic fever	30	30	0	91	63	41	2	2	1
B00	Herpesviral [herpes simplex] infections	1710	999	590	26	16	14	1	0	0
B01	Varicella [chickenpox]	381	264	455	72	20	27	0	0	0
B02	Zoster [herpes zoster]	418	566	176	31	31	0	0	0	0
B04	Monkeypox	18	5	7	0	1	0	0	0	0
B05	Measles	10	5	104	5	0	85	0	0	1
B06	Rubella [German measles]	202	17	11	0	0	0	0	0	0
B07	Viral warts	978	816	314	28	21	18	0	0	0
B08	Other viral infections characterized by skin and mucous membrane lesions,not elsewhere classified	328	3	9	3	2	5	0	0	0
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	584	188	160	5	3	12	0	0	0
B15	Acute hepatitis A	3855	3071	314	166	123	150	5	2	0
B16	Acute hepatitis B	264	121	54	231	99	36	3	1	0
B17	Other acute viral hepatitis	112	4	15	198	116	37	4	3	0
B18	Chronic viral hepatitis	301	1048	0	392	326	28	44	18	0
B19	Unspecified viral hepatitis	507	257	350	251	139	106	2	0	3
B20	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	16	24	5	38	14	15	5	0	0
B20-B24	Human immunodeficiency virus (HIV) diease	11	9	5	63	26	3	8	3	0

B23	Human immunodeficiency virus disease resulting in other conditions	136	128	26	13	8	15	0	0	0
B24	Unspecified human immunodeficiency virus (HIV) disease	909	708	0	38	19	5	0	0	0
B25	Cytomegaloviral disease	1523	1625	1619	1	0	3	0	0	0
B25-B34	Other viral diseases	12196	10652	8228	0	0	0	0	0	0
B26	Mumps	551	672	822	11	7	14	0	0	0
B30	Viral conjunctivitis	6766	7466	5125	20	15	21	2	0	0
B33	Other viral diseases, not elsewhere classified	4063	3923	3518	1184	867	1228	0	0	0
B34	Viral infection of unspecified site	13376	8838	2845	1049	808	224	0	0	0
B35	Dermatophytosis	19275	14871	7298	635	366	94	0	0	0
B35-B49	Mycoses	19990	26438	10826	0	0	0	0	0	0
B36	Other superficial mycoses	14526	10062	5642	33	37	11	0	0	0
B37	Candidiasis	5292	6868	3003	158	102	9	1	0	0
B38	Coccidioidomycosis	62	78	10	1	4	2	0	0	0
B48	Other mycoses, not elsewhere classified	346	400	104	3	0	0	0	0	0
B49	Unspecified mycosis	255	303	380	5	4	2	0	0	0
B50	Plasmodium falciparum malaria	338	558	172	40	41	78	2	2	1
B50-B64	Protozoal disease	2642	2185	2019	0	0	0	0	0	0
B51	Plasmodium vivax malaria	49	121	73	173	89	82	3	3	0
B52	Plasmodium malariae malaria	412	407	286	1	4	0	0	0	0
B53	Other parasitologically confirmed malaria	15	5	139	2	5	1	0	0	0
B54	Unspecified malaria	20	206	67	276	170	40	6	0	0
B56	African trypanosomiasis	1121	57	72	0	3	0	0	0	0
B60	Other protozoal diseases, not elsewhere classified	654	273	210	3	0	15	0	0	0
B64	Unspecified protozoal disease	519	1352	1096	0	0	0	0	0	0

B65	Schistosomiasis (bilharziasis)	2382	3191	4144	0	0	1	0	0	0
B65-B83	Helminthiases	34102	27200	32665	0	0	0	0	0	0
B67	Echinococcosis	9	15	108	11	12	0	0	0	0
B68	Taeniasis	256	151	410	0	0	0	0	0	0
B69	Cysticercosis	14	10	255	27	14	43	0	0	0
B70	Diphyllobothriasis and sparganosis	19	47	74	1	0	0	0	0	0
B76	Hookworm diseases	2959	3047	4227	1	2	0	0	0	0
B77	Ascariasis	5701	5910	6449	5	13	32	0	0	0
B79	Trichuriasis	3	122	129	0	0	0	0	0	0
B80	Enterobiasis	429	353	947	0	2	8	0	0	0
B81	Other intestinal helminthiases, not elsewhere classified	2424	3889	3861	0	3	0	0	0	0
B82	Unspecified intestinal parasitism	5309	6614	9795	25	78	161	0	0	0
B83	Other helminthiases	828	861	1312	4	0	0	0	0	0
B85	Pediculosis and phthiriasis	4474	5598	6390	3	3	33	0	0	0
B85-B89	Pediculosis, acariasis and other Infestations	32272	32711	34086	0	0	0	0	0	0
B86	Scabies	53440	52825	45986	119	65	82	0	0	0
B87	Myiasis	168	72	53	1	0	0	0	0	0
B88	Other infestations	113	85	184	0	0	0	0	0	0
B89	Unspecified parasitic disease	1694	1658	2148	0	1	1	0	0	0
B90	Sequelae of tuberculosis	206	135	79	59	34	23	4	0	0
B90-B94	Sequelae of infectious and parasitic disease	153	141	112	0	0	0	0	0	0
B95	Streptococcus and staphylococcus as the cause of diseases classified to other chapters	937	255	41	0	0	0	0	0	0
B96	Other bacterial agents as the cause of diseases classified to other chapters	170	150	52	2	4	1	0	0	1

B97	Viral agents as the cause of diseases classified to other chapters	135	35	2161	3	5	65	0	0	0
B99	Other and unspecified infectious diseases	230	306	157	21	21	2	2	0	0
C01	Malignant neoplasm of base of tongue	81	31	0	117	30	6	0	1	0
C02	Malignant neoplasm of other and unspecified parts of tongue	150	58	0	384	125	20	3	8	1
C03	Malignant neoplasm of gum	537	408	60	98	39	4	2	0	0
C05	Malignant neoplasm of palate	97	8	0	56	13	0	4	0	0
C06	Malignant neoplasm of other and unspecified parts of mouth	176	25	0	328	63	7	13	5	0
C07	Malignant neoplasm of parotid gland	27	16	1	25	9	2	0	0	0
C09	Malignant neoplasm of tonsil	36	3	0	63	9	0	0	0	0
C10	Malignant neoplasm of oropharynx	36	9	0	50	10	1	1	0	0
C15	Malignant neoplasm of oesophagus	280	413	310	326	155	8	14	10	0
C15-C26	Malignant neoplasms of digestive organs	28	59	48	0	0	0	0	0	0
C16	Malignant neoplasm of stomach	81	61	25	395	166	9	7	3	0
C17	Malignant neoplasm of small intestine	15	5	0	30	15	3	0	0	0
C18	Malignant neoplasm of colon	60	36	0	448	326	21	12	5	0
C19	Malignant neoplasm of rectosigmoid junction	15	7	0	38	35	2	3	1	0
C20	Malignant neoplasm of rectum	39	21	0	242	101	11	3	0	0
C21	Malignant neoplasm of anus and anal canal	15	8	0	26	18	1	2	0	0
C22	Malignant neoplasm of liver and intrahepatic bile ducts	46	18	0	525	187	32	43	21	0

C23	Malignant neoplasm of gallbladder	46	144	0	261	485	34	8	26	0
C24	Malignant neoplasm of other and unspecified parts of biliary tract	13	8	0	85	43	1	3	1	0
C25	Malignant neoplasm of pancreas	40	22	0	298	188	12	18	4	0
C30-C39	Maligant neoplasm of respiratory and intrahoracic organs	461	311	218	6	3	0	0	0	0
C32	Malignant neoplasm of larynx	192	7	0	262	13	0	3	0	0
C34	Malignant neoplasm of bronchus and lung	142	106	0	998	428	34	43	15	0
C40	Malignant neoplasm of bone and articular cartilage of limbs	22	9	5	111	57	21	0	0	0
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	53	107	10	139	58	102	3	0	0
C43-C44	Melanoma and other malignant neoplasms of skin	48	58	40	0	0	0	0	0	0
C50	Malignant neoplasm of breast	0	513	0	0	4272	41	0	42	0
C53	Malignant neoplasm of cervix uteri	0	154	0	0	509	0	0	12	0
C54	Malignant neoplasm of corpus uteri	0	66	0	0	181	0	0	4	0
C56	Malignant neoplasm of ovary	0	123	0	0	983	0	0	16	0
C61	Malignant neoplasm of prostate	203	0	0	896	0	0	19	0	0
C64	Malignant neoplasm of kidney, except renal pelvis	38	9	1	92	39	111	8	0	2
C67	Malignant neoplasm of bladder	155	39	1	439	103	3	8	1	0
C69-C72	Malignant neoplasms of eye,brain and other parts of central nervous system	71	59	0	0	0	0	0	0	0

C71	Malignant neoplasm of brain	30	17	2	201	119	100	6	3	0
C78	Secondary malignant neoplasm of respiratory and digestive organs	48	46	0	474	332	9	10	7	0
C79	Secondary malignant neoplasm of other sites	43	35	0	231	464	10	1	1	0
C80	Malignant neoplasm without specification of site	86	39	0	186	106	11	5	6	0
C81	Hodgkin's disease	26	15	6	167	91	49	0	0	1
C85	Other and unspecified types of non-Hodgkin's lymphoma	45	24	2	244	173	55	12	4	1
C90	Multiple myeloma and malignant plasma cell neoplasms	19	22	0	495	220	16	12	5	0
C91	Lymphoid leukaemia	25	15	22	389	159	646	10	4	1
C92	Myeloid leukaemia	52	31	4	173	177	38	25	13	2
D10	Benign neoplasm of mouth and pharynx	531	452	155	28	18	3	0	0	0
D10-D36	Benign neoplasms	446	703	444	0	1	0	0	0	0
D11	Benign neoplasm of major salivary glands	234	191	11	36	36	2	0	0	0
D17	Benign lipomatous neoplasm	393	245	31	43	38	22	0	0	0
D23	Other benign neoplasms of skin	288	177	39	8	9	2	0	0	0
D24	Benign neoplasm of breast	0	3046	88	0	109	23	0	0	0
D25	Leiomyoma of uterus	0	611	0	0	1058	0	0	0	0
D26	Other benign neoplasms of uterus	0	268	0	0	38	0	0	0	0
D27	Benign neoplasm of ovary	0	188	0	0	62	0	0	0	0
D31	Benign neoplasm of eye and adnexa	363	542	51	0	0	1	0	0	0
D34	Benign neoplasm of thyroid gland	29	245	18	4	39	1	0	0	0
D46	Myelodysplastic syndromes	2	0	0	122	39	5	0	1	0

D50	Iron deficiency anaemia	19497	47948	30103	560	1583	928	7	4	2
D50-D53	Nutritional anaemias	38647	66752	38777	304	433	0	32	6	0
D51	Vitamin B 12 deficiency anaemia	1807	2023	1166	127	44	74	0	0	1
D52	Folate deficiency anaemia	1380	3399	2278	8	13	2	0	0	0
D53	Other nutritional anaemias	3677	6698	7343	241	357	102	11	11	2
D55-D59	Haemolytic anaemias	596	548	64	0	0	0	0	0	0
D56	Thalassaemia	10	34	1073	346	213	2274	0	0	1
D59	Acquired haemolytic anaemia	1	0	271	14	17	13	1	0	1
D63*	Anaemia in chronic diseases classified elsewhere	0	1	0	190	389	89	5	9	1
D64	Other anaemias	161	180	45	788	1072	258	16	12	6
D68	Other coagulation defects	0	0	0	233	62	22	44	14	1
D69	Purpura and other haemorrhagic conditions	26	43	30	853	388	166	14	4	2
D86	Sarcoidosis	57	49	28	21	24	2	0	0	0
E00	Congenital iodine-deficiency syndrome	261	395	15	2	0	3	0	0	0
E00-E07	Disorders of thyroid glad	2027	3050	495	0	0	0	0	0	0
E01	Iodine-deficiency-related thyroid disorders and allied conditioins	584	1051	12	6	14	1	0	0	0
E02	Subclinical iodine-deficiency hypothyroidism	121	1125	121	186	397	1	0	0	0
E03	Other hypothyroidism	2425	2641	120	2254	2612	257	24	19	0
E04	Other nontoxic goitre	16	260	0	21	104	0	0	0	0
E05	Thyrotoxicosis (hyperthyroidism)	327	542	3	134	141	12	1	0	1
E06	Thyroiditis	1	58	1	9	14	2	0	0	0
E07	Other disorders of thyroid	74	90	0	6	22	3	0	0	0
E10	Insulin-dependent diabetes mellitus	12433	11292	939	830	705	146	24	20	2
E10-E14	Diabetes mellitus	64876	58703	488	198	107	0	3	8	0

E11	Non-insulin-dependent diabetes mellitus	47186	43524	533	10243	6256	258	238	124	4
E12	Malnutrition-related diabetes mellitus	168	269	0	7	0	4	0	0	0
E13	Other specified diabetes mellitus	362	301	0	4	2	0	0	0	0
E14	Unspecified diabetes mellitus	8058	9511	92	2937	1981	36	35	20	1
E16	Other disorders of pancreatic internal secretion	2	11	0	183	57	29	2	3	0
E20	Hypoparathyroidism	5	15	0	1	3	0	0	0	0
E20-E35	Disorder of other endocrine glands	584	372	48	0	0	0	0	0	0
E21	Hyperparathyroidism and other disorders of parathyroid gland	371	337	2	31	9	0	0	0	0
E40	Kwashiorkor	731	858	875	3	4	5	0	0	0
E40-E46	Malnutrition	5008	7502	11638	0	0	0	0	0	0
E41	Nutritional marasmuns	83	58	198	0	0	10	0	0	0
E42	Marasmic kwashiorkor	6	133	18	0	0	28	0	0	0
E43	Unspecified severe protein-energy malnutritiion	87	89	121	5	3	86	0	0	9
E44	Protein-energy malnutrition of moderate and mild degree	1478	2121	6264	12	10	176	0	0	0
E45	Retarded development following protein-energy malnutrition	180	195	324	1	0	25	0	0	2
E46	Unspecified protein-energy malnutrition	1902	2198	3257	22	15	74	0	0	2
E50	Vitamin A deficiency	2442	3242	2640	2	7	17	0	0	0
E50-E64	Other nutritional deficiencies	31185	38192	25060	0	0	0	0	0	0
E51	Thiamine deficiency	196	211	27	0	0	0	0	0	0
E52	Niacin deficiency (pellagra)	110	214	162	0	2	2	0	0	0
E53	Deficiency of other B group vitamins	8898	10299	6508	237	226	11	0	0	0
E54	Ascorbic acid deficiency	4507	3036	1485	0	0	1	0	0	0

E55	Vitamin D deficiency	7599	11627	5843	547	724	286	1	0	0
E56	Other vitamin deficiencies	77	155	87	8	5	1	0	0	0
E58	Dietary calcium deficiency	8362	14655	7347	116	152	51	0	0	0
E60	Dietary zinc deficiency	107	67	688	0	0	0	0	0	0
E61	Deficiency of other nutrient elements	70	89	336	15	17	5	0	0	0
E63	Other nutritional deficiencies	142	167	115	0	1	0	0	0	0
E64	Sequelae of malnutrition and other nutritional deficiencies	656	160	165	0	0	1	0	0	0
E65	Localized adiposity	461	728	41	0	3	0	0	0	0
E65-E68	Obesity and other hyperalimentation	3170	4138	1500	0	6	0	0	0	0
E66	Obesity	2418	4071	468	194	275	13	4	1	0
E70-E90	Metabolic disorders	485	574	176	0	0	32	0	0	0
E83	Disorders of mineral metabolism	0	99	2	23	32	170	0	2	5
E84	Cystic fibrosis	0	1	0	2	1	1	0	0	0
E85	Amyloidosis	1	0	2	28	14	5	0	0	1
E86	Volume depletion	55	42	24	526	530	572	1	0	3
E87	Other disorders of fluid, electrolyte and acid-base balance	181	209	102	684	536	99	38	37	7
E88	Other metabolic disorders	0	1	0	165	77	6	0	0	0
F00*	Demential in Alzheimer's disease	277	354	0	0	1	0	0	0	0
F00-F09	Organic, including symptomatic, mental disorders	292	162	0	0	0	0	0	0	0
F01	Vascular dementia	59	34	0	10	2	0	0	0	0
F03	Unspecified dementia	522	306	0	39	29	0	2	0	0
F09	Unspecified organic or symptomatic mental disorder	911	8	0	1	0	0	0	0	0
F10	Mental and behavioural disorders due to use of alcohol	2191	193	0	292	2	0	7	0	0

F10-F19	Mental and behavioural disorders due to psychoactive substance use	1433	232	42	0	0	0	0	0	0
F11	Mental and behavioural disorders due to use of opioids	873	46	20	48	2	1	0	0	0
F12	Mental and behavioural disorders due to use of cannabinoids	799	11	26	33	1	1	0	0	0
F13	Mental and behavioural disorders due to sedatives or hypnotics	38	63	2	1	0	0	0	0	0
F17	Mental and behavioural disorders due to use of tobacco	505	74	12	34	3	1	0	0	0
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	488	1	0	50	2	0	0	0	0
F20	Schiezophrenia	1656	1270	130	220	112	8	2	0	0
F20-F29	Schizophrenia, schizotypal and delusional disorders	2516	2625	278	0	0	0	0	0	0
F22	Persistent delusional disorders	372	328	96	9	2	0	0	0	0
F23	Acute and transient psychotic disorders	2115	1250	134	28	14	14	0	0	0
F25	Schizoaffective disorders	93	72	0	5	4	1	0	0	0
F28	Other nonorganic psychotic disorders	270	184	18	2	8	0	0	0	0
F29	Unspecified nonorganic psychosis	1177	997	117	63	41	2	0	0	0
F30	Manic episode	569	384	53	10	7	2	0	0	0
F30-F39	Mood (affective) disorders	3883	3874	391	2	1	0	0	0	0
F31	Bipolar affective disorder	1075	696	66	162	69	16	0	0	0
F32	Depressive episodes	2726	2822	233	56	73	4	0	0	0
F33	Recurrent depressive disorder	803	862	28	7	7	3	0	0	0
F34	Persistent mood [affective] disorders	572	608	19	0	8	0	0	0	0

F38	Other mood [affective] disorders	116	55	1	0	0	0	0	0	0
F39	Unspecified mood (affective) disorder	249	183	40	3	4	1	0	0	0
F40	Phobic anxiety disorders	408	400	27	2	3	0	0	0	0
F40-F48	Neurotic, stress-related and somatoform disorders	3259	3701	312	0	0	0	0	0	0
F41	Other anxiety disorders	2251	2320	108	66	114	14	0	0	0
F42	Obsessive - compulsive disorder	987	996	160	10	31	6	0	0	0
F43	Reaction to severe stress, and adjustment disorders	1279	811	164	10	17	0	6	0	0
F44	Dissociative [conversion] disorders	470	651	83	11	32	3	0	0	0
F45	Somatoform disorders	757	775	17	11	20	6	0	0	0
F48	Other neurotic disorders	317	165	0	3	1	2	0	0	0
F50	Eating disorders	96	58	223	5	1	11	0	0	0
F50-F59	Behavioural syndromes associates with physiological disturbances and physical factors	718	422	43	0	0	0	0	0	0
F51	Nonorganic sleep disorders	526	379	8	0	1	0	0	0	0
F52	Sexual dysfunction , not caused by organic disorder or disease	507	32	0	0	2	0	0	0	0
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	73	112	4	1	2	0	1	0	0
F60	Specific personality disorders	111	112	5	127	4	0	0	0	0
F70	Mild mental retardation	203	148	588	1	0	3	0	0	0
F70-F79	Mental retardation	232	150	1344	0	0	0	0	0	0
F71	Moderate mental retardation	74	73	203	3	1	0	0	0	0
F72	Severe mental retardation	24	36	55	0	1	7	0	0	0

F73	Profound mental retardation	8	16	31	0	0	0	0	0	0
F78	Other mental retardation	24	0	0	0	0	0	0	0	0
F79	Unspecified mental retardation	170	92	472	21	2	46	1	0	1
F80	Specific developmental disorders of speech and langague	7	8	24	0	0	2	0	0	0
F80-F89	Disorders of psychological development	90	138	240	0	0	0	0	0	0
F81	Specific developmental disorders of scholastic skills	24	49	44	0	0	1	0	0	0
F88	Other disorders of psychological development	32	0	0	0	0	0	0	0	0
F89	Unspecified disorder of psychological development	30	0	3	0	0	0	0	0	0
F90	Hyperkinetic disorders	10	20	178	3	1	5	0	0	0
F91	Conduct disorders	0	9	118	1	0	6	0	0	0
F95	Tic disorders	2	0	2	0	1	2	0	0	0
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	101	0	5	2	2	2	0	0	0
F99	Mental disorder, not otherwise specified	1	0	0	71	5	0	0	0	0
G00	Bacterial meningitis, not elsewhere classified	27	10	9	14	8	79	1	1	12
G01*	Meningitis in bacterial diseases classified elsewhere	0	0	0	35	24	16	1	1	1
G03	Meningitis due to other and unspecified causes	0	1	2	33	30	239	4	5	44
G04	Encephalitis, myelitis and encephalomyelitis	2	3	6	59	39	165	7	4	34
G10	Huntington's disease	184	154	97	1	1	1	1	0	0
G11	Hereditary ataxia	101	176	1	16	6	5	0	0	0

G12	Spinal muscular atrophy and related syndromes	7	4	0	17	8	4	0	0	0
G20	Parkinson's disease	1837	1180	0	232	92	0	10	1	0
G20-G26	Extrapyramidal and movement disorders	84	57	34	0	0	0	0	0	0
G35	Multiple sclerosis	0	3	0	98	64	13	0	0	0
G40	Epilepsy	7549	6521	5804	844	566	1894	70	8	16
G40-G47	Episodic and paroxysmal disorders	4701	4663	2047	6	9	0	0	0	0
G41	Status epilepticus	127	191	61	38	15	126	9	0	9
G43	Migraine	4680	6341	39	47	137	9	0	0	0
G44	Other headache syndromes	7653	16728	2285	59	155	8	0	0	0
G45	Transient cerebral ischaemic attacks and related syndromes	228	228	12	135	93	2	2	0	0
G46*	Vascular syndromes of brain in cerebrovascular disease	0	0	0	46	10	2	15	3	0
G47	Sleep disorders	1103	1254	47	146	53	27	0	0	0
G51	Facial nerve disorders	53	52	6	46	29	6	0	0	0
G60	Hereditary and idiopathic neuropathy	70	111	0	3	2	9	0	0	0
G60-G64	Polyneuropathies and other disorders of the peripheral nervous system	1059	890	56	0	0	0	0	0	0
G61	Inflammatory polyneuropathy	178	284	1	47	22	19	0	0	0
G62	Other polyneuropathies	28	21	2	60	28	1	2	0	0
G70-G73	Diseases of myoneural junction and muscle	141	177	0	0	0	0	0	0	0
G80	Infantile cerebral palsy	68	22	198	44	16	138	1	0	3
G81	Hemiplegia	3002	2042	16	241	120	20	10	3	0
G93	Other disorders of brain	18	11	1	388	272	44	15	14	2
H00	Hordeolum and chalazion	4288	4395	3106	18	28	31	0	0	0
H00-H06	Disorder of eyelid, lacrimal system and orbit	7533	5666	5017	2	1	1	0	0	0
H01	Other infammation of eyelid	6186	5456	3362	30	23	13	0	0	0
H02	Other disorders of eyelid	1353	1215	247	19	15	10	0	0	0

H04	Disorders of lacrimal system	1113	1587	782	19	19	45	0	0	0
H05	Disorders of orbit	1101	1088	380	31	10	15	0	0	0
H06*	Disorders of lacrimal system and orbit in diseases classified elsewhere	216	177	75	0	0	0	0	0	0
H10	Conjunctivitis	31936	31771	20998	185	188	170	0	0	0
H10-H13	Disorders of conjunctiva	17580	16358	12633	0	0	0	0	0	0
H11	Other disorders of conjunctiva	3825	4157	1933	32	28	3	0	0	0
H13*	Disorders of conjunctiva in diseases classified elsewhere	129	172	65	1	1	1	0	0	0
H15	Disorders of sclera	1799	1575	965	4	5	1	0	0	0
H15-H22	Disorders of sclera, cornea, iris and ciliary body	847	434	48	0	0	0	0	0	0
H16	Keratitis	1568	705	195	5	3	2	0	0	0
H17	Corneal scares and opacities	1098	784	147	38	47	4	0	0	0
H18	Other disorders of cornea	561	369	166	84	67	4	0	0	0
H19*	Disorders of sclera and cornea in diseases classified elsewhere	66	40	23	0	0	0	0	0	0
H20	Iridocyclitis	514	499	10	7	17	1	0	0	0
H21	Other disorders of iris and ciliary body	49	47	6	24	7	1	0	0	0
H25	Senile cataract	17836	17317	0	5298	5633	0	0	0	0
H25-H28	Disorders of lens	3520	3111	49	2	6	0	0	0	0
H26	Other cataract	2415	2436	71	1820	2140	69	0	0	0
H27	Other disorders of lens	4910	4397	652	127	207	9	0	0	0
H28*	Cataract and other disorders of lens in diseases classified elsewhere	570	481	20	10	18	2	0	0	0
H30	Chorioretinal inflammation	217	134	13	0	2	5	0	0	0

H30-H36	Disorders of choroid and retina	202	73	7	3	1	0	0	0	0
H33	Retinal detachments and breaks	324	189	28	246	122	2	0	0	0
H34	Retinal vascular occlusions	38	82	16	15	13	2	0	0	0
H35	Other retinal disorders	539	460	30	120	59	29	2	0	0
H36*	Retinal disorders in diseases classified elsewhere	165	81	36	28	16	0	0	0	0
H40	Glaucoma	2353	2117	0	151	139	0	0	0	0
H40-H42	Glaucoma	328	128	0	1	1	1	0	0	0
H43	Disorders of vitreous body	58	36	12	33	5	2	0	0	0
H44	Disorders of globe	64	49	6	11	11	2	0	0	0
H49	Paralytic strabismus	88	22	71	7	0	1	0	0	0
H49-H52	Disorders of coular muscles, binocular movement, accommodation and refraction	432	650	410	0	0	0	0	0	0
H50	Other strabismus	997	756	301	14	24	35	0	0	0
H51	Others disorders of binocular movements	1032	1010	479	3	0	1	0	0	0
H52	Disorders of refraction and accomodation	34329	37107	14012	198	418	232	0	0	0
H53	Visual disturbances	992	936	1208	13	8	3	0	0	0
H53-H54	Visual disturbances and blindness	2339	2197	804	0	0	0	0	0	0
H54	Blindness and low vision	3213	3575	1954	5	6	1	0	0	0
H55	Nystagmus and other irregular eye movements	902	536	292	0	0	0	0	0	0
H55-H59	Other disorders of eye and adnexa	478	403	194	0	0	0	0	0	0
H57	Other disorders of eye and adnexa	345	335	147	102	118	17	0	0	0
H59	Postprocedural disorders of eye and adnexa, not elsewhere classified	172	138	63	3	8	1	0	0	0
H60	Otitis externa	10986	11778	10955	91	60	72	0	0	0

H60-H62	Diseases of external ear	20723	19790	17504	1	2	0	0	0	0
H61	Other disorders of external ear	6196	6432	5914	101	88	91	0	0	0
H62*	Disorders of external ear in diseases classified elsewhere	234	188	413	59	88	55	0	0	0
H65	Nonsuppurative otitis media	8392	7726	6887	84	60	47	0	0	0
H65-H75	Diseases of middle ear and mastoid	11489	11640	12112	59	54	8	0	0	0
H66	Suppurative and unspecified otitis media	17403	18858	13272	488	486	157	0	0	0
H67*	Otitis media in diseases classified elsewhere	928	603	867	92	85	28	0	0	0
H68	Eustachian salpingitis and obstruction	350	341	24	0	6	0	0	0	0
H70	Mastoiditis and related conditions	898	752	1080	28	24	13	0	0	0
H71	Cholesteatoma of middle ear	1300	1212	465	61	45	15	0	0	0
H72	Perforation of tympanic membrane	5217	5578	4809	279	252	73	0	0	0
H73	Other disorders of tympanic membrane	63	66	0	0	13	0	0	0	0
H74	Other disorders of middle ear and mastoid	1156	1025	2418	6	3	6	0	0	0
H75*	Other disorders of middle ear and mastoid in diseases classified elsewhere	107	129	171	3	0	0	0	0	0
H80	Otosclerosis	111	10	11	11	28	2	1	1	1
H80-H83	Diseases of inner ear	585	453	329	0	0	0	0	0	0
H81	Disorders of vestibular function	853	444	79	213	109	17	0	0	0
H83	Other diseases of inner ear	150	123	166	12	4	1	0	0	0
H90	Conductive and sensorineural hearing loss	4458	4360	714	26	34	14	0	0	0
H90-H95	Other disorders of ear	3159	2557	1837	0	1	0	0	0	0

H91	Other hearing loss	1535	1557	694	29	35	39	0	0	0
H92	Otalgia and effusion of ear	4441	3842	5705	3	3	5	0	0	0
H93	Other disorders of ear, not elsewhere classified	3067	1701	2387	10	12	15	0	0	0
I00	Rheumatic fever without mention of heart involvement	171	86	6	8	10	7	0	0	0
I00-I02	Acute rheumatic fever	226	73	87	0	0	0	0	0	0
I01	Rheumatic fever with heart invlovement	243	605	36	2	6	4	0	2	0
I05	Rheumatic mitral valve diseases	18	3	0	224	304	27	3	2	0
I05-I09	Chronic rheumatic heart diseases	3057	2305	14	8	8	2	1	1	0
I06	Rheumatic aortic valve diseases	36	18	0	80	44	21	0	0	0
I07	Rheumatic tricuspid valve diseases	10	7	0	59	69	4	4	1	0
I08	Multiple valve diseases	35	27	0	10	13	0	0	0	0
I09	Other rheumatic heart diseases	191	422	0	319	545	45	11	18	0
I10	Essential (primary) hypertension	46871	36894	1361	13241	7822	494	175	117	0
I10-I15	Hypertensive diseases	71734	63743	249	198	132	1	22	8	0
I11	Hypertensive heart disease	2367	1999	39	441	261	1	14	16	0
I12	Hypetensive renal disease	48	5	0	8	2	0	0	0	0
I13	Hypertensive heart and renal disease	96	127	0	0	2	0	0	0	0
I15	Secondary hypenrtension	446	118	2	19	0	2	0	0	0
I20	Angina pectoris	2343	1881	33	2870	1245	120	52	25	0
I20-I25	Ischaemic heart diseases	9453	7744	0	107	44	2	12	7	0
I21	Acute myocardial infarction	404	200	0	850	239	9	65	22	1
I22	Subsequent myocardial infarction	13	0	0	354	97	1	30	6	0

