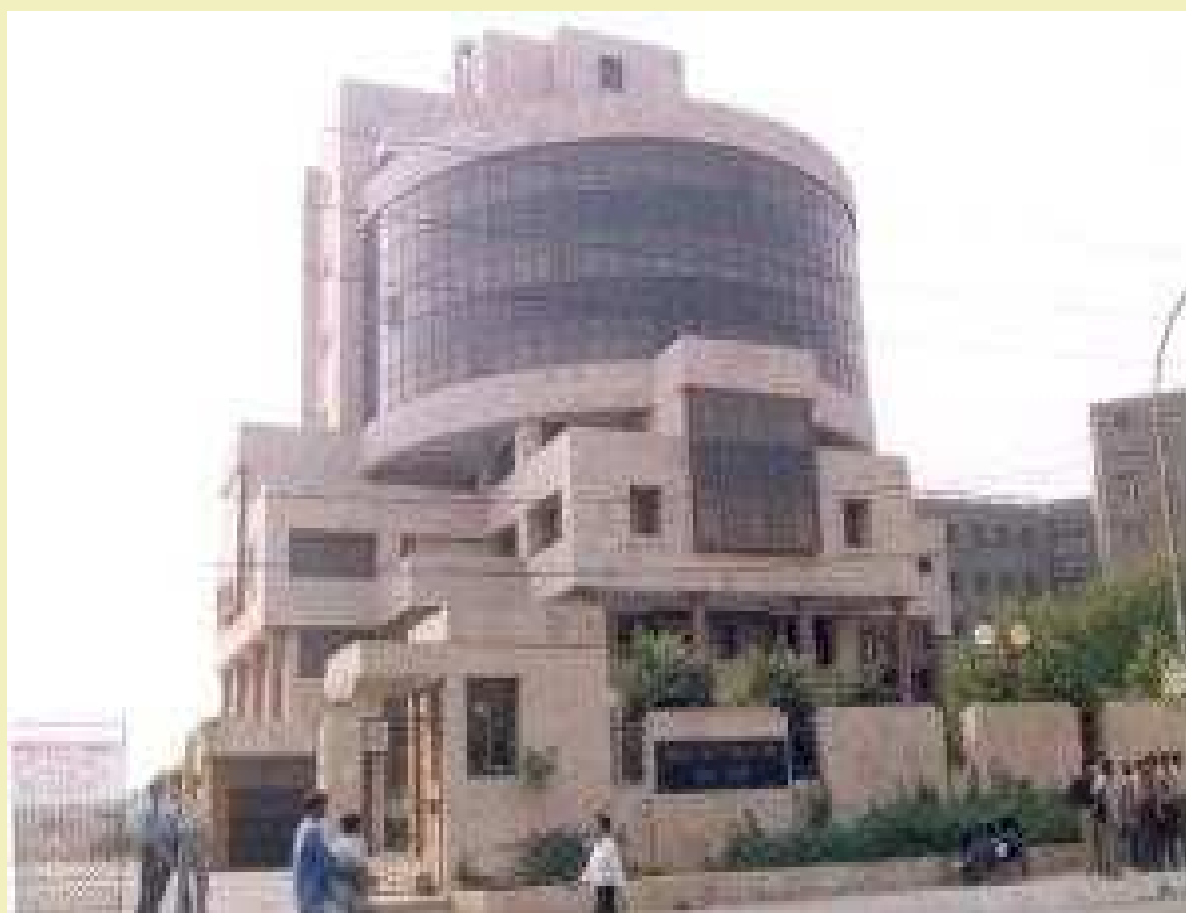


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ANNUAL REPORT

2017-2018



DIRECTORATE GENERAL OF HEALTH SERVICES
Government of National Capital Territory of Delhi
F-17, Karkardooma, Delhi-110032

Phone 22309220

www.health.delhigovt.nic.in

E-mail:dirdhs@nic.in

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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, Aam Aadmi 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 selected Delhi Government health institutions. SHIB is not the primary holder of data. 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 2017-18

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
Mr. VIJAY KUMAR RAWAT	:	ASO
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
Govt. of National Capital Territory of Delhi
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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 Territories. 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 Health & Family Welfare
3. Directorate of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).
4. Department of Drug Control
5. Department of Food Safety
6. Maulana Azad Medical College

7. Hospitals (other than those functioning as autonomous bodies)

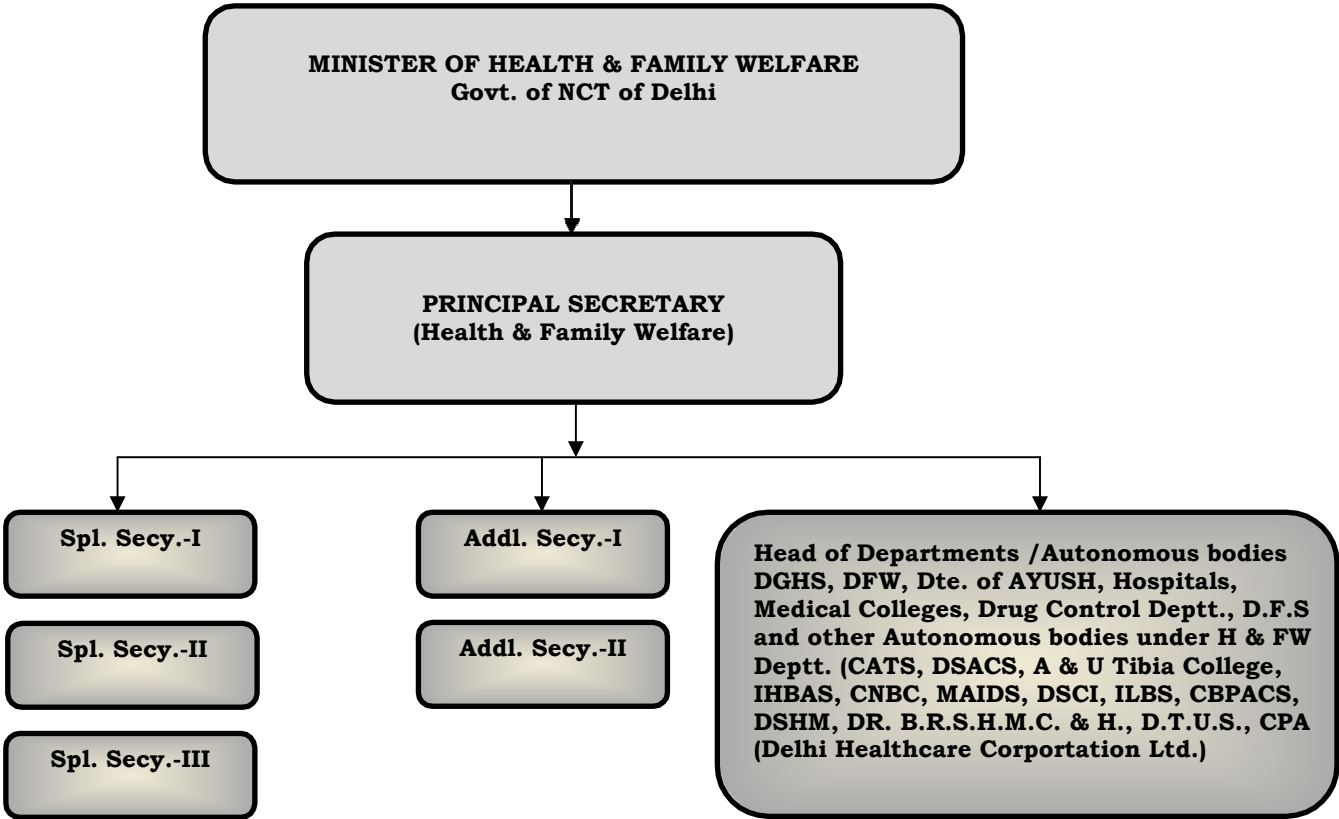
- i. Acharya Shree Bhikshu Govt. Hospital, Moti Nagar
- ii. Aruna Asaf Ali Govt. Hospital, Rajpur Road
- iii. Attar Sain Jain Eye and General Hospital, Lawrence Road
- iv. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
- v. Bhagwan Mahavir Hospital, Pitampura
- vi. Central Jail Hospital
- vii. Deen 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, Raghbir 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 (associated with AAAG Hospital)
- xxix. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasir Pur
- xxx. Sushruta Trauma Centre, Bela Road

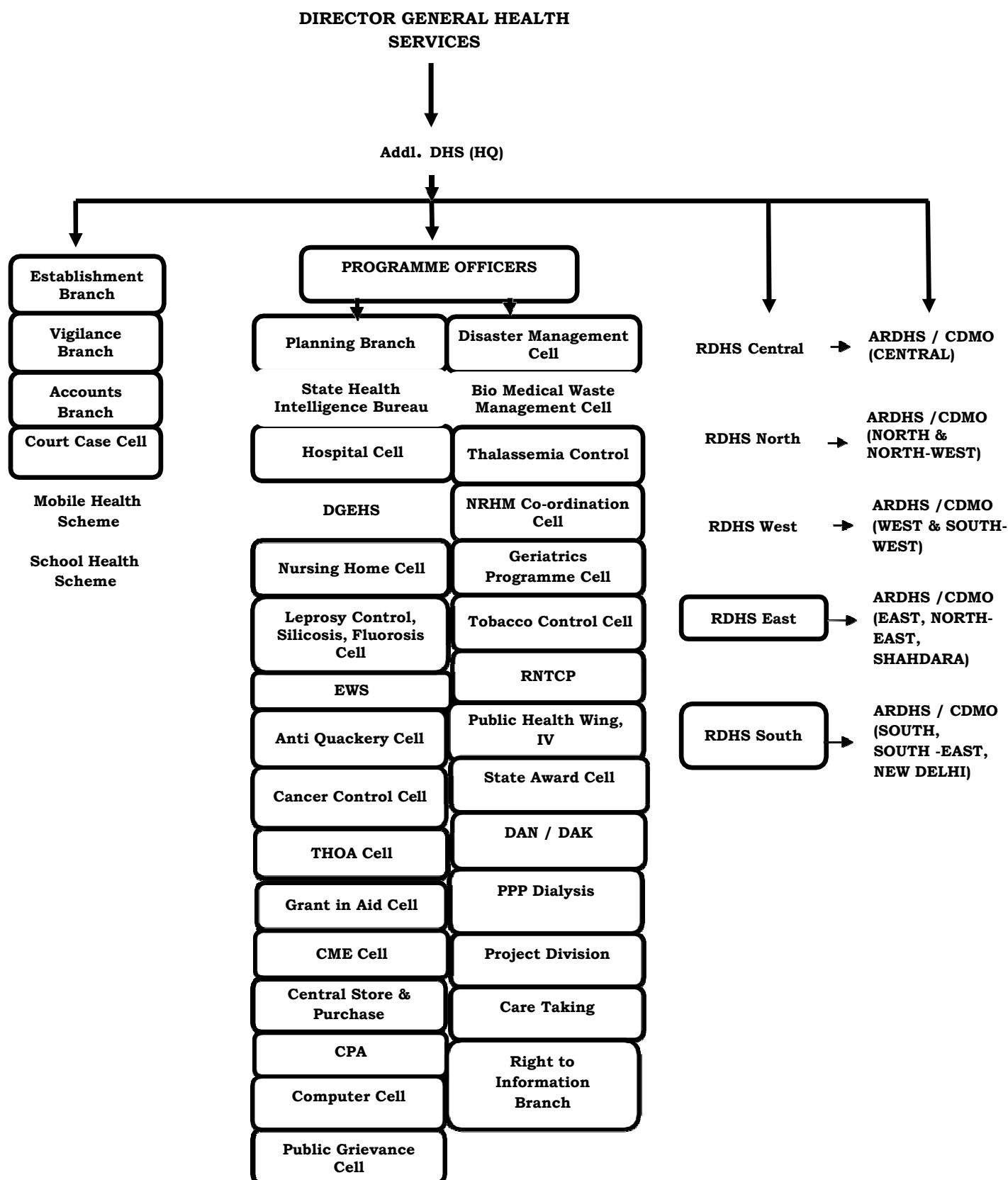
8. Autonomous Bodies/Societies/Hospitals under H & FW Department

- 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: Groupwise sanctioned-strength and vacancy position of the Directorate General of Health Services including its subordinate offices during 2017-18 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	11	0
5	ACDMO	11	11	0
6	Doctors (SAG/NFSG/Specialists/CMO/SMO/ MO)	647	458	189
7	Special Director (Admn.)	1	1	0
8	Dy. Controller of Accounts	2	2	0
9	Dy. Director (Plg.)	1	1	0
10	Programmer	1	1	0
Total		676	487	189

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	10	5
5	Statistical Officer	12	3	9
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		44	29	15

Group C

S.No.	Category	Sanctioned	Filled	Vacant
-------	----------	------------	--------	--------

1	Legal Asstt.	1	1	0
2	LDC	55	43	12
3	UDC	58	25	33
4	Head Clerk	21	15	6
5	SA/SI	34	12	22
6	Steno, Gr. III	11	1	10
7	Steno, Gr. II	17	7	10
8	DEO	27	0	27
9	Driver	21	16	5
Total		245	120	125

Paramedical Staff

S.No.	Category	Sanctioned	Filled	Vacant
1	Pharmacist	727	544	183
2	ANM	378	350	28
3	PHN	180	166	14
4	Staff Nurse	5	5	0
5	Lab Technician	6	1	5
6	Lab Assistant	229	190	39
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		1552	1274	278

Group D

S.No.	Category	Sanctioned	Filled	Vacant
1	Dresser	305	229	76
2	Dark Room Attendant	1	0	1
3	NO/Peon/Attendant	407	358	49
4	NO/Peon/Attendant (Outsourced)	98	74	24
5	SCC	573	423	150
6	SCC (Outsourced)	162	99	63
7	Safai Karamchari	2	1	1
Total		1548	1184	364
Grand Total		4065	3094	971

Allotted Budget for Directorate General of Health Services 2017-18

	(Rs. In Lakhs)
Total Revenue	76762
Total Capital	7200
Grand Total DGHS	83962

Chapter 2

ACHIEVEMENTS AT A GLANCE

IMPORTANT HEALTH STATISTICS OF DELHI GOVT. DISPENSARIES/SCHEMES/AYUSH/ HOSPITALS DURING 2017-18

Sl. No	Activity	Nos.
1	OPD Attendance	
	Dispensaries (Allopathic)	13866760
	Aam Aadmi Mohalla Clinics	4443351
	Dispensaries (Ayurvedic)	755465
	Dispensaries (Unani)	558547
	Dispensaries(Homoeopathic)	2087322
	Hospitals	21534833
	Mobile Health Clinics	225031
	School Health Clinics	163592
2	IPD Attendance in Hospitals	725164
3	No. of Laboratory Tests	
	Dispensaries (Allopathic)	2251215
	Aam Aadmi Mohalla Clinics	707872
	School Health Scheme	0
	Mobile Health Scheme	508
	Hospitals	35852475
4	No. of X-Rays done	2091005
	No. of Hospitals	38
5	No. of Beds in Hospitals	11353 (Sanctioned) 10520 (Operational)
6	No. of Dispensaries	182 Dispensaries, 60 SPUHC, 166 Mohalla Clinics, 24 Polyclinics, 24 Mobile Health Clinics, 55 SHS Clinics / Referral Centres, 104 Homoeopathic, 44 Ayurvedic and 21 Unani Dispensaries.
7	New Dispensaries Opened during 2017-18	1 Homoeopathic, 4 Ayurvedic and 1 Unani dispensaries.

NUMBER OF HEALTH OUTLETS UNDER GNCT OF DELHI DURING THE YEAR 2017-18 AND PREVIOUS YEARS.

S. No.	Year Health Outlets	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
1	Allopathic Dispensaries	184	188	214	220	234	247	256	260	260	242	245	242
2	Mohalla Clinics	-	-	-	-	-	-	-	-	-	107	162	166
3	Polyclinics	-	-	-	-	-	-	-	-	-	23	24	24
4	Hospitals	33	34	35	38	38	38	39	39	39	38	38	38
5	Mobile Health Clinics	67	68	72	90	90	90	90	90	43	43	24	24
6	School Health Clinics/ Referral Centres	15	28	28	32	34	93	100	100	68	70	59	55
	Ayush												
I	Homoeopathy Dispensaries	72	78	80	87	92	92	95	100	101	101	103	104
II	Ayurvedic Dispensaries	22	25	26	27	32	32	33	35	36	39	40	44
III	Unani Dispensaries	9	10	10	11	15	15	16	17	18	19	20	21
	Total	402	431	465	505	535	607	629	641	565	682	715	718

BASIC STATISTICS OF DELHI GOVERNMENT DISPENSARIES/POLYCLINICS DURING 2017-18

S.No.	Name of District	Annual OPD Attendance		Number of Lab Investigations		
		New	Old	Blood	Urine	Others
1	Central	1085447	192542	221680	30104	5398
2	East	782554	556852	184829	26749	11501
3	West	1145023	562031	216933	50356	13718
4	North	866514	455211	45122	15120	4523
5	South-West	1042381	391209	199725	40884	7489
6	North-East	963920	478982	186051	33358	1978
7	North-West	1413792	553608	336909	56716	6967(Stool ,Sputum)
8	South	513864	260076	86191	18106	6119
9.	Shahadra	771399	369645	127063	36630	0
10.	New Delhi	395948	193361	82312	9364	6920
11.	South-East	581923	290478	109206	28261	44933(Lab investigation, Sputum)
	Total	9562765	4303995	1796021	345648	109546
	Scheme					
1	School Health Scheme	163592	0	0	0	0
2	Mobile Health Scheme	150988	74043	508	0	0
	AYUSH					
1	Ayurvedic Dispensaries	370288	385177	0	0	0
2	Unani Dispensaries	292013	266534	0	0	0
3	Homoeopathic Dispensaries	782010	1305312	0	0	0
	Grand Total	11321656	6335061	1796529	345648	109546

DETAILS OF IMMUNISATION OF DELHI GOVERNMENT ALLOPATHIC DISPENSARIES DURING 2017-18

Sl.No.	Name of District	Immunization (Total number of doses)										Any other Vaccines
		BCG	OPV/Booster	DPT/Booster	HBV	Measles	MMR	Typhoid	DT	TT Doses	Pentavalent	
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Central	1266	15747	25	71	4367	697	3869	0	10791	0	25889
2	East	1473	30255	12296	3	15154	2123	6493	0	0	0	0
3	West	3707	76202	33485	371	36032	4303	9687	0	31264	87402	0
4	North	16	183	69	0	50	57	36	54	73	0	146
5	South-West	2325	44030	385	0	16103	3114	10416	0	21275	0	0
6	North-East	4857	78850	16620	17	21332	4032	6085	9720	23189	51808	0
7	North-West	33710	119954	3975	31007	57177	0	9544	0	59809	89891	0
8	South	937	21863	8498	72	12748	1192	2310	3061	7185	0	15650
9	Shahadra	1352	32098	13358	26	11744	1862	2429	0	12127	379	0
10	New Delhi	789	12414	99	57	8781	794	314	0	5577	0	33879
11	South-East	2963	84905	21548	2492	22622	3360	3210	3565	13400	31064	3842
12	Mobile Health Scheme	0	0	0	0	0	0	0	0	0	0	0
	Total	53395	516501	110358	34116	206110	21534	54393	16400	184690	260544	79406

INVESTIGATION DONE IN MOTHER LABS OF DELHI GOVERNMENT DISPENSARIES/POLYCLINICS DURING 2017-18

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	2479	505	455	548	4779	236	1524	1033	2986	259	1109
2	LFT	3069	590	652	660	15686	255	2661	1858	162	632	2239
3	Lipid Profile	3037	0	0	309	8519	222	1466	793	0	216	745
4	Serum Electrolyte	590	0	0	0	168	0	0	0	0	77	0
5	Blood Sugar	31468	22185	48816	62649	30065	20895	16975	21866	2986	52130	39498

6	Blood Grouping	2268	3206	1857	14114	2166	2689	2964	2822	162	7128	7684
7	Peripheral Smear	0	0	0	0	1411	283	0	436	0	0	06
8	Malaria Test	3879	590	4627	1028	2037	365	358	1642	0	2530	1105
9	VDRL	395	3375	1232	14107	1606	1581	2428	3345	159	4850	5951
10	HBS AG Rapid Test	1602	3324	1502	9656	1896	1672	2301	4495	188	6238	5809
11	Urine Pregnancy Test	1994	1474	1942	11357	3660	2685	1962	3408	95	5551	7544
12	Urine Sugar	3054	3481	0	20066	5085	2456	2276	5410	285	9143	7044
13	Urine Albumin	3015	0	0	12916	5078	2372	2328	4747	260	9213	5822
14	Urine Microscopic	3395	0	0	368	3467	1055	584	3225	177	2887	2781
15	Stool Test	0	0	0	0	98	104	0	0	0	0	0
16	Widal Test	168	1108	0	2681	1948	472	1190	1650	390	2095	1015
17	Hematology	46544	11941	14256	30874(HB-24637,TLC2656,DLC-2649,ESR-932)	32262	9075	0	28713	1510	32798(HB19066,TLC5302,DLC5290,ESR3140)	16650
18	Platelet Count	580	2758	0	862	7934	3302	492	4550	0	5056	2227
19	Absolute Eosinophils Count (AEC)	782	0	0	0	158	180	3	26	0	150	0
20	RH Factor	0	0	0	0	0	-		376	0	0	3743
21	Urine Routine	11560	0	0	12916	4057	1725	0	3624	0	9836	3591
22	ECG	0	0	0	0	888	02	0	0	696	0	0
23	Dengue Serology	0	0	0	0	7	0	0	41	0	43	275
24	Other test		0	0	276	6902	1613		0	0	11671	2209
	Total	119879	54537	75339	195387	139877	53239	39512	94060	10056	162503	117047

OPD and Lab investigations done in Mohalla Clinics (District-wise)

Sl. No.	Name of Districts	OPD		OPD Total	Lab investigations								Total No. of Lab investigations	Total Vaccination Doses
		OPD New	OPD Old		Blood	Urine	Stool	Sputum	ECG	Semen Test	F.N.A.C.	Others (Specified)		
1	East	56378	23200	79578	0			0	0	0	0	0	469549	0
2	Shahdara	770034		770034	0	0	0	0	0	0	0	0	2689	0
3	North- East	383586		383586	Lab investigation done by UNIPATH								20942	

4	North	48523	27562	76085	5063	2578	0	0	0	0	0	0	7641	0
5	North-west	698922		698922	43983	3688	47	0	0	0	0	37548	85266	0
6	West	957417		957417	4466	697	0	0	0	0	0	0	5163	1565
7	South- West	373263		373263	0	0	0	0	0	0	0	0	34117	0
8	South	264730		264730	34189	1111	15	90	0	0	0	0	35405	0
9	South- East	361485		361485	0	0	0	0	0	0	0	0	4094	0
10	New Delhi	130926		130926	16140	675	0	76	0	0	0	0	16891	0
11	Central	122613	224712	347325	-	-	-	-	-	-	-	-	26115	-

BUDGET AND MISCELLANEOUS STATISTICS FOR DELHI GOVERNMENT DISPENSARIES 2017-18

Sl. No.	Districts / Schemes	Budget in Rs. Lakhs	Actual Exp. in Rs. Lakhs	No. of existing Dispensaries/Seed PUHC/ Mohalla clinics.	polyclinics	TOTAL
Districts under Directorate General of Health Services						
1	Central	3589.7	2458.4	42	2	44
2	East	2191.5	1968.3	34	1	35
3	North	2275.0	1969.7	25	1	26
4	North-East	1252.8	1173.3	32	1	33
5	North-West	3787.4	3545.7	59	8	67
6	South	1537.9	1436.4	19	1	20
7	South-West	2938.5	2633.2	48	2	50
8	West	3695.9	3405.0	53	3	56
9	New Delhi	1724.1	1536.1	17	1	18
10	Shahdara	2614.5	1427.6	37	3	40
11	South-East	1321.2	1285.2	30	1	31
	TOTAL	26928.5	22838.9	396	24	420

Schemes under Directorate General of Health Services

Sl. No.	Districts / Schemes	Budget	Actual Exp.	No. of existing Dispensaries	New dispensaries Opened	Dispensaries Closed	Functional Dispensaries
1	SHS	Rs 7915000	Rs 7180146	55	-	-	55
2	MHS	Rs 162725000	Rs 137323432	24	-	-	24
	TOTAL	Rs 170640000	Rs 144503578	79	-	-	79
Directorate of Indian System of Medicine and Homoeopathy							
1	Ayurvedic Dispensaries	6242	2180	40	04	0	44
2	Unani Dispensaries	6242	2180	20	01	0	21
3	Homoeopathic Dispensaries	3638.0	3052.7	103	1	0	104
	TOTAL	16122	7412.7	163	6	0	169