I24	Other acute ischaemic heart diseases	110	27	5	161	57	11	6	7	0
I25	Chronic ischaemic heart disease	1745	913	86	15256	4347	294	287	101	1
I26	Pulmonary embolism	132	136	0	151	105	3	11	9	0
I27	Other pulmonary heart diseases	11	1	0	128	138	13	9	7	1
I30	Acute pericarditis	78	74	2	9	3	3	0	0	0
I30-I52	Other forms of heart disease	379	138	35	6	4	0	3	2	0
I34	Nonrheumatic mitral valve disorders	0	2	6	205	139	3	10	3	0
I35	Nonrheumatic aortic valve disorders	0	0	0	130	74	11	5	1	1
I40	Acute myocarditis	139	174	11	23	18	6	0	1	1
I42	Cardiomyopathy	1679	1067	0	501	366	34	20	17	1
I43*	Cardiomyopathy in diseases classified elsewhere	189	164	0	83	7	0	0	0	0
I44	Atrioventricular and left bundle-branch block	534	388	0	279	178	12	12	3	0
I45	Other conduction disorders	7	3	0	103	48	1	2	3	1
I46	Cardiac arrest	0	1	0	846	379	80	745	303	43
I47	Paroxysmal tachycardia	0	1	0	172	125	7	23	6	1
I48	Atrial fibrillation and flutter	187	103	0	379	395	7	17	14	0
I49	Other cardiac arrhythmias	0	0	0	229	117	5	7	6	0
I50	Heart failure	123	109	60	2078	915	45	78	41	4
I51	Complications and ill defined descriptioins of heart disease	61	0	41	111	78	23	17	4	4
I52*	Other heart disorders in diseases classified elsewhere	42	42	109	19	0	0	0	0	0
I60	Subarachnoid haemorrhage	50	42	50	90	48	3	9	2	0
I60-I69	Cerebrovascular diseases	2614	1996	111	153	81	0	14	6	0
I61	Intracerebral haemorrhage	29	25	27	236	115	6	28	8	2

I62	Other nontraumatic intracranial haemorrhage	61	39	22	117	69	8	12	6	0
I63	Cerebral infaraction	1315	1130	0	554	328	27	26	9	0
I64	Stroke, not specified as haemorrhage or infarction	886	484	34	739	398	34	70	33	0
I67	Other cerebrovascular diseases	4	0	1	66	42	5	3	5	0
I69	Sequelae of cerebrovascular disease	17	0	0	81	42	3	5	1	0
I70	Atherosclerosis	807	148	6	23	9	0	1	0	0
I70-I79	Diseases of arteries, arterioles and capillaries	280	145	0	3	0	0	0	0	0
I73	Other peripheral vascular diseases	2	1	0	180	50	2	6	0	0
I77	Other disorders of arteries and arterioles	0	0	0	36	26	2	3	0	0
I78	Diseases of capillaries	11	9	0	381	139	21	0	0	0
I80	Phlebitis and thrombophlebitis	413	388	93	137	109	5	0	5	0
I80-I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	4460	4973	559	4	2	0	0	0	0
I81	Portal vein thrombosis	21	3	0	91	61	6	11	1	0
I83	Varicose veins of lower extremities	962	707	4	155	121	2	0	2	0
I84	Haemorrhoids	9429	8740	628	725	335	15	1	0	0
I85	Oesophageal varices	38	34	0	383	193	12	33	15	1
I86	Varicos veins of other sites	29	20	7	83	5	6	2	0	1
I88	Nonspecific lymphadenitis	197	148	488	20	14	12	0	0	0
I89	Other noninfective disorders of lymphatic vessels and lymph nodes	149	344	730	5	7	2	0	0	0
I95	Hypotension	2169	4088	131	65	44	2	5	2	0
I95-I99	Other and unspecified disorders of the cirulatory system	3154	3961	1073	1	2	0	0	0	0

I97	Postprocedural disorders of circulatory system, not elsewhere classified	10	178	0	0	3	0	0	0	0
I99	Other and unspecified disorders of circulatory system	102	59	0	21	15	1	0	0	0
J00	Acute nasopharyngitis	71942	70560	82235	357	216	830	0	0	0
J00-J06	Acute upper respiratory infections	238920	240649	194934	9	3	2	0	0	0
J01	Acute sinusitis	17892	12474	9021	53	55	15	0	0	0
J02	Acute pharyngitis	33436	33443	21592	144	96	74	0	0	0
J03	Acute tonsillitis	11265	11953	13331	713	431	361	3	0	0
J04	Acute laryngitis and tracheitis	658	451	192	5	10	3	0	0	0
J05	Acute obstructive laryngitis [croup] and epiglottitis	587	503	511	13	6	8	0	0	0
J06	Acute upper respiratory infections of multiple or unspecified sites	145866	121572	139175	350	264	502	5	3	1
J10	Influenza due to identified influenza virus	2702	2553	2792	127	108	47	3	0	0
J10-J18	Influenza and pneumonia	9693	10546	10261	10	4	3	2	0	0
J11	Infuenza, virus no identified	9995	4981	4896	28	19	9	0	0	0
J12	Viral pneumonia, not elsewhere classified	756	797	3037	120	94	132	9	7	20
J13	Pneumonia due to Streptococcus pneumoniae	143	177	364	3	2	9	0	0	0
J14	Pneumonia due to Haemophilus influenzae	146	135	123	12	0	0	0	0	0
J15	Bacterial pneumonia, not elsewhere classified	1156	1038	3814	32	27	157	0	3	5
J16	Pneumonia due to other infectious organisms, not elsewhere classified	514	334	1543	45	10	138	11	3	1
J17*	Pneumonia in diseases classified elsewhere	502	317	18	15	12	64	2	2	13
J18	Pneumonia, organism unspecified	3424	3693	11818	1271	790	4207	148	71	406

J20	Acute bronchitis	13096	15654	10818	639	252	369	2	3	5
J20-J22	Other acute lower respiratory infections	39948	43198	31272	80	38	0	0	0	0
J21	Acute bronchiolitis	539	3401	3556	114	75	808	3	0	15
J22	Unspecified acute lower respiratory infection	7350	8398	7732	1401	1113	927	48	30	0
J30	Vasomotor and allergic rhinitis	11022	15697	7897	16	23	7	0	0	0
J30-J39	Other diseases of upper respiratory tract	48378	54828	39680	1	0	1	0	0	0
J31	Chronic rhinitis, nasopharyngitis and pharyngitis	6183	7436	4419	68	40	5	0	0	0
J32	Chronic sinusitis	4003	3926	2581	383	269	29	1	0	0
J33	Nasal polyp	562	589	187	198	162	8	0	0	0
J34	Other disorders of nose and nasal sinuses	1896	504	420	274	126	57	0	0	0
J35	Chronic diseases of tonsils of adenoids	1109	1034	1450	102	82	217	0	0	0
J36	Peritonsillar abscess	160	71	36	10	4	1	0	0	0
J37	Chronic laryngitis and laryngotracheitis	443	516	91	3	1	3	0	0	0
J38	Diseases of vocal cords and larynx, not elsewhere classified	42	75	0	62	19	523	0	0	0
J39	Other diseases of upper respiratory tract	1933	2264	1452	57	25	96	28	17	34
J40	Bronchitis, not specified as acute or chronic	14319	13354	4478	297	180	105	6	2	1
J40-J47	Chronic lower respiratory diseases	42913	40306	21383	11	4	5	0	0	0
J41	Simple and mucopurulent chronic bronchitis	155	126	51	6	2	0	0	0	0
J42	Unspecified chronic bronchitis	1251	1620	728	16	3	3	0	0	0
J43	Emphysema	509	223	0	76	32	2	1	1	0
J44	Other chronic obstructive pulmonary disease	18177	14093	3779	3801	1655	140	340	122	2
J45	Asthma	36198	32338	11325	644	832	362	20	10	1
J46	Status asthmaticus	360	333	197	26	52	37	1	1	1
J47	Bronchiectasis	632	571	140	101	57	13	1	1	0

J60-J70	Lung disease due to external agents	284	85	60	0	0	0	0	0	0
J62	Pneumoconiosis due to dust containing silica	164	62	27	0	0	0	0	0	0
J63	Pneumoconiosis due to other inorganic dusts	101	121	44	0	0	0	0	0	0
J66	Airway disease due to specific organic dust	71	36	35	3	0	10	0	0	0
J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	1958	1522	60	65	35	2	0	0	0
J80-J84	Other respiratory diseases principally affecting the interstitium	363	293	125	3	0	1	0	0	0
J84	Other interstitial pulmonary diseases	250	378	138	118	146	1	15	10	0
J85	Abscess of lung and mediastinum	124	100	49	7	2	5	0	0	0
J86	Pyothorax	156	101	42	23	13	62	1	2	8
J90	Pleural effusion, not elsewhere classified	1710	1290	91	567	352	128	27	16	2
J90-J94	Suppurative and necrotic conditions of lower respiratory tract	174	22	30	4	5	0	0	0	0
J93	Pneumothorax	0	0	0	268	21	16	5	2	2
J95	Postprocedural respiratory disorders, not elsewhere classified	115	75	2	1	1	0	0	0	0
J96	Respiratory failure, not elsewhere classified	16	0	0	431	276	36	71	35	18
J98	Other respiratory disorders	769	758	1103	109	64	36	5	6	1
K00	Disorders of tooth development and eruption	5054	5465	3794	52	2	5	0	0	0
K00-K14	Diseases of oral cavity, salivary glads and jaws	32464	35419	24988	12	0	0	0	0	0
K01	Embedded and impacted teeth	4087	3284	1475	7	15	5	0	0	0
K02	Dental caries	45418	42244	27156	139	198	135	0	0	0
K03	Other diseases of hard tissues of teeth	3264	2464	1953	6	12	13	0	0	0

K04	Diseases of pulp and periapical tissues	4160	4550	1407	12	4	6	0	0	0
K05	Gingivitis and periodontal disease	14637	13357	4143	28	45	3	0	0	0
K06	Other disorders of gingiva and edentulous alveolar ridge	788	417	275	3	4	0	0	0	0
K07	Dentofacial anomalies (including malocclusion)	560	502	348	7	4	0	0	0	0
K08	Other disorders of teeth and supporting structures	564	792	235	42	74	15	0	0	0
K09	Cysts of oral region, not elsewhere classified	1637	1255	897	10	23	36	0	0	0
K10	Other diseases of jaws	76	43	14	34	7	5	0	0	0
K11	Diseases of salivary glands	393	286	92	36	35	7	0	0	0
K12	Stomatitis and related lesions	11571	12891	6792	123	65	63	1	0	0
K13	Other diseases of lip and oral mucosa	496	555	439	43	17	8	2	0	0
K14	Diseases of tongue	554	478	390	9	10	7	1	0	0
K20	Oesophagitis	3912	4783	1888	112	86	6	1	0	0
K20-K31	Diseases of oesophagus, stomach and duodenum	54298	57776	16425	0	0	0	0	0	0
K21	Gastro - oesophageal reflux disease	13154	15211	1267	330	321	30	0	0	0
K22	Other diseases of oesophagus	128	152	64	71	35	401	0	1	2
K25	Gastric ulcer	539	2002	12	222	233	16	0	0	0
K26	Duodenal ulcer	552	928	0	37	10	3	2	0	0
K27	Peptic ulcer, site unspecified	339	324	6	94	160	4	0	0	0
K28	Gastrojejunal ulcer	605	501	7	2	0	1	0	0	0
K29	Gastritis and duodenitis	39020	44422	9390	1448	1668	328	2	1	0
K30	Dyspepsia	37439	36964	7742	267	343	29	0	0	0
K31	Other disease of stomach and duodenum	10940	11580	578	168	124	4	0	0	0
K35	Acute appendicitis	920	564	175	556	365	130	0	0	0
K35-K38	Diseases of appendix	763	526	131	3	2	4	0	0	0
K36	Other appendicitis	12	6	7	51	33	12	0	0	0

K37	Unspecified appendicitis	37	11	22	15	11	75	0	0	0
K40	Inguinal hernia	5369	3335	1467	1750	388	773	6	0	2
K40-K46	Hernia	179	89	138	1	0	0	0	0	0
K42	Umbilical hernia	741	1507	361	231	194	18	1	0	1
K43	Ventral hernia	401	169	13	139	237	13	0	1	0
K44	Diaphragmatic hernia	0	0	0	119	92	6	0	0	2
K45	Other abdominal hernia	1924	1185	636	117	121	1	0	0	0
K46	Unspecified hernia of abdominal cavity	392	262	1	139	47	10	0	0	0
K50	Crohn's disease (regional entertitis)	1251	1826	354	30	16	16	1	0	0
K50-K52	Noninfective enteritis and colitis	2493	2639	2042	0	0	0	0	0	0
K51	Ulcerative colitis	5	5	0	81	45	7	2	2	0
K52	Other noninfective gastroenteritis and colitis	1233	1259	429	232	130	55	0	2	3
K55	Vascular disorders of intestine	44	32	12	11	7	0	3	0	0
K55-K63	Other diseases of intestines	2897	3439	915	0	0	0	0	0	0
K56	Paralytic ileus and intestinal obstruction without hernia	62	40	40	456	330	329	13	4	33
K58	Irritable bowel syndrome	1078	1345	125	182	13	1	1	1	0
K59	Other functional intestinal disorders	72	72	21	47	40	49	0	0	0
K60	Fissure and fistula of anal and rectal regions	3925	3175	251	638	245	31	1	0	0
K61	Abscess of anal and rectal regions	168	697	3	195	59	5	2	1	0
K62	Other diseases of anus and rectum	1525	1386	25	129	58	40	1	0	0
K63	Other diseases of intestine	550	602	521	121	86	27	4	3	4
K65	Peritonitis	12	0	6	405	250	84	17	8	2
K65-K67	Diseases of peritoneum	63	70	0	61	20	3	0	0	0
K70	Alchoholic liver disease	2138	282	2	1980	105	24	114	3	0
K70-K77	Diseases of liver	1223	584	288	42	0	0	0	0	0
K71	Toxic liver disease	117	80	0	231	24	16	4	2	1

K72	Hepatic failure, not elsewhere classified	33	25	25	1112	215	66	146	35	5
K73	Chronic hepatitis, not elsewhere classified	81	15	0	6	7	3	5	1	0
K74	Fibrosis and cirrhosis of liver	1684	1140	0	628	340	9	25	0	1
K75	Other inflammatory liver diseases	1096	500	42	699	267	166	19	5	5
K76	Other diseases of liver	298	175	105	4265	901	165	450	90	14
K77*	Liver disorders in diseases classified elsewhere	132	129	18	47	8	1	7	0	0
K80	Cholelithiasis	2900	4969	392	1999	4274	384	8	9	0
K80-K87	Disorders of gallbladder, biliary tract and pancreas	1486	1673	531	0	0	0	0	0	0
K81	Cholecystitis	70	276	43	401	781	67	0	0	0
K82	Other diseases of gallbladder	33	32	7	94	117	31	1	0	1
K83	Other diseases of biliary tract	255	468	0	252	137	94	14	6	3
K85	Acute pancreatitis	82	30	0	873	414	35	20	15	1
K86	Other diseases of pancreas	13	5	0	261	111	9	7	0	0
K90	Intestinal malabsorbtion	1420	1103	821	25	11	56	1	0	0
K90-K93	Other diseases of the digestive system	12997	11948	6567	0	0	0	0	0	0
K92	Other diseases of digestive system	2031	2553	1338	225	87	29	21	2	0
K93*	Disorders of other digestive organs in diseases classified elsewhere	67	57	58	36	26	7	1	0	0
L00	Staphylococcal scalded skin syndrome	4261	4172	5013	11	10	9	0	0	1
L00-L08	Infections of the skin and subcutaneous tissue	45508	44680	42160	0	0	0	0	0	0
L01	Impetigo	3867	3986	3579	30	34	69	0	0	0
L02	Cutaneous abscess, furuncle and carbuncle	27726	25103	22858	485	349	339	1	2	3
L03	Cellulitis	4916	2362	1387	453	260	102	3	4	0
L04	Acute lymphadenitis	1303	1648	2051	54	16	13	0	0	0
L05	Pilonidal cyst	513	507	170	86	19	14	0	0	0

L08	Other local infections of skin and subcutaneous tissue	17484	17628	14845	131	80	47	0	0	0
L10	Pemphigus	161	46	48	10	7	0	0	0	0
L10-L14	Bullous disroders	44	47	95	0	0	0	0	0	0
L13	Other bullous disorders	107	76	69	1	0	1	0	0	0
L20	Atopic dermatitis	7316	7732	7278	1	7	3	0	0	0
L20-L30	Dermatitis and eczema	52920	56099	37180	0	0	0	0	0	0
L21	Seborrhoeic dermatitis	3112	3417	2294	28	46	57	0	0	0
L22	Diaper (napkin) dermatitis	0	0	3105	0	0	0	0	0	0
L23	Allergic contact dermatitis	5739	6343	3175	5	4	7	1	0	0
L24	Irritant contact dermatitis	2032	1654	1115	1	2	1	0	0	0
L25	Unspecified contact dermatitis	1246	1443	716	8	2	1	0	0	0
L26	Exfoliative dermatitis	464	253	85	0	1	1	0	0	0
L27	Dermatitis due to substances taken internally	544	531	605	42	3	0	0	0	0
L28	Lichen simplex chronicus and prurigo	2476	2050	844	34	32	3	0	0	0
L29	Pruritus	18110	18430	11135	110	181	34	0	0	0
L30	Other dermatitis	11422	10795	6480	98	68	16	0	0	0
L40	Psoriasis	3357	3011	767	39	47	7	0	0	0
L40-L45	Papulosquamous disorders	1071	615	148	0	0	0	0	0	0
L42	Pityriasis rosea	542	287	377	13	9	14	0	0	0
L43	Lichen planus	435	344	259	2	3	2	0	0	0
L44	Other papulosquamous disorders	100	112	32	2	0	0	0	0	0
L45*	Papulosquamous disorders in diseases classified elsewhere	154	188	12	0	0	0	0	0	0
L50	Urticaria	15197	16287	9124	175	189	115	0	0	0
L50-L54	Urticaria and erythema	8869	8924	5537	3	0	0	0	0	0
L51	Erythema multiforme	14	85	0	4	8	6	2	0	0
L52	Erythema nodosum	62	45	12	3	1	1	0	0	0

L53	Other erythematous conditions	320	155	66	10	8	3	0	0	0
L55	Sunburn	613	605	87	6	3	2	0	0	0
L55-L59	Radiation-related disorder of the skin and subcutaneous tissue	160	275	125	0	0	0	0	0	0
L56	Other acute skin changes due to ultraviolet radiation	46	32	1	3	1	0	0	0	0
L57	Skin changes due to chronic exposure to nonionizing radiation	78	1	0	3	5	0	0	0	0
L58	Radiodermatitis	27	61	6	18	23	3	0	0	0
L60	Nail disorders	3568	3758	1482	5	6	3	0	0	0
L60-L75	Disorder of skin appendages	13889	13751	6537	0	0	0	0	0	0
L63	Alopecia areata	1631	918	705	32	15	20	0	0	0
L64	Androgenic alopecia	1161	548	15	29	43	4	0	0	0
L65	Other nonscarring hair loss	448	696	69	2	1	0	0	0	0
L66	Cicatricial alopecia (scarring hair loss)	71	36	11	1	3	0	0	0	0
L67	Hair colour and hair shaft abnormalities	494	392	171	10	8	1	0	0	0
L68	Hypertrichosis	564	594	19	0	2	0	0	0	0
L70	Acne	27535	30453	5547	159	142	9	0	0	0
L71	Rosacea	505	571	45	1	5	3	0	0	0
L72	Follicular cysts of skin and subcutaneous tissue	472	810	273	60	47	20	0	0	0
L73	Other follicular disorders	365	204	189	10	4	1	0	0	0
L74	Eccrine sweat disorders	42	59	48	0	1	0	1	0	0
L75	Apocrine sweat disorders	36	119	59	0	1	0	0	0	0
L80	Vitiligo	3017	2657	1040	27	40	19	0	0	0
L80-L99	Other disorders of the skin and subcutaneous tissue	8048	8891	2665	0	1	0	0	0	0
L81	Other disorders of pigmentation	1579	2259	910	21	79	6	0	0	0
L82	Seborrhoeic keratosis	383	394	22	1	0	0	0	0	0
L83	Acanthosis nigricans	53	37	14	3	0	1	0	0	0
L84	Corns and callosities	3163	2887	665	26	20	4	0	0	0

L85	Other epidermal thickening	257	248	69	7	7	6	0	0	0
L86*	Keratoderma in diseases classified elsewhere	45	71	26	15	35	3	0	0	0
L91	Hypertrophic disorders of skin	147	1214	160	13	23	9	0	0	0
L95	Vasculitis limited to skin, not elsewhere classified	350	237	23	0	2	2	0	0	0
L97	Ulcer of lower limb, not elsewhere classified	191	111	10	187	62	2	0	0	0
L98	Other disorders of skin and subcutaneous tissue, not elsewhere classified	733	899	753	36	29	74	0	0	0
L99*	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere	179	218	54	0	1	0	0	0	0
M00	Pyogenic arthritis	11063	11219	1203	21	33	47	0	0	0
M00-M25	Arthopathies	612	739	26	0	0	0	0	0	0
M01*	Direct infections of joint in infectious and parasitic diseases classified elsewhere	2158	2074	248	4	5	1	0	0	0
M02	Reactive arthropathies	3688	3002	332	1	1	0	0	0	0
M03*	Postinfective and reactive arthropathies in diseases classified elsewhere	310	590	30	112	270	13	0	0	0
M05	Seropositive rheumatoid arthritis	2805	2899	249	8	25	2	0	0	0
M05-M14	Inflammatory polyarthropathies	15923	18105	775	16	4	2	0	0	0
M06	Other rheumatoid arthritis	3436	4059	95	159	350	16	3	4	0
M08	Juvenile arthritis	49	106	28	2	7	7	0	0	0
M09*	Juvenile arthritis in diseases classified elsewhere	0	0	266	0	0	4	0	0	0
M10	Gout	1051	1476	439	7	4	0	0	0	0
M12	Other specific arthropathies	1469	1092	364	3	0	1	0	0	0
M13	Other arthritis	29414	35390	1401	336	387	11	0	1	0

M14*	Arthropathies in other diseases classified elsewhere	2142	2262	26	2	0	1	0	0	0
M15	Polyarthrosis	5716	6599	866	4	23	6	0	0	0
M15-M19	Arthrosis	1870	1808	13	0	0	0	0	0	0
M16	Coxarthrosis [arthrosis of hip]	1976	2293	412	45	29	1	0	0	0
M17	Gonarthrosis [arthrosis of knee]	6456	7633	726	430	1045	12	0	1	0
M18	Arthrosis of first carpometacarpal joint	978	756	191	2	5	3	0	0	0
M19	Other arthrosis	88	83	3	36	91	12	0	0	0
M20	Acquired deformities of fingers and toes	1335	1037	358	18	15	20	0	0	0
M20-M25	Other joint disorder	1764	1920	91	2	0	0	0	0	0
M21	Other acquired deformities of limbs	262	192	106	88	61	77	0	0	0
M22	Disorders of patella	109	46	14	51	5	1	0	0	0
M23	Internal derangement of knee	823	814	49	140	100	11	0	0	0
M24	Other specific joint derangements	894	930	112	65	15	13	0	0	0
M25	Other joint disorders, not elsewhere classified	7580	8458	1422	722	625	33	0	0	0
M30	Polyarteritis nodosa and related conditions	79	46	3	9	9	14	0	0	0
M30-M36	Systemic connective tissue disorders	300	54	0	0	0	0	0	0	0
M32	Systemic lupus erythematosus	1275	1064	63	10	39	15	0	2	0
M34	Systemic sclerosis	92	52	3	1	9	1	0	0	0
M35	Other systemic involvement of connective tissue	923	303	144	5	12	4	0	0	0
M40	Kyphosis and lordosis	1901	1816	1301	22	28	8	0	0	0
M40-M43	Deforming dorsopathies	344	191	0	0	0	0	0	0	0
M41	Scoliosis	260	166	142	12	9	8	0	0	0
M42	Spinal osteochondrosis	492	350	108	1	0	0	0	0	0

M43	Other deforming dorsopathies	176	106	27	45	54	3	0	0	0
M45	Ankylosing spondylitis	2006	2308	477	82	28	3	0	0	0
M45-M49	Spondylopathies	1669	1628	48	9	0	0	0	0	0
M47	Spondylosis	4382	4369	510	166	151	9	2	0	0
M48	Other spondylopathies	245	236	0	157	162	10	0	0	0
M50	Cervical disc disorders	2474	2150	369	20	11	0	0	0	0
M50-M54	Other dorsopathies	4569	3903	3	0	0	0	0	0	0
M51	Other intervertebral disc disorders	4165	4026	243	437	319	11	0	0	0
M54	Dorsalgia	3812	5149	307	386	508	276	0	1	0
M60	Myositis	1455	1245	267	30	19	25	0	0	0
M60-M63	Disorders of muscles	1779	1473	302	0	0	0	0	0	0
M61	Calcification and ossification of muscle	48	95	12	3	0	1	0	0	0
M62	Other disorders of muscle	814	855	47	11	4	2	0	0	0
M65	Synovitis and tenosysnovitis	1227	1027	121	38	29	17	1	0	0
M65-M68	Disorders of synovium and tendon	594	350	0	0	0	0	0	0	0
M70	Soft tissue disorders related to use, overuse and pressue	7135	7944	2259	11	3	5	0	0	0
M70-M79	Other soft tissue disorders	4443	3999	1124	0	0	0	0	0	0
M71	Other bursopathies	696	357	66	8	6	1	0	0	0
M72	Fibroblastic disorders	117	153	24	20	45	3	1	2	0
M75	Shoulder lesions	1371	1790	59	66	55	15	0	0	0
M79	Other soft tissue disorders, not elsewhere classified	73	889	12	113	84	27	0	1	0
M80	Osteoporosis with pathological fracture	4072	6977	183	6	11	1	0	0	0
M80-M94	Disorders of bone density and structure	3171	3762	334	0	0	0	0	0	0
M81	Osteoporosis without pathological fracture	5544	7360	1	99	77	1	0	0	0

M82*	Osteoporosis in diseases classified elsewhere	1038	1089	0	1	0	0	0	0	0
M83	Adult ostemalacia	585	790	6	1	6	0	0	0	0
M84	Disorders of continuity of bone	41	47	0	112	47	25	0	0	0
M85	Other disorders of bone density and structure	111	128	60	7	5	10	0	0	0
M86	Osteomyelitis	278	244	193	87	42	62	0	0	0
M86-M90	Other osteopathies	569	856	858	18	3	11	0	0	0
M90*	Osteopathies in diseases classified elsewhere	623	631	2	3	6	0	0	0	0
M91	Juvenile osteochondrosis of hip and pelvis	520	468	22	2	1	6	0	0	0
M92	Other juvenile osteochondrosis	146	225	0	3	9	2	0	0	0
M95	Other acquired deformities of musculoskeletal system	204	5	0	26	16	12	0	0	0
M99	Biomechanical lesions, not elsewhere classified	117	3	0	3	1	0	0	0	0
N00	Acute nephritic syndrome	262	1216	68	51	33	13	0	0	1
N00-N08	Glomerular diseases	334	432	0	0	0	0	0	0	0
N02	Recurrent and persistent haematuria	31	92	14	5	5	3	0	0	0
N03	Chronic nephritic syndrome	11	15	1	1066	629	42	50	27	3
N04	Nephrotic syndrome	14	3	72	109	30	216	0	0	5
N05	Unspecified nephritic syndrome	6	5	0	131	29	51	1	1	0
N07	Hereditary nephropathy, not elsewhere classified	5	2	0	118	2	3	0	0	0
N08*	Glomerular disorders in diseases classified elsewhere	0	0	0	139	83	0	0	0	0
N10	Acute tubulo-interstitial nephritis	57	182	46	24	25	1	0	0	0
N10-N16	Renal tubulo-interstitial diseases	58	205	0	1	0	0	0	0	0
N11	Chronic tubulo-interstitial nephritis	12	118	64	2	3	1	0	0	0

N12	Tubulo-interstitial nephritis, not specified as acute or chronic	5	179	70	52	89	4	0	0	0
N13	Obstructive and reflux uropathy	796	1079	12	239	123	162	1	0	1
N17	Acute renal failure	672	655	185	1114	485	24	92	37	3
N17-N19	Renal failure	182	10	0	0	0	0	0	0	0
N18	Chronic renal failure	1883	1373	0	2491	1679	586	49	15	0
N19	Unspecified renal failure	85	93	8	111	77	10	7	5	2
N20	Calculus of kidney and ureter	5420	4527	895	1553	779	100	3	2	1
N20-N23	Urolithiasis	1371	939	132	0	0	0	0	0	0
N21	Caldulus of lower urinary tract	1352	823	291	209	62	45	0	0	0
N23	Unspecified renal colic	2685	2335	952	29	41	8	0	0	0
N25	Disorders resulting from impaired renal tubular function	376	259	70	7	13	3	1	0	0
N25-N29	Other disorders of kidney and ureter	153	129	2	0	0	0	0	0	0
N28	Other disorders of kidney and ureter, not elsewhere classified	30	16	1	274	147	14	39	22	2
N30	Cystitis	4635	5896	1284	72	65	63	1	0	0
N30-N39	Other diseases of urinary system	10498	12566	3769	0	0	0	0	0	0
N32	Other disorders of bladder	36	137	7	129	32	22	0	0	0
N34	Urethritis and urethral syndrome	919	1526	250	32	18	5	0	0	0
N35	Urethral stricture	974	46	25	412	72	24	0	0	0
N39	Other disorders of urinary system	2679	4754	1115	1696	2102	407	23	20	0
N40	Hyperplasia of prostate	3652	0	0	1331	0	0	5	0	0
N40-N51	Diseases of male genital organs	4232	0	225	9	0	0	0	0	0
N41	Inflammatory diseases of prostate	396	0	0	58	0	0	0	0	0
N43	Hydrocele and spermatocele	2378	0	0	575	0	0	0	0	0

N45	Orchitis and epididymitis	1164	0	49	104	0	12	0	0	0
N46	Male infertility	347	0	0	41	0	0	0	0	0
N47	Redundant prepuce, phimosis and paraphimosis	659	0	0	278	0	0	1	0	0
N60	Benign mamary dysplasia	0	1471	0	0	45	0	0	0	0
N60-N64	Disorders of breast	0	2739	0	0	0	0	0	0	0
N61	Inflammatory disorders of breast	0	2100	6	0	115	17	0	0	0
N62	Hypertrophy of breast	0	165	6	0	12	7	0	0	0
N63	Unspecified lump in breast	0	1757	0	0	255	0	0	0	0
N64	Other disorders of breast	1	274	8	0	40	18	0	0	0
N70	Salpingitis and oophoritis	116	4899	222	2	47	7	0	0	0
N70-N77	Inflammatory diseases of female pelvic organs	0	28537	36	0	0	0	0	0	0
N71	inflammatory diseases of uterus, except cervix	0	2239	0	0	126	0	0	0	0
N72	Inflammatory diseases of cervix uteri	0	6291	16	0	111	7	0	0	0
N73	Other female pelvic inflammatory diseases	0	21778	156	0	104	1	0	0	0
N74*	Female pelvic inflammatory disorders in diseases classified elsewhere	0	3053	3	0	32	0	0	0	0
N75	Diseases of Bartholin's gland	0	446	0	0	59	2	0	0	0
N76	Other inflammation of vagina and vulva	0	8380	18	0	48	3	0	0	0
N80	ebndometriosis	0	1390	0	0	320	15	0	0	0
N80-N98	Non inflammatory disorders of female genital tract	0	19564	374	0	0	0	0	0	0
N81	female genital prolapse	0	2798	0	0	536	0	0	0	0
N83	Nonimflmmatory disorders of ovary, fallopian tube and broad ligament	0	1243	0	0	498	0	0	1	0
N84	Polyp of female genital tract	0	811	48	0	327	14	0	0	0

N85	Other noninflammatory disorders of uterus, except cervix	0	529	0	0	281	0	0	1	0
N86	Erosion and ectropion of cervix uteri	0	969	0	0	30	0	0	0	0
N87	Dysplasia of cervix uteri	0	135	0	0	12	0	0	0	0
N88	Other noninflammatory disorders of cervix uteri	0	284	0	0	20	0	0	0	0
N89	Other noninflammatory disorders of vagina	0	219	0	0	131	0	0	0	0
N90	Other noninflammatory disorders of vulva and perineum	0	1286	0	0	27	0	0	0	0
N91	Absent, scanty and reare mentruation	0	17408	60	0	182	5	0	0	0
N92	Excessive, frequent and irregular menstruation	0	23382	117	0	961	50	0	0	0
N93	Other abnormal uterine and vaginal bleeding	0	4815	0	0	914	26	0	0	0
N94	Pain and other conditions associated with female genital organs and menstual cycle	0	13726	41	0	156	18	0	0	0
N95	Menopausal and other perimenopausal disorders	0	4202	0	0	345	0	0	0	0
N96	Habitual aborter	0	1576	0	0	54	0	0	0	0
N97	Female infertility	0	8192	0	0	751	0	0	0	0
N99	Postprocedural disorders of the genitourinary system, not elsewhere classified	0	244	0	0	3	0	0	0	0
O00	Ectopic pregnancy	0	67	0	0	405	0	0	0	0
O00-O08	Pregnancy with abortive outcome	0	733	0	0	24	0	0	0	0
O02	Other abnormal products of conception	0	60	0	0	612	0	0	0	0
O03	Spontaneous abortion	0	2172	0	0	682	0	0	0	0
O04	Medical abortion	0	1370	0	0	1057	0	0	0	0
O05	Other abortion	0	2023	0	0	1129	0	0	0	0
O06	Unspecified abortion	0	1026	0	0	459	0	0	0	0

O08	Complications following abortion and ectopic and molar pregnancy	0	155	0	0	10	0	0	0	0
O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	213	0	0	192	0	0	0	0
O10-O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	0	139	0	0	13	0	0	0	0
O11	Pre-existing hypertensive disorderwith superimposed proteinuria	0	140	0	0	155	0	0	0	0
O12	Gestational (pregnancy - induced) oedema and proteinuria without hypertension	0	155	0	0	105	0	0	0	0
O13	Gestational (pregnancy - induced) hypertension without significant proteinuria	0	193	0	0	278	0	0	0	0
O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	357	0	0	434	0	0	1	0
O15	Eclampsia	0	5	0	0	55	0	0	0	0
O16	Unspecified maternal hypertension	0	20	0	0	181	0	0	0	0
O20	Haemorrhage in early pregnancy	0	1257	0	0	783	0	0	0	0
O20-O29	Other maternal disorders predominantly related to pregnancy	0	1797	0	0	1	0	0	0	0
O21	Excessive vomiting in pregnancy	0	1865	0	0	506	0	0	0	0
O23	Infections of genitourinary tract in pregnancy	0	778	0	0	166	0	0	0	0
O24	Diabetes mellitus in pregnancy	0	327	0	0	621	0	0	0	0

O25	Malnutrition in pregnancy	0	4740	0	0	675	0	0	0	0
O26	Maternal care for other conditions predominantly related to pregnancy	0	1854	0	0	124	0	0	0	0
O28	Abnormal findings on antenatal screening of mother	0	1073	0	0	265	0	0	0	0
O30	Multiple gestation	0	404	0	0	339	0	0	0	0
O30-O48	Maternal care related to fetus and amniotic cavity and possible delivery problems	0	888	0	0	399	0	0	0	0
O32	Maternal care for known or suspected malpresentaion of fetus	0	141	0	0	404	0	0	0	0
O33	Maternal care for known or suspected disproportion	0	13	0	0	252	0	0	2	0
O34	Maternal care for known or suspected abnormality of pelvic organs	0	412	0	0	534	0	0	0	0
O35	Maternal care for known or suspected fetal abnormality and damabe	0	15	0	0	78	0	0	0	0
O36	Maternal care for known or suspected fetal problems	0	79	0	0	722	0	0	2	0
O40	Polyhydramnios	4	104	0	0	91	0	0	0	0
O41	Other disorders of amniotic fluid and membranes	0	41	0	0	449	0	0	0	0
O42	Premature rupture of membrances	0	239	0	0	1738	0	0	0	0
O44	Placenta praevia	0	539	0	0	151	0	0	11	0
O46	Antepartum haemorrhage, not elsewhere classified	0	14	0	0	86	0	0	0	0
O47	False labour	0	282	0	0	1319	0	0	0	0
O48	Prolonged pregnancy	0	911	0	0	1204	0	0	0	0
O60	Pretern delivery	0	422	0	0	1372	0	0	4	0
O61	Failed induction of labour	0	7	0	0	239	0	0	0	0

O62	Abnormalities of forces of labour	0	3	0	0	77	0	0	0	0
O63	Long labour	0	4	0	0	222	0	0	0	0
O68	Labour and delivery complicated by fetal stress (distress)	0	0	0	0	719	0	0	0	0
O69	Labour and delivery complicatied by umbilical cord complications	0	0	0	0	172	0	0	0	0
O70	Perineal laceration during delivery	0	546	0	0	203	0	0	0	0
O71	Other obstetric trauma	0	3	0	0	82	0	0	0	0
O72	Postpartum haemorrhage	0	1	0	0	364	0	0	0	0
O73	Retained placeta and membrances, without haemorrhage	0	0	0	0	187	0	0	0	0
O75	Other complications of labour and delivery, not elsewhere classified	0	2	0	0	736	0	0	0	0
O80	Single spontaneous delivery	0	847	217	0	31730	4269	0	0	4
O80-O84	Delivery	0	82	0	0	7949	0	0	0	0
O81	Single delivery by forceps and vaccum extractor	0	2	0	0	1180	0	0	0	0
O82	Single delivery by cesarean section	0	117	0	0	13006	1036	0	15	1
O83	Other assisted single delivery	0	2	0	0	694	0	0	0	0
O84	Multiple delivery	0	9	0	0	224	0	0	0	0
O85	Puerperal sepsis	0	32	0	0	82	0	0	1	0
O91	Infections of breast associated with childbirth	0	114	0	0	22	0	0	0	0
O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	70	0	0	621	0	0	0	0

P00	Fetus and newborn affected by maternal conditions that may be unrelated to present pregnancy	0	337	8	0	4	0	0	0	0
P03	Fetus and newborn affected by noxious influences transmitted via placenta or breast milk	0	0	0	0	95	450	0	0	1
P05	Slow fetal growth and fetal malnutrition	0	0	77	0	0	1833	0	0	31
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	22	5	0	220	3699	0	1	215
P21	Birth asphyxia	0	0	438	0	0	609	0	0	162
P22	Respiratory distress of newborn	0	0	725	0	0	1673	0	0	166
P24	Neonatal aspiration syndromes	0	0	288	0	0	315	0	0	50
P36	Bacterial sepsis of newborn	0	0	396	0	0	1265	0	0	246
P58	Neonatal jaundice due to other excessive haemolysis	0	0	0	0	0	145	0	0	4
P59	Neonatal jaundice from othe and unspecified causes	0	0	745	0	0	2633	0	0	33
P70	Transitory disorders of carbohydrate metabolism specific to fetus and newborn	0	0	0	0	0	181	0	0	7
P92	Feeding problems of newborn	0	0	1462	0	0	2640	0	0	0
Q16	Congenital malformations of ear causing impairment of hearing	72	110	0	1	1	1	0	0	0
Q21	Congenital malformations of caridac septa	0	0	0	152	126	283	6	1	3
Q24	Other congenital malformations of the heart	0	0	0	143	80	292	3	4	12

Q25	Congenital malformations of great arteries	0	0	0	46	36	86	0	0	2
Q30	Congenital malformations of nose	0	0	0	71	62	59	0	0	0
Q35	Cleft palate	33	21	105	5	5	143	0	0	0
Q36	Cleft lip	48	19	90	32	15	133	0	0	0
Q37	Cleft palate with cleft lip	0	0	0	20	14	159	0	0	0
Q43	Other congenital malformations of intestine	0	0	0	3	6	256	0	1	12
Q53	Undescended testicle	2	0	67	66	0	147	0	0	0
Q61	Cystic kidney disease	79	55	0	20	6	1	0	0	0
Q64	Other congenital malformations of urinary system	0	1	2	16	6	149	0	0	6
Q65	Congenital deformities of hip	0	221	0	0	10	28	0	0	0
Q66	Congenital deformities of feet	0	161	0	15	15	180	6	0	2
R00	Abnormalities of heart beat	1283	812	310	58	31	18	2	1	0
R00-R09	Symptoms and signs involving the circulatory and respiratory systems	27569	26967	21105	1	2	5	0	0	0
R01	Cardiac murmurs and other cardiac sounds	635	930	216	3	13	3	0	0	0
R02	Gangrene, not elsewhere classified	1060	691	880	90	48	17	0	2	0
R03	Abnormal blood-pressure reading, without diagnosis	604	421	143	11	5	18	0	0	0
R04	Haemorrhage from respiratory passages	1793	1327	1230	210	93	41	3	2	5
R05	Cough	123435	119445	98281	1253	982	654	0	0	0
R06	Abnormalities of breathing	1184	802	125	89	72	139	3	5	3
R07	Pain in throat and chest	4637	1579	737	419	306	6	2	1	0
R09	Other symptoms and signs involving the circulatory and respiratory systems	328	366	236	7	5	14	4	0	0

R10	Abdominal and pelvic pain	45769	53450	28261	1739	2085	874	2	5	0
R10-R19	Symptoms and signs involving the digestive system and abdomen	54058	61582	37466	0	1	0	0	0	0
R11	Nausea and vomiting	34139	33081	21633	293	338	158	1	0	0
R12	Heartburn	25981	23989	3042	103	130	25	0	0	0
R13	Dysphagia	2719	2814	338	22	5	2	0	0	0
R14	Flatulence and related conditions	9120	9049	2510	38	66	25	0	0	0
R15	Faecal incontinence	128	105	75	7	14	18	0	0	0
R16	Hepatomegaly and splenomegaly, not elsewhere classified	726	624	4	36	13	11	0	0	2
R17	Unspecified jaundice	57	55	17	1456	289	73	188	41	1
R18	Ascites	1394	1060	5	1818	445	37	216	32	6
R19	Other symptoms and signs involving the digestive system and abdomen	349	280	111	26	46	11	0	0	0
R20	Disturbances of skin sensation	1366	1743	570	7	2	0	0	0	0
R21	Rash and other nonspecific skin eruption	2103	1525	761	59	75	62	1	0	0
R22	Localized swelling, mass and lump of skin and subcutaneous tissue	443	956	210	154	92	43	0	1	0
R23	Other skin changes	426	1001	224	5	12	15	0	0	0
R25	Abnormal involuntary movements	191	97	30	7	8	9	0	0	0
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	192	141	63	3	6	8	0	0	0
R30	Pain associated with micturition	7088	10788	3261	14	30	6	0	0	0
R30-R39	Symptoms and signs involving the urinary system	9046	10280	4241	0	0	1	0	0	0
R31	Unspecified haematuria	158	94	39	111	34	10	0	0	0
R32	Unspecified urinary incontinence	138	111	165	9	10	2	1	0	0

R33	Retention of urine	113	133	6	108	14	3	0	0	0
R35	Polyuria	980	1293	34	1	1	3	0	0	0
R36	Urethral discharge	423	894	0	2	0	4	0	0	2
R39	Other symptoms and signs involving the urinary system	208	175	99	11	10	26	0	0	0
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behaviour	5117	5795	3210	0	0	0	0	0	0
R42	Dizziness and giddiness	5239	7308	908	178	193	21	0	0	0
R43	Disturbances of smell and taste	90	74	20	0	1	0	0	0	0
R44	Other symptoms and signs involving general sensations and perceptions	114	47	0	1	0	0	0	0	0
R49	Voice disturbances	879	1358	535	5	8	4	0	0	0
R50	Fever of unknown origin	69761	64945	64976	3053	2467	2328	25	22	18
R50-R69	General symptoms and signs	150534	177994	122403	2	1	25	0	0	0
R51	Headache	63226	65267	23161	539	617	138	1	0	0
R52	Pain, not elsewhere classified	5041	5258	2128	498	618	107	0	0	0
R53	Malaise and fatigue	36115	39263	14396	208	177	89	0	0	0
R54	Senility	701	652	0	1	2	0	0	0	0
R55	Syncope and collapse	16	62	6	190	139	21	1	2	0
R56	Convulsions, not elsewhere classified	177	12	113	454	298	1771	18	11	25
R57	Shock, not elsewhere classified	286	114	186	242	130	51	147	65	31
R58	Haemorrhage, not elsewhere classified	36	31	7	23	15	9	2	2	0
R59	Enlarged lymph nodes	660	287	470	91	53	31	0	0	0
R60	Oedema, not elsewhere classified	352	132	53	23	16	4	0	0	0
R63	Symptoms and signs concerning food and fluid intake	325	104	44	3	9	2	0	0	0
R68	Other general symptoms and signs	4170	2610	1141	53	43	9	1	2	0

R69	Unknown and unspecified causes of morbidity	510	1307	1268	30	36	2	1	0	0
R70-R79	Abnormal findings on examination of blood, without diagnosis	775	427	56	0	0	0	0	0	0
R73	Elevated blood glucose level	241	103	0	9	7	1	0	1	0
R75	Laboratory evidence of human immunodeficiency	199	86	18	39	9	2	0	0	0
R80	Isolated proteinuria	192	130	40	164	152	54	0	0	0
R81	Glycosuria	120	148	7	75	86	9	0	0	0
R82	Other abnormal findings in urine	328	482	109	44	94	30	0	0	0
R84	Abnormal findings in specimens from respiratory organs and thorax	23	2	1	123	88	16	0	0	0
R89	Abnormal findings in specimens from other organs, systems and tissues	94	84	13	207	188	46	0	0	0
S00	Superficial injury of head	6455	4191	3285	459	138	131	7	3	0
S00-S09	Injuries to the head	3295	2966	3272	0	0	0	0	0	0
S01	Open wound of head	359	140	161	92	26	37	0	0	0
S02	Fracture of skull and facial bones	412	333	166	462	153	104	1	1	1
S05	Injury of eye and orbit	147	73	95	31	24	19	0	0	0
S06	Intracranial injury	203	55	221	276	76	77	16	1	0
S09	Other and unspecified injuries of head	245	232	146	298	97	78	30	2	3
S10	Superficial injury of neck	593	526	179	12	6	3	1	0	0
S10-S19	Injuries to the neck	722	839	804	10	10	1	0	0	0
S20	Superficial injury of the thorax	694	288	360	37	16	6	0	0	1
S20-S29	Injuries to the thorax	281	248	17	0	0	0	0	0	0
S22	Fracture of ribs(s), sternum and thoracic spine	62	30	5	132	63	5	2	0	1

S28	Crushing injury of thorax and traumatic amputation of part of thorax	58	47	5	0	0	0	0	0	0
S29	Other and unspecified injuries of thorax	193	79	88	15	2	1	0	1	0
S30	Superficial injury of abdomen, lower back and pelvis	965	763	325	45	31	8	1	0	0
S30-S39	Injuiries to the abdomen, lower back, lumbar spine and pelvis	1583	1095	437	4	0	0	0	0	0
S31	Open wound of abdomen, lower back and pelvis	110	170	92	9	15	3	1	0	0
S32	Fracture of lumbar spine and pelvis	1069	507	720	233	146	36	3	0	0
S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	682	663	1018	2	2	3	0	0	0
S37	Inury of pelvic organs	14	19	7	140	86	4	27	22	1
S39	Other and unspecified injuries of abdomen, lower back and pelvis	229	218	71	67	13	5	5	0	0
S40	Superficial injury of shoulder and upper arm	5460	4060	2004	116	93	21	0	0	0
S40-S49	Injuries to the shoulder and upper arm	3610	3840	2075	16	11	0	0	0	0
S41	Open wound of shoulder and upper arm	224	294	39	6	8	1	0	0	0
S42	Fracture of shoulder and upper arm	2142	1914	791	539	246	128	0	0	3
S43	Dislocation,sprain and strain of joints and ligaments of shoulder girdle	651	400	24	59	23	3	0	0	0
S49	Other and unspecified injuries of shoulder and upper arm	392	335	335	19	4	1	0	0	0
S50	Superficial injury of forearm	3214	2479	1934	74	61	39	0	0	0
S50-S59	Injuries to the elbow and forearm	5072	5027	3621	45	17	23	0	0	0
S51	Open wound of forearm	133	186	202	30	8	5	0	0	0

S52	Fracture of forearm	2003	1354	536	507	273	136	0	0	0
S59	Other and unspecified injuries of forearm	325	193	111	45	11	6	0	0	0
S60	Superficial injury of wrist and hand	5580	4318	2574	152	98	26	0	0	0
S60-S69	Injuries to the wrist and hand	5960	5245	3843	4	1	5	0	0	0
S61	Open wound of wrist and hand	174	137	160	21	9	3	0	0	0
S62	Fracture of wrist and hand level	1310	885	625	238	70	52	1	0	0
S63	Dislocation,sprain and strain of joints and ligaments at wrist and hand level	751	899	44	12	1	1	0	0	0
S69	Other and unsepcified injuries of wrist and hand	157	96	76	105	28	22	0	0	0
S70	Superficial injury of hip and thigh	1586	1287	581	58	60	43	0	0	0
S70-S79	Injuries to the hip and thigh	2185	2965	1029	59	26	19	0	0	0
S71	Open wound of hip and thigh	383	409	189	10	9	2	0	1	0
S72	Fracture of femur	1788	2073	1052	938	685	216	4	6	0
S79	Other and unspecified injuries of hip and thigh	78	85	9	20	8	0	1	0	0
S80	Superficial injury of lower leg	6536	5745	3421	121	148	29	0	0	0
S80-S89	Injiuries to the knee and lower leg	6369	5959	4956	38	6	5	0	0	0
S81	Open wound of lower leg	640	426	702	36	17	15	2	0	0
S82	Fracture of lower leg, including ankle	1060	842	332	798	306	75	1	0	0
S83	Dislocation,sprain and strain of joints and ligaments of knee	968	1050	471	336	135	27	0	0	0
S86	Injury of muscle and tendon at lower leg level	117	61	93	9	3	0	0	0	0
S89	Other and unspecified injuries of lower leg	634	683	979	56	15	7	1	0	0
S90	Superficial injury of ankle and foot	5107	4141	2142	160	129	42	0	0	0

S90-S99	Injuries to the ankle and foot	7046	5567	4851	15	4	5	0	0	0
S91	Open wound of ankle and foot	392	226	268	28	12	3	0	0	0
S92	Fracture of foot, except ankle	1676	1330	381	177	67	29	2	0	0
S93	Dislocation, Sprain and strain of joints and ligaments at ankle and foot level	1367	1149	343	20	11	1	0	0	0
S96	Injury of muscle and tendon at ankle and foot level	282	155	5	2	8	0	0	0	0
S99	Other and unspecified injuries of ankle and foot	521	382	511	34	11	15	0	0	0
T00	Superficial injuries involving muliple body regions	1611	1944	1048	8	10	2	0	0	0
T00-T07	Injuries of involving multiple body regions	2646	2255	2251	0	0	0	0	0	0
T02	Fractures involving multiple body region	900	375	491	17	4	1	0	0	0
T07	Unspecified multiple injuries	219	220	222	8	1	0	0	0	0
T08-T14	Injuries to unspecified part of trunk, limb or body region	94	93	34	2	0	0	0	0	0
T14	Injury of unspecified of body	0	0	0	95	44	29	1	0	0
T15	Foreign body on external eye	168	295	82	8	2	11	0	0	0
T15-T19	Effects of foreign body entering through natural orifice	228	258	351	2	0	1	0	0	0
T16	Foreign body in ear	60	58	915	12	1	20	0	0	0
T20	Burn and corrosion of head and neck	563	642	825	56	76	36	0	0	0
T21	Burn and corrosion of trunkl	81	89	68	4	1	7	0	0	0
T22	Burn and corrosion of shoulder and upper limb, except wrist and hand	173	208	124	27	10	0	0	0	0

T23	Burn and corrosion of wrist and hand	319	585	333	10	11	4	0	0	0
T24	Burn and corrosion of hip and lower limb, except ankle and foot	49	80	56	5	3	1	0	0	0
T25	Burn and corrosion of ankle and foot	388	232	213	13	0	21	0	0	0
T26-T28	Burn and corrosion confined to eye and internal organs	265	384	480	0	0	0	0	0	0
T29	Burn and corrosions of multiple body regions	440	379	433	0	0	0	0	0	0
T29-T32	Burn and corrosion of multiple and unspecified body regions	163	211	227	0	0	0	0	0	0
T30	Burn and corrosion, body region unspecified	501	249	344	4	6	3	0	0	0
T36	Poisoning by systemic antibiotics	0	0	0	373	291	27	19	9	1
T37	Poisoning by other systemic anti-infectives and antiparasitics	1	0	0	1	0	13	0	0	0
T40	Poisoning by narcotics and psychodysleptics [hallucinogens]	0	1	1	6	0	1	0	0	0
T44	Poisoning by drugs primarily affecting the autonomic nervous system	564	224	0	7	2	1	0	0	0
T59	Toxic effect of other gases, fumes and vapours	11	536	180	5	0	3	0	0	0
T65	Toxic effect of other and unspecified substances	142	161	89	313	87	86	7	7	2
T66	Unspecified effects of radiation	0	1	46	1	0	0	0	0	0
T67	Effects of heat and light	0	0	0	2	6	1	0	0	0
T68	Hypothermia	0	0	0	0	0	2	0	0	0
T70	Effects of air pressure and water pressure	0	0	0	2	1	0	0	0	0
T71	Asphyxiation	0	0	0	4	4	3	0	0	0
T73	Effects of other deprivation	0	0	0	0	2	1	0	0	0
T74	Maltreatment	0	0	0	1	0	0	0	0	0

	syndromes									
T75	Effects of other external causes	0	0	0	2	2	3	0	0	0
T78	Adverse effects, not elsewhere classified	0	0	0	14	12	9	0	0	0
T79	Certain early complications of trauma , not elsewhere classified	0	0	0	9	2	0	1	0	0
T80	Complications following infusion, tranfusion and therapeutic injection	0	0	0	3	1	2	0	0	0
T80-T88	Complications of surgical and medical care,not elsewhere classified	0	3	0	0	0	1	0	0	0
T81	Complications of procedures, not elsewhere classified	0	0	0	43	41	7	0	0	0
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts	0	0	0	13	9	0	0	0	0
T83	Complications of genitourinary devices, implants and grafts	0	0	0	9	2	0	0	0	0
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	51	143	0	62	47	3	0	0	0
T86	Failure and rejection of transplanted organs and tissues	0	0	0	3324	79	5	2	2	0
T90	Sequelae of injuries of head	1	0	0	185	67	86	11	2	2
T95	Sequelae of burns, corrosions and frostbite	306	94	86	0	0	0	0	0	0
V01	Pedestrian injured in collision with pedal cycle	638	477	236	5	0	0	0	0	0
V01-V09	Pedestrian injured in transport accident	368	271	224	10	0	0	0	0	0
V02	Pedestrian injured in collision with two or three wheeled motor vehicle	173	75	24	13	1	3	0	0	0

V09	Pedestrian injured in other and unspecified transport accidents	1132	684	796	6	5	1	0	0	0
V10	Pedal cyclist injured in collision with pedestrian or animal	13	13	110	0	0	0	0	0	0
V10-V19	Pedal cyclist injured in transport accident	253	168	166	0	0	0	0	0	0
V12	Pedel cyclist injured in collision with two or three wheeled motor vehicle	639	534	142	0	0	0	0	0	0
V20-V29	Motorcycle rider injured in transport accident	267	52	56	11	2	1	3	0	0
V23	Motorcycle rider injured in collision with car,pick-up truck or van	658	132	20	27	6	1	0	0	0
V28	Motorcyle rider injured in noncollision transport accident	0	0	0	77	18	1	0	0	0
V29	Motorcyle rider injured in other and unspecified transport accidents	57	9	1	1	0	0	0	0	0
V74	Bus occupant injured in collision with heavy transport vehicle or bus	588	755	207	0	0	0	0	0	0
V89	Motor- or nonmotor-vehicle accident, type of vehicle unspecified	0	0	0	271	63	23	1	0	0
V99	Unspecified transport accident	0	0	0	159	30	20	3	1	0
W00-X59	Falls	596	363	358	9	5	2	0	0	0
W01	Fall on same level from slipping , tripping and stumbling	1566	1323	1045	6	3	2	0	0	0
W04	Fall while being carried or supported by other persons	80	108	65	0	0	0	0	0	0
W05	Fall involving wheelchair	355	220	8	0	1	0	0	0	0
W07	Fall involving chair	189	153	2	0	1	0	0	0	0
W10	Fall on and from stairs and steps	49	47	89	42	24	25	0	0	0

W11	Fall on and from ladder	0	250	0	0	1	0	0	0	0
W17	Other fall from one level to another	86	31	63	24	18	25	0	1	0
W18	Other fall on same level	0	0	2	68	50	12	0	0	0
W19	Unspecified fall	13	9	8	182	164	50	0	0	0
W20-W49	Exposure to inanimate mechanical forces	257	387	241	0	0	0	0	0	0
W25	Contact with sharp glass	79	191	43	16	3	5	0	0	0
W26	Contact with knife, sword or dagger	219	104	28	12	1	0	1	0	0
W50	Hit, struck, kicked, twisted, bitten or scratched by another person	1973	1902	1228	52	20	13	3	0	0
W50-W64	Exposure to animate mechanical forces	860	412	394	0	0	0	0	0	0
W52	Crushed, pushed and stepped on by crowd or human stampede	0	31	440	0	0	0	0	0	0
W53	Bitten by rat	211	266	733	0	0	0	0	0	0
W54	Bitten or struck by dog	32138	17855	23815	1048	321	427	0	0	0
W55	Bitten or struck by other mammals	513	485	312	13	14	10	0	0	0
W59	Bitten or crushed by other reptiles	523	340	41	39	14	0	0	1	0
W77	Threat to breathing due to cave-in, falling earth and other substances	85	80	88	0	0	0	0	0	0
W84	Unspecified threat to breathing	683	246	466	0	0	0	0	0	0
W85	Exposure to electric transmission lines	50	34	20	7	3	17	0	0	0
X00-X09	Exposure to smoke,fire and flames	250	447	19	3	1	0	0	0	0
X09	Exposure to unspecified smoke, fire and flames	149	210	12	0	0	1	0	0	0
X10	Contact with hot drinks, food, fats and cooking oils	126	35	9	0	0	0	0	0	0
X19	Contact with other and unspecified heat and hot substances	240	4	5	0	0	0	0	0	0

X85	Assault by drugs, medicaments and biological substances	913	523	84	12	6	0	0	1	0
X85-Y09	Aasault	84	45	0	2	0	0	0	0	0
X99	Assault by sharp object	253	38	1	20	0	2	0	0	0
Y00	Assault by blunt object	1126	174	5	1	1	0	0	0	0
Y04	Assault by bodily force	2098	757	73	10	9	3	0	0	0
Y14	Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent	0	0	0	125	10	2	0	0	0
Y30	Falling, jumping or pushed from a high place, undetermined intent	0	77	0	43	84	53	1	0	0
Y32	Crashing of motor vehicle, undetermined intent	0	166	0	0	0	0	0	0	0
Y34	Unspecified event, undetermined intent	0	1114	0	4	130	2	0	0	0
Y59	Other and unspecified vaccines and biological substances	152	114	36	1	0	0	0	0	0
Z00	General examination and investigationof presons without complaint and reported diagnosist	4991	5556	5235	6814	3030	925	0	0	0
Z00-Z13	Person encountering health services for examination and investigation	2947	2723	1145	0	0	0	0	0	0
Z02	Examination and encounter for administrative purposes	4277	5167	3067	721	544	178	0	0	0
Z03	Medical observation and evaluation for suspected diseases and conditions	680	381	129	168	110	46	0	0	0
Z04	Examination and observation for other reasons	13	629	3098	487	462	98	0	0	0
Z08	Follow up examination after treatment for malignant neoplasms	4	2	2	394	340	6	0	0	0

Z09	Follow up examination after treatment for conditions other than malignant neoplasms	7	722	27	333	189	70	0	0	0
Z10	Routine general health check-up of defined suppopulation	2225	3422	2157	1	1	0	0	0	0
Z11	Special screening examination for infectious and parasitic diseases	713	125	318	0	0	0	0	0	0
Z20	Contact with and exposure to communicable disease	4	339	436	3	1	0	0	0	0
Z20-Z29	Persons with potential health hazards related to communicable diseases	0	0	5892	0	0	0	0	0	0
Z21	Asymptomatic human immunodeficiency virus (HIV) infection status	1	0	67	2	1	0	0	0	0
Z22	Carrier of infectious disease	511	760	487	21	20	1	0	0	0
Z23	Need for immunizaion against single bacterial disease	235	179	565	0	1	0	0	0	0
Z24	Need for immunizaion against certain single viral diseases	365	351	632	0	0	0	0	0	0
Z26	Need for immunization against other single infectious diseases	0	0	1725	0	0	131	0	0	0
Z27	Need for immunization against combinations of infectious diseases	909	1226	12773	2	31	11309	0	0	0
Z29	Need for other prophylactic measures	1	1	1059	32	26	0	0	0	0
Z30	Contraceptive management	64089	42037	0	12	4126	0	0	0	0
Z30-Z39	Persons encountering health services in ciccumstances related to reprocuction	16069	38673	0	612	1	0	0	0	0
Z31	Procreative management	1957	4717	0	32	153	0	0	0	0

Z32	Pregnancy examination and test	0	67208	0	0	459	0	0	0	0
Z33	Pregnant state, incidental	0	440	0	0	3	0	0	0	0
Z34	Supervision of normal preganancy	0	96615	0	0	8413	0	0	0	0
Z35	Supervision of high-risk pregnancy	0	11595	0	0	1349	0	0	0	0
Z36	Antenatal screening	0	90817	0	0	2328	0	0	0	0
Z37	Outcome of delivery	0	6615	0	0	3500	959	0	0	0
Z38	Liveborn infants according to place of birth	0	0	1172	0	0	13596	0	0	3
Z39	Postpartum care and examination	0	15520	106	0	2220	120	0	0	0
Z40	Prophylactic surgery	0	166	0	0	171	0	0	0	0
Z41	Procedures for purposes other than remedying health state	0	68	0	10	2	4	0	0	0
Z42	Follow-up care involving plastic surgery	0	76	0	5	0	1	0	0	0
Z43	Attention to artificial openings	0	1203	0	17	206	0	0	0	0
Z44	Fitting and adjustment of external prosthetic device	0	277	0	0	113	0	0	0	0
Z45	Adjustment and management of implanted device	0	2395	78	25	11	21	0	0	0
Z46	Fitting and adjustment of other devices	0	0	0	233	112	3	0	0	0
Z47	Other orthopaedic follow-up care	0	0	0	143	71	25	0	0	0
Z48	Other surgical follow-up care	1	386	1	29	164	88	0	0	0
Z49	Care involving dialysis	0	0	0	1845	1506	53	2	1	0
Z50	Care involving use of rehabilitation procedures	0	0	0	2	218	0	0	0	0
Z51	Other medical care	0	0	0	5055	7666	650	0	0	0
Z52	Donors of organs and tissues	0	16	0	147	293	16	0	0	0
Z54	Convalescence	2	50	43	0	0	0	0	0	0
Z73	Problems related to life-management difficulty	0	46	0	1	0	0	0	0	0

Z74	Problems related to care-provider dependency	0	56	0	0	0	0	0	0	0
Z80-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status	269	2100	1192	0	2	0	0	0	0
Z94	Transplanted organ and tissue status	0	0	0	247	56	10	0	2	0
Z95	Presence of cardiac and vascular implants and grafts	0	0	0	1372	350	35	32	16	0
Z96	Presence of other functional implants	39	22	0	372	390	4	0	0	0
Z98	Other postsurgical states	0	0	0	358	135	22	2	0	0
Z99	Dependence on enabling machines and devices, not elsewhere classified	0	0	0	72	54	0	0	0	0

Note: The above Morbidity/Mortality Reports reported by some of the Govt./ Private, Autonomous Bodies, Hospitals, Districts in GNCT of Delhi, based on the diagnosis made by the treating Doctors. Inadvertent errors during the data entry process / coding may be there despite best efforts. SHIB is not the primary holder of the data it only receives and compiles data.