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

Sl. No.	Districts/ Scheme	Group A				Group B						
		Medical	Planning & Statistics	Accounts	Others	Medical	Nursing	Other Paramedical Staff	Admn.	Planning & Statistics	Accounts	Others
1	Central	75	0	0	0	0	0	0	0	0	1	0
2	East	50	0	0	0	0	40	0	1	0	0	0
3	West	77	0	0	0	0	010	0	1	03	00	1
4	North	54	0	0	0	0	0	0	0	1	1	0
5	South- West	81	0	0	18	13	43	78	0	0	0	29
6	North- East	35	0	0	01	0	0	0	0	4	2	0
7	North- West	75	0	0	0	0	0	0	1	5	1	0
8	South	39	0	0	0	0	27	52	10	4	1	0
9	New Delhi	41	0	0	0	0	0	0	0	0	1	0
10	Shahdara	57	0	0	0	0	0	0	0	0	1	0
11	South- East	38	0	0	0	0	22	32	4	0	1	80
12	School Health Scheme	21	0	0	11	0	0	0	0	0	0	0

13	Mobile Health Scheme	35	0	0	20	0	15	35	5	0	0	0
14	ISM Wing	58	1	0	2	5	0	0	3	2	2	3
15	Homoeopathic Wing	111	0	0	0	0	0	0	0	2	1	1
	Total	847	1	0	52	18	157	197	25	21	12	114

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

Sl. No.	Districts/ Scheme	Nursing	Paramedical	Admn.	Planning & Statistics	Accounts	I.T.	Others
1	Central	63	115	0	0	13	0	179
2	East	0	51	3	3	0	0	109
3	West	30	160	01	0	05	01	143
4	North	38	103	7	2	0	1	96
5	South-West	0	0	0	0	0	0	170
6	North-East	6 (PHN),18(ANM)	32(Pharmacist) 13(LA)	01(steno)+ 03 (UDC) 02 (LDC)	0	0	0	80
7	North-West	60	116	8	0	0	0	173
8	South	0	0	0	0	0	0	45
9	New Delhi	30	64	10	0	0	0	79
10	Shahdara	09(PHN),33(ANM)	60(Pharmacist),21 (LA)	02(LDC)	0	0	0	34(NO),67(SCC), 25(Dresser)
11	South-East	-	-	-	-	-	-	-
12	School Health Scheme	61	48	8	0	1	0	64
13	Mobile Health Scheme	0	0	0	0	0	0	86
14	ISM Wing	0	49	4	0	0	0	32

15	Homoeopathic Wing	0	106	9	0	0	0	127
	TOTAL	348	938	58	05	19	2	1509

DISTRICT-WISE DETAILS OF FAMILY WELFARE

Sl. No.	Name of the District	CuT insertions (No.)	Condoms Distributed	Oral contraceptives (No.)	Names of identified FRUS
1	Central	1018	134175	4487	10
2	East	471	41782	1698	0
3	West	198	44145	2010	4
4	North	5	3500	55	3
5	South-West	1849	149621	3147	1
6	North-East	796	142100	7553	4
7	North-West	2930	807523	18510	4
8	South	712	135768	0	0
9	New Delhi	529	132653	3732	3
10	Shahdara	455	58310	1887	-
11	South-East	902	224576	5677	1
	TOTAL	9865	1874153	48756	30

DISTRICTWISE PERFORMANCE UNDER NATIONAL / STATE HEALTH PROGRAMME / HEALTH LAWS

Sl. No.	Name of the District	PNDT / No. of registered centres	NO. of raids	MTP ACT / No. of registered centres	Total No. of MTP	Antiquackery	Disaster Management	Anti smoking
1	Central	102	0	53	3631	-	-	-
2	East	138	48	69	0	0	0	0
3	West	205	0	202	9073	34	11	Challan 233, Amount Rs 67530
4	North	116	2	1032	52	-	-	Total amount Rs. 11630 for

								sensitisation programme
5	South-West	205	11	3	2950	29 inspection	-	Challan 156, Amount Rs. 45070
6	North-East	54	45	27	1118	86 inspection	QRT is made every month	Challan 88, Amount Rs 10800
7	North-West	164	1	97	4459	-	-	-
8	South	170	137	52	3065	-	-	-
9	New Delhi	98	0	33	2502	40	4 Mock drills	Rs. 127380
10	Shahdara	136	82	68	3341	36 inspection	Nil	Challan 85, Amount Rs. 14070
11	South-East	195	180	80	2596	11 inspection	10 Mock drills	Challan 62 Amount Rs. 6830

2.10 (A) 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	Aruna Asaf Ali Govt.Hospital	100	147	247704	125498	75496	9524	11351	2035	538	1877	506
2	Acharya Shree Bhikshu Govt. Hospital	150	150	488364	316148	182563	4106	12044	1577	150711	1658	506
3	Attar Sain Jain Eye and General Hospital	30	30	77278	33356	0	0	1786	1773	59	0	0
4	Bhagwan Mahavir Hospital	325	325	436554	242185	204917	4402	20925	3896	20006	4198	1687
5	Dr. Baba Saheb Ambedkar Hospital	500	500	1173202	328111	362269	19666	71266	9839	94404	11601	3517
6	Babu Jagjiwan Ram Memorial Hospital	150	100	485926	292824	322487	20121	13361	927	14014	3491	256
7	Central Jail Hospital	270	230	29732	208305	1588	0	7390	0	0	0	0

8	Chacha Nehru Bal Chikitsalaya	221	210	117468	227074	13204	190	18573	2189	2419	0	0
9	Deen Dayal Upadhyay Hospital	640	640	772209	459442	430141	13210	68887	13406	38746	7129	3288
10	Delhi State Cancer Institute	100DSCI(East)+50DSCI(West)	199(East) 15 day care chairs in West.	18629	344082	13189	0	10179	779	6777	0	0
11	Dr. Hedgewar Arogya Sansthan	200	231	386092	238216	199032	7339	18234	3646	7914	3457	1773
12	Dr. N.C. Joshi Memorial Hospital	100	100	165911	120581	27242	0	1775	812	1983	0	0
13	G.B.Pant Hospital	758	735	135199	737087	23611	0	32174	4506	225	0	0
14	Guru Gobind Singh Govt. Hospital	100	200	260766	185420	182684	4790	19117	3054	18838	3686	1157
15	Guru Nanak Eye Center	212	212	142577	146632	7674	300	13465	12085	1572	0	0
16	Guru Teg Bahadur Hospital	1512	1493	1233604	815763	335086	29122	100299	21359	43804	14581	5179
17	Institute of Liver & Biliary Sciences	353	217	36245	63995	8497	13	7065	1180	354	-	-
18	Institute Of Human Behaviour and Allied Sciences	500	330	84601	478777	42172	0	3833	70	56	0	0
19	Janak Puri Super Speciality Hospital	300	100	68616	291237	0	0	2590	0	0	0	0
20	Lal Bahadur Shastri Hospital	100	188	545704	237659	349464	20548	29093	3855	31815	6181	1810
21	Lok Nayak Hospital	1837	2053	988876	865265	329189	10700	106554	23842	21558	8751	2845
22	Maharishi Valmiki Hospital	150	150	279603	148148	126123	5240	9587	1652	8778	878	67
23	Pt. Madan Mohan Malviya Hospital	100	103	407637	215154	260014	0	15748	1569	2042	3375	508
24	Maulana Azad Institute of Dental Sciences	10	10	226992	188882	0	0	143	116	1919	0	0
25	Poor House Hospital	60	20	4316	952	5268	258	0	0	0	0	0
26	Rajiv Gandhi Super Speciality Hospital	650	64	78317	83290	5000	0	4839	3600	4010	0	0

27	Rao Tula Ram Memorial Hospital	100	130	341284	158946	146760	7044	13350	1332	1844	2828	282
28	Sardar Vallabh Bhai Patel Hospital	50	51	362777	148842	511119	0	2947	392	15378	267	0
29	Satyawadi Raja Harish Chandra Hospital	200	200	471560	189862	93880	7288	10696	1077	19192	1744	90
30	Sanjay Gandhi Memorial Hospital	300	300	464266	136868	389281	21842	47245	4651	31962	8025	2179
31	Jag Pravesh Chander Hospital	210	210	712763	407128	389241	15809	16951	1996	25702	3833	620
32	Sushruta Trauma Centre	49	-	0	17430	12734	3332	3185	917	2200	0	0
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	106	106	190482	94417	73602	13	18161	1305	715	7792	1091
34	Deep Chand Bandhu Hospital	200	156+30beds added for deaddiction wef 16/5/17	419286	233805	109112	4902	5044	0	7749	0	0
	Total	10693	9920	11854540	8781381	5232639	209759	717857	129437	577284	95352	27361
	Homoeopathic/Ayurvedic/Unani Hospitals											
35	A & U Tibbia College & Hospital	300	240	195477	131243	0	0		36	1047	229	0
36	B.R. Sur Homoeopathic Medical College & hospital	50	50	22365	38774	0	0	272	0	0	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	210	210	139541	196021	0	NA	8071	15	3222	0	0
38	Nehru Homoeopathic Medical College & Hospital	100	100	76872	98620	0	0	1964	0	142	0	0
	Total	660	600	434255	464658	0	0	10307	51	4411	229	0
	GRAND TOTAL	11353	10520	12288795	9246039	5232639	209759	728164	129488	581695	95581	27361



2.10 (B) LAB INVESTIGATION IN 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	344326	49039	1761	30785	0	-	0	15389	452	491	-	1448	1043
2	Acharya Shree Bhikshu Govt. Hospital	638240	59458	2167	21539	893	803	8089	13217	0	0	0	531	400
3	Attar Sain Jain Eye and General Hospital	24365	3850	0	0	0	0	219	5095	0	0	0	0	0
4	Bhagwan Mahavir Hospital	844487	60888	33054	33054	118	138	12654	21169	1757	0	0	726	1535
5	Dr. Baba Saheb Ambedkar Hospital	1663454	52027	58620	141728	1001	117	26346	65050	7059	1129	2213	12250	19173
6	Babu Jagjiwan Ram Memorial Hospital	571040	27929	9096	43594	612	14	5338	19503	3613	0	0	0	157
7	Central Jail Hospital	135480	21932	4438	5889	1058	5807	0	2070	0	0	0	0	0
8	Chacha Nehru Bal Chikitsalaya	943721	33210	43865	33561	0	261	826	207	0	0	717	0	5043
9	Deen Dayal Upadhyay Hospital	2619685	132653	173422	212097	8894	790	45018	112453	3465	2128	167	19053	40405
10	Delhi State Cancer Institute	965545	5368	0	25478	0	36235	14920	13934	-	-	-	-	-
11	Dr. Hedgewar Arogya Sansthan	1595948	41471	37783	62527	3628	0	6449	50488	2482	0	13088	3906	5493
12	Dr. N.C. Joshi Memorial Hospital	163657	16102	1092	11465	0	0	7768	2711	0	0	0	0	0
13	G.B. Pant Hospital	2765924	83269	544638	64088	0	2336	20149	69878	0	0	0	11001	10619
14	Guru Gobind Singh Govt. Hospital	382526	17813	1839	53281	356	51	62	5612	2934	0	0	0	673
15	Guru Nanak Eye Center	17820	2364	123283	0	0	0	9646	0	0	0	0	0	0
16	Guru Teg Bahadur Hospital	3658205	125450	91315	212739	12677	1790	79818	133840	7230	2247	1513	30206	51196
17	Institute of Liver & Biliary Sciences	689620	35440	705586	30394	-	2041	28967	7737	-	-	11689	9495	23567

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	511847	8255	7812	8192	-	0	2193	2801	0	0	0	0	25
19	Janak Puri Super Speciality Hospital	476891	7122	2736	15921	0	0	4975	28129	0	0	0	0	0
20	Lal Bahadur Shastri Hospital	814568	109354	232	98553	0	0	17633	32805	2662	787	0	3855	3788
21	Lok Nayak Hospital	5330850	305266	262550	359795	0	3088	73354	229159	3893	1156	5899	23081	45705
22	Maharishi Valmiki Hospital	418076	25210	21163	50229	2942	0	2666	15081	796	0	0	0	0
23	Pt. Madan Mohan Malviya Hospital	760448	16269	40064	39579	4298	0	12733	14649	2229	0	0	0	650
24	Maulana Azad Institute of Dental Sciences	7107	NA	1651	NA	31195	NA	NA	NA	NA	0	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	706587	186628	26916	7640	0	0	4533	16011	0	0	32234	377	327
27	Rao Tula Ram Memorial Hospital	431892	46787	3180	40101	0	0	4775	20192	1699	315	0	137	87
28	Sardar Vallabh Bhai Patel Hospital	330911	47113	2204	39605	580	0	0	8965	5442	0	0	0	0
29	Satyawadi Raja Harish Chandra Hospital	825222	9868	0	69259	0	0	0	15259	1262	0	0	441	225
30	Sanjay Gandhi Memorial Hospital	625917	138553	544061	105553	647	55	6780	32817	1936	1146	0	3736	6491
31	Jag Pravesh Chander Hospital	450004	46866	3312	43285	0	0	1261	10407	2958	0	0	487	478
32	Sushruta Trauma Centre	38930	61	0	48507	0	3210	1026	1484	0	0	0	1051	1087
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	258303	60120	637	2619	0	0	3	3311	0	0	0	0	0
34	Deep Chand Bandhu Hospital	998289	17490	12644	48004	415	0	906	20630	475	0	0	0	0

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
	Homoeopathic/Ayurvedic/Unani Hospitals													
35	A & U Tibbia College & Hospital	202944	2982	392	3200	0	0	0	0	0	0	0	0	0
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	12642	3607	199	2694	0	0	0	37	0	0	0	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	23564	443	370	0	0	0	0	129	0	0	0	0	0
38	Nehru Homoeopathic Medical College & Hospital	35351	5458	292	0	0	0	0	0	0	0	0	0	0
TOTAL		31284386	1805715	2762374	1964955	69314	56736	399107	990219	52344	9399	67520	121781	218167

(C) BUDGET AND EXPENDITURE OF THE HOSPITALS

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2017-18)		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	4713		4292		4292
2	Acharya Shree Bhikshu Govt. Hospital	4822.0		4332.4		4332.4
3	Attar Sain Jain Eye and General Hospital	671.00		604.00		604.00
4	Bhagwan Mahavir Hospital	5160.0		5135.8		5135.8
5	Dr. Baba Saheb Ambedkar Hospital	15616.0	0	15279.01	0	15279.01

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2017-18)		Actual Expenditure (Rs.in lakhs)		Total Expenditure Rs. in lakhs
		Plan	Non-Plan	Plan	Non-Plan	
1	2	3	4	5	6	7
6	Babu Jagiwan Ram Memorial Hospital	5392		4349		4349
7	Central Jail Hospital	3635.00		3072.96		3072.96
8	Chacha Nehru Bal Chikitsalaya	7300.0		6505.22		6505.22
9	Deen Dayal Upadhyay Hospital	26841.0		23839.8		23839.8
10	Delhi State Cancer Institute	10500		8266		8266
11	Deep Chand Bandhu Hospital	4440.0		3548.41		3548.41
12	Dr. Hedgewar Arogya Sansthan	6167.00		5510.00		5510.00
13	Dr. N.C. Joshi Memorial Hospital	1922.0		1578.0		1578.0
14	G.B. Pant Hospital	31387.00		29780.39		29780.39
15	Guru Gobind Singh Govt. Hospital	5078.00		4927.0		4927.0
16	Guru Nanak Eye Center	4055.00		3739.49		3739.49
17	Guru Teg Bahadur Hospital	34345		33536.43		33536.43
18	Institute of Liver & Biliary Sciences	6000.0		2505.40		2505.40
19	Institute Of Human Behaviour and Allied Sciences	9500		9837.89		9837.89
20	Janak Puri Super Speciality Hospital	4524		3914		3914
21	Lal Bahadur Shastri Hospital	6990		6555.49		6555.49
22	Lok Nayak Hospital	43719.00		41646.6		41646.6
23	Maharishi Valmiki Hospital	5295.00		4410.0		4410.0
24	Pt. Madan Mohan Malviya Hospital	4431.00		4260.0		4260.0
25	Maulana Azad Institute of Dental Sciences	3300		3669		3669

Sl. No.	Name of the Hospital	Budget Estimate(Rs. in lakhs) (2017-18)		Actual Expenditure (Rs.in lakhs)		Total Expenditure Rs. in lakhs
		Plan	Non-Plan	Plan	Non-Plan	
1	2	3	4	5	6	7
26	Poor House Hospital	Associated with AAAGH				
27	Rajiv Gandhi Super Speciality Hospital	5000.00		4121.00		4121.00
28	Rao Tula Ram Memorial Hospital	4392.00		3807.39		3807.39
29	Sardar Vallabh Bhai Patel Hospital	3453.00		2520.00		2520.00
30	Satyawadi Raja Harish Chandra Hospital	4983.0		3740.4		3740.4
31	Sanjay Gandhi Memorial Hospital	9943		9843		9843
32	Jag Pravesh Chander Hospital	5158.0		5007.0		5007.0
33	Sushruta Trauma Centre	From Lok Nayak Hospital				
34	Shri Dadadev Matri Avum Shishu Chikitsalaya	2978.0		2889.9		2889.9
Homoeopathic/Ayurvedic/Unani Hospitals						
35	A & U Tibbia College & Hospital	3890.0		3291.25		3291.25
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	1024.00		991.15		991.15
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	2950.00		4157		4157
38	Nehru Homoeopathic Medical College & Hospital	2019.00		1841.0		1841.0

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, School Health 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).

LIST OF AAM AADMI MOHALLA CLINICS IN 2017-18

Sl. No.	Name of Aam Aadmi Mohalla Clinic	Ownership of Building (Rented/Owned Building/ Porta-Cabin)	District
1	AAMC Wazirabad Khasara No -120, Gali No-17, Main Road, Wazirabad, Delhi.	Rented	Central
2	AAMC Shashtri Nagar L-74, Shiv Watika Chowk, Shastri Nagar, Delhi-52	Rented	Central
3	Takia Chowk Chopal, Burari Village, Delhi	Rented	Central
4	AAMC Aruna Nagar E-28, Aruna Nagar, Majnu Ka Tila, Delhi.	Rented	Central
5	AAMC Trilokpuri 6 Block :- Block 6/233 Trilokpuri Delhi -91	Rented	East
6	AAMC Trilokpuri 25 Block: Block 25/446 Trilokpuri DELHI-91	Rented	East
7	AAMC Pratap Chowk: Pratap Chowk , Dallupura Kondli, Delhi	Rented	East
8	AAMC Dallupura: Near Samuday Bhawan, Harijan Basti Dallupura Village Kondli DELHI	Rented	East
9	AAMC West Vinod Nagar: D-55 Gali no. 11 West Vinod Nagar, Delhi	Rented	East
10	AAMC GANESH NAGAR:c-95A Ganesh nagar Complex, Delhi 92	Rented	East
11	AAMC old Anarkali: House no. 52 Old Anarkali, Krishna Nagar Delhi	Rented	East
12	V-11, Old Nangal, Delhi cantt, Muradabad pahari, Delhi cantt, South west Delhi-110010	Rented	New Delhi
13	R-4C, R-Series, East Mehram Nagar Delhi Cantt Delhi-110037	Rented	New Delhi
14	WZ-115A, Todapur village I.A.R.I Delhi 110012	Rented	New Delhi
15	80 -A/4, G/F , Near Canara Bank., Village Munirka, New Delhi-110067	Rented	New Delhi
16	126,Ishwar Colony Ext. 3	Rented	North
17	A-215,Bhalaswa Dairy Near Police Station	Rented	North
18	Sant Kirpal Singh Public Trust	Rented	North
19	811,GT Road Aluipur Delhi 36	Rented	North
20	H.No.467 D Near Budh Mandir ,Village Azadpur	Rented	North
21	930, Gali No. 30/7, Jaferabad, Delhi	Rented	North East
22	H.No. 42/1 Puri Street No. 1, Maujpur Near JM Convent School, Delhi	Rented	North East
23	K6/4B, Street No. 22, West Ghonda, Delhi	Rented	North East
24	B-1, Kartar Nagar, 3.5 Pusta, Street No. 2, Near Hero Showroom, Delhi	Rented	North East
25	D-29, Gokalpuri, Delhi	Rented	North East
26	455, Street No. 8, Moonga Nagar, Karawal Nagar Road, Delhi	Rented	North East
27	B-18/1, Ganga Vihar, Delhi-94	Rented	North East
28	C-45, Gali No. 03, Ambika Vihar, Shiv Vihar, Delhi-94	Rented	North East
29	B-90, BG/F, House No-36/17, Gali No-14, Main 25Feet Road, Phase-10, Shiv Vihar, Delhi	Rented	North East
30	H. No. 200, Gali No. 06, Phase-9, Shiv Vihar, Delhi-94	Rented	North East
31	H.No. 231-32, Kh. No.28/19, Mange Ram Park, Budh Vihar Phase-2, Delhi-86	Rented	North-West
32	kh no:65/10 ,Q-44, Budh Vihar, Phase-1, Opp.Surya Market, Delhi.10086	Rented	North-West
33	F4/6, Sector 16 Rohini, Delhi 85	Rented	North-West
34	Hno: 271 pole no 521-1/2/7/5 Village Sultanpur Dabas Neemwali gali ,delhi 39	Rented	North-West
35	Kno:102/10 ,H.No.E-31, Rajiv Nagar, Begumpur, Opp.Sector-22, Rohini, Delhi.110086	Rented	North-West

36	Kno:25 ,H.No.13 A, Rajiv Nagar, Begumpur, Opp.Sector-22,Rohini, Delhi.110086	Rented	North-West
37	Kh no: 193 ,Shish Mahal enclave , prem nagar 3, Delhi 86	Rented	North-West
38	H.No. C-441, Khasra No. 42/3, Inder Enclave, Phase-1, Delhi-86	Rented	North-West
39	P 2/652, Sultanpuri J.J.colony, Delhi-110086	Rented	North-West
40	H.no.E 7/84, Near Sani Bazar Road, Sultanpuri, Delhi.110086	Rented	North-West
41	H.No. A-4/291, Sector-4, Rohini, Delhi – 85	Rented	North-West
42	H.NO. 66, Block-E, Pocket-18, Sector-3, Rohini, Delhi – 85	Rented	North-West
43	BH Block, 700 A, East Shalimar Bagh, Janta Flat, Delhi-88	Rented	North-West
44	Shiv Mandir, Sewa Samiti, Wazirpur Village, Delhi-52	Rented	North-West
45	A-2/131, Keshavpurm, Delhi.110035	Rented	North-West
46	C-3/76 Keshavpuram Delhi 35	Rented	North-West
47	House No. B2/4A, Street 4, East Azad Nagar, Krishna Nagar, Delhi-110051	Rented	Shahdara
48	House No. 312, Gali No-6, Gautam Gali, Jwala Nagar, Delhi-110032	Rented	Shahdara
49	Flat No 193 A, Satyam Enclave, Delhi-110095	Rented	Shahdara
50	House No 7/376, Jwala Nagar, Main Road Shahdara, Delhi-110032	Rented	Shahdara
51	House No. A-170, Dilshad Colony, Delhi-110095	Rented	Shahdara
52	House NO 1/1616-17 Gali No. 6, Subhash Park Ext. Shahdara, Delhi-110032	Rented	Shahdara
53	House No B-10(1/11805), Plot No. A-28, Panchsheel Garden, Naveen Shahdara, Delhi-110032	Rented	Shahdara
54	House No D-233, School Block Nathu Colony, Delhi-110093	Rented	Shahdara
55	House No. D-44, Gali No. 9, Sattar Gali, Main Mohan puri, Maujpuri, Delhi-110053	Rented	Shahdara
56	House No.58, Street No.3, North Chhajupur, Shahdara, Delhi-110053	Rented	Shahdara
57	House No C-11/96, Yamuna Vihar, Delhi-110053	Rented	Shahdara
58	House No. C-2/12-B Meet Nagar ,Khasra 336, Saboli Village, Delhi-110094	Rented	Shahdara
59	Panchsheel Vihar, AAMC	Rented	South
60	D-24, Bhati Mines, AAMC	Rented	South
61	E-224, Bhati Mines, AAMC	Rented	South
62	Rajpur Khurd, AAMC	Rented	South
63	Holi Chowk, Sangam Vihar, AAMC	Rented	South
64	195-A, Hari Nagar Ashram, New Delhi-14	Rented	South East
65	J-2-B/75, Gali No-2, Gupta Colony, Sangam Vihar	Rented	South East
66	House No-81, Gali No-54-V/1, Near Bal Vaishali Public School, Molarband Extn.	Rented	South East
67	S-10/D-15 Jogabai Ext. Zakir Nagar, Okhla, New Delhi	Rented	South East
68	C-5 Behind Masjid Noor Jogabai Ext. Khazuri Road, Okhla, New Delhi	Rented	South East
69	RZ-269/396, Gali No-10-C, Indra Park, New Delhi	Rented	South West
70	Khasra No-161/162, B-Block, Qutub Vihar, New Delhi	Rented	South West
71	B-38, Banwarilal Complex, 25 Feet road, Shyam Vihar Phase-1, New Delhi	Rented	South West

72	C-92, Sahyog Vihar, Near Masjid, New Delhi	Rented	South West
73	Pochanpur, Near Harijan Chopal, Sector-23, Dwarka, New Delhi	Rented	South West
74	RZ-247A, Gali no 18, Ajay Park, Najafgarh New Delhi-110043	Rented	South West
75	RZ-38, A-block, Main Gopal Nagar, Najafgarh New Delhi-43	Rented	South West
76	100-A, Dwarka Vihar Colony Phase-1, Najafgarh, New delhi	Rented	South West
77	RZF-1120, Lohia Marg, Pandit Chowk, Raj Nagar-II, Palam Colony, New Delhi	Rented	South West
78	RZ-D-87, A/1, Dabri Ext., Gali. No. 9, New Delhi, (632 Sq.ft.)	Rented	South West
79	G-70/4, Mandir Marg Mahavir Enclave New Delhi-110045	Rented	South West
80	AAMC C-62, ADHYAPAK NAGAR, NANGLOI, NEW DELHI	Rented	West
81	AAMC HO.NO. 9, GALI NO. 3, LEKH RAM PARK, TIKRI KALAN	Rented	West
82	AAMC E-3/62, Shiv Ram Park, Nangloi	Rented	West
83	AAMC RZ B/149, Nihal Vihar	Rented	West
84	AAMC RZ-E-244, Thanewali Road, Nihal Vihar	Rented	West
85	AAMC RZ-Q-57, Gurudwara road, 500 Gaj Nangloi	Rented	West
86	AAMC B-32/A, New Slum Quarter, Paschim Puri	Rented	West
87	AAMC A2/254, LIG Flats, Pratik Apartment, Paschim Vihar	Rented	West
88	AAMC E-115, Raghuvir Nagar	Rented	West
89	AAMC 69 Hastsal Village, Near DDA Park, Vikas Puri	Rented	West
90	AAMC RZ-22, Khushiram Park, Om Vihar Ext	Rented	West
91	AAMC Plot No. 3 & 4, D Block, Jai Vihar-1, Najafgarh	Rented	West
92	AAMC Gali No-9, Kh. No. 79/20 Chanchal Park, Bakkaewalla, Vikas Puri	Rented	West
93	AAMC House No. 112, Lions Enclave, Ranholla Raod, Vikas Nagar	Rented	West
94	AAMC B-43, AS/F, Vikas Nagar	Rented	West
95	AAMC Plot No. B-340 Vikas Nagar, Vikas Vihar	Rented	West
96	AAMC 150-A, GALI NO. 4, NATHAN VIHAR, RANHOLLA, NANGLOI	Rented	West
97	AAMC B-5, Shiv Vihar, Col Bhatia Road, Tyagi Chowk	Rented	West
98	AAMC A-32/33 A Ext. Mohan Garden	Rented	West
99	AAMC H.No. L-2/D, 69A, Mohan Garden, Uttam Nagar	Rented	West
100	AAMC Plot No. 324 Aryan Garden Raod, Om Vihar Uttam Nagar	Rented	West
101	AAMC E-159, A MANSARAM PARK, UTTAM NAGAR, NEW DELHI	Rented	West

	List of AAMCs functioning in Porta Cabin 2017-18		
1	Mohalla Clinic Nathupura: - Budh Bazar Road, Nathupura, Burari, Delhi	Porta Cabin	Central
2	AAMC Sindorakalan Opposite nav bharti school sindorakalan, Delhi	Porta Cabin	Central
3	AAMC Kamla Nagar Oppsite Primary School Madavaliya School, Kamla Nagar, Delhi 07	Porta Cabin	Central
4	AAMC Yamuna Pushta Rain Basera Yamuna pusta AC-20 Chandi chowk	Porta Cabin	Central
5	AAMC Hanuman Mandir Rain Basera,Hanuman Mandir, ISBT, Delhi.	Porta Cabin	Central
6	AAMC Multani Dhanda Plot no.9857-59, gali no.5/6, Mutani Dhanda , Paharganj	Porta Cabin	Central
7	AAMC Aram Bagh Near Central Park Aaram Bagh Road, Delhi-05	Porta Cabin	Central
8	BELOW METRO NEAR SAI MANDIR AC-19 SADAR BAZAR	Porta Cabin	Central
9	AAMC, Khalsa College, Karol Bagh	Porta Cabin	Central

10	AAMC Vasundhara Enclave: in front on Persona Elite Gym , Vasundhara Enclave Delhi	Porta Cabin	East
11	AAMC Kondli Gharoli : Shiv Mandir Kondli Gharoli Dairy Farm Delhi	Porta Cabin	East
12	AAMC Khichripur: Block 5 Khichripur Delhi	Porta Cabin	East
13	AAMC Kalyanpuri: Block no. 19 Kalyanpuri Delhi	Porta Cabin	East
14	AAMC Prachin Shiv Mandir, Mayur Vihar phase-3, Pragati Marg Near Bharti Public School	Porta Cabin	East
15	AAMC Shashi Garden: Shastri Mohalla Shashi Garden Delhi	Porta Cabin	East
16	AAMC TALAB CHOWK: Talab Chowk Mandawali Fazalpur, Delhi -92	Porta Cabin	East
17	AAMC, CPA Building, Shakarpur	Porta Cabin	East
18	Outside park, amber tower near Azadpur flyover, Azadpur Delhi 33	Porta Cabin	North
19	Azadpur Sabzi Mandi	Porta Cabin	North
20	Azadpur Fruit Mandi	Porta Cabin	North
21	New A-118, MS Market, Second Pusta Main Road, New Usmanpur, Delhi	Porta Cabin	North East
22	Infront of Galaxy Salon Centre, Gali No. 2, Pusta-3, Usmanpur, Delhi	Porta Cabin	North East
23	Sec-16, near Sukdev Management College Rohini	Porta Cabin	North West
24	Sec-17, Near TPDDL Office, Rohini	Porta Cabin	North West
25	Village Ghevra, Munka	Porta Cabin	North West
26	B-125, Pratap Vihar-3, Suleman Nagar, Delhi-86	Porta Cabin	North West
27	On the bank of nala,Rithala village, Rithala,Delhi.	Porta Cabin	North-West
28	Outside Govt. SR. Secondary School,Mangolpuri khurd delhi. AC-12 Mangolpuri	Porta Cabin	North-West
29	In front of Amrit Enclave Shahid Bismil Marg Deepali Chowk, AC-13, Pitampura	Porta Cabin	North-West
30	Along Railway wall kela godan road opposite BC Block Shalimar Bagh AC-14 Shalimar Bagh Delhi.	Porta Cabin	North-West
31	Near Ran Basera, Cement siding, Shakur Basti Railway station	Porta Cabin	North-West
32	Vacant Land opposite House no 831Block-G, Shakurpur, Ranjeet nagar DGD Shakurpur (North West) AC-16 Tri Nagar	Porta Cabin	North-West
33	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
34	Adj. Delhi grant. Library MCD Sulabh Shauchalaya, Opp. Dusib sulabh toilet, Wazirpur, JJ Colony, Ranjeet Nagar AC 17 Wazirpur	Porta Cabin	North-West
35	AAMC Porta Cabin:- AAMC, Basti Vikas Kendra, Kailash Nagar, Chander Puri Railway Line, Old Seelam Pur, Delhi-	Porta Cabin	Shahdara
36	AAMC Porta Cabin:- Near Jama masjid,behind MCD Primary School,Old Seema puri	Porta Cabin	Shahdara
37	AAMC Porta Cabin:- Below GT Road Flyover, Near Mansarover Park,Metro Station infront of Friends colony, Jwala Nagar	Porta Cabin	Shahdara
38	AAMC Porta Cabin:- Road No. 69, Gagan crossing to Tahirpur, Near Anand Gram Ashram Bus stand.	Porta Cabin	Shahdara
39	AAMC Porta Cabin:- Gagan Cinema Xing towards Sunder Nagri	Porta Cabin	Shahdara
40	AAMC Porta Cabin:- Near Bus Depot of DTC, Seemapuri, Delhi	Porta Cabin	Shahdara
41	AAMC Porta Cabin:- Road no. 65 in front of Janta colony	Porta Cabin	Shahdara
42	AAMC Porta Cabin:- Road no. 66, along drain no.1 in front of EDMC Court	Porta Cabin	Shahdara
43	Lado Sarai, M B Road	Porta Cabin	South
44	Block-E-7, Dakshinpuri	Porta Cabin	South
45	Mahila Vikas Kendra, Tigri, Sangam Vihar	Porta Cabin	South
46	JJ Cluster tigri, Near MLA Offcie	Porta Cabin	South
47	Rain Basera, Sarai Kale khan	Porta Cabin	South East

48	AAMC Under Footover Bridge Batra Hospital near Sant Narayan Mandir Bus Stand	Porta Cabin	South East
49	Bus Stand Pul Prahladpur MB Road	Porta Cabin	South East
50	AAMC MB Road Sri MaaAnandmayi Marg Prem Nagar	Porta Cabin	South East
51	AAMC Flood Control land AbulFazal Enclave	Porta Cabin	South East
52	AAMC Flood Control land ShaheenBagh	Porta Cabin	South East
53	Govt. Girls school Dwarka Sec-3 school ID-1821203	Porta Cabin	South West
54	Rajkiya Pratibha Vikas Vidyalay Sec-10 Dwarka School ID-1821137	Porta Cabin	South West
55	Rain Basera, Punarwas Colony, Dwarka Sec-1	Porta Cabin	South West
56	School ID-1821026, SKV Chhawla	Porta Cabin	South West
57	School ID-1821036, GBSSS, Chhawla	Porta Cabin	South West
58	School ID-1821034, Govt coed S.Sec School, kanganheri	Porta Cabin	South West
59	School ID-1822012, GBSSS, Kair	Porta Cabin	South West
60	AAMC Peeragarhi Near PWD office (AC-11 Nangloi Jat)	Porta Cabin	West
61	AAMC J J Cluster colony ,Meera bagh(AC-15 Shakur Basti)	Porta Cabin	West
62	AAMC Mohalla Clinic Peeragarhi, Peeragarhi relief camp	Porta Cabin	West
63	AAMC 12 Block Tilak nagar DUSIBLand	Porta Cabin	West
64	AAMC School ID : 1720014 Sarvodya Sr. Secondary SKV Janakpuri D Block No.-1 (AC-30 Janakpuri)	Porta Cabin	West
65	AAMC DUSIB Land EWS Flat Baprola (AC-31 Vikashpuri)	Porta Cabin	West

Districtwise Aam Aadmi Mohalla Clinics

S. No.	District	Total No. of AAMC	Rented	Functional Porta Cabins
1	Central	13	4	9
2	North	8	5	3
3	North West	28	16	12
4	Shahdara	20	12	8
5	South	9	5	4
6	South East	11	5	6
7	South West	18	11	7
8	West	28	22	6
9	North East	12	10	2
10	New Delhi	4	4	0
11	East	15	7	8
	Total	166	101	65

DISTRICT- WISE DETAILS OF DELHI GOVT. DISPENSARIES IN 2017-18

Dispensaries/Seed PUHC/Polyclinics								
District	Delhi Govt. Dispensaries	Seed PUHCs	Poly Clinic	Total	Delhi Govt. Building	Other Govt. Building	Donated Building	Rented Building
West	25	7	3	35	18	3	0	14
North-West	24	7	8	39	25	0	0	14
North	15	1	1	17	3	4	2	8
Central	26	3	2	31	11	11	0	9
New Delhi	12	1	1	14	3	5	1	5
North-East	8	14	1	23	7	0	0	16
Shahdara	14	3	3	20	11	0	0	9
East	16	3	1	20	13	1	0	6
South	10	4	1	15	7	3	0	5
South-East	9	10	1	20	7	2	0	11
South-West	23	7	2	32	12	4	0	16
Total	182	60	24	266	117	33	3	113

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 migrant was 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 was launched covering different J.J. Clusters all over Delhi on weekly basis in 1989, 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.

Further it was strengthened to 90 Mobile vans of which 45 were of DHS and 45 by partner NGOs. The no of JJ clusters covered were 476. The NGO provided staff including Doctor, Pharmacist, Nursing Staff, Dresser and Attendant. The salary to the staff was paid by concerned NGOs, however expenditure up to 25 % of the salary was reimbursed by the GNCT Delhi.

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 Programs 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 Sammagam (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, Ali Pur etc.(Regular Basis) and Arya AnathalayaDaryaganj
 - m. Destitute Home Motia Khan, Old age homes and Senior Citizen homes and welfare clubs
 - n. MatratvaChhaya 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, 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 laborers.

MODUS OPERANDI

For the above-mentioned activities, staff, logistics, supply of medicines and equipment for all camps are provided through Mobile Dispensaries Vans.

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.

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.

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 celebrations, NCC Camp training programme, 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 district 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, Southwest 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 in charge 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 staffs work – PHN/ANM, Pharmacist, Dresser and a NO.

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

Vacancy Position MHS, June-2018

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	26	1	8
PHN	PB-2,4800	20	15	4+1	0
ANM	PB-1,2400	15	15	0	0
Pharmacist	PB-1,2800	35	20	2	13
AAO	GP-5400	1	0	0	1
Head Clerk	PB-2, 4200	1	1	0	0
UDC	PB-2, 2400	1	0	0	1
LDC	PB-1, 1900	2	1	0	1
Dresser	PB-1, 1800	35	23	0	12
NO/Peon/Attendant	PB-1, 1800	35	19	0	16
No(Outsource)				16*	
Total		180	120	8	52

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.

COLLABORATION WITH LOCAL AND INTERNATIONAL NGOS

This is an issue that needs further exploring 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.

Area Wise List of Mobile Health Scheme- Total 22 Teams

S.No	Name of Doctor's Team	Name of the Area	Day of visit
1	Dr.Venu Badami	Atri Properties, Rajapuri	Monday
	Ms Shilpi Sodi PHNO	Dwarka Sector- 10 Construction Site	Tuesday & Friday
	Mr Ashish Ruhel NO	Prernaniketan (NGO) - Home for Handicapped	Wednesday
		Bindapur Senior Citizen Cell	Thursday
		Dwarka Sector- 13 Construction Site	
		Dwarka Sector- 13 Construction Site	Saturday
2	Dr. Veena Chellani(Zonal in Charge West)	Police Training School- Dwarka Sector- 9	Monday to Saturday
	Mrs Kanta PHNO	Dwarka Sector – 14 Construction Site	Monday & Thursday
	Mr Rajkumar Dresser	Jivodaya Ashram	Tuesday & Friday
	Mr Anil Kumar NO	Baprola Extension	Wednesday & Saturday
3	Dr. Anita Pathroliya(DDO)	Dwarka Sector- 10 Construction Site	Monday & Thursday
	Mrs ChinmoyBera PHNO	Janta Flats, Dwarka Sector- 7	
	Mr (Store in Charge West Zone)	Harijan Basti, Palam	Tuesday & Friday
	Mr Jagjit Singh NO	Mysal Building, Railway Reservation Centre, Palam	Wednesday & Saturday
4	Dr. J. Touthang	Night Shelter- Uttam Nagar Metro Station	Wednesday&
	Mr Narendra Pharmacist	Tilak Nagar I, II, III, IV	Wednesday
	Mr Sunil Kumar NO	Dwarka Sector- 12 Metro Station	Monday
		Dwarka Sector- 10 Metro Station	Monday
		Goyla Dairy	Monday
		Dwarka Sector- 3 Phase I & II	
		Nasirpur	
5	Dr.Manipadma Rabha	Tilak Nagar Leprosy Colony	Assisting AD MHS/PH III/Office management
	Mr Mahesh PHN	Field Visits Leprosy/Health camp/ Meetings as designated	
6	Dr.Heera Lal	Lampur Old Age Home	Monday to Saturday
	Mr Subhash Doda		
	Mrs Renu ANM	FRRO Beggar Home	Wednesday & Saturday
	Mr Ashok NO	Alipur Children Home	Friday
7	Dr. Saket Bihari	Shalimar Bagh Leprosy Colony	
	Mrs Sangeeta PHNO	Hanuman Mandir, Swaroop Nagar	
	Mr Vikas Choudhary	Sharma General Store, Swaroop Nagar	
	Mr Virender Attendant	Staff Quarters, Income Tax Colony Construction Site, Pitampura	
8	Dr. Vineet Kumar Sahu	Bawana relocation scheme block- E	Monday & Thursday

	Mr Dharmendra Pharmacist	Rohini sector- 26	
	Mr Balraj attendant	Avantika, Rohini	
		Brittania Chowk	
		Raja Garden opposite city square mall	
		Raja Garden 119	Tuesday & Friday
		Madipur Sajjan Park	
		Raja Garden 8	
		Basti vikas Kendra, D-4 block, Sultanpuri	
		Basti vikas Kendra, udyognagar, Peeragarhi	
		JJR colony, A- block, Sultanpuri	Wednesday & Saturday
		Block A, B and C, Mangolpuri	
		P- I Block, 3rd Floor, Sultanpuri	
		Kali Mandir, Rohini Sector- 3 for women	
9	Dr. Neelam Deswal	Sector- 23 Amarjyoti Colony	Monday & Thursday
	Mrs Rajni Gulyani PHNO	YWCA Jahangirpuri	
	Mrs Sushma Saini Attendant		
	Mrs Sangeeta Pal NO	DSIIDC Ravidas Mandir	Tuesday & Friday
		C- Block, Sultanpuri	
		Sector- 32, Pangali	Wednesday & Saturday
		Prayas Children Home, Peeragarhi	
10	Dr. Sujata Senapati Mr Arun Kumar Pharmacist Ms Sunita Rani Dresser	CAT Court, Mandi House	Monday to Friday
11	Dr. Ananya Mukherjee	Kalkaji Mandir	Monday & Thursday
	Mr Mahendra Meena		
	Mrs Rajkumari	Chandra Arya Vidya Mandir, Greater Kailash	Tuesday & Saturday
		Lajpat Nagar Leprosy Colony	Wednesday
		Slums of Radhakrishna Vihar, Jasola	Friday
		Malviya Nagar Senior Citizen Camp	Once a month
12	Dr. Sushil Michael Kindo	RBI Construction Site	Monday
	Mr Vivek Gupta Pharmacist	Silicosis OPD at Lal Kaun Dispensary	Tuesday & Wednesday
		Balmitra Arpan Sang, Nebsarai	Thursday
		NGO BUDS, Sarai Kale Khan	Friday
		Indira Camp, RK Puram	Saturday
13	Dr. Ronak Singh	South Asian University Project Construction Site	Monday & Thursday
	Mr Ashok Kr Meena	Chattapur Construction Site	
	Mr Sandeep Kumar	World Trade Centre Project Construction Site, Nauroji Nagar	
		RK Puram Leprosy Colony	
		IIT, Hauz Khas	
14	Dr. Vinod Kumar Rastogi	Lohamandi - Y & Z Block	Monday & Thursday
	Mr Rajkumar PHNO	Night Shelters of Ramlila Ground, Police Bhawan, Shankar Gali, Himmatgarh	Tuesday
	Mr Sanjay Kakkar(Store in charge)	Bangladeshi Jail	Wednesday & Saturday

	Mr Bhim Singh NO	Night Shelters near Connaught Place	Friday
15	Dr. Anil Kumar	Motia Khan Destitute Home	Thursday & Friday
	Mrs Rajinder Kaur		
	Mr Jorawar Singh Pharmacist	Katputli Colony	Monday to Saturday
	Mr Rinku Gautam Dresser	Transit Camp	Monday to Saturday
16	Dr. Mahesh M. S	Majnu Ka Tila	Monday & Thursday
	Mrs Manisha Brar		
	Mr Praveen Doda	Anand Parvat Leprosy Colony	Tuesday
	Mr . Rajesh Kumar Dresser	DLF Construction Site	Wednesday
		Baonta Park	Saturday
17	Dr. Monika Relan	BUDS, Mori Gate	Monday
	Mrs Sneha Khurana	Arya Anathalaya, Delhi Gate	Tuesday
	Mr S. K. Anand	Senior Citizen Camp, Tri Nagar	Wednesday & Saturday
	Mr Pawan NO	BUDS, GB Road	Thursday
		Patthar Market, Mayapuri	Friday
18	Dr. Shivraj Singh (Zonal in Charge)	HLTB, Tahirpur, Shahdara	Monday to Saturday
	Mrs Vandana Massey PHNO		
	Mr Rinesh(Store in Charge)	Leprosy Complex/ Village	Monday, Wednesday & Friday
	Mr Jagpal Singh	Leprosy Colony, Tahirpur	Tuesday, Thursday & Saturday
19	Dr. Anurag Anjana Singh	Kalandar Colony, Dilshad Colony	Monday & Thursday
	Mrs Sarwastika		
	Ikramuddin	Balmiki Basti, Jhilmil Colony	Tuesday & Friday
	Shelly Sharma	Sonia Camp, Jhilmil Industrial Area	
		Ambedkar Camp, Jhilmil	Wednesday & Saturday
		Rajiv Camp, Jhilmil	
20	Dr. Kamal Singh	B & C Block, Nandnagri	Monday & Thursday
	Mr Gopal lal Singhal		
	Mr Harsh Gaur	B & C Block, Bhajanpura	Tuesday & Friday
	Mr Arun Mehrol	Senior Citizen Clinic, Loni Road	Wednesday & Saturday
21	Dr. Alok Sinha	Mansarovar Park Railway Crossing	
	Mr Sushil Pharmacist		
	Mr Arun Tomar	JJ Cluster, Lalbagh	
	Kailash NO	Panchsheel Garden	
22	Dr. Deepak Prasad	Rajendra Ashram	
	Mr Ranbir Singh Pharmacist	D- Park Pandav Nagar	
	Mr Arun Kumar Attendant	Durga Mandir, Ganesh Nagar	
	Mohit Chandela	Hanuman Mandir, Ganesh Nagar	
		L & T construction site, Mayur Vihar	
		B- Block, Community Hall, Shakarpur	

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

PERFORMANCE UNDER NATIONAL /STATE HEALTH PROGRAMME/HEALTH LAWS		
S. NO	PROGRAMMES/ ACTS	ACHIEVEMENTS
1	Drug and Substance Abuse including Tobacco Intake	Regular health awareness through Health talks in schools *(Please see attachment)
2	Anti Smoking	Assembly & group health awareness, debates, quiz and poster making competitions
3	Vector Bone Disease like Dengue Malaria and Chikangunia	Awareness on vector born Diseases its Awareness 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 preventions 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 Spectacles through CDMOs
10	NDD	Tab Albendazole administration to school going children to Govt., Govt. Aided & Private schools done on Aug 2017 to Feb 2018

Achievements of the scheme

- **DISTRICT HALF DAY TRAINING** -Academic and skill oriented half day trainings of the Officers and Officials was held on every Second Saturdays of the month in 12 District 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 is 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**

Successful completions of MDD held on Aug 2017 & Feb 2018, Co- ordination with all Health agencies, Anganwadi & Education Deptt. is done. 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 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.

DETAILS OF CLINICS

S.NO	DISTRICT	NAME OF CLINIC
1.	East	Vivek Vihar, GGSSS
2.	East	Gandhi Nagar,
3.	East	Laxmi Nagar CLOSED
4.	East	SHC, Chander Nagar
5.	East	SHC,Gazipur
6.	East	SHC,Dallupura
7.	East	New Ashok Nagar
8.	East	SHC Vishwas Nagar NEW
9.	Northeast	SBV No.-1 , Yamuna Vihar Block-B
10.	Northeast	G.B.S.S Khazoori Khas
11.	Northeast	SKV, Shahdra No.-1
12.	Northeast	SKV Bhartya Mahli(MBP) Shahdara
13.	Northeast	G.G.S.S. New Seelampur No-2
14.	Northeast	Nand Nagri
15.	Northeast	Mandoli G.G.S.S.S. School
16.	Northeast	SKV No.-2 Seemapuri
17.	Northeast	SKV, St.Eknath
18.	Northeast	SKV Mansarover Park
19.	North	Nehru Vihar
20.	North	Inderlok
21.	North	Roop Nagar
22.	North	RPVV NO 1 Raj Niwas Marg
23.	Northwest A	Adarsh Nagar
24.	Northwest A	Shahabad Daulatpur
25.	Northwest A	Police Line, CLOSED
26.	Northwest A	Badli
27.	North West A	SKV Jahangirpuri
28.	Northwest B	Rohini Avantika
29.	Northwest B	FU Block Pitampura
30.	Northwest B	Ashok Vihar, Phase-II
31.	Northwest B	Sultan Puri Block-H
32.	Northwest B	Mangolpuri, H- Block
33.	Northwest B	SV Sec 9 Rohini
34.	Northwest B	Saraswati Vihar
35.	Northwest B	Mangolpuri O Block
36.	West A	SBV No-2 Tilak Nagar
37.	West A	G.G.S.S.S. West Patel Nagar (Temp. closed)
38.	West A	Block- BE Hari Nagar
39.	West A	SKV Rajori Garden, NEW
40.	West B	Janakpuri,
41.	West B	Shiv Vihar CLOSED

42.	West B	Paschim Vihar
43.	West B	Bindapur
44.	West B	S. P. Road, Nangloi
45.	West B	Vikaspuri
46.	West B	Peeragarhi Village
47.	West B	SHC Mundka, NEW
48.	South	SKV, Malviya Nagar
49.	South	GGSSS Ambedkar Nagar No-Ii Sec-1v (Temp. closed)
50.	South	S.K.V. Chirag Delhi (Temp. closed)
51.	South	Madangir (Temp. closed)
52.	South	Mehrauli Qutub (Temp. closed)
53.	South	Atsbv Chattarpur (Temp. closed)
54.	South	Gbss J-Block,Saket/Ambedkar Nagar, sec -5 (Temp. closed)
55.	South East	Skv,Kalkaji No-2
56.	South East	Sarvodaya Vidyalaya Ali Ganj , CLOSED
57.	South East	SHC Defence Colony
58.	South East	SBV Lajpat Nagar, RE OPENED
59.	South East	Tughalakabad /CR Park
60.	South West A	Sarojni Nagar
61.	South West A	R.K. Puram
62.	South West A	Inderpuri
63.	South West A	Ghitoni, CLOSED
64.	South West A	Airforce Palam/Delhi Cantt. CLOSED
65.	South West B	Dwarka CLOSED
66.	South West B	Palam
67.	South West B	Dwarka, Sec 6
68.	Central	Karol Bagh CLOSED
69.	Central	Daryaganj
70.	Central	Paharganj
71.	Central	Jor Bagh (closed)
72.	Central	President Estate (closed)
73.	Central	Rani Jhansi (closed)

Constraints –

- 12 Medical Officer are functioning as District In-charges of SHS& Dist. In-charges are also functioning as Medical Officers
- Many SHC are running either without M.O or without PHN. Few clinics have Doctor or PHN 3 Days per week only
- No Lab Technician / Lab Assistant posted in SHCs
- One Pharmacist is posted in two to three clinics

CHAPTER 6

FUNCTIONS OF BRANCHES AND STATE SCHEMES

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 revenue is Rs. 76762 in Lakh and total capital is Rs 7200 in Lakh in 2017-18

HOSPITAL CELL

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:-Plantation issues in Hospitals.