6.32.2 Statement of Noncommunicable Diseases reported from some of the hospitals / institutions in Delhi for the year 2016.

Sl. No.	Name of Disease	OPD Male	OPD Female	OPD Totla	IPD Male	IPD Female	IPD Total	Total (OPD + IPD)	Death Male	Death Female
1	Accidental Injuries	34793	23949	58742	9735	4544	14279	73021	350	127
2	Asthma	20582	16721	37303	1022	1308	2330	39633	33	28
3	Bronchitis	7887	5708	13595	442	380	822	14417	23	13
4	Cancer	11315	11057	22372	18116	18062	36178	58550	1045	747
5	Cerebro Vascular Accident	4643	3418	8061	4035	2164	6199	14260	263	167
6	Common mental Disorder	6020	3439	9459	189	64	253	9712	9	0
7	Diabetic mellitus type – I	8129	7660	15789	2102	1556	3658	19447	72	75
8	Diabetic mellitus type – II	30644	30300	60944	14087	9219	23306	84250	710	586

9	Emphysemas	2325	1159	3484	40	39	79	3563	1	0
10	Hypertension	33113	31778	64891	21363	14040	35403	100294	820	560
11	Ischemic heart Diseases	14276	11127	25403	30619	8700	39319	64722	723	313
12	Other Neurological Disorder	2444	1895	4339	2735	2027	4762	9101	112	61
13	Severe Mental Disorder	2014	1644	3658	468	321	789	4447	12	7
14	Snake bite	75	26	101	36	25	61	162	3	1

Note: The above Morbidity/Mortality Reports reported by some of the Govt./Private, Autonomous Bodies, Hospitals, Districts in GNCT of Delhi, based on the diagnosis made by the treating Doctors. Inadvertent errors during the data entry process/coding may be there despite best efforts. SHIB is not the primary holder of the data it only receives and compiles data.

6.32.3 Statement of Principal Communicable-Diseases reported from some of the Hospitals/Institutions in Delhi for the year 2016.

Sl. No.	Name of Disease	OPD Male	OPD Female	OPD Total	IPD Male	IPD Female	IPD Total	Total (OPD + IPD)	Death Male	Death Female
1	Acute Diarrhoeal Diseases	61562	55017	116579	11137	9871	21008	137587	66	49
2	Acute Respiratory infection	181746	161706	343452	6713	5069	11782	355234	138	72
3	AIDS (as reported to NACO)	3	0	3	65	24	89	92	2	0
4	Chicken Pox	284	144	428	82	25	107	535	1	0
5	Cholera	25	48	73	79	76	155	228	0	0
6	Diphtheria	104	63	167	412	329	741	908	77	58
7	Encephalitis	23	0	23	207	138	345	368	19	21
8	Enteric Fever	12525	11500	24025	3974	3226	7200	31225	32	23
9	Gonococcal infection	11	3	14	28	31	59	73	0	0
10	Japnese Encephalities	0	0	0	0	0	0	0	0	0
11	Kala Azar	0	0	0	0	0	0	0	0	0
12	Measels	71	32	103	755	603	1358	1461	5	4
13	Acute Poliomyelities(New Listed Cases)	0	0	0	0	0	0	0	0	0
14	Meningococcal Meningitis	0	0	0	42	19	61	61	0	0
15	NeoNatal Tetanus	0	0	0	1	3	4	4	1	0

16	Other STD Diseases	335	7	342	809	906	1715	2057	10	2
17	Pneumonia	11298	9622	20920	6040	4011	10051	30971	578	349
18	Pulmonary Tuberculosis	6929	5602	12531	1344	757	2101	14632	78	29
19	Rabies***	2	0	2	31	15	46	48	3	1
20	Swine Flu	0	1	1	9	5	14	15	0	0
21	Syphillis	45	6	51	11	5	16	67	1	0
22	Tetanus other than Neonatal	0	1	1	13	1	14	15	7	0
23	Viral Hepatitis -A	3905	2887	6792	478	295	773	7565	12	7
24	Viral Hepatitis -B	193	36	229	620	261	881	1110	29	10
25	Viral Hepatitis -C,D,E	544	81	625	651	372	1023	1648	30	16
26	Viral Meningitis	0	1	1	179	125	304	305	9	7
27	Whooping Cough	6	0	6	8	3	11	17	0	0

Note: The above Morbidity/Mortality Reports reported by some of the Govt./Private, Autonomous Bodies, Hospitals, Districts in GNCT of Delhi, based on the diagnosis made by the treating Doctors. Inadvertent errors during the data entry process/coding may be there despite best efforts. SHIB is not the primary holder of the data it only receives and compiles data.

Chapter 7

NATIONAL HEALTH PROGRAMMES

7.1 DELHI STATE HEALTH MISSION

HMIS (Health Management Information System):

Monitoring & Evaluation enables effective management of Health Care Delivery System. As a step in this direction, the need for an information base, accurate, relevant and up-to-date information is essential for the health service providers at all levels so that they can initiate action on the gaps in the system based on evidence and information. Recognising the need, GOI established a dedicated Health Management Information System (HMIS) portal for all Public Health related information.

The HMIS portal captures data to be collected as per the revised HMIS formats on a web-based system and system also enables information to be entered for each facility. Data generated at facility level is captured on the web-based portal facility wise on monthly basis. At District level the primary data is aggregated and the information/reports flow quickly to the State (HQ) and the Ministry.

HMIS data is regularly checked to identify outliers, invalid, inconsistent and irrelevant data entries. It has led to faster flow of information, analysis, and standard ready to use reports giving National, State and District level key indicators. Further, to improve quality of HMIS data, score cards and dash-boards have been developed and these are being used at the State and District level consultations to highlight the poor performing regions and the programme areas which need more attention. The data is available for further planning.

Total of 966 facilities (all public (Delhi Govt., MCD, CGHS, ESI, NDMC), nearly 200 Private Hospitals & Nursing Homes) are now reporting data on a regular basis.

The details of the facility regarding type, category, address, types of services provided, bed strength, location (Co-ordinates), National Identification Number (NIN), FRU/ 24x7 status name of linked facility are entered on the HMIS Facility Master. The information is available on HMIS portal which provides the information on status of Health Infrastructure in Delhi. Facility infra-structure details are also uploaded and updated on annual basis.

In addition data is also captured on training and capacity building of the health care providers on specific and need based topics/ issues on quarterly basis. This information provides the information on status of manpower whose knowledge and skills have been updated.

Reproductive & Child Health Portal (RCH):

Reproductive Child Health System is another important tool designed by GOI, to monitor and ensure timely appropriate healthcare service delivery to the beneficiaries by tracking and providing them with services. The goal being reducing Morbidity & Mortality related to pregnancy, child birth, post-natal mothers and infants.

Effective tracking of beneficiaries has been possible only because geographical area of all the Districts of Delhi have been mapped into pockets of approx. 50,000 populations. These pockets have been attached to existing PUHC level GNCTD & MCD Health Facilities in that area. 62 Seed PUHCs out of 63 envisaged have been operationalised in unserved areas, providing healthcare services & tracking the beneficiaries to ensure delivery of timely appropriate health

care service. Further each PUHC has been carved out into pockets of approximately 10,000 populations and attached to ANM. ANM has well defined geographically mapped area and is responsible for ensuring provision of outreach health care services.

All GNCTD (Dispensaries, Seed PUHCs, Hospitals), MCD (M&CW Centres, IPP-8 Centres, Maternity Homes & Hospitals) , ESI (Dispensaries & Hospitals) and CGHS Hospitals are using this software.

All PUHC level facilities have been provided with computers, Internet/ Data Card and CDEO (On sharing basis between two to three facilities) to enter the data and generate ANM wise work plans and various reports. Data entry work for Hospital is being outsourced. The data entry points (Units) in Hospitals have been worked out on the basis of RCH beneficiary work load. State is working on and trying to find out a solution to the challenge of tracking the beneficiaries from different and far off areas going to the Hospital directly and registering there.

State Level ICT Initiatives:

Development of various Modules and E-Governance Initiaves:

I. **Online OPD Registration:** In order to reduce the ordeal of patients queuing in the congested OPDs for OPD registration and card generation, State has provided a unique facility for registration and Card generation online. Using this, patient can generate the OPD card with the registration number of a particular OPD for a particular day in any GNCTD Hospital. This facility is available in 24 Hospitals. This shall save time and inconvenience of standing in long queues and patient can directly reach the OPD consultation room.

II. **Online Equipment Inventory and Functionality Status:** This is unique web-based software wherein the Hospitals are entering all their equipment details, functionality status, AMC details. The system gives the availability and functionality status, downtime of the equipment and the output.

III. **Payroll Module:** Online Salary Payment of the entire NRHM Staff has been operationalized, thus reducing delays and streamlining the process.

IV. **ASHA Software:** State is implementing the ASHA Scheme under which around four thousand ASHAs are in place in different Districts covering the vulnerable areas of the state. To keep the records, updated databases, training details, monthly performance reports, calculate incentives and be able to analyse the performance of these 4000 Community Health Volunteers is indeed a challenge. A Software has been developed to make the reporting, record keeping, incentive calculation, maintaining realtime updated databases available for the ASHAs. This web-based application has enabled the Unit / District level / State level Planners, monitors to assess and plan for the scheme, to generate the necessary reports. The incentives of ASHAs are authorized by the MO I/C and directly transferred into the account of ASHAs from the District.

V. **PUHC / Infrastructure Module:** Complete databases for Primary Healthcare Facilities of GNCTD / MCD / Services / Catchment Areas / HR / and referral linkages alongwith physical infrastructure is monitored through this module.

VI. **Information regarding Free Bed Availability in Private Hospitals.** A software has been designed wherein at any given time, the free bed availability status in Private Hospitals is displayed realtime on the website and can be accessed by the HODs, Medical Superintendents of Government Hospitals before referring the patients. GNCTD has a

scheme wherein a fraction of total beds in certain identified Private Hospitals is available for poor patients. The bed availability-General / ICU beds is displayed. The ICU beds are further segregated into ventilatory and non-ventilatory beds. The software also helps in monitoring the bed occupancy of these beds in various Hospitals.

VII. **School Health Module.** This web based Module is already functional. It includes School Registration, Student Registration, Student's Family Detail Entry, Past History of Illness of Student, Immunization Status, Medical History of Family, Screening Detail Entry and Follow Up.

VIII. **Nirantar: Online procurement & Hospital Store and Inventory Module.** The Central Procurement Agency (CPA) Cell has developed a module for the entire requisition / procurement/ distribution process to be online along with store management.

Transfer Posting Module. All transfers / postings are executed online.

DGEHS Module: (Delhi Government Employee Health Scheme) The dynamic databases / informations / user friendly software has been developed and is functional.

Hospital Statistics: Daily performance of Delhi Govt. Dispensaries, Polyclinics and Hospitals alongwith daily performance of Medical and Paramedical Staff is being monitored through this module.

Human Resource Information System (HRIS):

It is a comprehensive HR module containing detailed information on employee profile like personal information, appointment details, present posting, ACP, MACP details, Qualification details both academic and professional details alongwith salary details of the employee. By using this module all levels of HR can be monitored as per the work load of an institution.

Monitoring Dashboard:

State has developed a monitoring dashboard for the Administrators & Programme Officers to monitor the performance of Health Facilities on selected indicators along with availability of human resource. By using this tool, rationalization of manpower is being done at administrative level. In addition to this, ASHAs are being monitored on their performance grading, a tool to assess quality care provided at the health facility, a Patient Satisfaction Survey also digitalized and made available on the monitoring Dashboard and Morbidity details of Dengue and Swine Flu in the state can also be monitored by using this tool.

Main Dashboard:

GIS Mapping

GIS Mapping of Existing Health Infrastructure, Populations, and Referral Linkages:

GIS Mapping of the available information gives an insight and spatial clarity for planning / prioritizing area specific interventions. Geographic Information System (GIS) is an Information System for Capturing, storing, analyzing, managing and presenting spatially referenced data (linked to location). The use of GIS tools in Health Programmes as part of broader efforts towards Health Sector Reform is being increasingly recognized. Recent advances in geographical information and mapping technologies have created new opportunities for Public Health Administrators to enhance planning, analysis, monitoring and management of Health Systems.

Work Done:

All Primary Health Care Facilities and the Hospitals of GNCTD and MCD and NDMC have been mapped on an Eicher Map. In the second phase the mapping for the Autonomous Bodies, CGHS Institutions and the Registered Private Nursing Homes are being mapped.

Accountability Matrix with GIS Definition.

Unlike in rural areas where the catchment areas of PHCs, SCs and each ANM is geographically and demographically clearly defined, the towns and cities face the problem of hazy boundaries, overlapping populations. This leads to difficulty in planning and a diluted accountability, especially in slums and unauthorized closely clustered habitations where lac after lac of population stretches in continuity. This is further complicated by the presence of multiple healthcare providing agencies working more or less in an autonomous fashion. Assigning well defined populations to the health facilities, ANMs and ASHAs to ensure universal coverage without overlapping and enforcing accountability is indeed a tall challenge in congested, vulnerable urban areas.

A web-based software has been designed wherein each ANM area is carved out by defining it demographically and geographically. The same is mapped like a village in a rural state. In places where ASHAs are in place, the mapping has been done to the ASHA level area.

Each ANM or ASHA shall distribute a small card bearing her area code to all the households she visits. In case any family member visits a primary, secondary, tertiary care unit, the card will immediately help in tracing the health center, Doctor, ANM, ASHA responsible for that area and thus that family. This shall identify hotspots for impending outbreaks, help in meaningful back referrals and help in tagging the high risk individuals with field level health functionaries for ensuring compliance and follow-up, thus preventing mortality.

7.2 INTEGRATED DISEASE SURVEILLANCE PROJECT AND PUBLIC HEALTH CAMPAIGN OF GOVT. OF N.C.T. OF DELHI (IDSP/NVBDCP) 2016-17.

"Public Health's mission is the fulfilling of society's interest in assuring conditions in which people can be healthy."

INTRODUCTION

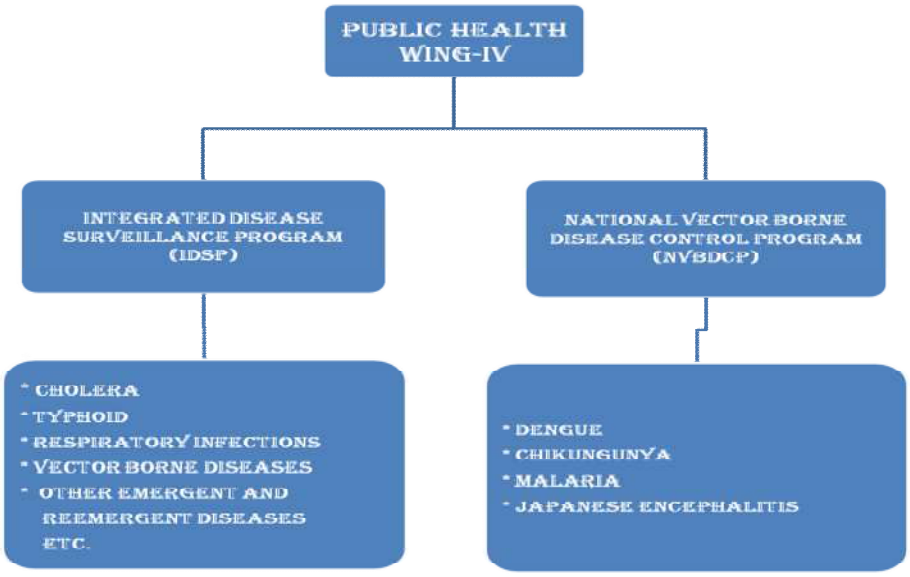
Public Health is the **science and art** of preventing disease, prolonging life, and promoting health and efficiency through **organized community effort** for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of Medical and Nursing Services for the early diagnosis and preventive treatment of disease, and for the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his **birthright to health and longevity**."

Vision:

A society in which all people live long, healthy lives

Objective:

- Prevents epidemics and the spread of disease.
- Promotes and encourages healthy behaviours.
- Assures the quality and accessibility of health services.
- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.



DENGUE:

Dengue is one of the major Vector Borne Disease, which is a self-limiting, acute mosquito transmitted disease and is characterized by Fever, Headache, Muscle & Joint Pain, Rashes, Nausea and Vomiting. Dengue is a viral disease and spread by *Aedes* mosquitoes. Some infections result in Dengue Hemorrhagic Fever (DHF) and in its severe form Dengue Shock Syndrome (DSS) can threaten the patient's life. Dengue virus has four serotypes.

Infection with one dengue serotype gives life long immunity to that particular serotype, but there is no cross-protection for other serotypes. One person can have dengue infection up to four times in his/her life time. Persons who were previously infected with one or more types of Dengue virus are assumed to be at higher risk for developing severity and complications, if infected again. The clinical presentation depends on age, immune status of the host and the virus strain.

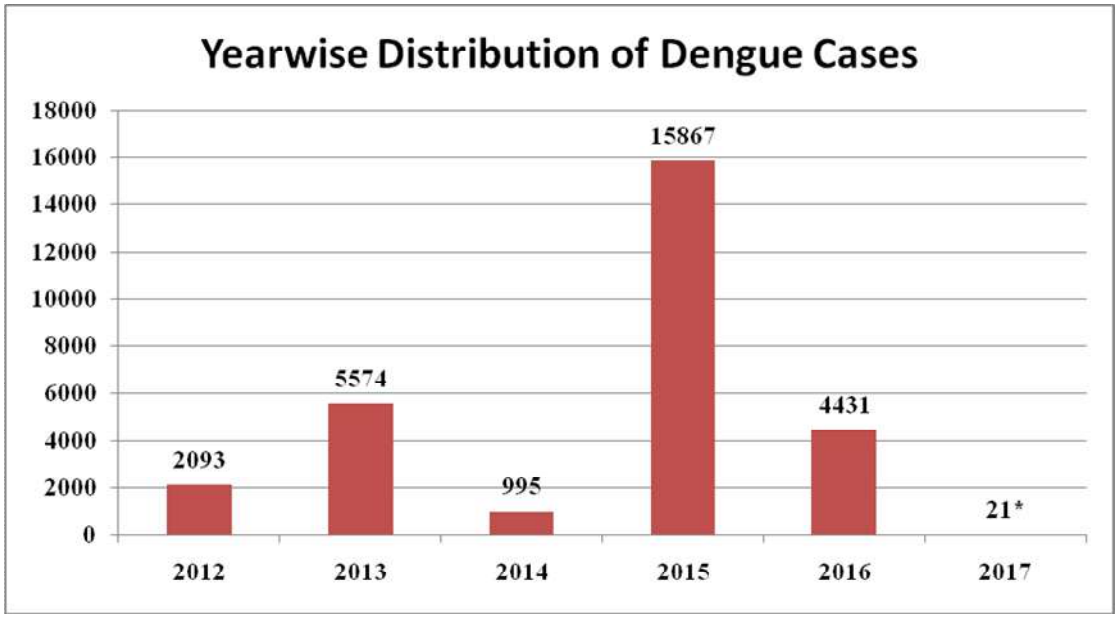
DENGUE IN DELHI:

In Delhi, a total of 4,431 cases and 10 deaths were reported in 2016. A. aegypti was identified as the vector in these areas.

Month and Year-wise Situation of Dengue Cases from 2012 to 2017 (Upto 31.03.2017)

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Death
2012	0	0	0	2	0	3	4	4	55	951	1005	69	2093	4
2013	2	2	0	3	0	2	11	142	1962	2442	889	119	5574	6
2014	0	0	2	0	3	10	7	11	87	318	444	113	995	3
2015	0	3	1	3	4	6	36	778	6775	7283	841	137	15867	60
2016	0	0	2	5	6	15	91	652	1362	1517	655	126	4431	10
2017	**6**	**4**	**11**										**21***	

DISEASE TREND:



CHIKUNGUNYA:

Chikungunya is a viral disease transmitted to humans by infected mosquitoes. It causes fever and severe Joint Pain. Other symptoms include Muscle Pain, Headache, Nausea, Fatigue and Rash. Joint Pain is often debilitating and can vary in duration. The disease shares some clinical signs with Dengue and Zika, and can be misdiagnosed in areas where they are common. There is no cure for the disease. Treatment is focused on relieving the symptoms.

Chikungunya is a Mosquito-Borne Viral Disease first described during an outbreak in Southern Tanzania in 1952. It is an RNA virus that belongs to the alphavirus genus of the family Togaviridae. The name “Chikungunya” derives from a word in the Kimakonde language, meaning “to become contorted”, and describes the stoped appearance of sufferers with Joint Pain (Arthralgia).

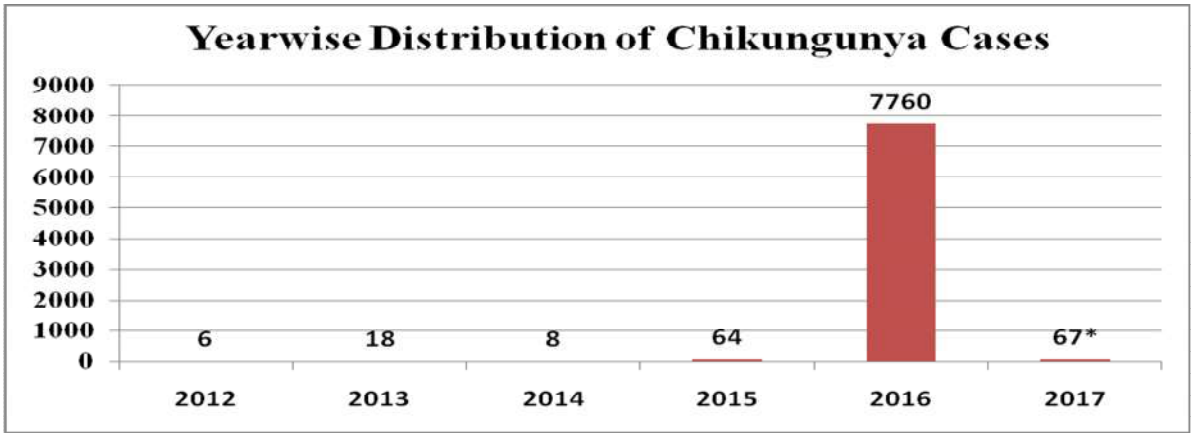
CHIKUNGUNYA IN DELHI:

In the year 2016, a big upsurge/epidemic due to Chikungunya was reported in the capital city of Delhi. A total of 12,279 suspected cases were reported from all over Delhi whereas 7760 cases were confirmed. Though, so far no mortality directly due to Chikungunya has been reported.

Month and Year-wise Situation of Chikungunya Cases from 2012 to 2017 (Upto 31.03.2017)

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
2012	0	3	0	2	0	0	1	0	0	0	0	0	6
2013	0	1	0	0	0	0	1	2	4	0	0	10	18
2014	0	0	0	0	0	0	2	1	1	1	3	0	8
2015	0	0	0	0	0	0	0	0	1	16	12	35	64
2016	0	0	0	0	0	0	1	431	445	6116	566	201	7760
2017	**20**	**13**	**34**										**67***

Disease Trend:



MALARIA:

Malaria is one of the major communicable diseases affecting humankind, caused by Plasmodium Parasite and Transmitted by the bite of female Anophlese mosquito and has been a major public health problem in India. Malaria is characterized by sudden onset of high fever with rigors and sensation of extreme cold followed by feeling of burning heat leading to profuse sweating.

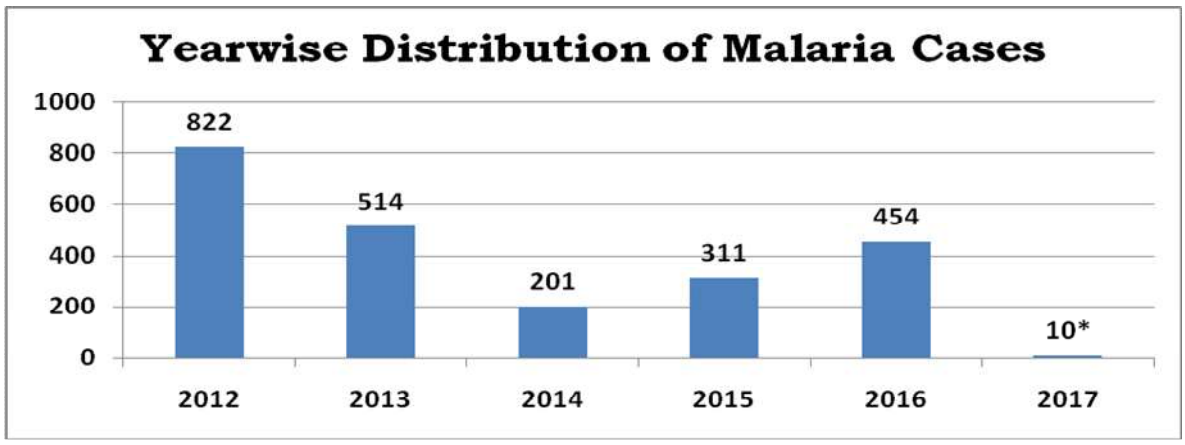
MALARIA IN DELHI:

During the year 2016, 454 confirmed malaria cases were reported from Delhi. Govt. of India has launched National Framework for Malaria Elimination (NFME). GNCT of Delhi falls under category 1 with an Annual Parasite Index (API) of 0.02.

Month and year wise Situation of Malaria Cases from 2012 to 2017 (up to 31.03.2017)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2012	2	1	5	12	68	107	148	157	194	95	28	5	822
2013	1	1	2	7	38	42	**56**	130	127	52	54	4	514
2014	2	0	1	0	18	13	22	49	66	22	1	7	201
2015	**0**	**0**	**3**	**5**	**4**	**10**	20	**23**	**84**	**136**	**20**	**6**	**311**
2016	1	6	1	3	9	23	76	145	117	42	30	1	454
2017	0	3	7										10

Disease Trend:



Major Action Taken By PH-Iv to Control Vector Borne Diseases in Delhi:

- Dedicated Dengue Cell was established to conduct Dengue Prevention and Control related activities in Delhi.
- Restriction on over the counter sale of drugs (Diclofenac, Ibuprofen, Aspirin) during dengue season.
- Fixed capping of price for dengue testing (NS1-Ag & MAC ELISA), Chikungunya serology I gm at Rs.600/, Chikungunya RT PCR at Rs.1500/- each and Platelet count at Rs. 50/-. The petition was filed by Delhi Pathology Association in Hon' ble High Court but no stay or relief against this order given to them.
- Fever clinics were established in all Delhi Govt. Dispensaries and Mohalla Clinics and are functional from 9:00 am to 4:00 pm and 8:00 am to 2:00 pm respectively, open all the days of week fever corner established in 26 Delhi Govt. Hospitals and is functional round the clock (24x7).
- Issued office order to all Govt. & Pvt. Hospitals to increase the surge capacity for admitting and treating Dengue patients. Approximately 1500 beds are designated for fever patients in Delhi Govt. Hospitals and directions given to increase the number of beds if

required.300 NS1-Ag kit (ELISA based) (29000 tests) kits made available at DHS (HQ) for further distribution to all SSHs according to their requirement. Mac Elisa Kits for diagnosis of Dengue and Chikungunya are provided to all Sentinel Surveillance Hospitals from NIV Pune.

- D.O. letters were written to all 11 revenue District Commissioners to take necessary actions to control the Dengue in their respective jurisdiction.

- 84 D.O. letters regarding prevention and control of Dengue/Vector Borne Diseases with advisory including DO's & DON'Ts were prepared and sent to all major Govt./Pvt. Institutions , like ISBT, Railway, Delhi Metro Rail Corporation (DMRC), Delhi Police, PWD, all Hospitals, 3 Delhi Municipal Corporations, Offices, etc.

- Preventive measures are taken with the co-ordination with MCD after identification of the high risk areas on the basis of reports received from MCD, Integrated Disease Surveillance Programme (IDSP), Hospitals and Central Cross Checking Organization (CCCO).

- Dengue Death Review Committee formed to review the deaths submitted by different Hospitals.

- Co-ordination with Directorate of Education and School Health Scheme, Delhi Govt. to involve them in Dengue control related activities. Regular meetings with principals of schools and capacity building of their officials

Information, Education, Communication:

- Half page coloured advertisement in all leading newspapers on prevention from Dengue on 14.05.2016, 07.07.2016, 27.07.2016, 13.08.2016 & 30.08.2016. Chikungunya name added in the advertisement given on 30.08.2016 and full page advertisement on Dengue and Chikungunya (Delhi one programme)on 15.09.2016, 16.09.2016, 17.09.2016, 18.09.2016 & 28.09.2016.

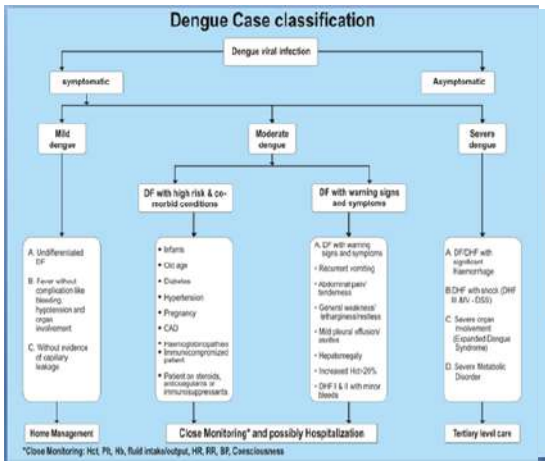
- Spread of awareness in community through various IEC activities. House to house awareness campaign involving polio teams has been finalized for implementation. 30 lakh handouts printed and supplied to Team mobilization points and further distributed in the community.

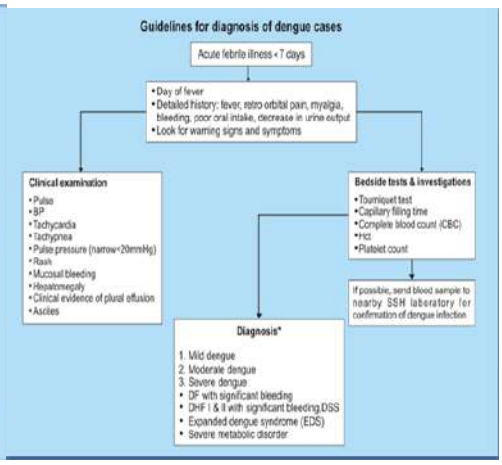
- A Radio spot on Dengue & Chikungunya Control and Prevention prepared for Hon' ble Health Minister, GNCT of Delhi to spread the awareness in the community and it is being aired on leading FM and AIR channels (Gold and FM Rainbow).

- Flow chart of National Clinical Guidelines for classification, diagnosis and management of Dengue issued by GOI, are printed on flex sheets and distributed to all Govt. Hospitals, DGDs and Mohalla clinics.

- Comprehensive Dengue IEC campaign in the form of Hoardings, Bus Q shelters etc has been done. However IEC on Chikungunya has been initiated alongwith Dengue.

- SPO NVBDCP participated as a panelist in a Live Panel Discussion on Dengue-Chikungunya: Prevention and Management on 14.04.2017 on Loksabha TV Channel, Healthy India programme on Health and Nutrition.





TRAININGS:

- A workshop was organised on 24.07.2016 at Delhi Secretariat to sensitize Doctors of Mohalla Clinics and Polio co-ordinators about Dengue Control and Management.
- A lecture was taken for Dengue update on Prevention & Management on 01.05.2016 of Mohalla Clinics Doctors at Delhi Secretariat.
- A Public Health Lecture for control of Dengue/Chikungunya was taken in MAMC for Volunteers.
- Training of Medical and Paramedical Staff at Hospital level and Assembly co-ordinators for Dengue awareness campaign were trained.
- Dengue and Chikungunya sensitization workshop for Medical Officers of Directorate of AYUSH.
- A big event involving approximately 2000 Volunteers from community and participants from Health Department and other stakeholders, was held at Thyagaraj Sports Complex on 4th March 2017.

- MCD has organized a workshop on Action Plan formation for Vector Borne Diseases on 9th March 2017. SPO, NVBDCP participated in the workshop as an Expert and gave valuable inputs in terms of preparation of action plan for the year 2017. A State presentation was made in the workshop by SPO-NVBDCP, Dr. S.M. Raheja.

ONGOING REGULAR ACTIVITIES:

Surveillance Activities:

- Surveillance of IDSP data through collection from all reporting units and compilation, analysis and interpretation at State Surveillance Unit with feedback to the DSOs on regular basis. Sometimes the IDSP portal becomes defunct and unable to do analysis at SSU level for which Complaints sent to the CSU for corrections.

Field Visits:

- Field visits are performed regularly to the concerned DSUs and field areas when outbreaks are reported and controlled in time. DHOs, DJB and PHE Depts. DSO are pursued with documentary evidence (L-form data and line-list) & persuasion to control outbreaks.

Outbreak Investigations:

- Delhi has faced an outbreak of Avian Influenza in October 2016, Virus involved was H5N8. Avian influenza, or “Bird Flu”, is a contagious disease of animals caused by viruses that normally infect only birds and, less commonly, pigs. Avian influenza viruses are highly species-specific, but have, on rare occasions, crossed the species barrier to infect humans.
- Mortality of birds was reported in National Zoological Park, New Delhi on 14 & 15 October 2016. After testing from National Institute of High Security Animal Diseases, Bhopal it was found that the samples are positive for H5 Avian Influenza Virus. Zoo was closed immediately for public and vehicular movements on 18 October 2016. The Zoo and other suspected areas were inspected daily for any symptoms in the birds and daily reporting of cases was done.
- A team of experts from State IDSP unit along with District Units visited the Zoo to review the situation, on 20.10.2016. Arrangements were made for health checkup and chemoprophylaxis was provided to all the staff, who were in close contact of these birds. Advisories were issued from Health Department for general public, Health Care Providers and Veterinary Teams. Oseltamivir tablets and N95 masks were provided to Zoo staff as well as to staff of Animal Husbandry Department.

7.3 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM IN DELHI

Revised National Tuberculosis Control Programme in Delhi as On (01/01/2016 to 31/12/2016).

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 with DOTS strategy since 1997. Delhi State RNTCP has been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State RNTCP 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-1 and NGO-1 Chest Clinics respectively.

Delhi is the only state in the country where one NGO - Ramakrishna Mission, has been entrusted the responsibility to run the RNTCP in a District. The RNTCP has 199 Diagnostic Centres and 551 treatment Centres located all over Delhi. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way. The diagnosis and treatment is provided free to the patients under the RNTCP. The NGOs & Private Practitioners are also providing free diagnosis and treatment services.

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.

Delhi has been the best performing State in terms of achieving international objective of the programme in detecting new infectious TB patients 70% and their success rate at 85% consistently for the last eleven years.

The State has been able to bring down the death rate due to tuberculosis at the lowest level of 3% (all India 4%) amongst new infected patients, 2% (4% All India) amongst new sputum negative patients and 1% (2% All India) amongst new extra pulmonary cases. Therefore the State is saving lot of lives and achieving the goal of the Programme to decrease mortality due to TB.

Delhi has been treating maximum number of children suffering from TB at the rate of 14% against 6% all India figures.

Delhi State RNTCP became the first State in the Country to have base line drug sensitivity to second line drugs in all cases of MDR TB.

Performance of Delhi State RNTCP

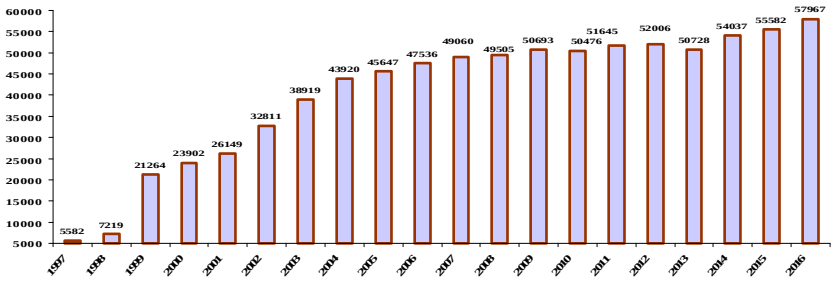
Indicator	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	(Jan. 2016 to Dec. 2016)
Total number of patients put on treatment	45647	47536	49060	49505	50693	50476	51,645	52006	50728	54037	55582	57967

New Infectious patients put on treatment	12703	13719	13695	14000	14156	13680	13770	13982	12969	13704	14197	14840
Conversion rate from infectious to non-infectious status at three months of treatment (Target 90%)	91%	89%	89%	90%	89%	89%	89.5%	90%	89%	89%	90%	89.6%
Case detection rate of new infectious patients (Universal coverage)	85%	89%	86%	86%	80%	82%	85%	85.7	80%	80%	83%	87.3%
Case detection rate of all types of TB patients (Universal coverage)	124%	113%	114%	113%	105%	112%	118%	128%	118%	122%	122%	125.3%
Success rate (cure + completion) of new smear positive (Target 90%)	87%	87%	86%	87%	87%	86%	86%	85.7%	86%	85%	86%	86.7%
Death Rate (Target < 5%)	2.3%	2%	2.8%	2.5%	2.5%	3%	3%	2.7%	2.6%	3.5%	3%	2.6%
Default Rate (Target < 5%)	5.3%	5%	5%	4.5%	4.5%	4.3%	4.5%	4.4%	5%	5.7%	5%	5%
Failure Rate (Target < 5%)	3.8%	4%	4.5%	4%	4.5%	4%	4%	4.1%	3%	2.7%	2%	2.3%
Number of persons saved from	9015	9507	9328	9690	9921	9489	9690	9776	9486	9875	10600	11280

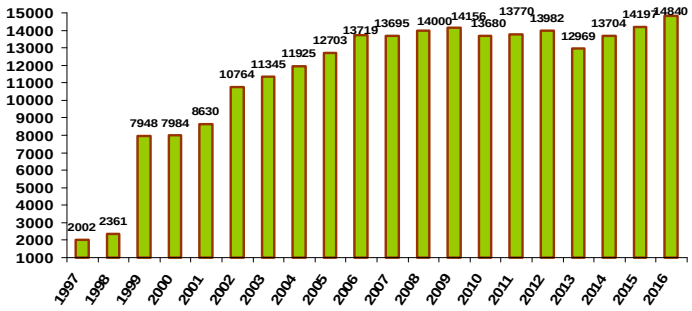
death												
Number of persons prevented from getting infected with TB	474457	553576	504126	522900	528714	504633	507310	513839	480501	523407	526435	552826

Performance of Revised National TB Control Programme
From 1997 to December, 2016

Revised National TB Control Programme-DELHI
Yearly Total cases put on Treatment

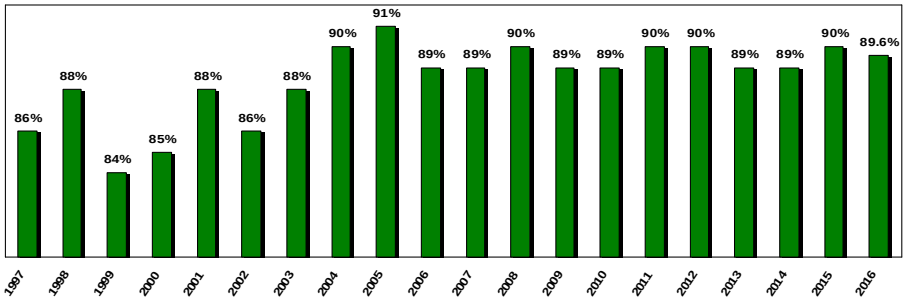


Revised National TB Control Programme-DELHI
Yearly new sputum Positive cases put on Treatment



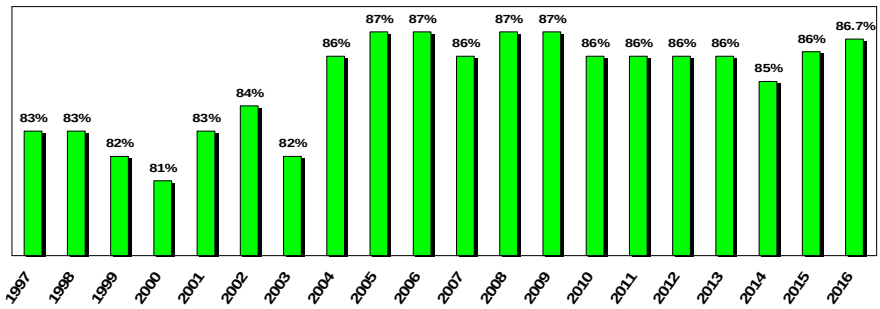
Revised National TB Control Programme-DELHI

Sputum Conversion Rate of New Sputum positive patients

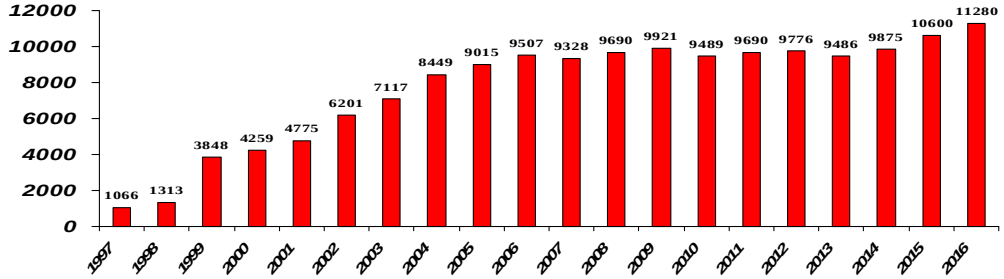


Revised National TB Control Programme-DELHI

Success Rate of new sputum Positive patients



NUMBER OF LIVES SAVED FROM DEATH



Revised National TB Control Programme-DELHI

Impact Of DOTS 1997 to December 2016

- 7,88,641 patients put on treatment
- >86 out of 100 patients treated successfully
- >82,39,915 infections averted
- >8,23,991 illness averted
- >1,49,686 precious lives saved

7.4 National Programme for Control of Blindness and Visual Impairment (NPCBVI)

Introduction: The "State Health Society Delhi" is implementing NPCB programme in Delhi on District pattern through respective "Integrated District Health Society".
There are 4 levels of visual function, according to the International Classification of Diseases-10 (Update and Revision 2006):

1. Normal Vision.
2. Moderate Visual Impairment.
3. Severe Visual Impairment.
4. Blindness.

Moderate Visual Impairment combined with severe visual impairment is grouped under the term "Low Vision": Low Vision taken together with Blindness represents all visual impairment.

What is blindness?

It is defined as Presenting distance visually acuity less then 3/60(20/400) in the better eye and limitation of field of vision to be less than 10 degrees from center of fixation".
Three quarters of all blindness can be prevented or treated

Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.

Targets - VISION 2020:

VISION 2020 is a global initiative that aims to eliminate avoidable blindness by the year 2020. It was launched on 18 February 1999 by the World Health Organization together with more than 20 international Non-Governmental Organisations involved in eye care and prevention and management of blindness that comprise the International Agency for the Prevention of Blindness (IAPB). VISION 2020 is a partnership that provides guidance, technical and resource support to countries that have formally adopted its agenda.

Goal of NPCBVI:

The goal is reducing the prevalence of blindness to 0.3% by the year 2020.

The Objectives of NPCBVI:

Goals & Objectives of NPCB in the XII Plan

- To reduce the backlog of blindness through identification and treatment of blind at primary, secondary and tertiary levels based on assessment of the overall burden of visual impairment in the country.
- To develop and strengthen the strategy of NPCB for "Eye Health" and prevention of visual impairment; through provision of comprehensive eye care services and quality service delivery.
- Strengthening and upgradation of RIOs to become centre of excellence in various sub-specialities of Ophthalmology
- Strengthening the existing and developing additional human resources and infrastructure facilities for providing high quality comprehensive eye care in all Districts of the country;
- To enhance community awareness on eye care and lay stress on preventive measures;

- To increase and expand research for prevention of Blindness and Visual Impairment.
- To secure participation of Voluntary Organizations/Private Practitioners in eye Care

The Strategies:

1. Disease control.
2. Human resource development: support training for Ophthalmologists and other eye care personnel to provide eye care.
3. Infrastructure and appropriate technology development: assist to improve infrastructure and technology to make eye care more available and accessible

Focus:
Prevention & Control of Childhood Blindness:

1. Strengthening school eye screening programme
2. Increase in collection of donated eyes
3. Developing pediatric eye units

What is Rehabilitation?

Vision Rehabilitation (often called **Vision Rehab**) is a term for a Medical Rehabilitation to improve Vision or Low Vision. In other words, it is the process of restoring functional ability and improving quality of life and independence in an individual who has lost visual function through illness or injury.

Services Provided to the Affected Person:

- Free Consultation
- Free Spectacles
- Medicines
- Cataract Surgery
- Glaucoma Surgery
- Keratoplasty
- Corneal Transplant

Budget Available:

Fund of Two crores allotted for GIA.

Activities

The prerogatives amongst other activities are:

1. To purchase and operationalize MDMOU.
2. To train Eye Surgeons in Phacoemulsification.
3. Capacity building of Health Personnel.
4. Eye Screening Camps for targeted population.
5. Process for Activity (1) and (2) has already been started.

Implementation Structure:
Schemes for Voluntary Organizations:

The purpose of the schemes is to develop eye care infrastructure and to provide appropriate eye care services to reduce the Prevalence of Blindness.

Following schemes are presently available for the voluntary sector:
Non-Recurring Grant-in-aid (released through the District Health Societies):

a. Non-Recurring Grant-in-aid for NGOs for strengthening/expansion of Eye Care Units in rural and tribal areas (upto maximum Rs. 40.00 lakhs);
b. Non-Recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector (upto maximum Rs. 25.00 lakhs);
c. Non-Recurring Grant-in-aid for Eye Donation Centres in Government/ Voluntary Sector (upto maximum Rs. 1.00 lakh).
d. Non Recurring Grant-in-aid for PHC/ Vision Centres in Government and Voluntary Sector (upto maximum Rs. 1.00 lakh).

Recurring Grant-in-Aid (released through the District Health Societies):

1. Recurring Grant-in-aid for free cataract operations and other eye diseases by Voluntary Organizations/PRI etc. in camps/fixed facilities.
2. Recurring Grant-in-aid for Eye Banks in Government/Voluntary Sector.
3. Recurring grant-in-aid for Eye Donation Centers in Government/ Voluntary Sector.

Implementation Structure at District Level:

District Programme Officers in Delhi will coordinates with the Eye Departments of the Hospitals falling under their jurisdiction for achieving the targets and implementation as above.

Reporting System:

1. All respective Eye Departments/ NGO/ Private Practitioners/ Eye Banks will send monthly reports in prescribed formats to the Districts.
2. The Districts will compile and send the reports.
3. Reports are collected and sent to GOI Monthly /Quarterly /Yearly.

Reporting Frequency:

Monthly/Quarterly/Yearly.

The Cases Reported During 2016-17 are as Follows:

Month	Glaucoma	Diabetic Retinopathy	Childhood Blindness	Trachoma	Keratoplasty	Squint	ROP	Low Vision	Corneal Blindness	Other	Total
April	12	8	8	4	0	8	8	4	10	353	415
May	12	10	2	0	0	3	10	5	11	262	315
June	9	8	4	0	0	2	7	4	12	276	322
July	8	8	2	0	0	3	10	6	10	201	248
Aug	35	43	10	6	0	24	8	43	40	2488	2697

Sep	15	12	0	0	0	4	11	10	10	227	289
Oct	11	11	2	0	0	5	12	11	11	209	272
Nov	142	114	66	50	11	6	25	175	20	641	1250
Dec	9	0	0	3	0	1	0	0	5	518	536
Jan	0	0	0	0	0	0	0	0	0	0	0
Feb	0	0	0	0	0	0	0	0	0	0	0
Mar	0	0	0	0	0	0	0	0	0		0

Eye Banks in Delhi – Details are as follows:

CONSOLIDATED REPORT OF ALL EYE BANKS FOR THE YEAR 2016-17

	APRIL	MAY	JUNE	JULY	AUG.	SEP.	OCT.	NOV.	DEC.	JAN.	FEB.	MARCH	TOTAL
TEC	**234**	**321**	**267**	**307**	**351**	**339**	**329**	**344**	**228**	**185**	**306**	**198**	**3409**
EUK	**131**	**207**	**189**	**199**	**187**	**165**	**223**	**192**	**113**	**102**	**201**	**103**	**2012**
ESOB	**25**	**45**	**54**	**57**	**32**	**25**	**73**	**34**	**0**	**1**	**35**	**4**	**385**
Preserved	**0**	**17**	**1**	**13**	**16**	**38**	**2**	**28**	**11**	**1**	**12**	**0**	**139**
Research	**39**	**55**	**33**	**70**	**93**	**101**	**70**	**70**	**67**	**62**	**53**	**75**	**788**
Unfit	**39**	**28**	**32**	**32**	**36**	**32**	**29**	**51**	**25**	**16**	**31**	**18**	**369**

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS, DELHI
6 th FLOOR DIRECTORATE OF HEALTH SERVICES
F-17, KARKARDOOMA DELHI-110032
LIST OF DELHI EYE BANK

SN	NAME OF EYE BANK	ADDRESS OF EYE BANK	CONTACT PRS	PH.NO.	E-Mail Address
1	National Eye Bank	Ansari Nagar	Dr. Radhika Tandon	26593060	nationaleyebank_rpc.yahoo.co.in
	Dr.R.P.Centre,for Ophthalmic	Delhi 110029			radhikatandon@aiims.ac.in
	Science (AIIMS)				rdhika_tan@yahoo.com
2	Eye Bank,Sir Ganga Ram	Old Rajinder Nagar Delhi-110060	Dr. A.K.Grover	9811083026	akgrover55@yahoo.com
	Hospital, IIND Floor			42254000	gagaram@sgrh.com
3	Venu Eye Institute	1/31,Shaik Sarai Instt,Area	Dr.Jayeeta Bose	29251951	education@venueyeinstitute.org
		Phase-II New Delhi-110017	Mr.R.K.	9910382749	eyebank@venueyeinstitute.org
4	Guru Nanak Eye Centre	Maharaja Ranjit Singh Marg	Dr. B.Gosh	23236931	
		New - Delhi-110002	9868604325	3299502110	gnecdir@gmail.com
5	Sewa Eye Bank	29, Link Road,Lala lajpat Rai Mar	Mr.R.D.Sharma	29841919	sewaeyebank@eye-india.com
		Lajpat Nagar -III Delhi-24			accounts@mmeyetech.com
6	Safdarjang Hospital	OPD BLOCK, New Delhi-29	Dr. V.S.Gupta	26198126	me_vsgupta@yahoo.com
	Eye Bank (Dept.of Ophthalmology)				
7	Dr.Shroff Charity Eye Hosp.	5027,Kedar Nath Road		43524444	sceh@sceh.net
		Daryaganj,New Delhi-110002		43528888	
8	Army Hospital(R& R)	Subroto Park, Delhi Cantt-10	DR.Brgd.J.K.S.Parihar	23338181	
	Eye Bank,(Deptt.of Ophthalmology)		HOD (eye)	23338199	
				23338190	
9	Guru Nanak Govind singh	31, Defence Enclave	Dr Gurubaksh singh	9810155682	ggsibank@yahoo.com
	International Eye Bank	Vikas Marg Delhi-110092	Director	22542325	
10	Centre For Sight	B-524, Safdarjang Enclave	Mr.Vinay Bisht	8468004687	vkbisht47@reddiffmail.com
		New Delhi-110029			

Chapter 8
DIRECTORATE OF AYUSH

Introduction

Directorate of ISM & Homoeopathy was established in September 1996 and has ISM Wing functioning from A & U Tibbia College Campus and Homoeopathic Wing has been allotted separate budget head since September 2003. Govt. of NCT of Delhi is determined to encourage and develop these systems of medicine and make available these facilities to public. Govt. of NCT of Delhi encourages development of these systems of medicine by establishing Educational, Healthcare Research Institutions.

Functioning of the Directorate

Director, Dte. Of AYUSH is assisted by technical personnel like Deputy Directors, Asstt. Directors, Licensing Authority (ISM) etc. in each system of medicine. Presently, the Directorate of AYUSH is located at A&U Tibbia College Complex at Karol Bagh, New Delih-5 & Homoeopathic wing located at CSC-III, 1st floor, B Block Preet Vihar, Delhi.

The Directorate is also conducting re-orientation training programmes in Ayurveda/Unani/Homoeopathy for practitioners and also gives grant-in-aid to Delhi Bhartiya Chikitsa Parishad, Board of Homoeopathy System of Medicine, Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Dilli Homoeopathic Anusandhana Parishad, Jamia Hamdard and Examining Body of paramedical courses which are the autonomous bodies under the Govt. of Delhi. The Directorate is also providing financial assistance to some NGOs working in the field of Ayurveda, Unani, yoga, and Homoeopathy etc. A Drug Control Department for Ayurveda and Unani Systems of medicine is also functioning at Headqarter of the Directorate and Drug Testing Laboratory of Ayurvedic, Unani & Homoeopathic medicines is likely to be established in near future. Survey Samples of Ayurvedic and Unani drugs are being tested by NABL accredited labs as per D&C Act 1940 and enforcement of DMR Act 1954 is also being done by the Directorate.

Health Facilities under the Directorate of AYUSH

The following Educational Institution, Hospitals, Dispensaries and Research Institutions functioning under the Directorate.

1. Ayurvedic and Unani Tibbia College & Hospital, Karol Bagh, New Delih.
2. Nehru Homoepathic Medical College and Hospital, Defence Colony, New Delih.
3. Dr. B.R. Sur Homoeopathic Medical College and Hospital, Nanak Pura, New Delhi.
4. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, khera dabar village Najafgarh.

Dispensaries as on (31.03.2017)

Homoeopathic Dispensaries	-	103
Ayurvedic Dispensaries	-	40
Unani Dispensaries	-	20

Performance of the Ayush Dispensaries

Number of AYUSH dispensaries of GNCT of Delhi

Sl. No.	Health Outlets	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1	Homoeopathic Dispensaries	71	72	78	80	87	92	92	95	100	101	101	103
2	Ayurvedic Dispensaries	22	22	25	26	27	32	32	33	35	36	39	40
3	Unani Dispensaries	9	9	10	10	11	15	15	16	17	18	19	20
All Dispensaries Total		102	103	113	116	125	139	139	144	152	155	159	163

Annual OPD Attendance of Delhi Government AYUSH Dispensaries during (2015-16) and previous years.

Year	OPD	Ayurvedic Dispensaries	Unani Dispensaries	Homoeopathic Dispensaries	Total
2016-17	NEW	370638	237261	784907	1392806
	OLD	375533	213750	1410935	2000218
	Total	**746171**	**451011**	**2195842**	**3393024**
2015 -16	New	384078	282667	828637	1495382
	Old	394215	201110	1485335	2080660
	Total	**778293**	**483777**	**2313972**	**3576042**
2014-15	New	328503	237181	761276	1326960
	Old	328524	191244	1408495	1928263
	Total	**657027**	**428425**	**2169771**	**3255223**
2013-14	New	300520	206492	694507	1201519
	Old	292420	168948	1230712	1692080
	Total	**592940**	**375440**	**1925219**	**2893599**
2012-13	New	269770	152985	662212	1084967
	Old	269234	125368	1148246	1542848
	Total	**539004**	**278353**	**1810458**	**2427815**

Budget of Ayush Dispensaries during 2016-17:

S.No.	Dispensaries	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs
1	Ayurvedic Dispensaries	5852.5	4379.29
2	Unani Dispensaries	5852.5	4379.29
3	Homoeopathic Dispensaries	2894.00	2557.83
	Total	**14599**	**11316.41**

Chapter 9
HOSPITALS OF GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

The Hospitals are integral part of Health Care Delivery System of any State. Hospitals are expected to be the partners and supporters of Health Care Delivery System rather than limiting their role to medical care only. In the present scenario, the role of Hospitals range from providing Primary Level Medical Care to Hospital Care (Secondary/Tertiary Level).

The planning/ establishment of new Hospitals are taken care of by Hospital Cell/ Planning Branch of the Directorate of Health Services. The broad functions of Hospital Cell involve planning and commissioning of Hospitals which include site inspection, monitoring and co-ordination with different Govt./ Semi Govt./ Autonomous/ Pvt. Agencies etc. related to establishment of Hospitals. The financial aspect of these upcoming hospitals such as preparation of SFC Memo for cost estimates of Hospital which include estimates of manpower, equipments and other vital components required for establishment of Hospital are also being taken care of by Hospital Cell. Presently 38 Hospitals are functioning independently under overall administrative control of Department of Health & Family Welfare.