- i) Club foot Management Programme.

Status of Various Hospital Projects under Hospital Cell(DGHS)

(i) **600 bedded Hospital at Ambedkar Nagar , Delhi (North)**

The proposal of enhancement of Bed capacity from 200 beds to 600 beds has been approved by competent authority on 04/05/2017 with an additional; cost of Rs. 55.05 crores.Approximately 74% of work has been completed &expected date of completion is 03/02/2019.

(ii) 800 bedded Hospital at Burari, Delhi (North)

Proposed bed strength has been increased from 200 to 800 beds. 70% work has been completed & approximately date of completion is December, 2018. Revised PE amount (for 800 beds) has been approved by EFC on 06/03/2018 and the same has to be approved by cabinet. 70% of work has been completed & the approximately date of completion is December, 2018.

(iii) Hospital Project & Medical College at Sector-9 & Sector-17, Dwarka

Present progress 62% Proposed bed strength has been increased to 1500 beds with addition of MCH block & Medical College with intake of 150 students. **Registration of radiation block** with AERB (Atomic Energy Regulatory Board) has been done. The registration No. is DL-49392 which shall be used herewith in all communication with Atomic Energy Regulatory Board (AERB). HR requirement and Equipment assessment are to be processed in r/o revised plan & the approximately date of completion is 31-12-2018.

(iv) 200 beds hospital and trauma centre at Siraspur, Delhi

Earlier plan is for 200 bedded hospital. Proposed bed strength has been increased from 200 to 1500 beds. MFP for 1500 bedded hospital with Medical & Nursing College has been submitted to PWD for necessary action.

(v) 200 beds at Madipur

The PE for providing consultancy services for comprehensive planning and designing of construction of hospital building at Madipur (600 beds) has been approved by competent authority and convened to PWD.

(vi) 200 beds hospital at Jwalapuri (Nangloi)

The PE for providing consultancy services for comprehensive planning and designing of construction of hospital building at Jwalapuri (600) has been approved by competent authority and convened to PWD.

(vii) 100 beds hospital at Sarita Vihar, Delhi

The PE for providing consultancy services for comprehensive planning and designing of construction of hospital building at Sarita Vihar (300) has been approved by competent authority and convened to PWD.

(viii) 200 beds hospital at Hastal, Vikas Puri, Delhi

The PE for providing consultancy services for comprehensive planning and designing of construction of hospital building at Vikas Puri (500 beds) has been approved by competent authority and convened to PWD.

Following Hospital projects are under planning stage.

- (ix) 225 beds hospital at Chattarpur, Mehrauli, Delhi
- (x) 100 beds hospital project at Deendarpur, Delhi
- (xi) 200 beds hospital at Keshavpuram, Lawrance Road, Delhi
- (xii) Office complex at Raghbir Nagar:

NURSING HOME CELL

Nursing Home Cell was established in DHS with a view to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953 and the rules 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. The registration is done subject to the fulfilment of prerequisites of Delhi Nursing home registration 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 department website. In case the form is downloaded from the website, the 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 2017-31st March 2018).

• Total No. of new Nursing Homes registered during the said period	:	89
• Total No. of New complaints received during said period	:	148
• Total No. of PGMS complaints received during said period	:	63 (approx.)
• Total No. of RTI received during the said period	:	296 (approx.)
• Total No. of registrations cancelled during the said period	:	22

ECONOMICALLY WEAKER SECTION (EWS)

EWS Branch of DHS 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 Identified Private Hospitals IPH. Free treatment is provided by all Identified Private Hospitals (IPH) of Delhi who were given land on concessional rates in Delhi. Every Identified Private Hospital 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 IPH during 2017-18 is as follows:

OPD : 9,63,221

IPD : 56,632

Total number of EWS patients referred to IPH from this branch during this duration is 958.

Total No. of patients referred to IPH from Delhi Govt. Hospitals is 12,196.

Following IPHs were inspected as per the EWS guidelines:

1. Mata Chanan Devi Hospital
2. Action cancer Hospital
3. Sri Balaji Action Hospital
4. Max Devki Devi Hospital
5. Max Smart Hospital
6. Saroj Hospital
7. Bhagwan Mahavir Hospital
8. Bhagwati Hospital
9. Jaipur Golden Hospital
10. Maharaja Agrasen Hospital
11. Venkateshwar Hospital
12. Max Smart Hospital
13. Pushpa Wati Singhanian Research Centre
14. Max Hospital Shalimar Bagh

Two New Private Hospitals namely Madhukar Rainbow Hospital, Malviya Nagar, Delhi and Birth Right Hospital, Malviya Nagar, Delhi have been added to the list of Identified Private Hospitals making it to 47.

Out of 47 identified private Hospitals, four Hospitals are under renovation namely R B Seth Jesa Ram Hospital, Bensusan Hospital, Bimla Devi Hospital and Deepak Memorial Hospital.

PGMS complaints, written complaints and complaints received online through via mail on freepatientcell.dhs@gmail.com against any of the IPH are being dealt regularly and action is being dealt regularly and action is taken as deemed fit.

Delhi Arogya Kosh and Delhi Arogya Nidhi

“Delhi Arogya Kosh” (DAK) is a registered society that 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:

Patient having National Food Security Card OR Income certificate of upto 3 Lakhs per annum issued by the Revenue Deptt. GNCTD

Patient should be a bonafide resident of Delhi for last 3yrs (prior to the date of submission of application)

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 Revenue Deptt., GNCTD

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

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

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

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

How to Apply:

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

- Copy of National Food Security Card/Income certificate
- 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 3yrs (Prior to the date of submission of application) through any one of the following documents:
 1. Driving licence
 2. Electoral Voter's Photo Identity Card
 3. Extract from electoral roll
 4. Aadhar Card
 5. Passport
 6. Domicile Certificate issued from area SDM
 7. Birth certificate in case the patient is a minor
- 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'18:

DAK	Number of patients	Amount sanctioned
Total	1025	9,54,16,800

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 five tertiary hospitals for MRI/CT scan through Delhi Arogya Kosh. These hospitals are GBPH, LNH, GTBH, DDUH 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 Arogya 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).

The scheme of free high-end diagnostics & surgeries.

The scheme of free high-end diagnostics of eligible patients referred from identified Delhi Government Hospitals & Polyclinics to empanelled diagnostic centres was started from 17.02.2017. The expenditure of Rs.11,81,98,268/- has been incurred in the scheme w.e.f. 17.02.2017 till 30.04.2018.

The number of patients who have availed these services (test- wise) and is as below:

Test	MRI	CT	PET CT	Nuclear	USG & Doppler	Mammo-graphy	ECHO & TMT	EEG & EMG
March	344	90	30	2	380	8	127	15
April	502	129	70	0	620	13	125	15

May	832	210	45	0	842	13	231	39
June	377	75	45	0	416	7	54	1
July	952	323	20	11	1118	13	141	17
August	347	151	25	25	959	8	122	32
September	1574	557	57	29	1905	12	289	39
October	1325	568	57	29	1898	8	216	69
November	1796	761	69	40	2541	21	250	68
December	1722	791	97	48	2084	6	435	57
Jan, 2018	2392	1094	184	63	3401	37	748	122
Feb, 2018	2671	1239	153	53	3903	30	775	160
Total	14834	5988	852	300	20067	176	3513	634

The scheme of free surgeries of eligible patients referred from identified Delhi Government Hospitals to empanelled private hospitals was started from 02.03.2017. The expenditure of Rs. 3,31,36,741/- has been incurred in the scheme w.e.f. 02.03.2017 till 30.04.2018.

The number of patients who have availed these services (surgery- wise) and is as below:

Surgery	Cardiac Surgery (CABG)	Uro-Surgery	General Surgery	Lap-Cholecystectomy	ENT	EYE
March	0	4			0	2
April	0	18			4	8
May	0	24			8	7
June	0	15			5	1
July	1	32			18	0
August	2	91			7	3
September	1	111			17	9
October	1	25	6	75	19	3
November	0	20	7	86	16	11
December	2	52	28	174	10	32
Jan, 2018	7	51	19	129	10	39
Feb, 2018	4	66	20	196	29	90
		214	80	660		
Total	18	1249			143	205

DELHI AROGYA NIDHI:

Delhi Arogya Nidhi (DAN) is a scheme to provide financial assistance upto Rs. 1.5 lacs 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.

ELIGIBILITY:

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 3yrs (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 3yrs (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. A copy of National Food Security Card.
6. Photocopies of the treatment record.
7. 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 15.02.2017 till 31st March'2017:

DAN	NO. OF PATIENTS WHO WERE PROVIDED FINANCIAL ASSISTANCE	AMOUNT SANCTIONED
Total	48	26,82,880

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 01/04/2017 TO 31/03/2018

1. Payments made to hospital /diagnostic centres and chemist 160 crores.
2. 51 Additional centres empanelled under DGEHS resulting the total no.of empanelled facilities to 226.
3. Weeding out old and surplus records in the DGEHS branch.
4. Decided to do away with the referral /authorization for entitled dental treatment in empanelled dental centre/hospitals empanelled for dental facility.
5. Tender for chemist finalized for all 11 district for generic & branded medicines in various DGD.offer letter is yet to be Issued.

6. Printing of 25000 DGEHS medical facility cards along with index form.
7. Opinion/expert advice in file received from various department of GNCTD-1230 Proposal for smart card is under process.
8. Further improvement in DGEHS is under process.
9. Prior permission to the beneficiaries/empanelled hospitals provided -671.

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 S1, Dispensary building, School Block, Shakarpur, Delhi-92. 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.

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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.

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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. Counse.

Annual Report for the year 2017-2018 of Court Case Cell, DGHS (HQ)

Annual Years	No. of Case BFC					Total	New Case					Total	Decided					Total	Balance on or 31 March 2018, till date
	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		
2017-2018	10	19	25	08	33	95	00	16	08	01	25	50	04	04	10	02	03	23	122

CENTRAL STORE & PURCHASE

The activity undertaken by the store & purchase.

1. Store & Purchase Branch at DGHS (HQ) carries out procurement, storage and distribution of lab.consumable, general items, stationary items, furniture items, medical/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 between six Districts drug Stores for CPA medicines and surgical consumable items.
4. Procurement of immunosuppressive drugs for eligible EWS patients as per Grant in aid received from Delhi Arogya Kosh (DAK), DGHS (HQ).
5. Non CPA tender (General stationary items, lab.items, etc.) .
6. Co-ordination of functions and meetings of technical purchase committees and tender related activity.
7. Maintenance of central store for items concerned with store and purchase and also CPA buffer stock which is an additional task.
8. Stock Entries and maintenance of stock registers, entries of challans.
9. Entries of bills in stock registers.
10. Proper maintenance of cold chain of various laboratory consumables in central store.

The achievement of store and purchase branch for the year 2017-18

1. Management of store and 20% buffer stock of procured medicines through C.P.A for Delhi Govt. hospital and District Drug Store.
2. Procurement of medicines for patients from Delhi Arogya Kosh/ Delhi Arogya Nidhi.
3. AMC and CMC of lab-equipments, photocopy machines, inverters etc. installed in various offices and DGDs, running under DGHS, GNCTD including District Courts and High Court of Delhi DGDs.
4. Providing general items for Mohalla Clinics.

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.

In order to facilitate the proper treatment of the biomedical waste generated from Hospitals, dispensaries, smaller Nursing Home/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 Nilothe by the name SMS Water Grace BMW Pvt. Ltd.at Nilothe ,New. Delhi and M/s Biotic Waste Solutions Pvt. Ltd at G.T. Karnal Road, Delhi is functioning as per the authorization of Delhi Pollution Control Committee. Biomedical Waste is collected from Health Care Facilities in Delhi, transported and treated in these Common Bio-medical Waste Treatment Facilities (CBWTF) as per Bio Medical Waste Management Rules 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 BMW Management Rules 2016 and amendments thereof.
2. Reduction of health care waste induced infection/illnesses and patient safety.
3. Dissemination of the provisions of Acts and Rules to 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. Coordination with other agencies.

Basic data of Bio Medical Waste Management in Delhi.

Quantum of biomedical waste treated in Delhi : Approx. 24-25 Ton per day
(As per DPCC report)

No. of Healthcare establishments in Delhi : 4643 (based on applications received in DPCC)

No. of Delhi Government Hospitals : 38

No. of Delhi Govt. Dispensaries : 185 approx.

Seed PUHCs : 59 approx.

No. of Mohalla clinics : 165 approx.

Polyclinics : 25 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
2.	M/s SMS Water Grace BMW (P) Ltd	April 2011	SMS Water Grace BMW Pvt. Ltd., DJB, S.T.P., Nilothe, New Delhi-41	28.8 tons per day	South West Distt. West Distt. Central Distt. East, Shahdara, and North East Distt.
3.	M/s Biotic waste Solutions Pvt. Ltd.	October 2009	46, SSI Industrial Area, GT Karnal Road Delhi-110033.	36.4 tons	North Distt. North West Distt. New Delhi distt. South and South East Distt.

Achievements during the year 2017-18.

Trainings:-

The BMW Management Cell has been conducting regular trainings of all categories of health care workers from Delhi Govt. Hospitals and Districts of DGHS. Since training is an ongoing process to improve the skills and knowledge, all the Health care workers including doctors, nurses, paramedical staff etc. is to be trained as per Bio Medical Waste Management Rules 2016. The details of training programme conducted by Bio Medical Management Cell, DGHS during 2017-18 is given as under:

- Total No. Training Programme conducted during 2017- 18 -- 12
- Total No. of Health Care Workers trained including Doctors & Paramedical Staff. -- 640
- Budget allocated to all the Districts of DGHS from BMW Mgmt Cell, DGHS @ 50,000/- (Fifty Thousand Only) for each District for conducting Training Programme of Bio Medical Waste Management during the year 2017-18.
- **Meeting of Advisory Committee for Bio-medical Waste Management was held on 31st May, 2017, 29/11/2017 and on 06/02/2018** under the Chairmanship of Secretary (Health & Family Welfare) & Pr. Secretary in his Chamber at 9th Level, Delhi Secretariat, New Delhi-110 002 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.
- **District level monitoring committee** has been constituted in all districts of DGHS and approved by Secretary Health & Family Welfare. Meeting of all the CDMOs and Nodal Officers of BMW held on 13/11/2017 to review the working of District Level Monitoring Committee. District Level Monitoring Committee inspected 102 HCFs in Delhi during the year 2017-18 including Govt. Hospitals, Private Hospitals and DGDs.
- Bio Medical Waste Management Services extended to all **Aam Aadmi Mohalla Clinics/ AAMC in Porta Cabins** 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 2018 w.e.f. 01/01/2018 has been approved by the Competent Authority (Displayed on the website of Health & Family Welfare, GNCT of Delhi.)
- 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.
- Effluent Treatment Plant established in almost all the Delhi Govt. Hospitals as a part of Environmental Management Group.
- DGHS was actively involved in the State Level Conference on Bio Medical Waste Mgmt: Issues, Challenges, Awareness & Opportunities on 22/3/2018 organized by ASSOCHAM in collaboration with DGHS. Director General(Health Services) and Addl. Director (BMW) give special address in the said conference on Bio Medical Waste Management- Issues, Challenges, Awareness & Opportunities. Medical Supdt. of Delhi Govt. Hospitals and Nodal Officer (BMW) of the Districts of DGHS and Delhi Govt. Hospitals, GNCT of Delhi has participated in the State Level Conference organized by ASSOCHAM on 22/3/2018.

Awareness generation:

- Further, regular awareness activities are also being undertaken by the Biomedical Waste Management Cell, Directorate of Health Services through Print Media. Bio Medical Waste Management Awareness Message published in four leading News Papers of Delhi Edition on 31/10/2017 for awareness among health care workers and the general public at large in Hindustan Times, Nav Bharat Times, Pratap and Jan ekta.

Antiquackery Cell

- 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.
- Complaints regarding quacks received in this branch (Total No. Seventy Two approx.) has been forwarded to the respective CDMOs for necessary action.
- 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 2017-18.
- Delhi Medical Council has issued 120 Show Cause Notice to the illegal medical practitioner in Delhi and issued 80 Closure orders in respect of Illegal practitioners who were reported to be practicing allopathic system without holding any requisite qualification during the year 2017-18 in response to complaints received from Anti Quackery Cell, CDMOs etc regarding fake doctors.
- Awareness message published in four leading news papers of Delhi Edition on 30/9/2017 to generate mass awareness among general public & cautioning people about quacks.
- Awareness message published through Metro Panels (Inside Metro-Lower Panels) for one month w.e.f. 3rd January, 2018 to 2nd February, 2018 to generate mass awareness among general public cautioning people about quacks in Metro Line II (Samaypur Badli to Huda City Centre and Line III/IV Dwarka to Noida/Vaishali).

SKILL DEVELOPMENT CELL

The Skill Development Cell (SDC) was established in the month of March 2016 with the approval of competent authority. SDC was initiated with the intent of improving the skills of the Health care workers (HCW) posted in the various Health institutions of GNCTD.

The SDC initiated its activities w.e.f. 7th March, 2016 in DGHS (HQ).

AIMS

To inculcate the skills and update knowledge of all Health care providers (HCW) 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-

1. To assess the knowledge and basic core competencies of Health care workers (HCW) on latest trends in health care and provide need based training.
2. Increase the productivity of the Health care workers by continuous training.
3. To give Credit hours in Certificate essential for renewal of License of Nurses and Pharmacists
4. To establish skill lab in various hospital to impart training.
5. To Plan future strategy for continuing education for all HCW.

Achievements of Skill Development Cell (2017-2018)

Total 18 trainings were conducted by Skill Development Cell, DGHS and in total 635 health care workers trained on the above mentioned topics (mentioned in table-1)

Trainings cum Workshops held in 2017- 2018 (Table-1)

S. No	Date	Number of Participant attended the Workshop	Details of Training Workshop
1	13/4/2017	33	Workshop on “ Soft skills and vital signs measurement” for nursing officers
2	27/4/2017	44	Workshop on “Soft skills and management of medication” for Pharmacists
3	23/5/2017	11	Workshop on “Basic life support” for Doctors
4	24/5/2017	44	Workshop on “ Basic life support” for Nursing officers
5	12/6/2017	26	Workshop on “ Soft skills and vital signs measurement” for ANM
6	13/6/2017	38	Workshop on “ Soft skills and leadership” for Senior nursing officers
7	21/7/2017	44	Workshop on “ Oxygen therapy and Management of medication for Nursing officers
8	26/7/2017	26	Workshop on” Leadership ,Conflict management and Communication skills” for PHN
9	5/09/2017	45	Workshop on “ Oxygen therapy and Management of medication for Nursing officers
10	28/09/2017	21	Workshop on “ Training of Trainers” on BLS for Doctors and Nurses
11	27/10/2017	37	Workshop on “Patient safety goals” for nursing officers
12	31/10/2017	35	Workshop on “Quality Assurance and Patient safety” for Senior Nursing personnel
13	27/11/2017	39	Workshop on “Communication skills and Oxygen therapy” for Nursing Officers
14	18/12/2017	26	Workshop on “ Soft skills and Vital signs measurement” for ANM
15	19/12/2017	43	Workshop on “ Leadership, conflict management and communication skills” for Nursing officers
16	31/1/2018	33	Workshop on “ Basic Life Support” for Nursing officers at Maharaja Agrasen Hospital.
17	23/2/2018	35	Workshop on “Team Building,conflict and Stress Management” for Nursing officers
18	16/3/2018	55	Workshop on “Patient Safety Goals” for Nursing officers

Achievements of skill labs in 5 major Hospitals (LNH, DDUH, GTBH, BSAH, BMH) - Table 2

A total of 2323 HCW were trained in Skill Labs of five major Hospitals namely LNH, DDUH, GTBH, BSAH, BMH (mentioned in Table- 2).

Sl. No	Name of the institution	Name of the Training	Total number of HCW trained			Total
			Number of doctors trained	Number of nurses trained	Other HCW	
1	LNH	Workshop on Basic Life Support	31	38	-	69
2	DDUH	Workshop on Basic Life Support	24	-	-	24
3	BSAH	Workshop on Basic Life Support, Hand hygiene, BMW, Hospital Acquired Infection	287	553	275	1115
4	BMH	Workshop on BMW Management, Hand hygiene and Basic life support	140	90	50	280
5	GTBH	Workshop on Basic Life Support and Advanced Cardiac Life Support	594	235	6	835
Total Number of HCW trained			1076	916	331	2323

- Workshop for Training of Trainers was conducted on 28/09/2017 on “Basic Life Support” as per American Heart Association standards

Transplantation of Human Organ Act (THOA) Cell

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.

- State Level Authorization Committee meeting are 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.
- Reply of Parliament & Assembly questions.
- Redressal of complaints.

Continuing Medical Education (CME) Cell

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

CME Cell in the DHS has been established to achieve the above stated objective and to update the knowledge and skill of working medical and paramedical personnel in Delhi 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.