The Hospitals functioning under Department of Health & Family Welfare, Govt. of NCT of Delhi are as under:

ALLOPATHIC SYSTEM OF MEDICINE

1. Acharyashree Bhikshu Govt. Hospital, Moti Nagar
2. Aruna Asaf Ali Govt. Hospital, Rajpur Road
3. Attar Sain Jain Hospital, Lawrence Road
4. Dr. Baba Saheb Ambedkar Hospital, Rohini
5. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
6. Bhagwan Mahavir Hospital, Pitampura
7. Central Jail Hospital, Tihar, New Delhi
8. Chacha Nehru Bal Chiktisalaya,Geeta Colony
9. Deen Dayal Upadhyay Hospital, Hari Nagar
10. Deep Chand Bhandhu Hospital, Kokiwala Bagh, Ashok Vihar
11. Dr. Hedgewar Arogya Sansthan, Karkardooma
12. Dr. N.C.Joshi Memorial Hospital, Karol Bagh
13. GB Pant Hospital, Jawahar Lal Nehru Marg, New Delhi
14. Guru Gobind Singh Government Hospital, Raghubir Nagar
15. Guru Nanak Eye Centre, Maharaja Ranjeet Singh Marg
16. Guru Teg Bahadur Hospital, Shahdara
17. Jag Pravesh Chandra Hospital, Shastri Park
18. Janak Puri Super Speciality Hospital, Janak Puri
19. Lal Bahadur Shastri Hospital, Khichripur
20. Lok Nayak Hospital, Jawahar Lal Nehru Marg

21. Maharishi Valmiki Hospital, Pooth Khurd
22. Pt. Madan Mohan Malviya Hospital, Malviya Nagar
23. Sewa Kutir Hospital, Kingsway Camp (linked to AAAG Hospital)
24. Rajiv Gandhi Super Speciality Hospital, Tahir Pur
25. Rao Tula Ram Memorial Hospital, Jaffarpur
26. Sanjay Gandhi Memorial Hospital, Mangol Puri
27. Sardar Vallabh Bhai Patel Hospital, Patel Nagar
28. Satyavadi Raja Harish Chander Hospital, Narela
29. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasir Pur
30. Sushruta Trauma Centre, Bela Road

The Hospitals Functioning as Autonomous Bodies under the Department are as under:

31. Delhi State Cancer Institute, GTBH Complex, Dilshad Garden
32. Institute of Human Behaviour & Allied Sciences, Dilshad Garden
33. Institute of Liver & Biliary Sciences, Vasant Kunj
34. Maulana Azad Institute of Dental Sciences, LNH-MAMC Complex

AYUSH

35. A & U Tibbia College & Hospital, Karol Bagh
36. Chaudhary Braham Prakash Ayurvedic Charak Sansthan, Khera Dabar
37. Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre, Nanak Pura, Moti Bagh
38. Nehru Homoeopathic Medical College & Hospital, Defence Colony

BRIEF DESCRIPTION OF HOSPITAL PERFORMANCE DURING 2016-17

1. ACHARYA SHREE BHIKSHU GOVERNMENT HOSPITAL

This hospital situated in Moti Nagar in West Delhi is one of the 7 colony hospitals taken over by Delhi Government from MCD on 1.10.1996 for up gradation to a 100 bedded Multispecialty Hospital. This Colony Hospital at Moti Nagar is spread over 4.77 acres of Land. With the naming of the Hospital after the Jain Muni Acharyshree Bhikshu on 15.01.2005, this Moti Nagar Colony Hospital is now known Acharayashree Bhikshu Government Hospital. The hospital functioned with a sanctioned strength of 150 beds during the year.

After completion of the OPD block, OPD services from new OPD block were inaugurated by the Hon' ble Health Minister on 13.09.2003.

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	112	382709	216479	100793	0	7145	1683	8642
2013-14	100	134	403657	256858	120226	0	9187	2152	9502
2014-15	100	134	286738	209821	134812	4047	9708	2001	2006
2015-16	100	150	436387	308569	167432	5258	11335	1835	64522
2016-17	150	150	425215	273866	177764	4355	11003	1436	158547

Achievements during 2016-17 are as under:

- Porta cabin prepared for ACSM.
- New signages installed for public convenience.
- Road marking completed.
- Well baby clinic started.
- Speech therapy clinic started.
- Warm milk for mother immediately after delivery started.
- New born baby kit started for every delivered baby.
- Applied for NABH entry level.

2. ARUNA ASAF ALI GOVERNMENT HOSPITAL

Aruna Asaf Ali Govt. Hospital (Civil Hospital) is presently having three functional units. The main hospital complex is situated at 5, Rajpur Road with second functional unit at Subzi Mandi Mortuary. The hospital also manages services at Poor House Hospital at Sewa Kutir, Kingsway Camp and a hospital under Social Welfare department. The main hospital complex is

having 100 beds. At present, the hospital is providing services in the General Surgery, General Medicines, Peadiatrics, Orthopedic Surgery, Gynecology, Dental specialties

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	139	174816	139672	47706	2865	9179	2346	6566
2013-14	100	139	203368	129957	54208	3605	9545	2416	10094
2014-15	100	162	210215	136138	44524	4702	10564	2682	8581
2015 -16	100	185	253427	132287	69134	13577	12206	1133	466
2016-17	100	171	254463	131158	73367	9848	9805	2226	548

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 was taken over by Delhi Government on 16th June 1999.

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	30	30	83741	34143	0	0	1074	1063	154
2013-14	30	30	94772	31811	0	0	1549	1516	250
2014-15	30	30	90148	34729	0	0	1887	1868	222
2015-16	30	30	92950	39592	0	0	1991	1943	595
2016-17	30	30	76737	35493	0	0	1778	1749	65

4. AYURVEDIC & UNANI TIBBIA COLLEGE HOSPITAL

Tibbia was re-established into the new building at Karol Bagh by Masih-Ul-Mulk Hakim Ajmal Khan Saheb. The foundation stone of the Institute was laid by H.E. Lord Hardinge (the then Viceroy of India) on 29th March, 1916. This institution was inaugurated by Father of the Nation Mahatma Gandhi on 13th February 1921. Previously this college and allied units were managed by a board established under Tibbia College Act, 1952. This Act now has been repealed by a new Act known as Delhi Tibbia College (Take Over) Act, 1998 and enforced by the Govt. of NCT of Delhi w.e.f. 1st May, 1998.

The college is affiliated to the University of Delhi since 1973. It provides 4 ½ years regular course of study followed by one year internship leading to the award of the degree of Bachelor-of-Ayurvedic Medicine & Surgery (BAMS) and Bachelor-of-Unani Medicine & Surgery (BUMS). There are 28 Departments (14 Departments for each system) and a Hospital with 240 beds (functional) attached to the College to give practical training to the students.

The admission in BAMS & BUMS /M.D. (Ay) & M.D. (Unani) are dealt by Faculty of Ayurveda & Unani Medicines, University of Delhi. The Post Graduate Course (M.D) in the subject of Kriya Sharir & Kayachikitsa of Ayurved Medicine and in the subject of Moalejat of Unani Medicine has been started from Academic Session 2002 with intake capacity of 3 students in each discipline.

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	300	300	128095	100880			4555	134	5901
2013-14	300	300	173531	105231	0	0	5196	156	6864
2014-15	300	300	136272	99043	0	0	35023	142	5294
2015 -16	300	300	161771	112048	0	0	5796	101	5710
2016-17	300	240	196598	113179	0	0	2895	81	5686

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 lacs. 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 550 functional beds.

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	540	540	728875	318750	145577	15884	48630	8165	41179
2013-14	540	540	789972	227418	154732	14400	50772	8135	39896
2014-15	540	540	812354	305241	191409	16076	57675	7812	49704
2015-16	550	550	972636	312284	254334	19202	55617	8618	56750
2016-17	500	550	1144823	384416	311822	18162	65768	9188	81013

Achievements during 2016-17 are as under:

1. 03 New portable 100 ma X-ray machines were procured and commissioned.
2. The service of Ultrasound extended upto 8 p.m.
3. Training for students pursuing Diploma in Radiography were started w.e.f. Oct. 2016.
4. New specialty clinics started i.e. Adolescent clinic w.e.f. Sept 2016.
5. IEC activity like Programme for the prevention of diarrheal disease and control of Vector Borne Disease in Oct. 2016.
6. KMC & Breast feeding information lecture for lactating mother in Dec. 2016.
7. Special Disability Camp was organized, Disability Certificates were issued for hearing impaired on 10.07.2016.
8. New Procedure i.e. Oesophagoscopy started in Emergency OT in last month.
9. No. of ENT OT days was increased to 5 days per week (except Monday).
10. Mental Health weak was celebrated from 06.10.2016 to 10.10.2016.
11. Quality assurance of Laboratory is continuously being monitored by internal measures as well as external quality assurance program of AIIMS (Hematology) & CMC Vellore for Biochemistry.
12. Published research paper on skin adenexal tumour in international Journal of Europe.
13. No. of Urology OT days was increased to 5 days per week (except Tuesday).
14. Extended time of Surgery OT from 9.00 am to 8.00 pm on all week days except Saturday.
15. 10 new ventilators acquired & commissioned for Anesthesia Department.
16. Two (2) additional Ventilators have been received & commissioned for Accident & Emergency Department.
17. Casualty & Emergency Deptt. was renovated with addition in observation beds(floating beds).
18. Dr. BSA Hospital Blood Bank elevated as Regional Blood Bank and started new services Rn+kell typing for thalassemia patient w.e.f. Oct. 2016. Antibody Screening, identification & Leucodepleted Blood Components.
19. One day Disability Camp organized at Dr. BSA Hospital on 10th July 2016 and 36 Certificates were issued.
20. Total 515 Disability Certificates were issued during 1 April 2016 to 31 March 2017.
21. Mcindoe vaginoplasty done in cases of congential vaginal agencies for formation of vagina.
22. Sacrospinous fixation done in cases of prolapsed for better results.
23. New Adolescent Clinic also started for dealing with problems of Adolescents and their counselling in after noon in co-ordination with Pederast.
24. Cardiotocography machines have been procured for better surveillance of the fetus in Antenatal Period and during Labour especially in high risk cases and thus better management of high risk pregnancy cases.
25. Department is participating in WHO project of still birth and the project is still continuing.
26. Teaching and training programme has been further strengthened in the deptt. with regular classes and seminars and deptt. had 100% pass result of DNB candidates who appeared in June-Oct. 2016.
27. OT Services extended to 6 days a week upto 8:00 p.m.
28. 2 Ventilators have been commissioned for Neurosurgery Department.
    There was no case of Rabies.

6. BABU JAGJIVAN RAM MEMORIAL HOSPITAL

This 150 bedded secondary level hospital situated in resettlement colony in Jahangirpuri in North-West Delhi provides health are 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 Hospital w.e.f. 04-06-2010.

The Brief Performance Statistics of the Hospital during 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	150	100	334271	207294	143479	15928	12694	902	6652
2013-14	150	100	335012	178786	178063	18854	13053	865	8169
2014-15	150	100	350322	238279	247521	17515	13224	956	9121
2015-16	150	100	451245	240540	294314	19636	14625	1051	9383
2016-17	150	100	502046	302937	306037	22372	13558	954	12037

Achievements during 2016-17 are as under:

1. Repairing of Gynea. OT Block has been completed.
2. Construction of boundary wall near Mortuary has been completed.
3. Replacement and Augmentation of Central AC Plant at BJRMH is under process.
4. Placement of 27 new AC at different places of Hospital as per need is under process.
5. Construction of Unani Dispensary has been completed.
6. Construction of new Mortuary has been completed.
7. Replacement of three Air Conditioner in Casualty has been completed.
8. Renovation of Casualty has been completed.
9. Installation of 66 new water desert cooler has been completed.
10. Providing additional CCTV Cameras for better surveillance of BJRMH has been completed.
11. Construction of additional 277 beded MCH Block in BJRMH is under process.
12. Placement of five Window/Split AC in Ward no 2 is under process.
13. Renovation of Chest Clinic & Ward number 2 is under process.
14. Construction of 2 lakhs litre capacity water tank for storage of ETP Water is under process.

7. BHAGWAN MAHAVIR HOSPITAL

This 252 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 252 bedded Multi Specialty Hospital, whereby 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 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	250	250	331042	218359	78640	3190	17823	3769	11971
2013-14	250	250	365870	154944	66953	4848	19550	4100	13303
2014-15	250	250	366614	265289	128738	4364	19665	4280	14560
2015-16	250	250	432059	284663	173542	4143	23369	4176	15616

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
2016-17	252	252	403001	235923	222569	4136	25650	4310	15409

Achievements during 2016-17 are as under:

1. Bed occupancy increased.
2. Round the clock Blood Bank services increased.
3. Emergency Lab started in casualty and casualty services strengthened.
4. Accredation of NABH proposal project going on with all efforts.

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 prisons in the Tihar Complex with sanction capacity of 4000 prisoners and accommodates over twelve thousand prisoners. The hospital is having 270 beds, 150 in main hospital and 120 in De-Addiction Centre (DAC). DAC is ISO 9001-2008 certified unit.

The hospital has separate medical, surgical, tuberculosis and psychiatric wards. The hospital has an Integrated Counselling and Testing Centre (ICTC) for HIV, functioning in Central Jail Hospital functioning since June 10, 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 2016-17 and Previous Years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	240	240	28130	227868	36884	0	5049	10	49
2013-14	240	240	33316	248120	358	0	4193	0	235
2014-15	240	240	37291	240257	4683	0	6062	0	10
2015-16	240	200	37740	227536	2592	0	7452	0	0
2016-17	270	240	39137	218278	1848	0	6968	0	0

Achievements during 2016-17 are as under:

1. Medical Camp held by Delhi Medical Council (DMC) in Central Jail No.3 on 28.08.2016
2. Medical Camp Held by All India Institute of Medical Sciences (AIIMS), Department of Neurology on 29.09.2016 and by Department of Dermatology and Venereology in Central Jail No. 8/9 on 07.01.2017.
3. Special Eye Check-up Camp on 26.11.2016 at Central Jail No.4.
4. Health Camp Organised in Central Jail NO.3 by Saroj Super Speciality Hospital on 30.01.2017.
5. Health Camp organized in Central Jail No.6 on 7th-8th March 2017 on occasion of International Women's Day.

9. CHACHA NEHRU BAL CHIKITSALAYA

Chacha Nehru Bal Chikitsalaya, a 221 bedded hospital Super Speciality Pediatric Hospital situated in Geeta Colony has been established to provide preventive & quality curative services to children up to age of 12 years. This is a teaching hospital affiliated to Maulana Azad Medical College. The hospital was established in the year 2003 in an area of 1.6 hectare. Besides providing medical facilities it is being developed as a Post Graduate Teaching/ Training institute affiliated to Maulana Azad Medical College.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	216	216	115011	119049	63263	0	12650	2342	0
2013-14	216	216	116902	115477	54861	0	13205	2711	5833
2014-15	221	221	125790	113269	71000	0	13154	2575	0
2015-16	221	221	109750	187459	67531	0	13434	2904	0
2016-17	221	206	101110	206629	65176	0	18162	3069	0

1. CNBC got 2nd prize for Kayakalp for the year 2016.
2. Undergone surveillance assessment of NABH in Feb.2017.

10. CHAUDHARY BRAHM PRAKASH AYURVEDIC CHARAK SANSTHAN

Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, an ayurvedic teaching institute with 210 bedded hospital was established in 2009 in Khera Dabar in rural Najafagarh area for providing Ayurvedic treatment to the public. This prestigious institute is fully financed and controlled by the Health & Family Welfare Department, Govt. of Delhi, running as a society provides Ayurveda Health Services, Education and Research.

The institute is spread over 95 Acres of Eco-friendly & Huge Campus with total built up area of 47,150 Sq. Mtr. and 4 storyed building with basement in Hospital Complex. The institute has five Lecture theatres and 01 Seminar hall equipped with audio visual facility. Other amenities are separate Boys and Girls' Hostel, Doctors Hostel, Central Library, Sports Ground, Canteen and Housing Complex.

The admission capacity of institute for Ayurvedacharya degree (graduate course-B.A.M.S.) is 100.

Emergency Lab provides 24 hours services throughout the year for all emergency investigations. The hospital has two Panchakarma Units one for male and another for female which are providing special ayurvedic treatment to the chronic patients of paralysis, joint disorders, disc. related ailments, migraine, skin disorders like psoriasis, eczema, acne, chronic sinusitis etc. Kshar Sutra Unit is providing specialty treatment to the patients of anorectal

disorders like hemorrhoids, fistula & fissures. Leech application unit is providing specialty treatment to the patients of DVT, psoriasis, diabetic ulcers/foot, varicose ulcers etc. Ambulance facility with BLS and AC is available to transfer patients to other hospitals or meet any exigency/disaster situation.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	210	210	94824	200929	0	0	5903	459	1474
2013-14	210	210	97502	189283	0	0	6395	436	1716
2014-15	210	210	101466	166347	0	0	6162	42	2144
2015-16	210	210	123968	185109	0	0	8033	55	2592
2016-17	210	210	137715	195435	0	0	8073	20	2326

Achievements during 2016-17 are as under:

1. The batch of BAMS admitted during 2010-11 is awarded with degree of Ayurvedacharya.
2. Newly admitted 29 Post Graduate Scholars in five subjects viz. 1. Kriya Sharer (6 seats) 2. Rognidan Evum Vikriti Vigyan (6 seats) 3. Kayachikitsa (6 seats) 4. Panchkarma (5 seats) 5. Rachna Sharir (6 seats) PG programme.
3. Sansthan has applied for post graduate programme in 02 more departments i.e Dravyaguna & Swasthavritta.
4. Sansthan is pursuing with Registrar, Guru Gobind Indraprastha University for starting of Ph.D. Programme.

11. DEEN DAYAL UPADHYAY HOSPITAL

Deen Dayal Upadhyay Hospital, presently a 640 bedded hospital, was started in 1970 in Hari Nagar in West Delhi which was extended upto 500 Beds in 1987. Casualty services in the hospital were started in 1987 for day time only and with effect from April, 1998 the services 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. This hospital is providing specialized services to people of West Delhi and imparting training to Post graduate and under graduate medical students and Para-Medicals.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	640	640	532551	157584	287910	26035	58477	12688	3575

2013-14	640	640	562399	228710	-	-	64367	12845	3030
2014-15	640	640	641459	229245	317627	29942	57980	13457	34545
2015-16	640	640	723749	368286	405653	29689	76291	13704	37831
2016-17	640	640	736046	473941	413998	27068	63839	12738	36099

Achievements during 2016-17 are as under:

D.D.U. Hospital is the biggest and only tertiary care hospital in West Delhi providing services to the people living in West, South-West Delhi adjoining rural areas of Delhi and other adjoining States.

1. Family Planning Department of DDUH has been awarded first prize for delivering best family planning services in the current year by the Office of The Mission Director, West District. This department has also been awarded first prize for performing maximum male sterilization, female sterilization and IUCD insertions during world population fortnight celebration in the whole district.
2. By increasing the OT tables available for surgery, waiting period of patients for surgery has been reduced significantly.
3. Shifted emergency X-Ray services to Trauma Block Building thereby facilitating the trauma/emergency patients.
4. Ultrasound/Colour Doppler Services extended till 9:00 PM.
5. Special Radiology investigation are now being conducted on daily basis.
6. Successfully managed Dengue fever and Chikungunya fever out break with the existing staff.
7. Three additional Pharmacy/Drug dispensing counter opened for general public.
8. DOT Centre relocated to bigger & convenient premises on ground floor.
9. Injection room shifted to a more spacious and approachable premises leading to decongestion in Pharmacy, where it was previously located.
10. Actively participated in Swachh Bharat Abhiyan.
11. Expansion of ICU & ICCU in progress.
12. Expanded Dialysis Lab to start soon.
13. Actively participated in all national programs and designated targets were achieved successfully.
14. Process of acquiring an additional adjacent plot of land is under process so that expansion of hospital/setting up of a medical college can be done in the future.
15. Two Polyclinics with specialities of Medicine, Surgery, Paeds, Gynae. & Obs., Eye, ENT, Skin Department have been started at Tilak Vihar & Sector -14 Dwarka.

12. DELHI STATE CANCER INSTITUTE

Delhi State Cancer Institute, a Cancer hospital with 102 sanctioned beds is 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.

First phase facilities at this Institute with OPD services, Chemotherapy and Linear Accelerator based Radiotherapy facility were formally inaugurated by the Hon' ble Chief Minister of Delhi on the 26th August 2006. The Institute has been making consistent progress in all its activities ever since its establishment. One hundred bedded in-patients facility consisting of General Wards, Semi-Private Wards, Private Wards and Deluxe Suites have been commissioned during FY 2010-11 alongwith the existing thirty-two bedded day care set up. All facilities including medicines are provided free to all the patients. While the OPD and all support services

for all the patients are available from 7.00 AM to 5.00 PM on all working days the emergency services are available on round-the-clock basis.

The hospital has the latest technology Radiodiagnosis facilities with 128-slice CT scanner with RT Simulation, Digital X-Ray, Digital Mammography, high-end Ultrasound with Breast Elastography and RFA. All these equipments are on PACS and LAN for online reporting and access. Ultra-modern, fully automated Lab equipments for Hematology, Biochemistry, Immunoassay and Microbiology all connected through LAN for instant online reporting and access are available to provide necessary laboratory support.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	95	9693	174662	2528	0	7734	53	1071
2013-14	110	102	13617	216016	3381	0	8946	244	2443
2014-15	160	102	14911	248974	1673	0	1008	729	6113
2015-16	160	102	16439	248377	4805	0	6767	1041	7658
2016-17	102+50	102 (East) +50 (West) yet to be commissioned	17419	256827	12136	0	6605	920	7057

Major Achievements during 2016-17 / any other relevant infomrmation:

1. New posts under various Medical/Para-Medical/Ministerial categories created for DSCI (East) vide order dated 13 Feb 2017.
2. Installation of PET-CT and Gamma Camera/SPECT equipment at DSCI East inaugurated on 26 Aug 2016 – first such facility under Govt. of Delhi.
3. HPV Vaccination for young girls as a public Health Programme – First such Public Health Programme for Cancer Prevention in India–commenced from 7th Nov. 2016 – being carried daily at DSCI (East), DSCI (West) and on weekly basis through Teenage Clinic at BSA Hospital, Rohini.
4. Bronchoscopy and Upper & Lower GI Scopy started during the year.
5. Dharamshala facilities expanded from 94 to 214 to meet the growing needs of patients.
6. Director, DSCI invited to participate in Advanced Accelerator Radiological Physics Workshop in Moscow.
7. Director, DSCI invited to participate in World Cancer Leaders' Summit in Paris.

13. DR.B.R.SUR HOMOEOPATHIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE

Dr. B. R. Sur Homoeopathic Medical College, Hospital & Research Centre was established in November 1985 by Dr. B. R. Sur, who is a great Philanthropist and a leading Homoeopath of Delhi. The hospital started functioning in the year 1986 with its diagnostic facilities like X-Ray, Ultrasound, ECG, Pathology Laboratory and Operation Theater facilities, though it was formally inaugurated by Shri Jagpravesh Chander as a full fledged 40 bedded hospital in 1987. This institution was donated to Govt. of NCT of Delhi on 1st October 1998. The medical college is

having a 50 bedded attached hospital. This institution is situated in Nanak Pura, Moti Bagh, New Delhi and is built on a land measuring one acre and has 27,000 sq. ft. covered area on three floors. The institution is affiliated to Indraprastha University imparting Bachelor in Homoeopathic System of Medicine (BHMS) Degree Course of 5 ½ years with an admission capacity of 50 students every year. There is a common entrance test conducted every year by Guru Gobind Singh Indraprastha University. The hospital runs special Sunday Clinic for senior citizens.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	50	50	25750	38272	0	0	357	0	0
2013-14	50	50	24290	32251	0	0	0	0	0
2014-15	50	50	25436	39251	0	0	428	0	0
2015-16	50	50	28640	42020	0	0	358	0	0
2016-17	50	50	23655	37974	0	0	275	0	0

Major Achievements during the period from 01.04.16 to 31.03.17

1. Screening programme of students of various school i.e. Sadhu Vaswani International School, Shanti Niketan In April 2016, Air Force School Subroto Park, AGDAV School, Model Town, Sarvodaya Vidyala, Moti Bagh, SBDAV School, Vasant Vihar etc for Thyroid disorders. Clinical Examinations, Anthropometry investigation were done.
2. Dampati Sampark Pakhwada and Jansankhya Sitherta Pakhwada was organized in the Month of July for counselling of Families and Distribution of Condoms.
3. In June 2016 a screening programme of Interns was done for Chikunguniya and Dengue under the CCRH Project “To explore Immune response to Eupatorium Perfoliatum as preventive in Dengue in healthy human volunteers”.
4. Six papers presented in Multi Disciplinary Conference at AIIMS, paper on Thyroid disorder Judged as best paper in Homoepathic Section.
5. Selection of Gender Champions in the college to propagate gender equality among students & staff members.
6. Poster-making competition was conducted on 21st February on the Topic-Gender Sensitization. 32 students participated and I, II, III prizes were given.
7. Screening of patients for Vit-D deficiency 380 in Defence Research Development Organisation has been done in the Month of Jan 2017.

14. DR. HEDGEWAR AROGYA SANSTHAN

This 200 bedded secondary level hospital in Trans Yamuna areas is located near the Karkardooma Court and is surrounded by localities of Krishna Nagar, Kanti Nagar, and Arjun Nagar etc. The hospital is spread over 4.8 acres of land. The OPD services of the hospital in limited specialties were started in Nov. 2002 in the partially completed building. The Hospital at present is providing both IPD and OPD services with supporting Diagnostic Services.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	200	200	530341	285486	107027	6016	20719	3564	9702
2013-14	200	200	521209	292959	105539	4454	22602	3465	8572
2014-15	200	200	287950	144274	124462	8104	16566	2837	7864
2015 -16	200	200	276598	161827	161130	7339	18399	3057	6421
2016-17	200	231	308549	201915	215929	7132	19496	3707	6449

Major Achievements during the period from 01.04.16 to 31.03.17

1. A Dialysis Unit has been started in the hospital on PPP (Private Public Partnership) mode.
2. A polyclinic, Aam Aadmi Polyclinic, Kanti Nagar (attached with this hospital) was made operational.
3. All facilities /medicines provided by the hospital are free of charge as per Government policy.
4. Upgradation of Disaster Ward.
5. Installation of Porta Cabin for receiving critical ill patients in Casualty.
6. Started Life saving serum in main casualty-24 x7(Anti Rabies Serum).
7. Started separate ECG room in casualty and Animal Bite Clinic.
8. Installation of Hematology count machine.

15. DR. N.C.JOSHI MEMORIAL HOSPITAL

Dr.N.C. Joshi Memorial Hospital is a 100 bedded secondary level hospital located in midst of City in 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 in phased manner. Dr. N.C. Joshi Hospital is mainly a specialized Orthopedic hospital but now several general specialties like Medicines, Eye, ENT, and Gynae etc. have been added to the existing Orthopedic facilities.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds	No. of Patients (OPD)	IPD	No. of Surgeries

	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	30	30	90167	113472	0	0	910	9216	416
2013-14	30	30	96856	108380	0	0	702	113	1884
2014-15	30	30	106674	78771	7546	0	661	364	1257
2015 -16	30	30	125365	98302	14061	0	876	484	1285
2016-17	100	100	142787	105432	14051	0	1489	508	1619

Achievements during 2016-17 are as under:

1. The hospital is upgraded from 60 to 100 Bedded.
2. Maternity & Child services started soon.
3. Strengthening of the OT services and started Laproscopic surgery in our hospital.
4. 75 posts of various categories of the staff approved by Hon'ble LG of Delhi for upgradation of hospital.

16. GOVIND BALLABH PANT HOSPITAL

The Foundation stone of Govind Ballabh Pant Hospital was laid in October 1961 and was commissioned by the Prime Minister Late Pt. Jawaharlal Nehru on 30th April 1964. From a very humble 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. Now this is a 758 bedded hospital. The hospital is a nationally recognized tertiary care institution for Cardiac, Neurological and Gastrointestinal Disorders. It offers specialized medical and surgical treatment to about 7 lakhs patients in the OPD and almost 30,000 patients in IPD every year.

It is one of the reputed centers for post-doctoral teaching and training and recognized for many path breaking researches. The Institution is recognized by Medical Council of India and University Grants Commission as an independent post graduate college affiliated to University of Delhi. The institution offers post-doctoral D.M. degrees in Cardiology, Neurology and Gastroenterology and M.Ch. degrees in Cardio thoracic Surgery, Neuro Surgery and Gastrointestinal Surgery. Students are also admitted in M.D. courses in the fields of Microbiology, Pathology, Psychiatry and Radio-Diagnosis - in association with Maulana Azad Medical College - a sister institution. In addition, many departments are recognized for Ph.D.courses.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	691	691	89774	53289	9688	0	26845	4738	201
2013-14	691	681	96526	599686	14622	0	27177	4741	331
2014-15	714	714	99470	638732	10687	0	27565	4409	263
2015-16	735	735	110525	663128	18865	0	30343	4381	271
2016-17	758	735	122009	673021	20690	0	31163	4407	349

Achievements during 2016-17 are as under:

1. Conferences, Symposiums & CME live workshops organized by All the Departments of the Hospital to update skills & knowledge.
2. Large no. of acute heart attack patients treated round the clock by Angioplasty as life saving procedure.
3. Renovation of Ward-07 under progress.

17. GURU GOBIND SINGH GOVT. HOSPITAL

Guru Gobind Singh Govt. Hospital is a 100-bedded hospital established in the resettlement colony of Raghubir Nagar, West Delhi under "Special Component Plan" with a view to provide secondary level health care to low socio economic group of people of Raghubir Nagar and adjacent areas. The scheme was approved at an estimated cost of Rs.16.96 crores. Construction of the hospital building began in 1993 in a plot of land measuring approximately 14 acres. On completion of the OPD block, OPD services were commissioned on 31st Dec.1995. The hospital services have since been strengthened and upgraded to the current level in a phased manner.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	100	293917	231714	102066	2276	11300	1911	16577
2013-14	100	100	199743	273289	133891	-	16902	3038	15447
2014-15	100	100	197581	289496	146291	0	16737	3325	44956
2015 -16	100	100	363687	344312	130620	5390	19130	3561	56449
2016-17	100	200	374397	308302	171517	4009	19159	3357	46685

Achievements during 2016-17 are as under:

1. 15 beds post operative care ward for OBS patients.
2. Rain Water Harvesting system functioning.
3. Solar lights in hospital campus.
4. High mast lights in 4 sites.
5. 2 additional beds in Casualty.
6. New room for police post outside Casualty.
7. ARS Administration services started.
8. Blood storage services.
9. Fully functional HIMS system.
10. Increase in patients waiting area.
11. Functional Polyclinic in Madipur.
12. Improvement of infrastructure of OPD.

18. GURU NANAK EYE CENTRE

Guru Nanak Eye Centre was conceived in 1971 with a view to provide best eye centre to residents of Delhi. The name of institution was adopted as GNEC with a view to maintain the teaching of Guru Nanak & initial support was provided by Gurudawara Prabanthak Committee Delhi. The Outpatient Department block started functioning in 1977 and the Indoor Patients were kept in eye ward of LNJP Hospital. GNEC became administratively independent on 14th March 1986 with complete indoor facility. 184 bedded hospitals started functioning in small building.
Guru Nanak Eye Centre, presently a 212 bedded eye hospital is part of MAMC-LNH-GBPH-GNEC Complex. The hospital is attached to Maulana Azad Medical College. The Eye Centre, each year, imparts comprehensive training in Ophthalmology to post-graduates and undergraduates (as part of MBBS course) of Maulana Azad Medical College. The postgraduate training includes clinical, research and other academic activities. Besides, the centre also trains faculty members from other institutions coming for specialized training. A number of Ophthalmologists are trained under national programme for prevention of Cataract Blindness and the Centre gets a number of observers from all over the country and visitors from different parts of the world.

It provides comprehensive Eye Health Care services to the public. The Eye Centre started functioning independently in 1985. The various services provided by the Centre includes OPD services, Indoor Services, Operation Theatre (24 hours) facilities, Emergency Services (24 hours), Speciality Clinics, Eye Banks, Community Eye Services through peripheral health center at Narela, Delhi and by being a referral centre of the Motia-Mukti-Bind Abhiyan Programme of Government of NCT of Delhi.

The brief performance statistics of the hospital during 2016-17and previous years is as under:

Year	No. Of Beds		No. Of Patients (OPD)				IPD	No. Of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	212	212	98862	120326	5225	249	15274	12333	2549
2013-14	212	212	116117	127014	6330	259	14518	11916	1320
2014-15	212	212	126473	108497	6287	209	0	0	0
2015-16	212	212	146922	165371	6798	308	12553	10190	1811
2016-17	212	212	160907	206542	8014	315	13464	11432	1695

19. GURU TEG BAHADUR HOSPITAL

Guru Teg Bahadur Hospital is the prestigious and largest Hospital situated in Dilshad Garden area of Trans-Yamuna (East Delhi) with 1512 sanctioned beds. The hospital started functioning in 1985 with 350 beds. The hospital is tertiary care teaching hospital associated with University College 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 Midwifery course in its School of Nursing. The hospital provides round the clock Emergency Service in common clinical disciplines including Neurosurgery facilities for road side accident and

other trauma victims, Burn Care Facilities, Thalassemia Day Care Center, CT-Scan, Hemo-dialysis and Peritoneal Dialysis besides OPD/IPD services in broad basic specialties.

G.T.B. Hospital runs a fully equipped regional Blood Bank Centre which apart 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.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. Of Beds		No. Of Patients (OPD)				IPD	No. Of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	957	1196	716249	493920	244372	15688	65393	17815	59599
2013-14	1512	1456	862800	585807	267075	161513	77813	19243	53811
2014-15	1512	1456	1021247	632445	154533	23180	81439	18664	50582
2015-16	1512	1456	1037798	537894	339257	18063	92660	18904	49156
2016-17	1512	1456	1135142	587619	419226	17718	95798	20972	49401

Achievements during 2016-17 are as under:

1. Blood Bank has been certified with NABH (SAFE-1) certificate from NABH.
2. GTB Hospital has been awarded rank 1 in more than 500 bedded hospitals under Kayakalp Program.
3. A new dedicated Blood Collection Centre for female patients has been established.
4. Blood Collection Centre for male patients has been relocated for better and efficient management with enhancement of waiting area.
5. MCH Block fully functionalized and rendering services of Gynae & Obs. and Pediatrics.
6. Private Ward has been converted to General Ward & allocated to Pediatric Dept., now fully occupied with Pediatric OPD at ground floor.
7. Anti Rabies Clinic has been re-located and its operational time has been increased from 9 AM to 4 PM to 8 AM to 8 PM. The consultation Anti-Rabies Vaccine administration is being done under one roof.
8. Casualty services has been streamlined for patient care
9. Medicine Emergency area has been expanded from 20 to 39 beds only.
10. 20 New ventilators in main ICU and 9 portable ventilators at various places have been installed in GTB Hospital for better patient care.
11. BMW disinfected system microwave based had been adopted.
12. MGPS (SITC) for MCH/DEM Block was approved.
13. PNG pipe line has been installed in kitchen and soon will be catering to all boilers also thus progressing towards zero emissions.
14. Neurosurgcry Department has been renovated with additional space provided for better patient are services.
15. Dengue/Chikungunya fever management

GTB hospital is Polio Vaccine Centre for international travellers to designated countries.

20. INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCE

The Hospital for Mental Diseases (HMD), Shahdara, was established in 1966 in the eastern outskirts of Delhi across the Yamuna River at a time when custodial care of mentally ill was order of the day. During this era, the society had lost hopes for recovery of such patients and kept them far away. It was a virtual dumping ground for society's unwanted people. There used to be inadequate facilities, paucity of trained staff and often ill-treatment to patients. The hospital was converted into a multidisciplinary institute under the Societies Act and registered as a Society by Supreme Court order in response to public interest litigation. Since its inception in 1993, it has served as a good example of how judicial intervention can bring about changes for the benefit of the patients. At present, it is functioning as an autonomous body with support from Central and Delhi Governments for its maintenance and developmental activities.

Institute of Human Behaviour & Allied Sciences (IHBAS) is a tertiary level Medical Institute deals in patient care, teaching and research activities in the field of Psychiatry and Neurological Sciences. The Institute is an autonomous body registered under the Societies Act 1860, funded jointly by Ministry of Health and Family Welfare, Government of India and Government of NCT of Delhi. This institute has hospital with 500 sanctioned beds with 336 functioning beds.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	500	336	63116	340143	2525	0	3395	122	51
2013-14	500	346	65971	336244	2745	0	3549	161	31
2014-15	500	346	67957	368331	33827	0	3851	168	81
2015-16	500	347	75823	416479	35654	0	4046	160	71
2016-17	500	336	82182	428491	37998	0	3978	179	110

Achievements during 2016-17 are as under:

- Role in formulating the National Disaster Management Guidelines.
- Resource Centre for Tobacco Control (RCTC).
- Identified Centre of excellence in the field of Mental Health.
- Community services; Providing technical expertise and specialist medical intervention for reform of Government run home for mentally retarded (Asha Kiran).
- A referral centre for viral load under NACO.
- HALF WAY HOME inaugurated in IHBAS.
- Received KAYAKALP award in April 2016.

21. INSTITUTE OF LIVER & BILIARY SCIENCES

The Institute of Liver and Biliary Sciences (ILBS) has been established by the Government of the National Capital Territory (NCT) of Delhi as an Autonomous Institute, under the Societies Registration Act – 1860, at New Delhi. ILBS has been given the status of Deemed University by the University Grants Commission (UGC). The institute with 405 sanctioned beds is situated at

D-1 Vasant Kunj, New Delhi. The foundation stone of ILBS was laid in 2003. The first phase of ILBS was completed in 2009. The hospital was started functioning in the year 2009 for providing special treatment of liver related problem with latest medical facilities. The formal inauguration of the hospital took place on January 14, 2010 by the Chief Minister of Delhi, Mrs. Sheila Dixit. ILBS envisions becoming an international centre of excellence for the prevention and cure, advance competency-based training and cutting edge research in Liver, Biliary and Allied Sciences.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	180	122	17434	30427	4210	12	4365	564	124
2013-14	180	143	21840	40425	5811	18	5435	797	240
2014-15	180	142	28795	47001	6980	17	5458	936	295
2015-16	180	151	33244	57773	6789	07	0	1193	345
2016-17	405	193	34863	64908	7326	09	6995	1196	360

Achievements during 2016-17 are as under:

1. Awarded for IGBC Green New Building Platinum.
2. College of Nursing started.
3. PhII operationalised partially and OPD shifted.
4. NABH surveillance audit done in Aug'16.
5. NABL reassessment audit done in march' 17.

22. JAG PARVESH CHANDRA HOSPITAL

The hospital is situated in Shastri Park area of North-East District of Delhi covering about a million population residing in Ghonda, Seelampur, Yamuna Vihar and Babarpur Assembly constituencies of trans-yamuna area. This hospital provides secondary health care services to the people of the above Assembly Constituencies and adjoining areas in addition to primary health care services, laboratory services, MCH, family welfare services and other emergency services. Keeping in view of the above objective O.P.D. services at 200 bedded Shastri Park Hospital under Directorate of Health Services, Govt. of Delhi were inaugurated by Hon'ble Health Minister on 3rd Oct. 2003 through a part of OPD Block which was still under construction. Complete OPD Block was handed over by PWD during 2nd quarter of 2005.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor

2012-13	200	200	420233	218612	76977	5212	12255	2090	8135
2013-14	200	210	390872	138690	103919	14466	12338	2123	10696
2014-15	210	135	497771	246756	150844	5847	13416	442	11469
2015-16	210	210	570251	293996	296559	4905	20098	1988	22707
2016-17	210	210	599580	277906	382409	12170	16584	1938	25112

Achievements during 2016-17 are as under:

1. Reorganisation of Emergency Department i.e Separate Green, Yellow and Red zone in Casualty have been created. Eight new computerized OPD Registration counters have been created to reduce the waiting time and convenience of patients.
2. Safe I Certificate from NABH is in process, Hospital Infection Control Manual & Antibiotic Policy is being implemented.
3. MRD shifted outside. Shifting of Casualty Registration. Renovation of Laundry and CSSD are in process.

23. JANAK PURI SUPER SPECIALITY HOSPITAL

Janak Puri Super Speciality Hospital, with 300 sanctioned beds is situated in Janakpuri West Delhi, under Govt. of N.C.T. of Delhi with a view to provide Super Speciality level health care to people of west Delhi. The hospital has been constructed on a plot with an area of 8.82 acre. The hospital started the services of OPD from 18th Sept.' 2008. At present the OPD and supportive services of Laboratory, Radiology, Speech Therapy, Occupational and Physiotherapy are operational.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	300	0	31579	65754	0	0	0	0	0
2013-14	300	0	28711	71731	0	0	0	0	0
2014-15	300	26	35281	96829	0	0	560	0	0
2015-16	250	50	45120	170993	0	0	1405	0	0
2016-17	300	100	57225	239253	0	0	2383	0	0

Achievements during 2016-17 are as under:

- Augmentation of functional beds up to 250.
- E-tender of OPD registration.
- Establishment of fully Automatic Equipment in Laboratary Services
- Upgraded the Cardiology Department by installing Echocardiography machine, TMT & Holter machine.
- Endoscopy has been started.
- Cath lab installation is started.

- Recruitment of Nursing staff, Paramedical staff, Professor, Associate Professor, Assistant Professor, Specialist/Medical Officer, Clinical Psychology, Assistant Dietician, Public Relation Officer.
- Total beds of ward 100.

24. LAL BAHADUR SHASTRI HOSPITAL

This secondary level 100 Bedded General Hospital is situated in Khichdipur area of East Delhi in a resettlement Colony. The hospital campus is spread over 10.11 Acres of land. The OPDs services of the hospital in limited specialties were started in December 1991 in the partially completed building. The hospital services since then have been strengthened and upgraded up-to the present level in phased manner. The hospital has Medical Board for issuance of disability certificate under Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 Act.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	114	421977	207376	205205	16741	20273	3294	33898
2013-14	100	114	476738	216389	239948	21648	20796	7906	41728
2014-15	100	114	474357	249124	384125	24998	22831	3264	46529
2015-16	100	135	514575	278722	309488	25106	28372	3265	38735
2016-17	100	188	522515	273611	344798	19040	26973	3783	32987

Achievements during 2016-17 are as under:

Providing Best Services to Patients.

25. LOK NAYAK HOSPITAL

Lok Nayak Hospital is a premier public hospital under Govt. of NCT of Delhi with present bed strength of 1837. During the decades of its existence this hospital has grown enormously in its size and volume so as to cope with the growing needs of the ever-increasing population of this capital city. New State of out OPD, Emergency Block and Indoor Ward are being constructed some of the builds one already made operational and others are coming up including Ortho Indoor Block. The catchments area of this hospital includes the most thickly populated old Delhi areas including Jama Masjid and trans-yamuna area. Patients attending this hospital from the neighbouring states and other parts of the city have increased manifolds. The hospital provides the general medical care encompassing all the departments like Medicine, Surgery, Obst. & Gynae, Paediatrics, Burns & Plastic etc. It also provides specialized services like Dialysis,

Lithotripsy, Respiratory Care, Plastic Surgery and others. New Department of Pulmonary Medicine is being setup. The hospital also provides the tertiary care connected with the National Programmes including mainly family welfare & maternity and child health care.

The hospital is tertiary level teaching hospital attached to Maulana Azad Medical College, providing clinical training facilities to under graduate and post graduate students.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	1839	1816	571439	392202	259746	8387	91909	13758	23973
2013-14	1847	1882	538460	407622	248564	9990	93097	15012	23377
2014-15	1847	1847	625323	447843	292342	13245	108508	13912	24133
2015-16	1847	1783	810670	469574	321830	15671	112300	13829	22822
2016-17	1837	1853	530338	445042	139966	10373	106723	19346	21707

Achievements during 2016-17 are as under:

Department of Radio Diagnosis:

- Replacement of 20 years old Fluoroscopy Machine with Digital Fluoroscopy Machine.
- Replacement for 3 Portable X-Ray Units 20 years old, 1 Unit 25 year old, 1 Unit 15 years old.
- Replacement for 2 X-ray Units 15 years old each by Direct Digital X-Ray Unit for new Orthopaedic and OPD X-Ray Wing in LN Hospital.
- 2 Ultrasound Units as replacement for 10 years old.
- During this quarter 2 Portable X-Ray Machines have been installed in emergency section.

Other Achievements:

- Delhi Govt. has nominated SIS (India) Ltd. For providing 156 security personnel in Casualty & Emergency areas of the hospital and these are engaged w.e.f. 01.06.2016.
- Newly renovated Modular Main Kitchen was inaugurated by Hon'ble Health Minister on 07.01.2017.
- Most of cooking process is mechanized to upkeep the hygiene standards & save time. Pilot Project as directed by Hon' ble Health Minister "Extended meal Services for patients attendants & staff of LNH Complex" is going on where combo meal is provided at the rate of Rs. 10/-. It was inaugurated by Hon' ble Health Minister on 19.01.2017

26. MAHARISHI VALMIKI HOSPITAL

This 150 bedded secondary level hospital situated in rural area of North-West Delhi provides services in broad basic specialities.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	150	150	270077	56134	99114	4852	8619	1278	5894
2013-14	150	150	276024	76386	87170	5748	9298	985	6406
2014-15	150	150	237906	72453	85922	0	8832	1092	7085
2015-16	150	150	233394	85633	91997	6658	11529	1657	7346
2016-17	150	150	267415	98251	134420	4743	11300	1526	8011

Achievements during 2016-17 are as under:

1. NRHM Schemes like JSSK, JSY, Sterilization, IYCF, NRC, MTP, IUCD etc. are running smoothly.
2. Blood C/S, Urine C/S services started.
3. Thyroid function test started.
4. Rohini, Sector-18 Polyclinic started.

27. MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

Maulana Azad Institute of Dental Sciences is located within the Maulana Azad Medical College-Lok Nayak Hospital Campus situated near Delhi Gate. The institute has 10 bedded hospital. The College and Hospital made its inception as a “Dental Wing” in 1983. Two decades later, on 26th September 2003, Dental Wing was upgraded to its present status of a full-fledged Dental College and Hospital. The institute is a Centre for technical education in the field of dentistry, conducts professional research and provides basic as well as specialized dental health care services to the patients. Bachelor of Dental Surgery (BDS) is a four years graduate programme offered at the institute. The college is affiliated with University of Delhi.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	8	8	159929	122211	0	0	161	144	2491
2013-14	10	10	126983	147576	0	0	121	124	2009
2014-15	10	10	178898	155909	0	0	136	121	1650
2015-16	10	10	199078	166609	0	0	120	111	1853
2016-17	10	10	211250	171794	NA	NA	151	119	1946

Achievements during 2016-17 are as under:

1. The posts have been filled up on contractual basis.
2. One post of Assistant Programmer has been filled up on contractual basis.
3. 05 LDCs are working on tenure basis and notification has been issued by DSSSB to fill up these posts.

28. NEHRU HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Nehru Homoeopathic Medical College and Hospital is one of the premier and reputed Homoeopathic Colleges of India and is located in B-Block of Defence Colony in South Delhi. This college is a 100 bedded hospital. The institution was founded by Padam Bhushan Awardee late Dr. Yudhvir Singh, a great freedom fighter, social worker and pioneer Homoeopath of India. The foundation stone of the college building was laid by Dr. Sushila Nayyar, Hon'ble Minister of Health and Family Welfare on August 22, 1963. The O.P.D. Wing was inaugurated by the Hon' ble Prime Minister, late Shri Lal Bahadur Shastri on May 6, 1964. Classes in the college were started 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 to Delhi Administration.

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 admission capacity of 100 students per year.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	100	79777	109279	0	0	1087	0	0
2013-14	100	100	77984	103280	0	0	1494	0	366
2014-15	100	100	80057	1055211	0	0	1018	0	394
2015-16	100	100	85315	109721	0	0	1156	0	281
2016-17	100	89	80708	103451	-	-	973	-	138

Achievements during 2016-17 are as under:

1. Procedures like Gynaecological D & C PAP Smear, Abcess Drainage have been started besides MTP/D & E.
2. In Gynae OPD also- ANC registration, Immunization & Supplement of Iron / Calcium to ANC patients have been started.
3. Gynaecology & ANC patients are also admitted to conservative management.
4. CCTV cameras were installed in different locations of this institute.
5. EOR for intercom was obtained and work is about to be finished.
6. Accounts Branch has been fully renovated during this period.
7. Repair of harvesting (water) chamber done.
8. Timely payment of security and sanitation and other bills.
9. Two guard room were constructed during the period.
10. EOR for renovation of Reperatory, Materia Medica, HOO room and M.S. room were received and work is about to complete.

11. EOR for renovation of Auditorium room received.
12. EOR for centrally air conditioning of OPD and IPD received.
13. Condemnation of X-Ray Machine done.
14. Roofing work of Chest Clinic completed.

29. PT. MADAN MOHAN MALVIYA HOSPITAL

Pt. Madan Mohan Malviya Hospital is 100 bedded designated district hospitals for South District. The hospital was amongst 7 hospitals handed over to Delhi Government by MCD and was taken over from MCD in 1996 and. The hospital is spread over 3.08 acres of land.

The brief performance statistics of the hospital during 2016-17:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	100	272225	104963	150048	0	11971	1532	13044
2013-14	100	100	293016	187956	161711	0	14639	1353	14735
2014-15	100	100	303360	188787	215302	0	15427	1809	12815
2015-16	100	100	346403	194236	287072	0	16468	1901	11576
2016-17	100	100	364662	194964	278076	0	14430	1959	11018

Achievements during 2016-17 are as under:

1. Total 2859 patients benefitted under Janani Shishu Suraksha Karyakram in tune with the directions of Govt. of India.
2. This hospital has successfully implemented National Programmes namely Universal Immunisation Programme (UIP), Vitamin A Prophylaxis Programme, Reproductive and Child Health Programme (RCH), National Anti Malaria Programme (NAMP), National Leprosy Eradication Programme (NLEP), Revised National Tuberculosis Control Programme (RNCTP), National Vector Borne Diseases Control Programme (NVBDCP), National AIDS Control Programme (NACP) and Mobile Health Scheme.
3. Pt. Madan Mohan Malaviya Hospital is one of the six Delhi Govt. Hospitals identified for implementation of Quality Assurance Programme of Govt of India and already acquired the Pre-accreditation entry level of NABH certification.

30. RAJIV GANDHI SUPER SPECIALITY HOSPITAL

Rajiv Gandhi Super Speciality Hospital with sanctioned 650 beds is being established in Tahirpur North- East Delhi, with a view to provide Super Speciality health care to people of North-East Delhi and Trans Yamuna area with an approximate population of 50 Lakhs. The hospital has been constructed in area of 13.00 acre. The hospital started the services of OPD from 11th Sept. 2008.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
Year	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	650	0	32910	32397	0	0	0	0	0
2013-14	650	0	8188	23748	0	0	0	0	0
2014-15	650	0	13748	24345	0	0	0	0	0
2015-16	650	NON FUNCTIONAL							
2016-17	650	60	32304	62150	1149	0	2515	1753	30

Major Achievements from 01.04.2017 to 31.03.2017

1. IPD services started in April 2016(General Ward and Daycare).
2. Screening OPD to entry patients without referral.

31. RAO TULA RAM MEMORIAL HOSPITAL

Rao Tula Ram Memorial Hospital is situated in Jaffar Pur in the rural area of South-West District of Delhi. The hospital campus is spread over 20 acres of land. The hospital is located adjacent to ITI, very close to Police Station.

The OPD Services of the hospital in limited specialties were started in August 1989 in the partially completed building. The hospital services since then have been strengthened and upgraded up-to the present level in phased manner.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
Year	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	100	114	273984	112253	73014	6037	10369	1716	2411
2013-14	100	108	268911	121822	83503	7034	10456	1592	2802

2014-15	100	114	306494	151227	102626	7097	10584	1736	3069
2015-16	100	114	332113	143598	115801	6938	13069	1298	2097
2016-17	100	120	328902	141819	124296	6594	10553	1388	2139

Major Achievements from 01.04.2017 to 31.03.2017

1. The proposal for procurement of computers, scanners and hiring of 8 MBPS leased line is under process.
2. **Dwarka Sector-17, Polyclinic:**

a) Layout plan prepared and approved on 20.05.2016. Total of ground and two floors are to be constructed. M/S Arcop Associates appointed as Architect. But P.E. not prepared and submitted for approval from PWD.2.

b) Najafgarh Polyclinic: Layout plan approved and architect Space Matters Architect appointed. Total of ground 1st floor to be constructed. PE submitted for Rs. 1,77,71000/- and sanction given on 17.06.2016.

c) Pandwala Kalan Polyclinic: Already fully functional.

d) Rawta Mor Polyclinic: Site survery done, layout plan already been approved.

3. The proposal for expansion of another 270 beds in RTRM Hospital is under process for approval of preliminary estimate.
4. The proposal for filling up of vacant posts in Radiology Department has been moved.
5. The proposal for upgradation and expansioin of MRD through installation of compactors for upkeeping the medical records in safe custody has been submitted to PWD.

32. SANJAY GANDHI MEMORIAL HOSPITAL

Sanjay Gandhi Memorial Hospital situated in Mangolpuri Area of North-West Delhi was commissioned in April 1986 as one of the seven 100 bedded hospitals planned by the Govt. of NCT of Delhi during the 6th five year plan under Special component plan for Schedule Cast/Schedule Tribes. Later it was augmented to 300 beds in 2010

The hospital now caters to the health needs of a population of 15-20 lakh residing in the JJ Clusters & Resettlement Colonies of Mangolpuri, Sultanpuri, Nangloi, Mundka & Budh Vihar etc. The hospital provides O.P.D. facility of all General Departments in forenoon and 24 hours services in Casualty, Laboratory and Radiological investigations, Delivery (Child Birth), Operation Theatres and Blood Bank services.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	300	300	595848	86691	138492	23733	29648	3830	25062
2013-14	300	300	443315	102053	236172	24804	33492	3603	25317
2014-15	300	300	495708	148673	273155	26226	44323	3662	26718
2015-16	300	300	424721	172513	317471	28652	49072	4189	28587
2016-17	300	300	408640	161232	392876	28048	44342	3375	29465

Major Achievements from 01.04.2017 to 31.03.2017

Kayakalp Programme has been initiated:

1. Internal assessment Hospital was selected amongst 16 best facilities under Kayakalp.
2. The Hospital has improved services like housekeeping by strictly monitoring the work of outsource agency. Toilet, Corridor, Open Courtyards, Wards, Stair Cases neat and clean dust bin have been placed inside and outside building to prevent from littering.
3. Training of staff for BMW, infection control has been taken and periodicities of same have been fixed.

NABH:-Implementation of Quality Improvement Programme through NABH accreditation (Preparation & Training for NABH Pre-entry accreditation is going on).

33. SARDAR VALLABH BHAI PATEL HOSPITAL

Sardar Vallabh Bhai Patel Hospital, a 50 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, Baljeet Nagar, Ranjeet Nagar, Shadi Pur, Kathputli Colony, Regar Pura etc inhabited by large population of people belonging to Low and Middle Socio – economic status. About 7 – 8 lakhs of people fall in the catchment area of the hospital and are dependent on this hospital for their day-to-day health needs.

Earlier this was an MCW Centre with MCD, which was taken over from MCD by Govt. of NCT of Delhi on 01.10.1996 by a special act passed through assembly. The prime aim of the takeover was to upgrade this hospital to 50 bedded capacities so that it acts as a Secondary Level Health Care delivery outlet in the area. Its main objective is to provide minimum free basic health care services. This hospital is spread over 1.37 Acres of Land. The Hospital is three storey building divided into two wings spread on an area of 5339 Sq m with built up area of 2334 sqm.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	50	60	227587	141384	30826	0	4281	1457	12778
2013-14	50	50	244018	121810	39983	0	4961	1516	12927
2014-15	50	51	252156	129942	50223	0	3643	1142	14449
2015-16	50	51	303796	166193	66191	0	5531	1184	14922
2016-17	50	51	348632	165962	91456	0	4613	990	17186

Achievements during 2016-17 are as under:

1. Construction of porta cabins has been completed and which would provide more space in the hospital.
2. Five more printers have been procured in the hospital for bringing about more efficiency in different branches of the hospital, office of Chief District Medical Office (West).
3. New submersible pump/boring has been installed in the hospital premises to ease the shortage of water.
4. CCTV cameras have been installed in the hospital for surveillance and for keeping track of the anti social elements.
5. Public address system has been installed in the hospital.

34. SATYAWADI RAJA HARISH CHANDER HOSPITAL

Satyawadi Raja Harish Chander Hospital with 200 functional beds is situated in the Narela subcity area of West District of Delhi and caters to the health needs of people residing in the town of Narela and adjoining rural areas. The OPD services of the hospital were started in 2003. Emergency, Nursing & IPD services are available with common latest medical facilities.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	200	200	302837	170219	31417	3002	9730	694	11031
2013-14	200	200	294547	152743	42335	4058	6876	438	13747
2014-15	200	200	381363	157642	58995	4399	5211	690	4278
2015-16	200	200	413682	159965	66284	5502	9467	844	18090
2016-17	200	200	460042	174744	86846	5506	11196	1099	20184

35. POOR HOUSE HOSPITAL

This 60 bedded hospital for inmates of Sewa Kutir (Poor House) is situated at Sewa Kutir Kingsway Camp and medical services in the hospital are being managed by Aruna Asaf Ali Hospital.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	60	20	4513	5390	0	0	0	0	0
2013-14	60	20	3667	3110	0	0	0	0	0
2014-15	60	20	5769	8281	13950	1266	8	0	0
2015-16	60	20	5456	9044	14500	916	09	0	0
2016-17	60	20	4753	3442	8195	321	05	0	0

36. SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA

Shri Dada Dev Matri Avum Shishu Chikitsalaya is an 80 bedded hospital to provide mother and child care and is located at Dari in South-West District of Delhi. It has an area of 10470 sq. Mtrs. with facilities of hostel and staff accommodation. This is the first hospital of its own kind of GNCT Delhi to provide mother and child health services in an integrated way.

The brief performance statistics of the hospital during 2016-2017 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	64	64	117135	59225	23113	0	15106	1737	636
2013-14	64	88	105128	75422	28574	13	16400	1845	694
2014-15	64	92	142007	66941	36806	0	15788	1412	684
2015-16	80	106	190339	81951	65726	31	18604	1818	884
2016-17	80	106	195260	90093	77720	20	18758	1830	734

Achievements during 2016-17 are as under:

1. Shri Dada Dev Matri Avum Shishu Chikitsalaya was declared as Ist winner of ''KAYAKALP'' Award in Delhi State and given cash prize of Rs. 25,00,000/- by Sh. J.P. Nadda Minister of H & FW, Govt. of India on 15/02/17.
2. Beti Bachao Pledge Ceremony was organized on 14/02/2017 in presence of Hon'ble MLA Sh. Rajesh Rishi along with hospital staff and approx. 500 people.
3. Medical Camp was held in Sec 10 Dwarka in association with NGO Pahal Social Organisation 10/02/2017 where around 500 labourers were examined, treatment given and family planning advices was given.

37. SUSHRUTA TRAUMA CENTRE

Sushruta Trauma Centre located on Bela Road near ISBT was established in 1998 for providing critical care management to all acute poly-trauma victims including head Injury and excluding burn, as an annexe of Lok Nayak Hospital under overall administrative and financial control of Medical Superintendent Lok Nayak Hospital. Subsequently Sushruta Trauma Centre was declared an independent institution and declared Medical Superintendent, Sushruta Trauma Centre as HOD having all administrative and financial control by Hon' ble L.G. of Delhi vide office order dated 23/02/07. The hospital is having 49 sanctioned beds. The hospital is situated in middle of Delhi and provides critical care management to Poly-trauma cases including head injuries only with latest facilities.

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	49	70	0	12773	15165	2847	5050	1238	2134
2013-14	49	69	0	13353	17123	3654	5158	1535	3238
2015 -16	49	69	0	16720	19490	4727	5452	1399	3513
2016-17	49	69	0	18284	18493	3443	3824	1210	3563

Achievements during 2016-17 are as under:

Inspite of staff crunch, the outcomes of patient and treatment facility provided to trauma patients efficiently and in time.

38. DEEP CHAND BANDHU HOSPITAL

Chief Minister Sheila Dixit, inaugurated OPD services of 200-bedded Deep Chand Bandhu Hospital at Kokiwala Bagh, Ashok Vihar, in the presence of Union Communication Minister Kapil Sibal. The hospital has been dedicated to late Deep Chand Bandhu, who represented Wazirpur Constituency in the Legislative Assembly. Health Minister Ashok Kumar Walia, local MLA Jai Shankar Gupta and other eminent personalities were present on the occasion. OPD started wef 22/12/2013 & 24 hrs. Casualty alongwith 200 bedded IPD wef. 17/9/2015

The brief performance statistics of the hospital during 2016-17 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	200	-	13722	5201	1	0	0	0	34
2013-14	200	-	176528	104503	971	0	0	0	228
2014-15	200	-	235983	99536	2743	223	0	0	816

2015-16	200	200	309710	129290	26637	1526	2193	0	2102
2016-17	200	154	362102	178774	87436	4199	3454	0	6647

Achievements during 2016-17 are as under:

1. A meeting of Rogi Kalyan Samiti was held on 28.07.2016 & an emergency meeting regarding Dengue & Chikungunya outbreak is also held on 29/9/2016.
2. During outbreak of Dengue, Chikungunya & Viral Fever, 150 beds were created in the hospital for fever patients.
3. Triage-area having 3 beds is created in casualty.
4. Fire clearance has been obtained for Hostel–Block and the process of procurement of furniture, items has been started
5. Round the clock X-Ray service has become functional.
6. Separate Fever Clinic in OPD and casualty is started where sampling as well as medicines is being given to the patients in same room.
7. All essential medicines are being made available to all patients.
8. Process of Procurement of Equipment, furniture and general items costing less than Rs. 10 lakls have been initiated.
9. Contract for supply of medical gases is finalized.
10. CSSD is further strengthened and two autoclave machines have been installed.
11. The proposal for re-modelling of the hospital for expansion of beds from 200 to 400 has been initiated.
12. Four bedded ICU has become functional with 04 ventilators
13. As per order of Competent Authority 30 beds are earmarked at 4th Floor for admitting children & adolescent with substance abuse. Five Medical Officers & seven Staff Nurses are sent for training at IHBAS & De-addiction ward will be functional in April 2017.