S.No.	Name of Training Programme	Participant
1.	54th Annual Conference of the Indian Academy of Paediatrics held on 19th – 22th January 2017 at Bengaluru., India.	1
2.	75th All India ophthalmological conference on 16 to 19 Feb. 2017at Jaipur, India.	1
3.	National Symposium on Violence Against Hospital Professionals at IMA House, ITO on 29 April 2017 New Delhi.	21
4.	Training Programme for Doctors on Quality in Healthcare and Patient Safety on May 05 & 06, 2017 at Department of Medical Education, MAMAC, New Delh	28
5.	Various training programme organized by UTCS	190
6.	Advance Nursing Carte Administration & Quality Management Programme (2017-18) organized by Academy of Hospital Administration	1
7.	“Training on Supply Chain Management Professional in Hospitals” to be held in IIHMR Delhi from July 17- 19, 2017 at IIHMR, New Delhi.	5
8.	7thAnnual National Conference on Scientific Updates on Zoonotic Diseases Control on 6th July 2017 to commemorate World Zoonosis Day at Ramalingaswami Board Room, AIIMS New Delhi.	9
9.	Six months Certificate Programme in Health Care Waste Management through distance education mode by “IGNOU”.	12
10.	19th National Conference on Pulmonary Diseases (NAPCON) 2017 to be held on 16/11/2017 to 19/11/17 at Hotel Science City, Kolkata.	2
11.	Training programme of Faculty/Specialist along with doctors for conduct of medical examination and recording of MLCs, death summaries and post mortem in cases involving sexual offences	100
12.	Advance Nursing Care Administration & Quality Management Programme (2017-18) at Academy of Hospital Administration (Institute of Health & Hospital Management, Training & Research) AHA House: C-56/43, Institutional Area, Sector-62, NOIDA-201 3013, UP	1
13.	CBRN Training programme on 02-04 Aug.	81
14.	CME on “Challenges in the Implementation of BMWM Rules, 2016 on 05th August, 2017 Lecture Theatre-1, VMMC Building	24
15.	Hindi Workshop	100

16.	7th International CME, Workshop & Conference on Cost Effective Use of Technology in e- healthcare to held from 11th - 13th September at Conference Hall JL Auditorium, AIIMS, New Delhi.	4
17.	Training Programme for Nurses on Healthcare Safety and Quality: Role of Nurses” on October 24-25, 2017 at MAMC	46
18.	Training workshop on “Enhancing Quality and Patient Safety”. Theme: Antibiotic Stewardship Programme to combat Antibiotic Resistance on November 27-28, 2017 at Centre of Excellence, BL Taneja Block, MAMC Hospital, New Delhi.	24
19.	Management Development Programme on violence against Medical Professionals and Legal issues in Healthcare Institutions from 27th to 29th November 2017 at IIHMR Delhi Campus	10
20.	National Conference on Bio Medical Waste Management” on 1st -2nd December 2017 at Bangalore .	26
21.	Paediatric Conference of North India PCNI 2017 & 1st National Conference on Research in Child Health on 22nd to 24th December 2017 at Hotel Pullman, Aerocity, New Delhi.	27
22.	DIAMOND ACADEMIA -2017- DMA Diamond Jubilee State Medical Conference on Sunday, 24th December 2017 at Hotel Lalit, New Delhi.	92
23.	Training Course on Leadership Development in the Health Sector at NIHFW, New Delhi.	2
24.	Training Course on Logistics and Supply Management System in Health & Family Welfare " on 18th - 22th Dec. 2017 at NIHFW.	8
25.	41st Annual Conference of India Association of Medical Microbiologists held on 22-26 Nov. 17 at Ranchi.	1
26.	National Conference on Safe and Sustainable Hospitals, SASH – 2018” scheduled on 20 – 21 January, 2018 at Shilpkala Vedika Madhapur, Hyderabad, Telangana organized by Academy of Hospital Administration along with Deptt. Of Hospital Administration, Nizams Institute of Medical Sciences, Hyderabad	14
27.	“Seminar on Safe & Secure Hospitals " on 12th January, 2018 at Hotel Ashoka, Chanakyapuri, Delhi	33
28.	Training programme “Hospital Administration” for Senior Hospital Administrators” on 5 th – 23 rd February 2018at NIHFW.	6
29.	Training Course on Occupational & Environmental Health” to be held on 05th - 09th Feb. 2018 at NIHFW	4
30.	“Third Maternal Fetal Medicine CME on Essentials of Fetal Medicine - Clinical on 10th Feb 2018 at MAMC, Delhi	30
31.	2nd Smart Nursing Conference 2018 to be held on March 2018 at NCUI Auditorium, New Delhi,	51
32.	Conference on Biomedical Waste Management: Issues, Challenges, Awareness & Opportunities" to be held on 22nd March 2018 at Hotel Le-Meridian, New Delhi	57
33.	Two days workshop on Leading Heath care Quality and Safety Improvement: Essentials for Managers to be held on March 5-6, 2018 at India Habitat Centre, Marigold Hall, Lodhi Road, New Delhi	15
34.	State Level Training Cum Seminar on Prevention of Violence against women” on 10th March, 2018 at Auditorium, NDMC Convention Centre, New Delhi	8
35.	National Conference on Urban Health” from 24-25 Feb, 2018 at International Institute of Health Management Research (IIHMR) Plot	6
36.	45th National IAPSM and 19th Joint State IAPSM -IPHA conference 2018 at Smt. Kashibai Navale Medical College & General Hospital, Narhe Pune from 09th to 11th March 2018	1
37.	State level workshop for dissemination of MR Campaign- National Operational Guidelines, 2017 at Conference Hall-Regal, First Floor, Hotel The Lalit, Barakhamba Avenue, Connaught Place, New Delhi-110001 on 20th-22nd March, 2018.	1

38.	MDP on Health Information held on 22-24 March at IIHMR, New Delhi	5
39.	Two day Healthcare Waste Management Conference-cum-Workshop on 26,27 March.2018 at India Islamic Centre, Lodhi Road, Delhi	17
	Total	1064

GRANT IN AID CELL

1. GIA amounting to Rs.5 Lakh was released in two instalments as per POA for out of pocket expenses to volunteers & supervisors of permanent First Aid Post, and Basic medicine and consumables. Refreshment to Volunteers at temporary First Aid Posts in the celebration of national days etc.
2. ESIC fund could not be released to ESIC due to lack of clarification to be submitted by ESIC to this office. Continued effort was made in the form of correspondence with ESIC for submitting clarifications.

RIGHT TO INFORMATION ACT 2005

District-wise reports in 2017-18

S.No.	Distt	Direct	Indirect	Transfer to other PIO/Deptt.	Fee	Addl. Fee
1	East	12	128	11	90	100
2	West	18	156	17	190	496
3	Central	8	127	0	90	0
4	Shahdara	9	131	4	90	3256
5	New Delhi	10	125	0	100	620
6	North	11	156	5	80	0
7	North East	19	117	7	200	616
8	North West	58	135	30	180	550
9	South	26	122	8	260	124
10	South East	5	97	26	50	30
11	South West	30	186	36	260	4408
12	MHS	0	25	0	0	0
13	SHS	3	19	0	30	0
14	DGHS	590	742	451	4835	352
	Total	799	2266	595	6455	10552
	Appeal total	119				

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 or Districts or 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. Staff /Manpower:-

CDEO	-01
LDC	-01
Peon	-01

Requirement of Staff:-

LDC	-01
UDC	-01
Peon	-Nil
4. 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.

Reports of PGMS in 2017-18

S.No.	Department	Total Received	Total Pending / Overdue
1	EWS Branch	265	0/0
2	MSNH	84	36/36
3	DGEHS Cell	130	00/00
4	DAN/DAK	89	0/0
5	CDMO North-East	79	0/0
6	CDMO North-West	109	0/0
7	CDMO West	55	0/0
8	Planning Branch	09	0/0
9	CDMO Central	62	0/0
10	CDMO Shahdara	33	0/0
11	CDMO South-West	47	1/1
12	CDMO New Delhi	12	1/1
13	CDMO East	27	0/0
14	CPA Branch	03	0/0
15	GRO	02	0/0
16	CDMO South	12	1/1
17	Hospital Cell	05	1/1
18	Admin Branch	06	2/2
19	BMW Branch	10	1/1
20	CDMO South-East	41	4/0
21	CDMO North	37	0/0
22	MHS	13	0/0
23	Caretaking Branch	11	0/0
24	Project Branch	2	0/0
25	PIO RTI DGHS	01	0/0
26	AD SHS	01	0/0
27	Anti Quackery Cell	01	0/0

28	Anti Smoking	02	0/0
29	PPP Dialysis	05	0/0
30	Store And Purchase Branch	2	0/0
31	Hospital Coordination Cell	1	0/0
32	Legal Cell	1	0/0
33	Leprosy Branch	1	0/0
34	PH Wing IV	05	0/0
35	STO TB Gulabi Bagh	1	0/0
	TOTAL	1164	47/43

DISASTER MANAGEMENT CELL (PH-II)

Disasters are known to strike without warning. The government, local bodies, voluntary bodies have to work in coordination & cooperation 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 of Health Services is implementing the plan scheme on Disaster Management as part of State Disaster Management Plan.

The existing guideline for provision of care in Medical Response & Trauma Care at three levels (Pre-Hospital Care, Transit Care, and Hospital Care) is in place.

Achievements during 2017-18

1. Training on Emergency Medical Response: Four hundred one (St. John Ambulance Brigade/ANM/ Lab assistant/Dresser/Nursing Orderly working in Health Centres & Hospitals under Government of Delhi were trained.

2. As part of medical rehabilitation of victims arising out of crisis situation in the past, the victims undergoing treatment are being provided with support for medical rehabilitation.

3. All the responding units are issued guidelines on regular bases to update the three arms of care for effective delivery of Medical Response & Trauma Care.

- Pre-Hospital Care
- Transit Care
- Hospital Care

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.

1. Monitoring & supervision of bi-weekly DT/HT clinic in all Hospitals under GNCTD.
2. Facilitation of field level screening/counselling on DT/HT
3. Training of human resource (ANM & ASHA) for Population Level Screening were undertaken in Central District
4. World Diabetes Day celebrated in all the Districts & Hospitals
5. Health promotion at multi level by distribution of education materials on Diabetes/Hypertension
6. Facilitation of opportunistic screening for DT/HT through Health Centres under GNCTD all over Delhi.

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

Diabetes / Hypertension report from Health Centre in the year 2017

	Diabetes	Hypertension
Asymptomatic cases screened during 2017	203601	223826
No. of Cases detected during 2017	30766	328008
Out of detected cases put on treatment at Health Centre	26091	24247
Out of detected cases referred to hospital	4583	5173

Diabetes / Hypertension Screening report from Hospitals in the year 2017

	Diabetes	Hypertension
Asymptomatic cases screened during 2017	43266	63445
No. of Cases detected during 2017	3952	4980
Out of detected cases referred to Diabetic Clinic	2681	2883

CANCER CONTROL CELL

Cancer Control Programme is a State Programme of Department of H&FW, GNCT of Delhi & is being implemented under Directorate of Health Services, GNCT of Delhi.

AIMS:-

To reduce the number of cancer cases and deaths and improve quality of life of cancer patients.

OBJECTIVES:-

1. Implementation of Preventive, Promotive and Early detection activities pertaining to common cancers on a regular basis with ultimate aim of down staging of the commonly occurring cancer.
2. Establishment of adequate diagnostic and treatment facilities for cancer in Delhi.
3. Palliative care for cancer patients in Delhi.

The major components of the programme are as follows:-

- Primary prevention of cancers through awareness/IEC activity through different media like advertisement by hoarding, in metro panels/station, F.M.Radio, newspaper, rent free hoardings sites etc.
- Secondary prevention i.e. early detection & diagnosis of cancer through establishing/strengthening the cancer screening centre and training of Doctors/Nurses in Delhi Govt. Hospitals. A palliative care policy for Govt. of NCT of Delhi is being prepared for terminally ill patients.

Achievements in the financial year 2017-18:-

i) Training of Doctors and Nurses: -

Training programmes conducted for the Doctors and Nurses from the Hospitals & Dispensaries of GNCTD regarding "Primary prevention, early detection and diagnosis of cancer especially regarding Oral, Breast and Cervical Cancer".

- No. of trainings /workshops at DGHS, HQ = 11
- No. of Doctors trained in said training = 211
- No. of Nurses trained in the said training = 154
- In addition of above 01 training programme was conducted in collaboration with ASSOCHAM wherein 29 Doctors attended training regarding "National Congress on Cervical Cancer".
- Awareness/lecture delivered to nearly 1,000 NCC cadets regarding Cancer prevention.

ii) Awareness through IEC Activities:-

a) Through Metro Train:-

- Dissemination of Cancer prevention, awareness and early detection messages through inside panels of Metro for the period of 01 month from 08/11/2017 to 07/12/2018 (450 panels).
- Dissemination of Cancer prevention, awareness and early detection messages through inside panels of Metro on the occasion of "World Cancer Day" for the period of 01 month from 30/01/2018 to 01/03/2018 (600 panels).

b) Through Hoardings:-

- Dissemination of Cancer prevention, awareness and early detection messages through 210 hoardings at rent free sites for the period of 03 months from 06/11/2017 to 06/02/2018.

c) Newspaper:-

- Dissemination of Cancer prevention, awareness and early detection messages through Newspaper on the occasion of World Cancer Day published on 04th Feb'2018.

d) F.M.Radio:-

- Dissemination of Cancer prevention, awareness and early detection messages through F.M.Radio on the occasion of World Cancer Day for one week from 03/02/2018 to 09/02/2018.

e) Banners:-

- Supply of Banners regarding Cancer prevention, awareness and early detection on the occasion of World Cancer Day in the Hospitals & Dispensaries of GNCTD.

- iii) Establishment/Strengthening of Cancer Screening Centre in about 20 Hospitals of GNCTD, once in a week i.e. Friday especially for Oral, Breast and Cervical cancer.
- iv) Appointment of Nodal Officer for CCP in the Hospitals & CDMO District level.
- v) Observation of Cancer Awareness Week on the occasion of World Cancer Day from 05th Feb'18 to 10th Feb'18 in the Hospitals & Dispensaries of GNCTD.
- vi) Prepared report with details of persons under treatment/suffering from cancer in entire Delhi (District wise) at present and no. of persons died in entire Delhi (District wise) from 01.05.12 to 31.05.17 as per the directions of CBI in reference of Investigation of case RC-DST-2017-A-020, CBI, STF, New Delhi-Reg.
- vii) Prepared draft of Palliative Care Policy of Govt. of NCT of Delhi.
- viii) Submitted PIP to establish 50 bedded Palliative Care Wing in 02 Hospitals of GNCTD i.e. Satyawadi Raja Harish Chandra Hospital & Rajiv Gandhi Super Speciality Hospital to DSHM.

NATIONAL LEPROSY ERADICATION PROGRAMME: DELHI

Epidemiological Scenario:

The state has achieved the goal of elimination of leprosy (i.e., Prevalence rate of less than 1 case/10000 population) in 2017-18 (0.88). There were 1691- leprosy cases on record as per latest available status (March 2018). Trend of few important indicators since 2013-14 is given below:

Indicators	2013-14	2014-15	2015-16	2016-17	2017-18 (Specify the Moonth)
New cases detected	1145	2280	2068	1812	1580
Child among new cases (percentage)	6.26	5.21	5.36	3.97	4.3
Grade II disability among new cases (percentage)	13.1	16.9	14.2	14.7	13.98
-Grade II disability amongst new child cases	3	10	8	5	2
RCS conducted for disability correction	88	76	107	111	129

If percentage of Grade II disability amongst new cases detected, is more than XII FYP target i.e., (1.98%), what action have been taken for early case detection of all leprosy cases in the community? – Last year LCDDC was planned in all districts of Delhi, however it could not be conducted as funds were not released. This year too LCDDC has been planned subject to availability of funds.

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

- No. of patients lined up to undergo RCS during 2017-18: - 150
- No. of patients undergone RCS during 2017-18: - 129
- No. of patients paid welfare allowance during 2017-18: - 58
- No. of patients require MCR footwear: - 199
- No. of MCR footwear procured & distributed during 2017-18: - 765

Involvement of ASHA in 2017-18:

- Total No. of ASHA in State :- 5161
- No. of ASHAs trained in leprosy during 2017-18 :- 869
- No. ASHAs paid incentive on confirmation/completion of treatment in 2017-18 :- 4

IEC activities undertaken in 2017-18:

Activities through Health Centers, Hospitals: The Health Centers (DGHCs, Seed PUHCs, etc), Hospitals all over Delhi actively participated in SLAC-2017, through IEC activities like Health Talks for Staff/ Patients/ Visitors, Group discussions & Distribution of Pamphlets/ Literatures.

Munadi : Munadi organized, covering areas with the aim to create awareness amongst the general public about Leprosy patient identification, treatment and to bring identified leprosy patient to MOI/C, concerned Health Center.

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

Training conducted in 2017-18:

S.No.	Category	In position	No. of personnel who are not provided any training for NLEP during last three years.	No. trained during 2017-18
1.	Medical Officer	647	271	Nil
2.	Health Supervisor	116	36	Nil
3.	Staff nurses	287	240	Nil
4.	Pharmacists	1047	218	Nil
5.	ASHA	5161	869	Nil

Leprosy Colony

- No. of leprosy colonies : 35 (Including 29 small registered colonies under Tahirpur Complex)
- No. of PAL residing and total no. of inhabitants : 2563/12029
- No. of visits paid by Medical staff : Twice a Week

Supervision & Monitoring

- No. of Field Visits undertaken by State Leprosy Officer 2017 – 18 : 31
- No. of Field Visits undertaken by State Leprosy Consultant in 2017 – 18 : NA
- No. of Field Visits Undertaken by NLEP consultant in 2017 – 18 : 58
- No. of Review Meetings of District Leprosy Officers held in 2017 – 18 : 3

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

	HR category	Sanctioned	In Position	Shortfall
Contractual staff at State level	SLC	1	0	1
	BFO	1	0	1
	NMS	1	0	0
	AO/Admin.assistant	1	1	0
	DEO	1	1	0
	Driver	1	0	1
Contractual staff at District level	DLC	2	0	2
	Physiotherapists	2	2	0
	NMS	11	8	3
Contractual staff at Block level	LA	10	10	0
	Block PHC PMW	6	4	2
	Urban unit PMW	0	0	0

Details of NGO

Sl. No.	Name of the NGO (with complete Address, Phone no. & email ID)	Grant in Aid	Remarks
1.	Netherlands Leprosy Relief India ,Flat No.101, Tower Y – 5, Yamuna Apartments, Sector – D, Pocket – 6, Vasant Kunj, New Delhi – 110 07 Ph.: +91 11 26898467 / 2689847, Fax: +91 11 26898467 E mail: info@nlrindia.org Web: www.nlrindia.org	Nil	No funds were approved/released by GOI under NGO Scheme
2.	Damien Foundation India Trust Margaret Leprosy & TB Hospital A-25-27, Qutab Vihar Phase – I, Goyela Dairy Main Road, Near Police Check Post, New Delhi -110071 Ph: 011 – 65492609, 92133 74344 email: admindelhi@damienfoundation.in	Nil	No funds were approved/released by GOI under NGO Scheme
3.	THE LEPROSY MISSION HOSPITAL ROAD NO:69 NANDNAGRI DELHI-93 Ph: 9810662896 Email-tlmshahdara@tlmindia.org	Nil	No funds were approved/released by GOI under NGO Scheme
4.	German Leprosy and TB Relief Association – India Address: Old No.4, New No.94 Gajapathy Street, Shenoy Nagar, Chennai-600300, India. Tel (Chennai) : 04426643724/3184/2999, Tel (Delhi) : 011-43060990 Email ID (Chennai) : centraloffice@glra.org Email ID (Delhi) : Rajbir@glraindia.org , nrsglra@gmail.com	Nil	No funds were approved/released by GOI under NGO Scheme
5.	Lepira India, Society room no. Guru Gobind Singh Govt Hospital, Raghuvir Nagar, Delhi-27 Email ID: sonia@leprahealthinaction.in , : indranil@leprahealthinaction.in Ph:09958005968,	Nil	No funds were approved/released by GOI under NGO Scheme
6.	Hind KushtNivaran Sangh, 1 Red Cross Road, Red cross Building, New Delhi -01	Nil	Corpus Fund directly released to HKNS
7.	Hind KushtNivaran Sangh Delhi Branch, Rama Krishan Ashram Marg, New Delhi-110001	Nil	No funds were approved/released by GOI under NGO Scheme
8.	Co-Lepira (Coordination Committee for Welfare of Leprosy Patients) Basti Vikas Kendra, Bheemnagar, near DTC Depot Nangloi, Delhi PIN : 110041 District west Telephone: 011 25964315 E-Mail ; coleprasociety@yahoo.co.in Mr.K.K. Batra, General Secretary Ph. No. 9811233765)	Nil	No funds were Approved/ released by GOI under NGO scheme

Summary findings and learnings from SparshLeprosy Awareness Campaign, 2018:

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

- Pledge Ceremony: Pledge ceremony was held in DGHS and Inaugurated by Worthy DGHS.
- Pledge Ceremony for SPARSH Awareness Campaign was held at SLO Office Delhi

- A Pledge ceremony has taken place in all, Office of CDMO / DPMU Office Health Centers, hospitals, DC offices under all the 11 districts of Delhi on 30th January 2018.
- Essay competition on Leprosy among school children in Delhi and Prize distribution ceremony.
- Health Talks for Staff/ Patients/ Visitors, Group discussions & Distribution of Pamphlets/ Literatures.
- Orientation Training to School Health Scheme Medical staff at Govt. School, Medical staff were given by participation in various educative activities
- Orientation Training to Pvt. School Teachers at Govt. Sr. Sec. School
- Health Talks given by NMS & PMW in presence of CDMO/MD, MO/Ic in DGD's, Leprosy Colony during Leprosy Fortnight.
- Pamphlet Distributed to general public during Leprosy Fortnight activities (School orientation, munadi, HF's & Masjid in all the 11 Districts of Delhi).

Munadi:

Munadi organized, covering areas with the aim to create awareness amongst the general public about Leprosy patient identification, treatment and to bring identified leprosy patient to MOI/C, concerned Health Center.

Banners:

Displayed in DM office, CDMO office, DPMU Office, Hospitals & Leprosy Colonies of Delhi.

Summary findings for action taken for Grade II disability case investigation in the community.

1. RCS done through DFIT, Goyla Dairy and TLM
2. ASHAs/other staff trained during Sparsh Leprosy awareness campaign 2017 for early diagnose & treatment.
3. Nodal Officer of Hospitals Skin HOD identified for any management of complications of Leprosy cases.
4. Capacity building by Training to DLOs at TLM Naini and other trainings
5. Carrying out the GOI innovation of Grade II Disability case interview

Proper referral, counseling of patients, regular follow up, provide selfcare kit, refer to hospital for physiotherapy / RCS as requirement of patient.

Issues and challenges including involvement of General Healthcare System (GHCS) in NLEP management:

- NLEP shortage of Manpower against the Sanction Post
- Discontinuation of the post of Leprosy Assistants
- Delayed ROP Approval from higher authorities
- Computers & Data Entry Operator is not available under NLEP.
- Funds for IEC was not adequate.
- Delayed or non- release of funds for activities as in LCDC, Training and RCS

Districtwise information of NLEP as on 2018:

S. NO	Name of District	Estimated population	Total New Cases 2017-18	ANCDR /100000	Total Grade-11 disabled cases 2017-18	Percentage of Gr.11 against new cases	Balance cases as on 31/3/2018	PR/10000
1	East	1068675	74	4.43	2	2.7	64	0.83
2	Shahdara	1266776	323	25.5	53	16.4	403	3.18
3	North East	1575263	13	0.83	2	15.38	14	0.09
4	North	1605007	39	2.43	1	2.56	37	0.23
5	North West	2566171	180	7.01	18	10	182	0.71

6	West	2892066	196	6.78	37	18.87	170	0.59
7	South West	1556820	30	11.93	7	23	29	0.19
8	South	1409030	129	9.16	42	32.55	136	0.97
9	South East	1713993	49	2.86	0	0	45	0.26
10	New Delhi	1214715	402	33.09	32	7.96	445	3.66
11	Central	1670281	145	8.68	27	18.62	166	0.99
	State- Delhi	19138797	1580	8.26	221	13.98	1691	0.88

District Wise Information as on 2016

S. No	Name of District	S.NO.	Name of Urban locality	Estimated Population of locality March 2018	Total New Cases 2017-18	ANCDR /100000	Balance Cases as on 31/3/2018	PR/10000
1	East	1	East	1668675	74	4.43	64	0.83
2	Shahdara	2	Shahdara	1266776	323	25.5	403	3.18
3	North East	3	North East	1575263	13	0.83	14	0.09
4	North	4	North	1605007	39	2.43	37	0.23
5	North West	5	North West	2566171	180	7.01	182	0.71
6	West	6	West	2892066	196	6.78	170	0.59
7	South West	7	South West	1556820	30	11.93	29	0.19
8	South	8	South	1409030	129	9.16	136	0.97
9	South East	9	South East	1713993	49	2.86	45	0.26
10	New Delhi	10	New Delhi	1214715	402	33.09	445	3.66
11	Central	11	Central	1670281	145	8.68	166	0.99
	State- Delhi	12	State- Delhi	19138797	1580	8.26	1691	0.88

Information on New Child Cases with disability

S. NO	Name of District	Total New Cases Detected	New Child Cases		No of New Child Cases with disability		Remarks
			Number	Proportion new cases	Grade-I	Grad-II	
1	East	74	3	4.05	0	0	
2	Shahdara	323	25	7.73	0	0	
3	North East	13	0	0	0	0	
4	North	39	1	2.56	0	0	
5	North West	180	5	2.77	0	0	
6	West	196	9	4.59	0	2	
7	South West	30	0	0	0	0	
8	South	129	3	2.32	0	0	
9	South East	49	1	2.04	0	0	
10	New Delhi	402	12	2.98	0	0	
11	Central	145	9	6.2	0	0	
Total of State /UT		1580	68	4.3	0	2	

Health Mela

Objective:-

1. Generating awareness regarding various health programmes run by Government.
2. Participation in various health melas/parades.
3. Conducting various IEC activities.
4. Procurement of IEC Materials.
5. Showcasing the various schemes and achievements of Health Department

Physical Targets & achievements for Annual FY 2017-2018:-

1. Participation in various health melas/parades/public function.
 - A. Launch of Free Surgery and Investigations Scheme for citizens of Delhi at Talkatora Stadium
 - B. Dengue, Chikungunya, Malaria, Advocacy programme held at Thyagraj Stadium.
 - C. Govt. Achievements Expo at Pragati Maidan
 - D. IITF at Pragati Maidan
 - E. MTNL Perfect Health Mela
 - F. Meri Dilli Utsav
2. IEC activities and Procurement of IEC Materials at the above mentioned venues.
3. Interdepartmental involvement to showcase the various health schemes and programmes ex. Meri Dilli Utsav.

STATE AWARD SCHEME

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

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

The award seeks to recognize work of any distinction and is given for distinguished and exceptional achievements/service in all fields of activities/disciplines, such as Medicine, Social Work, medical research, Public health, etc.

There ought to be an element of public service in the achievements of the person to be selected. It should not be merely excellence in a particular field but it should be excellence plus.

All Government Doctors and paramedical staff who fulfil the criteria without distinction of race, occupation, position or sex are eligible for these awards.

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

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

The criteria of selection to the award were as under:

1. Meritorious/extraordinary work in the field of healthcare/ health promotion/ social service/ health research/ public health.
2. 15 years or more regular service under GNCT Delhi, MCD or NDMC.
3. Vigilance Clearance and Annual confidential report/Work & Conduct report of the candidate.
4. Recommendations from Head of the department.
5. Vigilance Clearance and Annual confidential report/Work & Conduct report of the candidate.
6. Representation to different institutions, weaker sections.
7. 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 General of Health Services – Convenor

The number of awards conferred so far:

Year	No. Of Doctors	No. of Paramedical staff
1997-98	20	
1999-00	19	
2000-01	20	
2001-02	19	
2002-03	25	
2003-04	15	
2004-05	20	
2007-08	19	50
2008-09	20	49
2009-10	22	49
2010-11	21	47
2011-12	20	50
2012-13	20	31
2013-14	19	30
Total	261	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, SwasthyaSewaNideshalaya Bhawan, F-17, Karkardooma, Delhi-110032. State awards for the year 2014-15 are likely to be conferred shortly.

SILICOSIS CONTROL PROGRAMME

Silicon Dioxide or Crystallized Silica causes fine levels of dust to be deposited in the lungs. The lungs react in several ways. They get inflamed, create lesions, and then form nodules and fibroids. There are no perceivable symptoms for a numbers of years. Silicosis is difficult to diagnose at its onset. Silicosis has no cure and is irreversible once the lungs are damaged.

Currently, awareness and government regulations are resulting in fewer new cases of silicosis. Unfortunately; many newly industrialized countries skimp on the cost of prevention at the expense of their workers. These countries will expectedly see a rise in contraction of silicosis until they implement the guidelines protecting their workers.

Objectives:

1. Reduction of new cases of Silicosis in Delhi.
2. Capacity building of health care personnel

3. Strengthening of diagnostic facilities in health care institutions
4. Awareness generation in the community through IEC/BCC activities specially silicosis prone area.
5. Clinical care and rehabilitation of silicosis affected people in collaboration with social welfare and urban development department

Programme Specific Coordination Required from Agencies:-

1. Labour department as it is a compensable occupational disease, it needs close coordination with the labour deptt for awareness, compensation and regulation.
2. Revenue Department – For compensation matters and rehabilitation measures.
3. NGOs – NGOs working in the field of labour welfare and occupational disease can be a huge support in creating awareness of the preventable nature of the disease and achieving a common goal for the population effectively.
4. International agencies for support and capacity building.
5. Social Welfare to coordinate for beneficial schemes and rehabilitation of the affected workers.

Activities 2017-18

- Compensation was provided to next of kin of 15 cases of Silicosis who had died by Delhi Govt.
- A draft of Silicosis compensation and rehabilitation is under consideration.
- A panel was constituted comprising of consultants of NITRD for confirming cases of Silicosis and suspected cases
- Information of 20 more cases confirmed with Silicosis diagnosed at NITRD was sent to the Labour Commissioner Delhi
- A screening camp for Silicosis at Chattarpur Construction Site was conducted
- IEC activities at various Health Melas

NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY

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, Neural 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 Clinics for Senior Citizens are running in 17 hospitals under Delhi Government Hospitals except super speciality and maternity & child hospital. These Clinics are multispeciality with facilities of lab, X Ray & Ultrasound at selected hospitals. From April 2017 to March 2018 around 86040 Geriatrics patients attended Sunday Clinics in all Delhi Govt Hospitals

3. Daily Geriatric Clinic: for senior citizens is running in 12 hospitals. The number of senior citizens attended in FY 2017-18 are 272448
4. Provision of Separate Queues for Senior Citizens at OPD, Pharmacy, Diagnostic Facilities etc. Has been established.
5. Senior Citizen Help Desk in most Delhi Government Hospitals has been set up at OPD.
6. Designated Nodal Officer exist in hospitals to address the grievances.
7. It has also been provisioned that inmates of various Old age home to be attended on priority in each hospital.
8. 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.
9. Training of Medical / Para medical staff on Geriatric Health care so that senior citizens can be attended with care and on priority basis.
10. 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.
11. Public was sensitized about the various facilities provided to senior citizens in Delhi Govt. Hospital.
12. 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) along with daily Geriatrics Clinic . All the medicines, Consumables & Lab / Other investigations are being provided free of cost to all.
 - 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 coordination with the Medical Officer – In –Charge of the ward. The NPHCE (National Prog 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 equipment and medicines which hospitals fails to provide but is essential for the management of these senior citizen patients admitted on these reserved beds.

National Programme for Prevention and Control of Deafness (NPPCD)

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; this places the estimated prevalence at 6.3% in Indian population. As per NSSO survey, currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss (NSSO, 2001). Of these, a large percentage is children between the ages of 0 to 14 years. With such a large number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss.

Types of deafness

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

Complications of not Treating:

If left untreated.

Auditory Impairment → Reversible Deafness → Irreversible Deafness

OBJECTIVES OF THE PROGRAMME

- To prevent the avoidable hearing loss on account of disease or injury.
- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- To medically rehabilitate persons of all age groups, suffering with deafness.
- To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
- To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.
- To make the public aware about injuries and ear diseases that cause severe or profound hearing loss through IEC activities

Programme Specific Coordination Required from Agencies:-

1. Coordination with Other Health Deptts like Mobile Health Scheme for screening among target population like screening for deafness at construction sites, senior citizen homes and other underserved population.
2. NGOs – NGOs working in the field of Ear care can be a huge support in achieving a common goal for the population effectively.
3. International agencies for support and capacity building.
4. Social Welfare to coordinate for beneficial schemes and rehabilitation of the hearing impaired.

The cases reported during 2017-18 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	74	60	206	219	948	1090	337	317	1565	1686
2	Moderate	64	107	233	228	1145	1176	787	604	2229	2115
3	Severe	44	31	124	144	405	355	461	437	1034	967
4	Profound	62	39	95	103	287	193	134	155	578	490
Total		244	237	658	694	2785	2814	1719	1513	5406	5258

Tympanogram 335

Hearing Aid Trial 867

Number of Surgeries Performed:-

S.No	Surgery	Male	Female	Total
1	Myringoplasty	96	134	230
2	Tympanoplasty	144	220	364
3	Myringotomy	25	19	44
4	Grommet Insertion	15	21	36

5	Stapedectomy	5	9	14
6	Mastoidectomy	69	74	143
Total		354	477	831

Referrals: No of cases referred during 2017-18 are as follows :

Sl. No	Reffered For	Upto 15 years		15-50 years		>50 Years		Total	
		Male	Female	Male	Female	Male	Female	Male	Female
1	Number of hearing aids fitted	243	200	247	225	182	199	672	624
2	No. of persons referred for rehabilitation	246	288	145	154	133	180	524	622
3	Speech	310	169	71	21	6	1	387	191
4	Counseling	203	107	71	17	15	3	289	127
Total		1002	764	534	417	336	383	1872	1564

FLUOROSIS MITIGATION PROGRAMME

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

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

In 2008 – 2009, Ministry of Health and Family Welfare, Govt. of India launched a National Programme for Prevention and Control of Fluorosis.

In Delhi, the Fluorosis mitigation program works for the prevention and control of Fluorosis.

The Objectives of the Fluorosis Mitigation Program, Delhi are

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

Programme Specific Coordination Required from Agencies:

1. Coordination with Other Health Deptts like School Health Scheme and Mobile Health Scheme for screening among target population of children and in underserved areas . Dental Departments in Hospitals are major components for treatment and detection.
2. NGOs – NGOs can be a huge support in achieving a common goal for the population effectively by creating awareness and detection of problem areas.

3. Jal Board-For regular analysis of fluoride in water levels.
4. International agencies for support and capacity building.
5. Social Welfare to coordinate for beneficial schemes and rehabilitation of the fluorosis induced disabilities.

Activities in the year 2017-18:

A two day State Level Workshop on Fluorosis was organised in February 2018 for capacity building of Delhi Govt. Health personnel at DGHS, GNCTD Karkardooma.

A total of 100 participants were trained.

The directorate also participated in the Delhi Smile Utsav and awareness was disseminated on Fluorosis at the Utsav on Fluorosis through Health Talks and IEC material display.

TOBACCO CONTROL PROGRAMME

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 As Per Data Of Gats1 (2009-10) & Gats 2 (2016-17).

1. Tobacco Products have 7000 deadly chemicals and among these toxic chemicals, 169 are known carcinogen.
2. Every year in the world, around 60 lakhs people die each year due to Tobacco Use and in India; Tobacco is responsible for 10 lakh deaths per annum.
3. India has highest number of oral cancer in the world and 90% of all oral cancer is due to tobacco habit.
4. 40% - 50% of all Cancer cases in India are due to Tobacco use.

COMPARISON OF DATA DELHI VS INDIA AVERAGE FROM GATS-1 TO GATS- 2 HIGHLIGHTS

Sl. NO.	PARAMETER	GATS 1 (2009-2010) (%)		GATS 2 (2016-2017) (%)		IMPACT %	
		Delhi	India	Delhi	India	Delhi	India
A)	TOBACCO USE						
1	Prevalence of tobacco use	24.3	34.6	17.8	28.6	6.5% reduction	6 % reduction
2	Prevalence of tobacco use among minors (15-17 Years)	0	10	0	4	No User status maintained	6 % reduction
3	Current Tobacco Smokers	17.4	14	11.3	10.7	6.1% reduction	3.3% reduction
4	Daily Tobacco smokers	16.4	10.7	7.8	8.6	8.6% reduction	2.1% reduction

5	Current Cigarette Smokers	9.9	5.7	4.9	4	5% reduction	1.7% reduction
6	Current Smokeless Tobacco users	10.5	25.9	8.8	21.4	1.7% reduction	4.5% reduction
7	Daily smokeless tobacco users	10	21.4	6.5	18.2	3.5% reduction	3.2% reduction
8	Current Gutkha users	8.2	8.2	3	6.8	5.2% reduction	1.4% reduction
B)	CESSATION						
9	Current smokers who planned to or were thinking about quitting	33.2	46.6	79.5	55.4	46.3% increase	8.8% increase
10	Smokers who made a quit attempt in past 12 months	12.4	38.4	45.7	38.5	33.3% increase	0.1% increase
11	Current smokeless tobacco users who planned to or were thinking to quit	24.5	45.2	74.5	49.6	50% quit	4.40%
12	Smokeless tobacco users who made a quit attempt in past 12 months	8.3	35.4	48	33.2	39.7% increase	2.2 % decrease
C)	SECOND HAND SMOKE						
13	Adults exposed to tobacco smoke at workplace	24.4	29.9	20.4	30.2	4% decrease	0.3% increase
14	Adults exposed to tobacco smoke at home	61.7	52.3	38.4	38.7	23.3% decrease	13.6% decrease
15	Adults exposed to tobacco smoke at any public place	32.4	29	28	23	4.4% decrease	6% decrease

B. Helpline numbers:

For complaints Toll Free 1800 11 0456

National Tobacco Quit line Toll Free 1800 11 2356

To Quit give Miss Call from your Mobile at 01122901701

For All Kind of Tobacco Control Help e-mail: ntcpdelhistate@gmail.com

C. Major activity 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. This is on voluntary mode only. We publicized this concept to government / private offices/Departments and various social medias. Apart from this, Intensive Awareness & Enforcement Drives are being conducted throughout Delhi on this day. Every month a different theme is used and particular population is targeted for awareness cum enforcement drive under various sections of COTPA, 2003. Observing this day as No Tobacco Day every month in last 5 years is responsible for major reduction in Tobacco prevalence and increased quit attempts in last 6 years as per GATS-2.

2. TOBACCO FREE DELHI INITIATIVE:

A campaign to Make Delhi Tobacco Free has been initiated with the aim to make Delhi, Tobacco Free

Capital of India in phase manner. The main focus stakeholder departments are Delhi Police, Transport, Education and Health. Other departments will also be included gradually. The following activities has been focused under this initiative-

- Display 'Tobacco Free Zone' board at the entrance of boundary wall in Hindi & English languages.
- Display of 'No – Smoking Signage' along with 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 / Taxis / 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.

The stories of efforts of STCC & Dr. Arora were carried by Reuters news agency, E Governance & India Legal Magazines apart from other media groups.

3. DLCC

- State cell has done lot of efforts in getting the District Level Coordination Committee constituted in 8 districts in this year. Thereby, the programme implementation has further strengthened at district level.
- DLCC meetings have also been held under the chairman ship of DM/DC for 8 districts with the efforts of STCC. Dr. SK Arora sensitized all the stakeholders in these meetings towards tobacco control activities.

S. No.	DATE	DLCC MEETING
1.	06/07/2017	Central District DLCC- Sensitization of stakeholders in Central District held under chairmanship of DM , Central District in DM Office, Daryaganj, Delhi
2.	16/08/2017	Shahdara District DLCC- Sensitization of stakeholders in Shahdara District held under chairmanship of DM , Shahdara District in DM Office
3.	19/01/2018	East District DLCC- Sensitization of stakeholders in East Distt. held under the chairmanship of DM East Dist at DC/DM office
4.	22/01/2018	New Delhi DLCC- Sensitization of stakeholders in New Delhi Distt. held under the chairman ship of DM, New Delhi Distt.
5.	31/01/2018	South West DLCC- Sensitization of stakeholders in South West Dist. held under the chairman ship of Deputy Commissioner(Revenue) at kapashera New Delhi
6.	22/02/2018	North West Dist DLCC- Sensitization of stakeholders in North West Dist. held under chairmanship of DM, North West Distt. at DM Office Kanjhawala
7.	9/03/2018	West Dist DLCC- Sensitization of stakeholders in west district held at DM office under chairmanship of DM West
8.	19/03/2018	South East Distt. DLCC- Sensitization of stakeholders in SE distt. held in the Office of District Magistrate(South-East), under the Chairmanship of District Magistrate South East District

4. Awareness / Sensitization Meetings:

As per Tobacco free Delhi Initiative sensitization programmes held in Health, Education, Transport, Police, other Deptt & communities. In total 1929 such programme were conducted & approx 57870 people were sensitized on tobacco control issues.

5. Training Programmes

Training of Trainers programmes held	-13
Review Meeting	- 7
Training Workshops	- 34
Meetings on Cessation Prog.	- 13

6. School Health Programme :

TOBACCO FREE SCHOOL/Educational institute INITIATIVE- Tobacco Free School Initiative has been started under the umbrella of Tobacco Free Delhi Initiative and till date 1448 schools have been declared Tobacco Free. Efforts are being made to make all schools tobacco free premises by implementing 5 parameters namely identified nodal officer, mandatory display of Tobacco Free Zone Boards and No Smoking Signage, Constitution of Tobacco Free Committee, prohibition of Tobacco sale within 100mt radius of any Educational institute along with periodic awareness activities and Ensuring Tobacco Free Status. STCC is also regularly communicating with CBSE/ NCERT to incorporate a chapter / topic on Tobacco control issues in the course curriculum of CBSE for 6th – 12th standard students but final outcome is yet awaited.

Training workshop of schools:

- South West Distt.- Training workshop of principals of around 176 schools (govt/pvt/aided) of south west district was done by Dr. S.K Arora under tobacco free educational institutes initiative
 - West Distt.- Training workshop of principals of around 130 schools (govt/pvt/aided) of west district was done by Dr. S.K Arora under tobacco free educational institutes initiative.
 - Central Distt.- Training workshop of teachers & nodal officers of 190 schools for tobacco free school committee of central district was done by Dr. S.K Arora under tobacco free educational institutes initiative.
 - North West Distt.- Training/workshop of teachers & nodal officers of 150 Govt/Pvt schools of North West Dist done by Dr. S.K Arora at Dr. BSA Hospital, Rohini
 - Guest Lecture Delivered by Dr. SK Arora in GD Goenka Public School, Red Roses School and Green Valley school.
 - Awareness cum sensitization programme on tobacco control was delivered by Dr. SK Arora at 19th annual cultural festival “ANUGOONJ-2018” GGIP in which number of people sensitised were around 15000 and anti tobacco oath was taken by 15000 students and staff.
7. Around 40 enforcement officers of NDMC of Health, Education deptt. & Health inspectors were trained by Dr. S.K Arora in enforcement procedures under NTCP on 28th Feb 2018

8. Unique initiative of Delhi state Tobacco Control Cell:

- a. Observing dry day for tobacco on last day of every month through an extensive awareness cum enforcement drive (unique in country). This concept has been adopted by Rajasthan Government also. This No Tobacco Day celebration in every month is responsible for drastic reduction in Tobacco prevalence in Delhi and increase in quit attempts as per GATS-2.

- b. tobacco free delhi initiative in four departments- health, police, education and transport for last 5 years.
- c. “1For1” campaign to help tobacco user quit tobacco habits by adopting one tobacco user was started in Delhi. In this regard communication was sent to all stakeholder depts (Health, Education, Transport, Police, MCD, Food Safety), however education dept. has accepted & endorsed this campaign to all the schools in delhi which is a great achievement for the state.
- d. Ban on gutkha in Delhi since sept. 2012
- e. Ban on chewable tobacco in delhi state since march 2015
- f. Ban on sale of loose cigarette
- g. All hookah bars are declared illegal and instructions have been issued for its strict prohibition through Delhi Police and MCD. Instructions have also been issued for MCD & Delhi Police to cancel the licenses of those eateries/hotels/restaurants which are offering hookah services.
 - Enforcement drives were conducted in Hookah Bars in Rajauri Garden on 24/08/17 by State Cell along with West distt team. 25 Samples collected & sent for analysis. Challans worth Rs 21500 was issued for violations and Report was sent to Delhi Police for further action.
- h. DELHI IS THE FIRST STATE IN THE COUNTRY WHICH HAS BECOME NEARLY 100% COMPLIANT UNDER SECTION 5 REGARDING DIRECT AND INDIRECT ADVERTISEMENT TOBACCO. Various show cause notices have been sent to various TV channels, newspaper groups, event groups for violation of section 5 of COTPA. After which many have withdrawn the sponsorship and have removed the surrogate advertisements
 - Showcause notice was issued to The Director, inventz life sciences, a subsidiary of Delvin Formulation Pvt Ltd for promoting cigarette and various brands of cigarettes in TOI newspaper front page on 15th Feb 2018 as a violation of section 5 of COTPA 2003. It is only after the intervention of STCC that the manufacturer of NICOMELTZ brand the above said company Confirmed to withhold the advertisement of concern.
 - Showcause notice for promoting pan bahar brand of tobaccos in various medias and point of sale/pan shops/other vendors as violation of section 5 of COTPA 2003 was issued to Pan Bahar group company & Hollywood celebrity Mr. Pierce Brosnan. Mr Pierce Brosnan reply stated that the contract was valid only till 1 year and the company was breaching the contract. He also assured that he will not work for any such advertisement in future.
 - FIRs have been lodged against Godfrey Phillips India Ltd, IPM India wholesale ltd, ITC, Kamlapasand, Pan Bahar, Times of India after their repeated violations under COTPA, 2003
 - Brand promotion of Kamla Pasand Pan Masala was stopped in Reality Show India's Next Superstar which which was showcased on star plus channel throughout India, only after the intervention and writing several letters by STCC.
 - All the advertisements /hoardings of Shikhar Pan Masala have been removed from all at bus Q shelters and other places throughout Delhi after the showcause notices sent to DTC, JC Decaux Advertising Company and Shikhar Group by STCC.
 - Movie posters of film ITTEFAQ displaying tobacco use were removed from all over the country after number of compliance notices to the producer, director, actors and

distributors of film from STCC and thus the young generation was saved from getting affected by the posters.

- Brand promotion of Rajniganda was withdrawn from Nucleya Sub Cinema live event at NSIC Grounds, New Delhi after repeated compliance notices from STCC, Delhi. This is unique in the country and the whole country has been benefitted from the results.
- Show Cause notices were sent to Shikhar Group, Som Pan Product Pvt. Ltd, Dilbag & The Delhi and District Cricket Association for Promoting the respective tobacco Brands in 3rd Cricket Test Match, India Vs Sri Lanka at Feroz Shah Kotla Ground In Delhi From 2nd To 6th December 2017 under section 5 of COTPA, 2003
- Numerous show cause notices sent to Vimal brand of Tobacco for violating section 5 of COTPA, 2003 regarding which the matter is going on in Tis Hazari Court.
- Staff people from companies Solution Digitas and Genius Consultants were caught red handed in distributing free loose samples of ITC low smell cigarettes during an enforcement drive at Netaji Subhash Place, New Delhi and the show cause notices have been issued to all the violators regarding the same.
- i. Delhi is also focussing on prohibition of e-cigarretes as it is the new strategy of tobacco companies to target youth.
 - After the intervention of State Tobacco Control Cell, the NOC of two huge consignments of e-cigarettes meant for Delhi and adjoining states were refused by customs Deptt. and thus many states of the country were saved from the menace of e-cigarettes.
 - After writing Repeated letters written to the organizer, VAPE expo India, Director/Manager, India Expo Center and mart, Greater Noida & Govt. of India prog. Division, conference got cancelled with efforts of Delhi STCC & our country was saved from a big menace of tobaccos.
- j. First state vide tobacco free election (april 2017 delhi mcd election) was executed successfully by Delhi state, which is unique in the country. It was also conducted successfully in Bawana By poll election Constituency on 23/08/17.
- k. Prohibition of sale of tobacco within 100 meter radius of all health facilities implemented through an administrative order (unique in country). This concept of ours has been adopted by J & K Government.
- l. Fortnight campaign on tobacco control issues was implemented from 25th may to 8th June 2017 on occasion of WNTD 2017 and tobacco free Delhi initiative was further strengthened.
- m. With the efforts of STCC, Delhi Metro has become tobacco free. Mandatory display of tobacco free zone board and no smoking signages with name of nodal officer have been displayed at all the metro stations and metro trains but the matter to stop the carriage of 1 matchbox and 1 lighter by the commuters of Delhi Metro is still pending to be resolved at the level of higher authorities.
- n. Delhi International Airport has also displayed tobacco free zone boards and no smoking signages on all terminals on IGI Airport, Delhi as per the instructions issued by STCC.
 - Although Gutkha is banned in Delhi still some of it was returned back to the Haj committee and not confiscated and the rest which was seized was not destroyed by the Delhi International Airport Ltd (DIAL). It was only after the intervention of STCC and several meetings with the airport authorities that the seized Gutkha is being destroyed. This is for the first time in the country that the seized Gutkha is being destroyed as per communication of DIAL. Also, several letters have been written to DIAL to take the

already returned Gutkha back from the Haj Pilgrims, for which the work is in progress and now more than 1000 Kg of Gutkha has been confiscated for destruction by customs.

- During the inspection of Airport in an enforcement drive by Dr. S.K Arora, the PoS advertisement posters of cigarette brand at WH Smith shop at Terminal 3 of IGI Airport were removed on the spot & several other instructions regarding smoking zone & others were issued for implementation.
- o. Small stickers with “No Smoking Signage” have been distributed to various taxi stands for free. The taxi drivers of all govt. As well as private vehicles have been sensitized on the tobacco control issues on several occasions including various taxi stands including that of airport (unique in the country)
- p. NTCP has been integrated in other programmes for IEC purposes. Anti Tobacco messages have been inserted into outdoor hoardings of other health programme like Cancer Control, RNTCP etc. Anti tobacco messages have also been introduced in TB treatment card.
- q. Instructions have been issued to hotels, eaery houses and restaurants of Delhi to display new modified no smoking boards/signages. Many of the hotels in Delhi have already displayed these signages.
- r. Public lecture was delivered by Dr. S.K. Arora in PGIDS, Rohtak on the “World No Tobacco Day” 2017
- s. Guest lecture delivered by Dr. S.K. Arora at National Bal Bhawan, New Delhi on occasion on WNTD organised by Maulana Azad Institute of Dental Sciences, Delhi
- t. Guest lecture delivered by Dr. S.K. Arora in Community Medicine Dept., Maulana Azad Institute of Medical Sciences, Delhi on occasion on WNTD
- u. Challan books have been printed and distributed to all districts. Apart from that DTC authority, supreme court of India, few govt. Hospitals. Police stations in Delhi have also been provided challan books.
- v. Special sensitization programme was 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.
- w. Letters have been written to Deptt of Customs, VAT, and Delhi Police to conduct raids at some suggested places to stop illicit trade of tobaccos. In spite of that they did not conduct any such raid. In view of this During Enforcement Drive By State Tobacco Control Cell Along With Central District On 24/03/2018, illegal Cigarettes of worth Rs. 8-10 Lakh rupees as reported by the vendor were seized From Naya Baans Area Of Chawri Bazar. The same was reported to Commissioner Police and Commissioner Excise to conduct similar raids in chawri bazaar and other places of Delhi. This was first such & huge raid conducted in the country by the health department.

9. Enforcement of Tobacco Control Legislation from April 2017 - March 2018

• No of Public Place and Public Service Vehicle Inspected	- 5043
• No of Person Fined under Public Places and Public Service Vehicle	- 4311
• No of Tobacco Vendors Fined	- 1027
• Total fine Collected (in INR)	- Rs 1313530

10. Enforcement of Tobacco Control Legislation since 2008 - March 2018

• No of Public Place and Public Service Vehicle Inspected	- 421143
• No of Person Fined under Public Places and Public Service Vehicle	- 76447

- No of Tobacco Vendors Fined - 9123
- Total fine Collected (in INR) - Rs 8424950/-

Tobacco Kills- Quit Now / Tobacco Free Delhi /India

THALASSEMIA CONTROL PROGRAMME 2017-18

Thalassaemia major is genetic disorder, passed from parents to children. Thalassaemia carrier are common in general population. 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 places 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.

Awareness / Sensitization programmes for public/patients & training programmes for Medical & Paramedical staff have been done at various places and institutes. The focus in such programmes had been (i) to remove any myths regarding transmission of disease, gender bias, stigma related to disease (ii) to inform that each thalassaemia birth is preventable with timely screening before marriage, before planning preg or in the 1st trimester of pregnancy

It was requested that Awareness / Sensitization/ Training programmes have been carried out in the communities, Mohalla clinic, Dispensaries, Polyclinic & hospitals periodically round the year

It was circulated as guidelines that as policy matter all 10th Class students of Delhi & all pregnant women in the first trimester of pregnancy in Delhi are to be screened for Thalassaemia trait actively apart from cases in family history of Thalassaemia, premarital & preconception period etc.