CHAPTER 10

Centralised Accident & Trauma Services (CATS)

Centralised Accident & Trauma Services (CATS), an Autonomous Body of Govt. of NCT of Delhi is providing 24X7X365 ambulance service in Delhi since 1991 for Accident & Trauma victims, Medical Emergencies, transportation of pregnant women for delivery and post delivery (drop back at home), inter hospital transportation, etc. CATS Centralised Control Room is accessible through toll free number "102". CATS ambulances are equipped with trained ambulance manpower to deal with all kind of medical emergencies including on-board deliveries, In addition to free ambulance service for accident & trauma victims, transportation of pregnant women for delivery and post delivery, inter-hospital transportation.

Achievements during 2016-17 are as under:

a) Induction of new fleet of 100 Basic Life Support (BLS) and 10 Advanced Life Support Ambulances equipped with all necessary equipments and now CATS having a fleet of 265 (31 ALS, 110 BLS, 124 PTA) ambulances.

b) Established a new State of Art Modern Control Room at Delhi Government Dispensary Building, Shakarpur Khas, Near Laxmi Nagar, Metro Station, Delhi. In the Modern Control Room, system has been designed to work on software applications, for which each ambulance is equipped with Mobile Data Terminals (MDTs) and GPS devices. Upon receipt of call, the location of caller mapped on the GIS map by the call taker cum dispatcher and based on GPS location of ambulances, call assigned to the nearest available ambulance. During transit, all ambulance event logs are communicated to Control Room through pressing buttons at MDTs and information save on servers on real time basis without human interference.

c) Started free "Home to Hospital Care" ambulance service for all medical emergencies at home within Delhi.

d) CATS ambulances are manned by trained manpower. All newly appointed Ambulance Paramedics are trained in Emergency Medical Technician (EMT)-Basic as per National Occupational Standards (NOS) notified by the National Skill Development Corporation, Govt. of India.

CHAPTER 11

Directorate of Family Welfare

1. Child Health Section:

Achievement of Child Health:

Child Health is one of the important component of RCH Programme. The state is making concerted efforts to reduce Mortality and Morbidity among children.

Child Health Section:

Code	Parameter	01.04.2016 to 31.03.2017
4.1.1.c	Total Live Birth	269318
4.1.2	Still Birth	5111
4.2.2	Number of Newborns having weight less than 2.5 kg	55746
4.3	Number of Newborns breast fed within 1 hour of birth	198146

Source: HMIS

II. Essential Immunization Programme:

Code	Parameter	01.04.2016 to 31.03.2017
10.1.01	BCG	**285933**
10.1.02	DPT1	**15823**
10.1.03	DPT2	**13192**
10.1.04	DPT3	**12314**
10.1.04A	Pentavalent 1	**273149**
10.1.04B	Pentavalent 2	**267204**
10.1.04C	Pentavalent 3	**261346**
10.1.05	OPV 0 (Birth Dose)	**226078**
10.1.06	OPV1	**282681**
10.1.07	OPV2	**275237**
10.1.08	OPV3	**269157**
10.1.09A	Hepatitis-B0	**212293**
10.1.09	Hepatitis-B1	**16287**
10.1.10	Hepatitis-B2	**11403**

10.1.11	Hepatitis-B3	**10130**
10.1.12	Measles	**291948**
10.1.13.a	Fully Immunized Children (Male) 9-11 months	**150374**
10.1.13.b	Fully Immunized Children (Female) 9-11 months	**130658**
10.1.13.c	Total Fully Immunized Children- 9-11 months	**281032**
10.2.1	DPT Booster	**288281**
10.2.2	OPV Booster	**287400**
10.2.3	Measles, Mumps, Rubella (MMR) Vaccine/ Measles 2nd Dose	**294521**
10.3.2	Children more than 5 years given DPT5/DT5	**145338**

Mission Indradhanush Kawach Immunization Campaign:

MIK Phase-3 Roundwise Report April' 16 to March'17													
Activities	**April'16**	**May'16**	**June'16**	**July '16**	**Aug'16**	**Sept'16**	**Oct-16**	**Nov- 16**	**Dec- 16**	**Jan-17**	**Feb- 17**	**Mar- 17**	**Total**
Total no. of Session held	4292	5611	5323	4844	5134	4685	3504	4269	3037	1999	2199	1980	46877
No. of Due children for vaccination	68269	87364	85389	78584	82377	78678	66600	59436	45000	29794	35483	31986	748960
No. of Children Vaccinated	50848	72872	66312	56096	67709	61289	46022	61658	45977	24573	36165	27954	617475
Coverage (%)	74.48	83.41	77.66	71.38	82.19	77.90	69.10	103.74	102.17	82.48	101.92	87.39	82.44
No. of Fully vaccinated Children	7300	10646	11000	4844	5134	4685	7439	9086	8478	4432	5057	4487	82588
No. of completely vaccinated children	6577	8493	7617	5661	6597	5810	3940	9235	6875	4100	4226	3819	72950
No. Pregnant Woman Vaccinated	10644	12730	20161	56096	67709	61289	6967	9440	5008	3232	4697	3523	261496

(III) **Family Planning Section:-**

In terms of FP services, plethora of services are provided through primary, secondary and tertiary care facilities.

Quality Assurance and Family Planning Indemnity Scheme :

a) Quality Assurance Committees: 11 Districts level Quality Assurance Committees. One for each District, are in place and these monitor the quality of family planning services in various hospitals. Regular quality assurance meetings are held at District and State level.

b) Accreditation of Health Facilities: 80 Health facilities are accredited where family planning services are available are accredited as per Govt.of India. Quality Assurance Guidelines.

c) Empanelment of Specialists/ Medical Officers: - Ongoing empanelment are done for Specialists / Medical Officers per GOI Guidelines for Quality Assurance for performing Minilaparotomy & Laparoscopic Sterilization/NSV/Vasectomy.

d) Family Planning Indemnity Scheme (FPIS):- The compensation for failure/complication/death of sterilization operation is covered through Programme Implementation Plan w.e.f. 01/04/2013.

1. Major achievements during 2016-17 are as follows:

S.No.	Method	Q1	Q2	Q3	Q4	Total
1.	Vasectomy	400	511	306	106	1323
2.	Tubectomy	3935	3527	4508	5416	17386
3.	IUCD	19961	25046	19721	19465	58768
4.	PPIUCD	9916	12589	10866	10253	43624
5.	OCP	43358	57837	49067	48752	199014
6.	Condom	1700313	1949096	1642242	1583034	6874685
7.	ECP	3343	4612	4743	4978	17676

(IV) **PNDT Section**

Certified that all bodies/persons using Ultrasound Machines capable of detecting sex of foetus have been registered under the Act and prosecution has been launched against those who have not got themselves registered.

(V) **Maternal Health Section:**

IMPLEMENTATION: CASHLESS SERVICES

S. no.	Provision for Cashless deliveries for all pregnant women and sick infants at all Govt. health facilities	Status
1.	No. of districts where free entitlements are displayed *at all health facilities*	11
2.	No. of districts where free diet is available to PW (*at all facilities 24x7 PHC and above level*)	11
3.	No. of districts where lab is functional for basic tests for PW (*at all facilities 24x7 PHC and above level*)	11
3a.	No. of districts where any facility has stock outs of lab reagents / equipment not working	Nil
4.	No. of districts where any facility has stock outs of essential drugs / supplies for PW and sick infants	Nil

(VI) Training Centre (Health & Family Welfare):

(Total trained 1506 in 100 Batches (338 Mos +1168 Nsg. Persnl's)

(VII) Adolescent Health:

Adolescent friendly health clinics, Peer Educator Programme, Menstrual hygiene scheme etc.

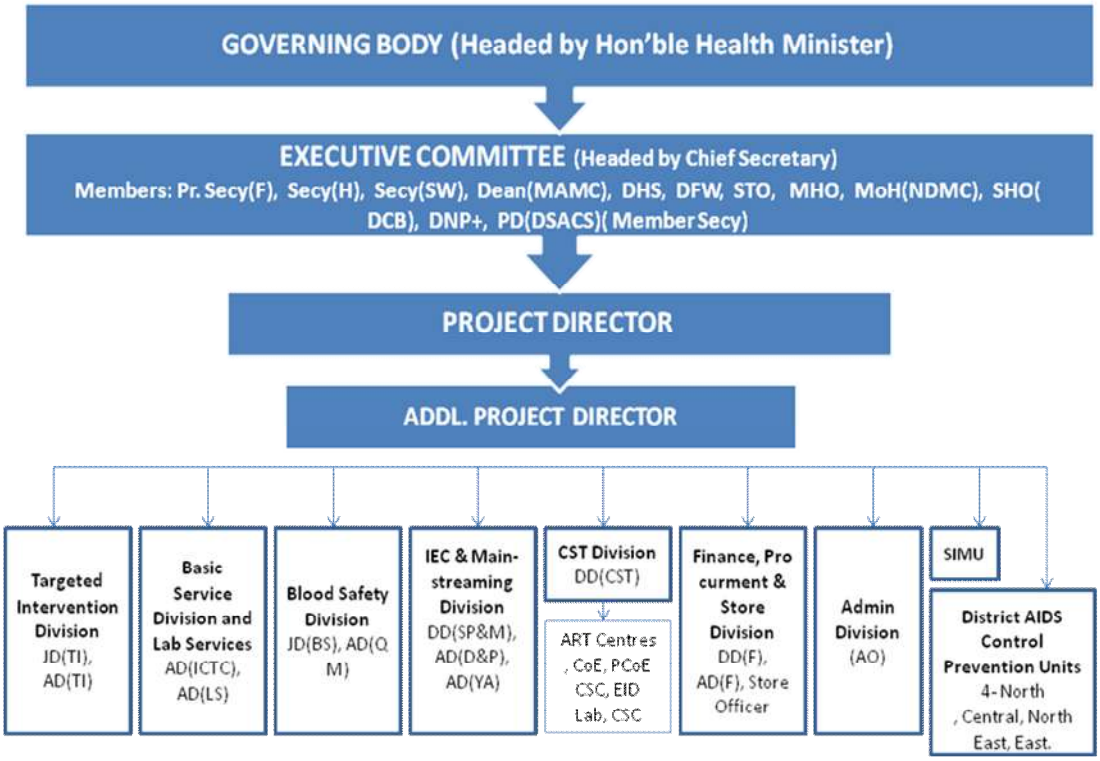
CHAPTER 12
DELHI STATE AIDS CONTROL SOCIETY

INTRODUCTION

The Delhi State AIDS Control Society, an autonomous body of Delhi Government is responsible for implementing the National AIDS Control Programme, a Centrally Sponsored Programme in Delhi. The society became functional from 1st November, 1998**.** The main objectives of the society are to prevent and control HIV transmission in Delhi and to strengthen state capacity to respond to long-term challenges posed by the epidemic. The society implements various components of National AIDS Control Programme through various Govt. Departments/ Institutes/ Hospitals and Non-Government Organisations in Delhi.

1. Organisational Structure of DSACS and facilities and services for HIV/AIDS Control in Delhi

1.1. The organization structure of DSACS is as under :



1.2. Various facilities being operated under the National AIDS Control Programme are as under:

Table 1: Various facilities /services under AIDS Control Programme in Delhi

FACILITIES	Number of facilities (as 31st March 2017)
Integrated Counselling & Testing Centres (ICTC)	89 Standalone+1 Mobile ICTC + 6 Public Pvt. Partnership ICTCs, 128 FICTCs in Govt. facilities, 140 FICTCs in Pvt. hospitals under Svetana Project.

Targeted Intervention (TI) Projects for High Risk Group	81 (32 FSW, 11 MSM, 6 Transgender,15 IDUs Projects, 4 Truckers and 13 Migrant Projects) 1 TG TI (Pahal) has been closed in July 2016.
OST Centre	7 OST Centre run by DSACS directly (at BJRM, DDUH, GGSGH, JPCH, SGMH, LHMC and Chandni Chowk), 4 OST Centre through NGOs (Sharan: Jahangirpuri, Yamuna Bazar, Nabi Karim; SPYM: Kotla Mubarakpur)
STI Clinics	28+1 Apex STD Regional Centre (Safdarjung Hospital) & 1 SRC, STD (MAMC)
Anti Retroviral Treatment Facilities	9 ART Centre (LNH,GTBH,DDUH, BSAH, RML, SJH, KSCH, NITRD, AIIMS)+ 2 FIART Centres (DCBH, LBSH), 1 Centre of Excellence for ART at MAMC and 1 Pediatric Centre of Excellence at KSCH and one EID Lab at AIIMS
Blood Banks (NACO supported)	20 Blood Banks
National Reference Laboratories & State Reference Laboratories	Two National Reference Laboratories (NICD, AIIMS), Four State Reference Laboratories (UCMS, LHMC, Safdarjung Hospital, MAMC), One Viral Load Testing Laboratories at AIIMS, Five CD4 laboratories at MAMC, NCDC, AIIMS, RML & Safdarjung Hospital, One DNAPCR Laboratory under EID at AIIMS.
Red Ribbon Clubs	86 (in Colleges)

2. Performance of DSACS from April 2016-March 2017.

2.1. Basic Services Division /Integrated Counselling And Testing Centres (ICTC)

- The basic services division of DSACS looks after functioning of ICTCs, Prevention of Parent to Child Transmission (PPTCT), HIV-TB Cross Referrals, DSRCs and ICTC to DSRCs cross referrals.
- Goal of the ICTC programme is to prevent new infections by intensified efforts to spread awareness , counselling & testing of clients for HIV for early detection, linkages to prevent further infections and to improve the life style through behavioural change communication and to achieve the National Goal 'Halt and Reverse' the HIV Epidemic in Delhi.
- Goal of PPTCT programme is primary prevention of HIV, integration of PPTCT interventions with general health services, strengthening postnatal care of the HIV-infected mother and exposed infant, provide the essential package of PPTCT services and partner notification.
- DSACS has implemented Project Svetana (with the help of SAATHII NGO and funding from Global Fund) to increase HIV screening/testing as per NACO Guideline in private sector and 140 private hospitals have been members of the project.

Table 2: Performance of ICTCs, PPTCTs from April 2016 to March 2017

Compo-nent	Client group	Targets (testing) Apr 16 to Mar 2017	No. of Tests (April 2016 to March 2017)	Achievement % (of Annual target)	HIV Positive detected	Registered on ART	Initiated on ART
1	2	3	4	5	6	7	8
ICTC/ PPTCT	General Clients (incl. HRGs)	463050	433837	93.69%	6051 (1.39%)	4104 (67.82%)	2290 (55.79%)
	ANCs (ICTC/ FICTC)	296642	242253	81.66%	312 (0.12%)	282 (90.38%)	282 (100%)
	ANCs (Svetana Project)	18000	11691	64.95%	5 (0.04%)	5 (100%)	5 (100%)

HIV -TB Cross referrals	ICTC to RNTCP	46305	7993	17.26%	393 TB +ve (4.91%)	NA	NA
	RNTCP to ICTC	55677	43194	77.17%	594 (1.37%)	448 (75.42%)	448 (75.42%)
ICTC DSRC Cross referrals	STI Clinic In-referrals testing	24245	43627	178.45%	134 (0.30%)	98 (73.13%)	98 (100%)
	Out Referrals from ICTC to STI	6061	36393	600.44%	530 (1.45%)	494 (treated for STI)	93.20% (treated for STI)

External Quality Assurance Scheme (EQAS).

- Under External Quality Assurance Scheme (EQAS) programme, all 90 ICTC/PPTCT Centres/Mitwa linked to four State Reference Laboratories of 4 Medical Colleges of Delhi viz; Maulana Azad Medical College, Lady Harding Medical College, Safdarjung Hospital and University College of Medical Sciences, Department of Microbiology. Beside two National Reference Laboratories are functioning in Department of Microbiology at National Centre for Disease Control and All India Institute of Medical Sciences.
- As per the program structure of External Quality Assurance Scheme, linked ICTC/PPTCT centres participates in EQAS programme under which State Reference Laboratories send coded samples (panels) to the ICTC/PPTCTCs for testing twice in a year. ICTCs/PPTCTCs report the results to the SRL within seven days of receiving the coded samples to check the level of concordance. All SRLs have successfully completed two rounds of EQAS for linked 89 ICTC/PPTCT Centers.
- Since 2010, all the SRLs have regularly conducted EQAS activities for their linked centres. All the linked ICTC/PPTCT Centres have reported more than 90% participation in quarterly Re-testing and Bi-annual proficiency panel testing activities to assure quality in HIV testing. The participation of SRLs and NRLs of Delhi is 100% to their linked NRLs and APEX laboratory at NARI respectively under National EQAS programme.
- During 1st quarter (April-June 2016) of 2016-17, out of 93 linked ICTC/FICTCs/Mobile Vans, only 88 Centers have participated in EQAS retesting activity. In 2nd quarter (July-Sept.2016), out of 94 linked ICTC/FICTCs/Mobile Vans, only 91 Centers participated. In 3rd quarter (Sep16-Dec16), out of 94 linked ICTC/FICTCs/Mobile Vans, 89 Centers have participated and during 4th quarter (Jan-March, 2017), out of 92 linked ICTC/FICTCs/Mobile Vans, all 92 Centers have participated and no discordance were reported during any of the quarter.

Workshop and Training:

Two EQAS workshops during 2016-17 have been organised jointly by four SRLs (UCMS, MAMC, LHMC and SJS) and NRL NCDC. Another workshop was conducted by NRL AIIMS under the programme. Five trainings of Hepatitis-B testing for laboratory technician were organized at Institute of Liver and Billiary Sciences.

CD4 Testing:-

In Delhi, five centres have been established in Microbiology Department to provide CD4 Testing Services.

HIV Viral Load Testing:-

One HIV Viral Load Testing Centre was established in IHBAS since 2010 in Delhi. The centre has been shifted to Virology Laboratory of Microbiology Department, AIIMS on 1st September 2016. It provides services to the clients with an average of 150–200 tests per year.

NABL Accreditation:-

SRLs at MAMC, Safdarjung Hospital, LHMC, NRL, AIIMS and NRL NCDC are NABL accredited laboratories for HIV testing as well as CD4 testing.

TARGETED INTERVENTION (TI) DIVISION:-

DSACS implemented 81 targeted intervention projects in partnership with NGO and Community Based Organisations amongst High Risk Group.

Table 3: Performance of TI Division from April 2016 to March 2017.

S. No.	Typology	No. of TIs	Estimated Population	Covered population (April to March 16)	New HIV cases found
1	**2**	**3**	**4**	**5**	**6**
1	FSW	32	45466	39650(87%)	73
2	MSM	11	18145	12673(70%)	80
3	TG	6	7173	5194 (72%)	34
4	Migrant	13	277822	195000 (70%)	89
5	IDU	15	12698	10348(81%)	253
6	Trucker	4	60000	50000(83%)	15
Total		**81**	**4,21,304**	**3,12,865(74%)**	**544**

Health camps are organized for migrants and truckers under the TI interventions and the details of the attendees in these camps from April 2016 to March 2017are as under:

Health camps in Migrant TI	Attendees in the health camps	Total satellite clinic in truckers TI (only in CSI SGTN TI)	Attendees in satellite clinics
3305	91495	290	13146

3. Sexually Transmitted Infection (STI) Component

The objective of this component is to prevent new HIV infections by prevention, Presumptive/Syndromic management of the existing sexually transmitted infection amongst the general and high risk patients through awareness generation, counselling for STI & HIV, VDRL/RPR Testing of potential clients for early detection of Syphilis, Syndromic management of STI cases, supply of drug/treatment kits to DSRCs and TIs, suitable linkages to prevent further infections and counselling & testing of pregnant women for Syphilis.

- The medicines for treatment of sexually transmitted infection are procured by NACO and supplied to health facilities (to DSRC and TIs) through DSACS.
- From April 2016 to March 2017, a total number of 104215 clients have been counselled at DSRCs with achievement of 92% against the annual target of 113018 in Delhi.

Table 4: Performance of STI Division from April 2016 to March 2017

S No.	Indicator	Achievements
1	2	3
1.	No. of new STI cases	49790

2.	No. of STI cases without symptoms	34655
3.	No. of follow ups	19770
4.	No. of RPR/ VDRL test conducted	65908
5.	No. of RPR/VDRL found positive	473
6.	No. of partners notified	35371
7.	No. of partners managed	11831
8.	No. of clients referred to ICTC	43627
9.	No. of clients found HIV positive	134(0.30%)
10.	No. of HIV Positive clients linked to ART	98(73.13%))

Care, Support and Treatment Division:-

This division of SACS is entrusted with the responsibility for providing Antiretroviral treatment services to PLHIVs through facilities of 9 ART Centres, 2 FIARTC, 2 Centres of Excellence. In addition 4 Care Support Centres and 3 Helpdesks are being run by NGOs under VIHAAN project in various Districts.

Blood Safety Division

There are 69 functioning Blood Banks in Delhi during 2016-17. From April 2016 to March 2017, the total blood collection in Delhi of all Blood Banks has been 5,46,990 units.

Table 5: Performance of Blood Banks in Delhi from April 2016 to March 2017.

Sl. No.	Quarter	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1	April 2016 - March 2017	110753	136466	247219	2514	299771	546990

Financial Assistance Scheme for people living with HIV/AIDS & Orphan/ Destitute Children Infected/Affected By HIV/AIDS:

Category	Amount disbursed per beneficiary (in Rs.)	Number of beneficiaries
i. People/Children living with HIV/AIDS on ART	1000/-	2911
ii. Orphan Children infected with HIV/AIDS	2050/-	23
iii. Destitute Children infected with HIV/AIDS in institutional care	2050/-	29
iv. Orphan children affected by HIV/AIDS	1750/-	23
Cumulative number of beneficiaries : 2986 Beneficiaries Expired till 31st March'17 : 121 Migrated/transfer out of Delhi : 10 Not eligible being orphan children (>18 years) : 03 Not eligible in income criteria (> 1 lac/annum) : 12		
Net number of beneficiaries : 2840		

Chapter 13
DRUGS CONTROL DEPARTMENT

The Drugs Control Department, GNCT of Delhi is an independent department under the Health & Family Welfare Deptt. GNCT of Delhi and is located at F-17, Karkadooma, Delhi-110032.

Main Activities:

The department is enforcing the provisions of the following central enacted laws.

Drugs & Cosmetics Act, 1940 and the rules framed thereunder.

Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 and the Rules framed thereunder.

Drugs (Price Control) Order, 1995.

The enforcement of the above noted laws is carried out by the Drugs Inspectors of this department by way of required inspections of the manufacturing units of Allopathic Drugs, Surgical Dressing, Diagnostic Reagents, Homoeopathic Medicines, Cosmetics as well as the sales units located in Delhi. The Drug Inspectors take samples of drugs and cosmetics from the manufacturing and sale premises for ascertaining the quality of the drugs available in Delhi.

Under the Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 various advertisements published in media are scrutinized with reference to misleading/false claims of Drugs to cure certain diseases, if violation under the Act or the rules is observed appropriate action is taken against the person/firm/advertiser as the case may be.

For the enforcement of Drug (Price Control) Order, 1995 the department, in co-ordination with National Pharmaceuticals Pricing Authority , keeps a track of the drugs that are being sold in Delhi to the consumers do not exceed the maximum retail price fixed by the Government/Manufacturer.

A. INSPECTIONS

a.	Manufacturing Units:	271
b.	No. of cases where violation detected	-
c.	Sales establishments:	3362
d.	No. of cases where violation detected	166

B. SPECIAL INSPECTIONS

a.	Manufacturing Units:	18
b.	No. of cases where violation detected	-
c.	Sales establishments:	184
d.	No. of cases where violation detected	62

C. COMPLAINTS

a.	No. of complaints received	107
b.	No. of cases where violation detected	56
c.	No. of cases where stock of drugs /cosmetics/ documents seized	09

D. SAMPLE FOR TEST/ANALYSIS

1..	No. of Samples collected	346
2.	No. of test reports received	278
3.	No. of samples reported as standard quality	250
4.	No. of samples reported as not of standard quality	27
5.	No. of samples found spurious	**01**

E. DEPARTMENTAL ACTION

a.	No. of cases where licences cancelled	14
b.	No. of cases where licences suspended	94
c.	No. of cases were warning issued	06

F. PROSECUTION

1.	No. of cases launched (Annexure 'B')	02
2.	No. of cases decided (Annexure 'C')	09
3.	No. of cases convicted	08
4.	No. of cases acquitted/ discharged	01
5.	No. of cases pending in the court + High Court Misc. Petitions	99

G. DETAILS OF FIRMS WHERE LICENCES GRANTED/CANCELLED

(1) Sales Establishments Granted Licences:

a.	Allopathic Sales Establishments	2215
b.	Restricted Sales Establishments	08
c.	Homoeopathic sales Establishments	32

(2). Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	11
2.	Homoeopathic Medicines Mfg. Units	-
3.	Cosmetics Mfg. Units	40

(3). No. of sale firms where licences surrendered and cancelled

1.	Allopathic Sales Establishments	1789
2.	Restricted Sales Establishments	02
3.	Homoeopathic sales Establishments	01
4.	Allopathic drugs mfg. Units	-
5.	Homoeopathic drugs mfg. Units	-
6.	Cosmetics mfg. Units	-

H. NO. OF LICENCED FIRMS.

1.	**Sales Establishment**	**24474**
1.1	Allopathic Drugs	23510
1.2	Restricted Drugs	589
1.3	Homoeopathic	375

2.	**Mfg. Establishment**	**851**
2.1	Allopathic Drugs	260
2.2	Homoeopathic Drugs	05
2.3	Cosmetics	586

CHAPTER 14
DEPARTMENT OF FOOD SAFETY

Introduction

Food Safety and Standard Act 2006, Rule & Regulations 2011 came into force w.e.f. 05.08.2011 repealing erstwhile Prevention of Food Adulteration Act 1956. Department of Food Safety is regulatory Department, whose object and scope is to make available safe wholesome food and to maintain hygiene to the citizens of Delhi.

Achievements of the Department during the year 2016-17:

The Department of PFA was not issuing any license under PFA Act.

Now under the provisions of Food Safety Act, 2006, the Department is accepting applications through online system for grant of Registration/Licenses to Food Business Operators, During the period from April, 2016 to March, 2017, 29,878 registration/licenses were issued to the Food Business Operators and revenue of Rs. 4,21,90,760/- was collected.

Food Laboratory

Report for the period 01.04.2016 to 31.03.2017

Food Laboratory of the Department of Food Safety analyses food samples as per standards laid down under the Food Safety and Standards Act, 2006. During the period 01.04.2016 to 31.03.2017 the total number of samples analysed were 1,149 and out of which, total 124 samples were found to be violating the Act. The Food Laboratory also analyses raw materials used for the preparation of food to be served to the VVIPs in PM House, President House and during the visit of Foreign Dignitaries, food samples lifted by Railway Authorities and Police Department. Besides 15 NABL accredited Labs have been engaged in February, 2017 for surveillance samples and 253 surveillance samples have been lifted.

Achievement of Prosecution Branch

Report for the period 01.04.2016 to 31.03.2017

Prosecution Branch is handling the Prosecution files under FSS Act. There are mainly three types of offences i.e. Unsafe, Misbranded, Substandard or Order Violations of Food Safety and Standards Act. For the period from 01.04.2016 to 31.03.2017, a fine of Rs. 13,05,000/- by the Adjudication Officers (A.D.Ms.) and a fine of Rs. 24,36,500/- by Trial Court at Patiala House, have been imposed as fine upon the Food Business Operators.

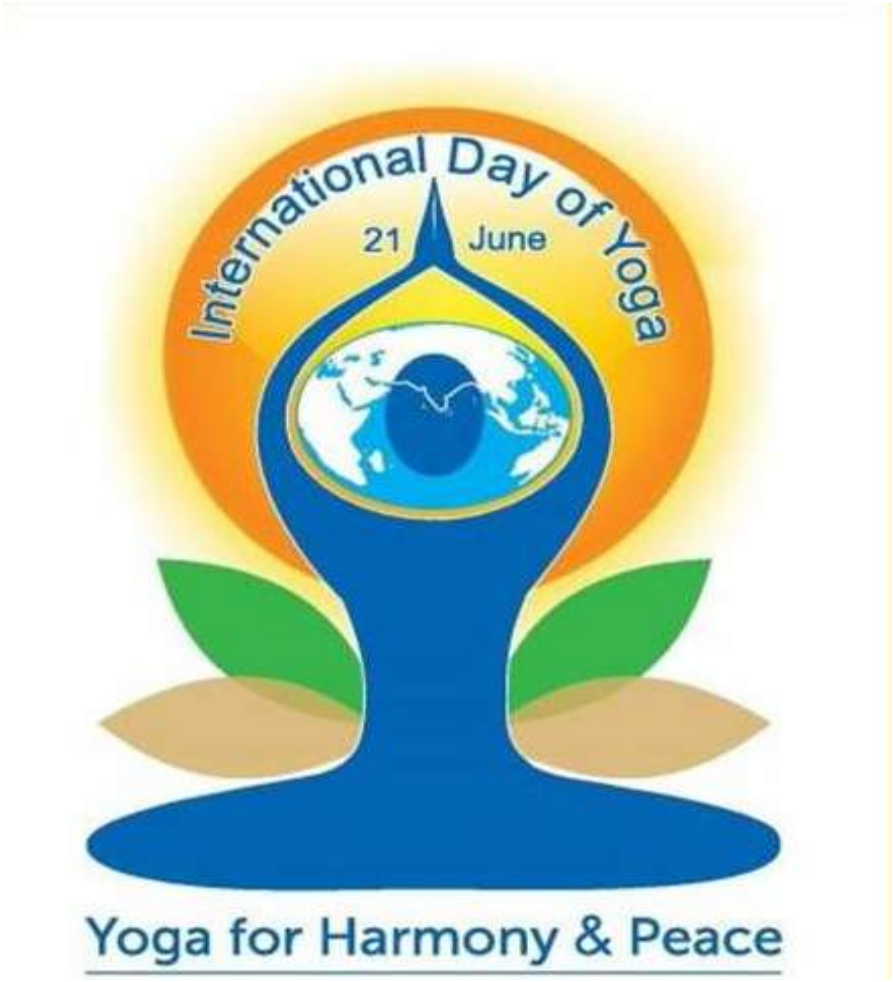
Consumer Awareness/Education

Consumer Awareness/Education undertaken by the Department during the period 01.04.2016 to 31.03.2017

In the coming months, the Department has planned to organize capacity building and training workshops for the FBOs (engaged in manufacturing and processing of food) regarding the food safety management system. During the month of April, 2016 various training programmes to educate/train Street Vendors were also organised by the Department in the different localities in Delhi.

Other Achievements

- Cashless /Online payment system for registration/modification etc. is implemented.
- E-Office is introduced.
- Bio-Metric attendance of all the Staff members of all the three officers is implemented.
- For the transparency, the areas allotted to the Food Safety Officers are abolished and Food Safety Officer is now being deputed in the field by Commissioner or Deputy Commissioner.



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