It is mentionable that diagnostic(HPLC test – diagnostic for Thalassaemia Trait) & treatment facilities for Thalassemia has been made available with GTB Hospital, Lok Nayak Hospital, Chacha Nehru Bal Chikitsalaya, BSA Hospital and DDU Hospital under GNCTD & Central Govt hospitals like AIIMS, Safdarjung H, Lady Harding, RML hospital etc.

These facilities will soon be introduced in some more Distt hospitals in Delhi. Till that time the remaining hospitals may refer suspect patient to above hospitals for the diagnosis of thalassemia trait after usual screening with CBC (Complete Blood Count with Red Blood Cell indices).

Instructions have been issued for ensuring availability of safe leuco depleted blood transfusion and uninterrupted supply of medicines for iron chelation to patients with Thalassaemia.

The diagnostic (including HPLC) & treatment facilities in all GNCTD hospital as mentioned above are Free so that more & more people come forward for screening & treatment facilities

As already circulated guidelines, Medical Superintendent of above designated hospital have been requested to ensure that Thalassaemia trait testing should be done everyday and blood transfusion facility to thalassemic patients should be provided 7 days a week including Holidays.

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, 2017 to 31st March, 2018:

Number of dialysis sessions performed in these centres wef 1st April 2017

Number of paying patients	= 485
Number of session done for paying patients	= 3395
Number of patients who received Dialysis Service	
Sponsored patients	= 5776
Number of session done for sponsored patients	= 46208
Budget Status:	
Budget Sanctioned for 2017-18	= 06 crore
Budget expenditure for 2017-18	= 5,97,73,576/-

PROJECT DIVISION

1. Proposal for Outsourcing of pharmacies (OPD, IPD, OT, Emergencies etc.) of five Delhi Government Hospitals; Lok Nayak Hospital (LNH), Lal Bahadur Shastri Hospital (LBSH), Guru Teg Bahadur Hospital (GTBH), Deen Dayal Upadhyay (DDUH), Baba Saheb Ambedkar Hospital (BSAH) to HLL Life Care Ltd on nomination basis.
 - Proposal for Outsourcing of pharmacies (OPD, IPD, OT, Emergencies etc.) of five Delhi Government Hospitals Lok Nayak Hospital, Lal Bahadur Shastri Hospital, Guru Teg Bahadur Hospital, Deen Dayal Upadhyaya Hospital, Dr. Baba Saheb Ambedkar Hospital to HLL Life Care Ltd on nomination basis was initiated in February 2016.
 - HLL Life Care Limited is a mini-ratna PSU of Government of India. Drugs, consumables and logistics would be purchased by CPA/DHCL and indented by HLL Life Care Limited for distribution. IT based solutions will be put in place by the PSU from the point of receipt of prescription to dispensing as well as for management of inventory of the pharmacy. HLL Life Care Limited would be charging management fee from Delhi Government for their services and the pharmacy would be completely operationalised by HLL Life Care Limited.
 - The existing manpower in the hospitals looking after the store and pharmacies i.e. doctors, nurses, pharmacists, ministerial staff, NOs and safai karamcharies would be re-deployed on need based to other health care institutions.
 - Further, a Jan Aushadhi Pharmacy is also being established to facilitate the uptake of EWS beds at Indraprastha Apollo Hospital through HLL Life Care Ltd.

- Cabinet Decision no: 2363 dated : 06-06-16 sought further information on HLL Life Care Ltd. Supplementary Cabinet Note was prepared but later withdrawn with the approval of the Hon'ble MOH.
- Thereafter, a decision was taken by the minister concerned that, the five hospitals along with GIBMER would process individual tenders for outsourcing the pharmacy services of their respective hospital. Office Order to the effect was issued on 18-12-2017.

2. Up gradation of Dental Services at Bhagawan Mahavir Hospital, Pitampura.

- Infrastructure remodeling and up gradation of various services that is, super-specialty services is being proposed by Delhi Government. Bhagwan Mahavir Hospital, Pitampura, is a hospital being considered under this project.
- The augmentation of dental services of Bhagwan Mahavir Hospital by installing 20 dental chairs has been approved, in principle by Hon'ble MOH.
- As directed by the then Addl. Secy (Infra) (AG); a comprehensive proposal with respect to upgraded manpower and equipment demand containing the scope for super specialty services like Cardio, Nephrology is to be prepared by BMH, inclusive of the proposed augmentation of the Dental Department of BMH. Letter in this regard has already been issued for further necessary action by the MS of BMH.

3. Free Non-Radiological Diagnostics.

- Outsourcing of the OPD Laboratory Diagnostics (Non Radiological) from the Mohalla Clinics to the tertiary care level health institutions was initially proposed in 11.03.2016, while the IPD and the emergency services of the hospitals were to be augmented 24x7.
- Draft Cabinet Note for outsourcing of non-radiological diagnostics (OPD only) to private diagnostic players was submitted to the Department of Health and Family Welfare, GNCTD on several occasions with the incorporation of the desired amendments.
- A committee was constituted to draft tender document for this proposal.
- Finally, in 29.11.2017, directions were received that, the proposed outsourcing of Laboratory Diagnostics would initially be extended to cover the Poly Clinics, Aam Admi Mohalla Clinics (AAMCs) and Mobile Health Camps proposed to be organized @ one such camp per week, on need based at the community level.
- The approval by the Council of Ministers was accorded vide Cabinet Decision No: 2527 dated: 12-12-17 and the concurrence of the Hon'ble LG was conveyed vide Office Order dated: 19-01-2018.
- Accordingly, the committee constituted for preparation of the Bid Document finalized the Draft Tender Document and the same was submitted on 06-02-2018 to the Department of Health & Family Welfare, GNCTD for obtaining the observations/comments of FD, Planning and Law Deptts; which has now been received and the approval of Competent Authority is awaited for publishing the Tender.

4. Aadhar Based Biometric Attendance System.

- Minutes of the Meeting of the committee for the procurement of Aadhar Enabled Biometric Attendance Machines have been shared with the Store & Purchase Officer, DGHS on 08-03-2018 for further action in the matter.

5. Jaldhara Points/ Water ATMs with free Wifi Connectivity.

- Competent Authority has approved the installation of Jaldhara Points/ water ATMs in the sites identified by primary health care centres and hospitals by Linqua. Presently one such Jaldhara points is functional at Lok Nayak hospital. This water ATM also has facility for providing free wi-fi for patients/ attendants and staff of the concerned health unit wherever installed.
- The contract period is for five years with no financial implication on the department except for expenditure on electricity and water.
- The concerned firm would be generating revenue through advertisements on the panels of the water ATMs, for operating and maintenance of their water ATMs.
- The department has also reserved space for displaying health related advertisements.
- Currently, no update on further installation of the water ATMs has been received from the concerned agency.

6. Augmentation of Dental Department of GTBH.

- The augmentation of dental department of GTBH for 50 dental chairs was under processing, on similar lines as that of Bhagawan Mahavir Hospital.
- The project proposal, received from the project team comprising of dental specialists was placed before a joint meeting of dental experts and hospital authorities to discuss the issue and decide the future course of action. The proposal was reviewed by GTBH and it has been communicated that they are not in a position to augment the Dental Department due to lack of space.

7. Kitchen and Dietary Services:

- Bharat Aashara Social Organisation (BASO) has submitted a proposal for providing free of cost food to the attendants of patients admitted in Delhi Government hospitals. The organization has requested Health and Family Welfare Department to provide space for kitchen, dining and storage of dry rations including water and electricity to run this initiative.
- One such kitchen is already functioning at Lal Bahadur Shastri Hospital (LBSH). The feedback received from MS LBSH states that *“An External Inspection Team (Quality Assessment Team) has highlighted the importance of Food Safety Licence (FSSAI) for any kitchen to function. This is a mandatory requirement and despite repeated verbal and written request on 02.02.2016, it is regretted that till date no response has been received from Deepak Bajpai (BASO).”*
- The said organization is yet to provide their Food Safety Licence (FSSAI), to further process their request.

8. Tele- medicine network in NCT of Delhi.

- Tele medicine network in NCT of Delhi has been approved by the Ministry of Information and Technology (Deity) through C-DAC Mohali. There is no financial liability on Delhi Government during the period of this project.
- **C-DAC has already conducted a feasibility study of the 5 sites** (4 tele-consultation centres (TCCs) i.e. (LBS Hospital, RTRM Hospital, MMM Hospital and SGM Hospital and one specialist hospital i.e DDU Hospital).
- A suitable site for TCC at SGMH is awaited.
- Mean while it has been communicated that funding issues are being faced by C-DAC and further action would depend on the resolution of this issue.

9. Tele-radiology.

- A feasibility study of the existing manpower and equipment status/ availability and future procurements was undertaken with respect to the proposal for Tele- radiology in Delhi Government Hospitals. The findings have been submitted to the Department of Health & Family Welfare, GNCTD for further actions/ directions in the matter.

11. Good Samaritan.

- The Hon'ble Supreme Court of India has issued guidelines for the protection of Good Samaritans in the WRIT PETITION (C) No. 235 of 2012 (Savelife Foundation and Others Versus Union of India and Others).
- In this regard, the Cabinet has approved and concurrence of the Hon'ble LG obtained for the implementation of the scheme of rewarding Good Samaritans/Bystanders for offering help to road traffic accident (RTA) victims to reach hospital for immediate medical attention.
- A reward of Rs.2000/- only have been proposed as an incentive for Good Samaritans.
- This scheme is under implementation now.

12. Training of Auto-Rickshaw Drivers on Adult First Aid.

A pilot training of auto-rickshaw drivers on adult First-Aid was conducted to study the financial implications on conducting further such trainings. The training was conducted by Max Institute of Health Education and Research MIHER, S. Pushpinder Singh Memorial Trust in collaboration with DHS. The Department of Health & Family Welfare, GNCTD proposes to motivate, encourage and also facilitate the initiative of Good Samaritans and have identified that one of the effective ways to propagate, disseminate and popularize this concept would be through roping in the numerous three wheeler auto rickshaw drivers whose presence is found in every nook and corner of Delhi and one of the common modes of public transport. They are available and operational round the clock. They are also conversant with the geographical locations of various hospitals in the locality where they operate. Further, training of auto-rickshaw drivers would facilitate the presence of trained cadre of Good Samaritans under the Good Samaritan incentive scheme so that road Traffic victims are reached to hospitals for immediate medical attention and within the golden hour.

The proposed scheme is under processing.

13. Health Helpline.

A health helpline is to be operationalised and details of the project is being worked out.

14. Deployment of Patient Welfare Officers in Delhi Govt. Hospitals on out sourced mode.

A proposal along with draft Cabinet Note for hiring Patient Welfare Officers on an outsourced model through ICSIL (A Joint Venture of TCIL and DSIDC) for Delhi Government hospitals has been submitted to JS (O&M), H&FW for circulating it in concerned departments and further processing prior to putting up before cabinet. These officials would function on the similar lines as that of Medical Social Welfare Officer (MSWO) with special focus to improve the uptake of EWS patients in the private hospitals.

A draft Cabinet Note for hiring Patient Welfare Officers on an outsourced model through ICSIL (A Joint Venture of TCIL and DSIDC) for Delhi Government hospitals is under submission to the Department of Health & Family Welfare.

15. Installation of Mobile Towers in institutions under H & FW, GNCT of Delhi.

The proposal for infrastructure development by installation of mobile towers in Delhi Government institutions for improving cellular communication services has been put up to Competent Authority for

further necessary directions in the matter. The proposal has been re-sent to the Department of Health & Family Welfare for further necessary action/direction.

16. Aam Aadmi Dental Clinics.

A draft Cabinet Note has already been submitted for establishing Aam Aadmi Dental Clinics by empanelling private dental surgeons to provide dental services at existing CGHS/DGHS raids. A committee has been constituted to study and rework the proposed project and their report is to be submitted by July 2018.

17. Pradhan Mantri Bharatiya Jan Aushadi Pariyojna (PMBJP):

The Government of India has rolled out the establishment of Generic Pharmacies under the banner of Pradhan Mantri Bharatiya Jan Aushadi Pariyojna (PMBJP).

This project was processed for seeking a policy decision in the matter as the Delhi Government was committed to ensure availability of 100% free drugs to the patients visiting Delhi Government Health Facilities for treatment. Currently, decision in the matter is awaited.

18. Jan Aushadhi Generic Pharmacy at Indraprastha Apollo Hospital, Sarita Vihar:

Initially, it was directed that the Jan Aushadhi Generic Pharmacy at Indraprastha Apollo Hospital, Sarita Vihar was to be outsourced to HLL Life Care Ltd on nomination basis along with five identified Delhi Government Hospitals. Proposal in this regard was sought from the said agency and processed. Relevant Cabinet Note was also prepared and submitted.

However, a fresh proposal was sought from HLL Life Care Ltd in July 2017; wherein, none was received with regard to Jan Aushadhi Generic Pharmacy at Indraprastha Apollo Hospital, Sarita Vihar.

Thereafter, decision was taken by the Hon'ble MOH that the outsourcing of pharmacies of six Delhi Government Hospitals would be processed by each of the concerned hospital, individually.

Fresh modality for establishing a Jan Aushadhi Generic Pharmacy at Indraprastha Apollo Hospital, Sarita Vihar, is under processing.

19. Hospital managers:

A Concept Note for hiring of Hospital Managers was prepared and a committee duly constituted to study and work up the number of such managers per hospital, their job responsibilities, remuneration and the RRs pertaining to age, qualification, work experience etc.

Cabinet Decision No: 2551 dated 31-01-2018 approved the proposed scheme and the concurrence of the Hon'ble LG obtained.

The implementation of the scheme is being dealt by the concerned Delhi Government Hospitals.

20. Hospital Information Management System (HIMS):

It has been communicated that a robust Hospital Information Management System (HIMS) is to be put in place at all Delhi Government Health Facilities with currently available state of the art technology.

The way forward has been communicated vide the Minutes of Meeting chaired by the Hon'ble CM on 17-01-2018 (MOM dated: 07-02-18); that the earlier tender is to be remodeled and modified.

The earlier draft bid document prepared by the IT department, GNCTD through its Society, under the direct supervision of the Secy. (IT), is already available. Response from bidders was also received when this tender was floated.

Proposal under submission to the Department of Health & Family Welfare for nomination of suitable resource person from the IT Department, to the committee already constituted by DGHS to formulate the RFP according to the currently available state of Technology and the needs of the Health Department as the committee constituted by DGHS has also submitted that being medical personnel, they are more than willing to provide requirements of the hospitals, dispensaries as per defined scope of work.

21. Academic Programmes abroad for the in service Medical Professionals / Paramedicals / Nursing Staff of the Govt. of NCT of Delhi.

A meeting was chaired on Outcome Budget 2018-19 by Hon'ble MOH on 19.02.2018 in the Conference room, 7th Floor, A-wing, Delhi Sachivalaya, in which the Hon'ble MOH has desired that a new head of account be created to facilitate and enable Academic Programmes abroad for the in service Medical Professionals/Paramedicals/Nursing Staff of the Govt. of NCT of Delhi. It was also directed that initially an amount of Rs. 20 Crores may be sought under this proposed new Head of Account in BE 2018-19.

New Head of Budget has been created and funds amounting to 1000 lakhs have been approved and allocated to DGHS under (A) Major Head 2210 Medical Sector Sub Major Head 01 at serial no: 50 Training and Exchange Programme (Management Skills and Staff Skills) -06 003 89 00 13 OE in BE 2017-18.

22. Dental Departments in upcoming hospitals at Burari , Ambedkar Nagar and Dwarka :

In principle approval has been accorded for fifty Dental Chairs by the Hon'ble MoH in upcoming hospitals at Burari, Ambedkar Nagar and Dwarka.

Hon'ble MOH has conveyed that these hospitals are to be operationalized in PPP mode.

Necessary steps to establish the Dental Departments as proposed will be taken while considering the mode of operation of the upcoming hospitals at Burari , Ambedkar Nagar and Dwarka.

23. Augmentation of Dental services at Maulana Azad Institute of Dental Sciences (MAIDS):

The augmentation of Dental services at Maulana Azad Institute of Dental Sciences (MAIDS) was approved and the Second Phase of up gradation is already underway.

24. Installation of Smart Cameras in Delhi Govt.Hospitals, DHS including District Headquarters:

Co-ordination for the installation of Smart Cameras in Delhi Govt.Hospitals, DHS including District Headquarters with the PWD has been done.

25. Outsourcing of Facility Management Services of Delhi Govt. health care facilities:

The Department of Health & Family Welfare had floated a tender for Outsourcing of Facility Management Services of Delhi Govt. health care facilities. Numerous complaints received in this regard have been processed through a designated committee constituted by DGHS and the concerned tender cancelled thereafter.

COMPUTERIZATION OF DHS (HQ) AND SUBORDINATE OFFICES

1. Computer Cell is involved in computerization of DGHS (HQ) and Subordinate Offices and carrying out the following for period 2017-2018.
2. Computer Branch is maintaining an intranet facility with two servers and more than 200 Nodes since 2004 that connects the DGHS (HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Health Schemes and School Health Schemes.
3. It maintains the web server that supports various applications being used by various Branches of DGHS.

4. It maintains the 25 MBPS Lease line and one 4 MBPS, DSWAN Lines to meet the Intranet and internet needs of DGHS (HQ).
5. The System had become very old and has data of 11 districts, SHS, DHS Dwarka Building, CPA .

A. Performance of the computer cell in 2017-18 is as below:

1. Computer cell also provided IT support and for various Branches of DGHS and Subordinate Offices.
2. Requests from Depts. under H&FW for Uploading Information: Around 1100
3. New Web pages Creation for various Health Depts/Hospitals : 15
4. Modification done on existing web pages for various Health Institutions : 45

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

1. E-office support to DGHS (HQ)
2. Creation of EMD (Employee Master Database)
3. NIC E-mail Creation for DGHS (HQ) with its various Subordinate Offices including various Districts Health Administrations like Mobile Health Schemes and School Health Schemes.
4. VPN Creation and configuration for DGHS (HQ) with its various Subordinate offices including various districts health administrations like Mobile Health Schemes and School Health Schemes.
5. Remote & Telephonic Support for E-office DGHS (HQ) & Hospitals with its various Subordinate Offices including various Districts Health Administrations like Mobile Health Schemes and School Health Schemes.

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

1. Desktop = 50

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, Data collected for National Health Profile, Economic Survey, Statistical Handbook also. 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 submits online 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 2016-17 has been prepared and uploaded on the website of H&FW at SHIB portal.
5. Data collection and compilation 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 2017 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.

Statement of compiled Morbidity /Mortality Reports of diseases with ICD-10 codes from some of the Hospitals of Delhi from Jan 2017 to Dec 2017.

ICD-10 Report Year 2017			OPD			IPD			Death		
Sl. No.	Code	Disease Name	M	F	Child	M	F	Ch	M	F	Ch
1	R10	Abdominal and pelvic pain	32948	29262	15802	228	315	108	3	0	0
2	R03	Abnormal blood-pressure reading, without diagnosis	230	263	0	4	1	1	1	0	0
3	X85-Y09	Aasault	3	0	0	5	1	0	0	0	0
4	R03	Abnormal findings in cerebrospinal fluid	2	0	1	4	8	10	0	0	0
5	R85	Abnormal findings in specimens from digestive organs and abdominal cavity	1	0	1	17	11	5	0	0	0
6	R87	Abnormal findings in specimens from female genital organs	0	0	0	0	47	11	0	0	0
7	R86	Abnormal findings in specimens from male genital organs	1	0	0	0	0	0	0	0	0
8	R89	Abnormal findings in specimens from other organs, systems and tissues	172	115	35	310	182	73	0	0	0
9	R84	Abnormal findings in specimens from respiratory organs and thorax	14	6	0	185	128	43	0	0	0
10	O28	Abnormal findings on antenatal screening of mother	0	21	0	0	84	0	0	0	0
11	R90	Abnormal findings on diagnostic imaging of central nervous system	52	77	21	24	33	16	0	0	1
12	R91	Abnormal findings on diagnostic imaging of lung	11	7	0	5	5	0	0	0	0
13	R70-R79	Abnormal findings on examination of blood, without diagnosis	225	249	72	0	0	0	0	0	0
14	R25	Abnormal involuntary movements	41	17	4	0	2	7	0	0	0
15	R94	Abnormal results of function studies	1	0	0	1	1	5	0	0	0
16	R74	Abnormal serum enzyme levels	0	0	0	5	1	0	0	0	0
17	R06	Abnormalities of breathing	380	238	93	29	22	87	0	0	2
18	O62	Abnormalities of forces of labour	0	2	0	0	24	0	0	0	0
19	R26	Abnormalities of gait and mobility	0	1	0	1	1	2	0	0	0
20	R00	Abnormalities of heart beat	392	280	176	27	22	3	1	0	0
21	R71	Abnormality of red blood cells	20	8	0	0	1	0	0	0	0
22	R61	Abscess of anal and rectal regions	364	428	137	82	25	4	0	0	0
23	J85	Abscess of lung and mediastinum	35	33	20	6	3	1	0	0	0
24	N91	Abscess of lung and mediastinum	241	10907	538	0	83	0	0	0	0
25	F55	Abuse of non-dependence-producing substances	4	0	0	0	0	0	0	0	0
26	L83	Acanthosis nigricans	30	22	0	0	0	0	0	0	0
27	X45	Accidental poisoning by and exposure to alcohol	0	0	0	1	0	0	0	0	0
28	X41	Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	0	0	0	1	0	1	0	0	0
30	X40	Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	0	0	0	14	11	1	2	1	0

31	X46	Accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	0	0	0	0	0	3	0	0	0
32	X49	Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	0	0	3	29	38	106	3	0	1
33	X44	Accidental poisoning by and exposure to other and unspecified drugs,medicaments and biological substances	0	0	0	0	0	1	0	0	0
34	X43	Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system	0	0	0	1	0	0	0	0	0
35	X48	Accidental poisoning by and exposure to pesticides	0	0	0	1	0	5	0	0	0
36	L70	Acne	19393	23853	5760	0	0	0	0	0	0
37	Z89	Acquired absence of limb	0	0	0	0	1	0	0	0	0
38	Z90	Acquired absence of organs, not elsewhere classified	0	0	0	0	2	0	0	1	0
39	M200	Acquired deformities of fingers and toes	685	573	138	4	5	6	0	0	0
40	D59	Acquired haemolytic anaemia	1	0	0	5	6	14	0	0	0
41	D60	Acquired pure red cell aplasia [erythroblastopenia]	1	2	0	1	0	5	0	0	0
42	A42	Actinomycosis	0	0	1	0	0	0	0	0	0
43	I33	Acute and subacute endocarditis	0	0	0	2	2	0	0	0	0
44	F23	Acute and transient psychotic disorders	1056	824	148	43	14	0	0	0	0
45	K35	Acute appendicitis	156	160	78	257	151	91	0	0	0
46	J21	Acute bronchiolitis	618	1490	2504	72	49	692	0	1	3
47	J20	Acute bronchitis	8316	9483	5936	114	72	213	1	1	1
48	B15	Acute hepatitis A	3294	2565	414	182	115	94	8	5	1
49	B16	Acute hepatitis B	497	301	12	63	18	10	1	0	0
50	J04	Acute laryngitis and tracheitis	449	407	141	5	0	12	0	0	0
51	L04	Acute lymphadenitis	1044	1227	2682	61	5	8	0	0	0
52	I21	Acute myocardial infarction	392	351	8	549	159	7	36	11	0
53	I40	Acute myocarditis	21	20	0	3	5	3	0	0	0
54	J00	Acute nasopharyngitis	37563	33448	32510	8	3	5	0	0	0
55	N00	Acute nephritic syndrome	99	82	14	26	28	20	6	6	0
56	J05	Acute obstructive laryngitis [croup] and epiglottitis	228	367	283	0	3	28	0	1	1
57	K85	Acute pancreatitis	45	18	0	374	219	24	11	3	0
58	I30	Acute pericarditis	50	17	5	2	2	0	0	0	0
59	J02	Acute pharyngitis	21184	15812	16620	16	16	35	0	0	0
60	N17	Acute renal failure	24	43	1	1162	539	29	59	23	4
61	I00-I02	Acute rheumatic fever	87	52	5	0	0	0	0	1	0
62	J01	Acute sinusitis	10216	7112	4875	15	8	2	0	0	0
63	J03	Acute tonsillitis	8181	5753	8126	135	49	85	0	0	0
64	N10	Acute tubulo-interstitial nephritis	12	24	12	15	12	2	0	2	0
65	J00-J06	Acute upper respiratory infections	204643	217466	171253	13	30	1	1	0	0
66	J06	Acute upper respiratory infections of multiple or unspecified sites	100177	86448	98622	134	156	328	4	0	0
67	Z45	Adjustment and management of implanted device	41	741	1	15	8	1	0	0	0

68	E25	Adrenogenital disorders	1	0	0	0	0	2	0	0	0
69	M83	Adult osteomalacia	279	308	0	2	2	0	0	0	0
70	J80	Adult respiratory distress syndrome	3	0	3	17	19	15	1	3	1
71	T78	Adverse effects, not elsewhere classified	0	0	0	3	2	2	0	0	0
72	B56	African trypanosomiasis	13	7	4	0	0	1	0	0	0
73	D70	Agranulocytosis	1	0	0	9	4	3	2	0	0
74	J66	Airway disease due to specific organic dust	4	3	2	1	1	8	0	0	0
75	K70	Alcoholic liver disease	2049	275	0	2077	61	3	227	5	0
76	L23	Allergic contact dermatitis	3681	3396	2800	0	1	1	0	0	0
77	L63	Alopecia areata	1050	329	281	0	0	0	0	0	0
78	G30	Alzheimer's disease	3	1	0	1	2	0	0	0	0
79	A06	Amoebiasis	16234	15115	14254	93	55	144	0	0	1
80	E85	Amyloidosis	0	0	0	2	1	2	1	0	0
81	D55	Anaemia due to enzyme disorders	13	1	2	4	4	6	0	1	0
82	D63*	Anaemia in chronic diseases classified elsewhere	0	0	0	168	263	75	0	5	0
83	L64	Androgenic alopecia	645	377	12	0	0	0	0	0	0
84	Q00	Anencephaly and similar malformations	3	0	3	0	1	0	0	0	0
85	I20	Angina pectoris	4494	4008	4	1303	561	10	22	15	0
86	V80	Animal-rider or occupant of animal-drawn vehicle injured in transport accident	0	0	0	1	1	0	0	0	0
87	M45	Ankylosing spondylitis	2189	2047	50	29	2	0	0	0	0
88	A60	Anogenital herpesviral (herpes simplex) infections	103	105	0	0	0	3	0	0	0
89	Z36	Antenatal screening	0	90060	0	0	2400	0	0	0	0
90	O46	Antepartum haemorrhage, not elsewhere classified	0	3	0	0	78	0	0	0	0
91	R34	Anuria and oliguria	0	7	0	0	4	0	0	1	0
92	I71	Aortic aneurysm and dissection	0	0	0	28	5	1	0	1	0
93	I74	Arterial embolism and thrombosis	0	0	0	21	6	1	2	0	0
94	M00-M25	Arthropathies	1170	1044	19	0	0	0	0	0	0
95	A90-A99	Arthropod-borne viral fevers and viral haemorrhagic fevers	198	128	109	5	1	3	0	0	0
96	M15-19	Arthrosis	2983	3567	36	0	0	0	0	0	0
97	B77	Ascariasis	3862	3244	3033	0	1	0	0	0	0
98	R18	Ascites	1629	1194	0	1982	455	33	213	42	0
99	E54	Ascorbic acid deficiency	993	1265	977	0	0	1	0	0	0
100	B44	Assault by blunt object	527	197	39	0	0	0	0	0	0
101	Y04	Assault by bodily force	3144	874	132	7	6	0	0	0	0
102	B44	Assault by drugs, medicaments and biological substances	2188	1154	247	3	7	0	0	0	0
103	X99	Assault by sharp object	288	59	1	9	0	0	0	0	0
104	J45	Asthma	27833	22662	9588	224	305	235	2	3	0
105	I70	Atherosclerosis	1148	43	0	6	4	1	0	0	0
106	L20	Atopic dermatitis	4201	4753	4224	2	1	0	0	0	0
107	I48	Atrial fibrillation and flutter	16	17	0	206	159	9	11	6	0

108	I44	Atrioventricular and left bundle-branch block	2268	1942	0	130	66	3	10	8	0
109	A49	Bacterial infection of unspecified site	1292	980	660	11	3	4	0	0	0
110	G00	Bacterial meningitis, not elsewhere classified	24	43	6	12	19	55	3	1	10
111	J15	Bacterial pneumonia, not elsewhere classified	579	453	1585	26	12	37	2	0	3
112	P36	Bacterial sepsis of newborn	0	0	146	0	0	878	0	0	204
113	F50-F59	Behavioural syndromes associates with physiological disturbances and physical factors	972	541	13	0	0	0	0	0	0
114	N60	Benign mamary dysplasia	0	921	160	0	12	1	0	0	0
115	D24	Benign neoplasm of breast	0	668	16	0	27	5	0	0	0
116	D11	Benign neoplasm of major salivary glands	99	66	4	9	5	2	0	0	0
117	D10	Benign neoplasm of mouth and pharynx	91	112	0	3	1	0	0	0	0
118	D35	Benign neoplasm of other and unspecified endocrine glands	144	142	144	18	29	2	0	0	0
119	D34	Benign neoplasm of thyroid gland	189	533	2	2	2	1	0	0	0
120	D10-D36	Benign neoplasms	198	369	247	1	0	0	0	0	0
121	F31	Bipolar affective disorder	1428	1013	52	101	50	4	0	0	0
122	P21	Birth asphyxia	0	0	138	0	0	636	0	0	128
123	W53	Bitten by rat	125	115	22	0	0	0	0	0	0
124	W59	Bitten or crushed by other reptiles	164	141	9	24	8	2	0	0	0
125	W54	Bitten or struck by dog	22468	11393	15183	4282	1458	2266	0	0	0
126	W55	Bitten or struck by other mammals	1081	412	651	0	0	0	0	0	0
127	W57	Bitten or stung by nonvenomous insects and other nonvenomous arthropods	31	30	5	0	0	1	0	0	0
128	H54	Blindness and low vision	3809	3808	1667	2	1	0	0	0	0
129	J47	Bronchiectasis	127	68	33	51	25	2	1	0	0
130	J40	Bronchitis, not specified as acute or chronic	9802	8811	3420	61	43	61	2	1	0
131	L14*	Bullous disorders in diseases classified elsewhere	54	34	9	0	4	0	0	0	0
132	L10-L14	Bullous disorders	95	67	40	0	0	0	0	0	0
133	T26-T28	Burn and corrosion confined to eye and internal organs	206	134	168	0	0	0	0	0	0
134	T25	Burn and corrosion of ankle and foot	205	142	96	1	1	0	0	0	0
135	T20	Burn and corrosion of head and neck	584	722	641	1	3	1	0	0	0
136	T24	Burn and corrosion of hip and lower limb, except ankle and foot	21	17	16	1	2	0	0	0	0
137	T29-T32	Burn and corrosion of multiple and unspecified body regions	110	105	157	0	0	0	0	0	0
138	T22	Burn and corrosion of shoulder and upper limb, except wrist and hand	67	87	113	1	2	2	0	0	0
139	T21	Burn and corrosion of trunk	53	42	27	1	0	0	0	0	0
140	T23	Burn and corrosion of wrist and hand	160	256	145	4	3	2	0	0	0
141	T30	Burn and corrosion, body region unspecified	933	714	651	3	2	2	0	0	0
142	T29	Burn and corrosions of multiple body regions	602	341	283	2	2	1	0	0	0
143	T31	Burns classified according to extent of body surface involved	13	15	8	0	1	2	0	0	0
144	V77	Bus occupant injured in collision with heavy transport vehicle or bus	508	683	290	0	0	0	0	0	0
145	N20	Calculus of kidney and ureter	2067	1630	115	754	355	62	0	0	0

146	N22*	Calculus of urinary tract in diseases classified elsewhere	119	71	6	2	5	2	0	0	0
147	N21	Calculus of lower urinary tract	283	233	32	60	6	27	0	0	0
148	B37	Candidiasis	3351	5191	2201	29	21	4	1	0	0
149	V49	Car occupant injured in other and unspecified transport accidents	39	9	4	0	0	0	0	0	0
150	D00	Carcinoma in situ of oral cavity, oesophagus and stomach	42	81	10	1	1	1	0	0	0
151	I46	Cardiac arrest	16	5	0	422	156	13	367	136	12
152	R01	Cardiac murmurs and other cardiac sounds	35	40	9	3	3	0	0	1	0
153	I42	Cardiomyopathy	2555	1764	0	264	147	10	16	5	0
154	Z49	Care involving dialysis	1	0	0	842	598	1	3	0	0
155	Z22	Carrier of infectious disease	130	204	24	13	6	0	0	0	0
156	H28*	Cataract and other disorders of lens in diseases classified elsewhere	29	22	0	6	2	0	0	0	0
157	L03	Cellulitis	2270	1784	1341	665	110	68	1	4	0
158	I63	Cerebral infarction	2495	1933	0	344	168	12	14	5	0
159	I60-I69	Cerebrovascular diseases	1692	992	0	528	387	268	32	21	0
160	I23	Certain current complications following acute myocardial infarction	32	1	1	1	2	1	1	2	1
161	A20-A28	Certain zoonotic bacterial diseases	22	20	14	0	0	2	0	0	0
162	M50	Cervical disc disorders	584	757	61	14	2	1	0	0	0
163	B57	Chagas' disease	10	1	3	0	0	0	0	0	0
164	K81	Cholecystitis	47	41	0	238	227	13	0	0	0
165	K80	Cholelithiasis	615	1230	23	968	1914	186	1	1	0
166	A00	Cholera	938	904	780	21	32	73	0	0	0
167	H71	Cholesteatoma of middle ear	1889	1474	700	76	88	20	0	0	0
168	H30	Chorioretinal inflammation	154	128	5	1	0	0	0	0	0
169	J35	Chronic diseases of tonsils of adenoids	207	230	2047	31	9	82	0	0	1
170	K73	Chronic hepatitis, not elsewhere classified	680	0	0	47	7	3	6	1	0
171	I25	Chronic ischaemic heart disease	1717	530	1	6585	1986	188	132	53	4
172	J40-J47	Chronic lower respiratory diseases	36727	35118	17498	71	35	0	1	1	0
173	N03	Chronic nephritic syndrome	1	14	0	427	259	31	14	9	0
174	N18	Chronic renal failure	1095	1241	1	1523	1014	571	29	7	9
175	I05-I09	Chronic rheumatic heart diseases	3414	3356	17	2	0	0	0	0	0
176	J31	Chronic rhinitis, nasopharyngitis and pharyngitis	5281	4792	2441	6	4	7	0	0	0
177	J32	Chronic sinusitis	1437	1352	604	175	89	16	2	0	0
178	N11	Chronic tubulo-interstitial nephritis	22	18	11	5	5	0	0	1	0
179	B18	Chronic viral hepatitis	860	542	0	702	431	61	66	32	0
180	L66	Cicatricial alopecia (scarring hair loss)	21	45	6	0	0	0	0	0	0
181	B38	Coccidioidomycosis	48	25	31	0	0	0	0	0	0
182	T81	Complications of procedures, not elsewhere classified	42	32	0	32	25	0	0	0	0
183	H90	Conductive and sensorineural hearing loss	4453	2572	2417	3	6	3	0	0	0
184	Q66	Congenital deformities of feet	0	2	0	8	8	113	0	0	0

185	E00	Congenital iodine-deficiency syndrome	451	592	5	0	1	1	0	0	0
186	Q20	Congenital malformations of cardiac chambers and connections	0	0	49	5	2	36	0	1	7
187	Q21	Congenital malformations of cardiac septa	0	0	0	50	68	101	0	2	1
188	Q44	Congenital malformations of gallbladder, bile ducts and liver	0	0	0	17	7	43	0	0	3
189	Q25	Congenital malformations of great arteries	0	0	0	44	24	41	0	0	0
190	Q39	Congenital malformations of oesophagus	0	0	0	0	0	40	0	0	9
191	Q76	Congenital malformations of the musculoskeletal system, not elsewhere classified	0	1	0	0	2	24	0	0	6
192	A50	Congenital syphilis	267	294	4	2	0	5	0	0	0
193	H10	Conjunctivitis	24499	24040	14721	7	5	3	0	0	0
194	W30	Contact with agricultural machinery	2	1	11	0	2	0	0	0	0
195	Z20	Contact with and exposure to communicable disease	68	191	153	0	0	0	0	0	0
196	X10	Contact with hot drinks, food, fats and cooking oils	30	12	6	0	0	0	0	0	0
197	W26	Contact with knife, sword or dagger	215	118	25	12	4	0	1	0	0
198	W25	Contact with sharp glass	110	43	21	4	2	0	0	0	0
199	X20	Contact with venomous snakes and lizards	38	8	0	0	0	0	0	0	0
200	Z30	Contraceptive management	44494	22397	0	178	1132	0	0	0	0
201	R56	Convulsions, not elsewhere classified	173	2	109	206	205	1970	11	6	10
202	H17	Corneal scars and opacities	590	569	289	20	28	0	0	0	0
203	L84	Corns and callosities	2452	1973	388	14	14	3	0	0	0
204	R05	Cough	103983	100910	78989	26	20	12	0	0	1
205	Z70	Counselling related to sexual attitude, behaviour and orientation	35	45	1	0	2	0	0	0	0
206	M16	Coxarthrosis [arthrosis of hip]	1783	1870	113	19	23	0	0	0	0
207	K50	Crohn's disease (regional enteritis)	326	407	154	14	7	4	0	0	0
208	S87	Crushing injury of lower leg	20	11	14	2	0	1	0	0	0
209	E24	Cushing's syndrome	8	21	84	2	2	0	0	0	0
210	L02	Cutaneous abscess, furuncle and carbuncle	14290	13681	13305	102	70	177	0	0	3
211	Q61	Cystic kidney disease	0	1	0	4	3	6	0	0	0
212	B69	Cysticercosis	33	35	375	11	5	35	0	0	0
213	N30	Cystitis	2335	3085	629	23	73	72	0	0	0
214	K09	Cysts of oral region, not elsewhere classified	1311	1911	388	6	2	1	0	0	0
215	B25	Cytomegaloviral disease	967	1884	1509	0	1	0	0	0	0
216	L89	Decubitus ulcer	38	41	4	15	6	0	0	0	0
217	E53	Deficiency of other B group vitamins	5250	3718	2393	130	165	5	1	0	0
218	E61	Deficiency of other nutrient elements	6	30	225	13	34	5	0	0	0
219	M40-M43	Deforming dorsopathies	24	0	0	0	0	0	0	0	0
220	F05	Delirium, not induced by alcohol and other psychoactive substances	34	38	0	4	2	1	0	0	0
221	O80-O84	Delivery	0	0	0	0	791	0	0	0	0
222	F00*	Demential in Alzheimer's disease	184	36	0	0	1	0	0	0	0
223	A90	Dengue fever (classical dengue)	185	193	162	1153	787	648	15	6	20

224	A91	Dengue haemorrhagic fever	0	0	0	28	23	64	1	0	1
225	K02	Dental caries	36193	33818	22452	4	2	0	0	0	0
226	K07	Dentofacial anomalies (including malocclusion)	353	420	319	2	1	1	0	0	0
227	Z99	Dependence on enabling machines and devices, not elsewhere classified	0	0	0	120	66	0	0	0	0
228	F32	Depressive episodes	4501	5049	557	33	23	1	0	0	0
229	L20-L30	Dermatitis and eczema	52127	54032	32298	0	0	0	0	0	0
230	L27	Dermatitis due to substances taken internally	101	121	82	0	2	0	0	0	0
231	B35	Dermatophytosis	21324	17088	7167	9	7	1	0	0	0
232	E10-E14	Diabetes mellitus	54701	51506	233	235	236	31	17	13	0
233	O24	Diabetes mellitus in pregnancy	0	83	0	0	295	0	0	0	0
234	L22	Diaper (napkin) dermatitis	0	0	2286	0	0	8	0	0	0
235	A09	Diarrhoea and gastroenteritis of presumed infections origin	92696	80155	94552	1171	1108	4935	13	14	21
236	E58	Dietary calcium deficiency	5886	10096	4521	0	1	0	0	0	0
237	E60	Dietary zinc deficiency	36	94	259	0	0	0	0	0	0
238	C83	Diffuse non-Hodgkin's lymphoma	14	3	0	78	40	16	2	1	0
239	A36	Diphtheria	0	0	29	0	0	5	0	0	1
240	W34	Discharge from other and unspecified firearms	0	34	0	8	0	0	2	0	0
241	D73	Disease of spleen	0	0	0	87	1	1	0	0	0
242	K35-K38	Diseases of appendix	4216	6498	23	10	8	5	0	0	0
243	I70-I79	Diseases of arteries, arterioles and capillaries	30	4	0	25	39	5	2	1	0
244	N75	Diseases of Bartholin's gland	15	286	0	1	28	2	0	0	0
245	I78	Diseases of capillaries	0	0	0	211	70	0	0	0	0
246	H60-H62	Diseases of external ear	16688	17937	15193	0	0	0	0	0	0
247	H80-H83	Diseases of inner ear	238	168	118	0	0	0	0	0	0
248	K70-K77	Diseases of liver	1083	595	365	0	1	0	0	0	0
249	N40-N51	Diseases of male genital organs	2979	0	119	1	0	0	0	0	0
250	H65-H75	Diseases of middle ear and mastoid	11575	12448	10728	36	39	0	0	0	0
251	G70-G73	Diseases of myoneural junction and muscle	153	177	0	0	0	0	0	0	0
252	K20-K31	Diseases of oesophagus, stomach and duodenum	49630	50746	13355	0	0	0	0	0	0
253	K00-K14	Diseases of oral cavity, salivary glands and jaws	28670	31024	20723	0	0	0	0	0	0
254	K04	Diseases of pulp and periapical tissues	2785	2775	517	0	0	1	0	0	0
255	K11	Diseases of salivary glands	91	87	55	12	9	8	0	0	0
256	K14	Diseases of tongue	494	496	399	4	4	1	0	0	0
257	I80-I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	5293	6088	593	1	0	0	0	0	0
258	J38	Diseases of vocal cords and larynx, not elsewhere classified	200	126	23	31	13	6	0	0	0
259	S93	Dislocation, Sprain and strain of joints and ligaments at ankle and foot level	2103	3339	1363	5	5	0	0	0	0
260	S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	747	693	963	0	1	0	0	0	0

261	S73	Dislocation,sprain and strain of joint and ligaments of hip	19	3	0	14	6	4	0	0	0
262	S63	Dislocation,sprain and strain of joints and ligaments at wrist and hand level	3968	3388	21	2	1	2	0	0	0
263	S53	Dislocation,sprain and strain of joints and ligaments of elbow	40	23	26	1	3	2	0	0	0
264	S83	Dislocation,sprain and strain of joints and ligaments of knee	4020	3467	174	237	62	13	0	0	0
265	S43	Dislocation,sprain and strain of joints and ligaments of shoulder girdle	387	286	116	13	5	3	0	0	0
266	H00-H06	Disorder of eyelid, lacrimal system and orbit	5088	5604	3889	0	1	0	0	0	0
267	E20-E35	Disorder of other endocrine glands	348	308	6	0	0	0	0	0	0
268	L60-L75	Disorder of skin appendages	14267	14939	4765	7	0	0	0	0	0
269	G90	Disorders of autonomic nervous system	22	20	0	0	0	1	0	0	0
270	M80-M94	Disorders of bone density and structure	6710	8135	6	0	0	0	0	0	0
271	N60-N64	Disorders of breast	0	3258	307	0	0	0	0	0	0
272	H30-H36	Disorders of choroid and retina	26	11	0	0	0	0	0	0	0
273	H10-H13	Disorders of conjunctiva	14714	14747	10534	0	0	0	0	0	0
274	H13*	Disorders of conjunctiva in diseases classified elsewhere	76	78	36	0	0	0	0	0	0
275	M84	Disorders of continuity of bone	2	2	1	33	21	11	0	0	0
276	H49-H52	Disorders of coular muscles, binocular movement, accommodation and refraction	619	738	591	0	0	0	0	0	0
277	H62*	Disorders of external ear in diseases classified elsewhere	1011	1144	527	1	0	0	0	0	0
278	K80-K87	Disorders of gallbladder, biliary tract and pancreas	884	954	466	3	4	0	0	0	0
279	H04	Disorders of lacrimal system	785	1123	702	1	7	44	0	0	0
280	H06*	Disorders of lacrimal system and orbit in diseases classified elsewhere	38	7	109	0	0	0	0	0	0
281	H25-H28	Disorders of lens	3812	2076	66	0	0	0	0	0	0
282	E78	Disorders of lipoprotein metabolism and other lipidaemias	1	0	0	63	36	4	0	1	1
283	N51*	Disorders of male genital organs in diseases classified elsewhere	12	0	24	14	0	3	0	0	0
284	M60-M63	Disorders of muscles	694	637	72	0	0	0	0	0	0
285	K23*	Disorders of oesophagus in diseases classified elsewhere	52	20	28	0	3	0	0	0	0
286	H05	Disorders of orbit	183	139	115	4	6	5	1	0	0
287	K93*	Disorders of other digestive organs in diseases classified elsewhere	44	58	38	10	13	1	0	1	0
288	M22	Disorders of patella	110	77	51	0	2	2	0	0	0
289	F80-F89	Disorders of psychological development	45	65	169	0	0	1	0	0	0
290	H52	Disorders of refraction and accomodation	27105	30396	9065	1	0	1	0	0	0
291	H15	Disorders of sclera	476	676	192	3	1	0	0	0	0
292	H19*	Disorders of sclera and cornea in diseases classified elsewhere	18	11	5	0	0	0	0	0	0
293	H15-H22	Disorders of sclera, cornea, iris and ciliary body	662	834	320	0	0	0	0	0	0
294	F65	Disorders of sexual preference	16	6	0	0	0	0	0	0	0
295	M65-M68	Disorders of synovium and tendon	219	153	0	0	0	0	0	0	0

296	M65-M68	Disorders of synovium and tendon	219	153	0	0	0	0	0	0	0
297	E00-E07	Disorders of thyroid gland	2884	3053	245	0	0	0	0	0	0
298	K00	Disorders of tooth development and eruption	751	775	886	0	0	1	0	0	0
299	G50	Disorders of trigeminal nerve	3	4	0	6	10	0	0	0	0
300	H81	Disorders of vestibular function	345	266	6	30	61	0	0	0	0
301	H43	Disorders of vitreous body	22	21	10	5	10	1	0	0	0
302	P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	0	0	0	0	3385	0	0	265
303	N25	Disorders resulting from impaired renal tubular function	385	206	21	4	7	3	0	0	0
304	F44	Dissociative [conversion] disorders	397	542	62	3	17	1	0	0	0
305	R20	Disturbances of skin sensation	317	195	53	4	2	0	0	0	0
306	R43	Disturbances of smell and taste	112	92	16	0	0	0	0	0	0
307	R42	Dizziness and giddiness	4066	6537	836	59	83	4	0	0	0
308	Z52	Donors of organs and tissues	0	0	0	217	248	0	0	0	0
309	M54	Dorsalgia	3059	3861	510	110	124	6	0	0	0
310	Q90	Down's syndrome	0	0	39	0	0	19	0	0	2
311	B72	Dracunculiasis	17	26	28	0	0	0	0	0	0
312	K26	Duodenal ulcer	268	329	0	34	25	0	0	0	0
313	R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	291	276	219	0	3	0	0	0	0
314	K30	Dyspepsia	37799	35701	5313	15	18	3	0	0	0
315	R13	Dysphagia	6741	1898	392	16	4	1	1	0	0
316	F50	Eating disorders	19	23	573	0	0	0	0	0	1
317	N80	Endometriosis	16	535	15	3	270	20	0	0	0
318	L74	Eccrine sweat disorders	44	51	45	0	0	0	0	0	0
319	B67	Echinococcosis	41	38	48	5	6	0	0	0	0
320	O15	Eclampsia	0	25	0	0	57	0	0	0	0
321	O00	Ectopic pregnancy	0	76	0	0	196	0	0	0	0
322	T15-T19	Effects of foreign body entering through natural orifice	232	303	337	0	0	0	0	0	0
323	R73	Elevated blood glucose level	85	27	0	5	10	0	0	0	0
324	R70	Elevated erythrocyte sedimentation rate and abnormality of plasma viscosity	20	7	0	6	1	0	0	0	0
325	K01	Embedded and impacted teeth	1639	1722	614	0	1	0	0	0	0
326	J43	Emphysema	55	43	15	7	4	0	0	0	0
327	G04	Encephalitis, myelitis and encephalomyelitis	12	7	0	36	22	76	7	3	35
328	G05*	Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere	0	2	0	9	1	0	3	1	0
329	R59	Enlarged lymph nodes	163	60	274	52	42	30	1	0	0
330	B80	Enterobiasis	140	296	484	0	1	9	0	0	0
331	M76	Enthesopathies of lower limb, excluding foot	3	23	1	2	0	0	0	0	0
332	G40	Epilepsy	4604	3777	5823	463	291	1575	15	5	7
333	G40-G47	Episodic and paroxysmal disorders	5088	4812	1531	40	35	9	0	0	0
334	N86	Erosion and ectropion of cervix uteri	0	913	0	0	12	0	0	0	0

335	A46	Erysipelas	36	0	1	1	1	3	0	0	2
336	L54*	Erythema in diseases classified elsewhere	6	8	0	0	1	0	0	0	0
337	L51	Erythema multiforme	7	0	0	2	2	3	0	0	0
338	L52	Erythema nodosum	191	198	66	0	1	0	0	0	0
339	I10	Essential (primary) hypertension	40847	34301	598	7166	3831	266	142	82	1
340	H68	Eustachian salpingitis and obstruction	731	424	98	0	0	0	0	0	0
341	Z02	Examination and encounter for administrative purposes	47	1189	604	34	55	0	0	0	0
342	Z04	Examination and observation for other reasons	0	1	0	73	41	23	2	1	1
343	O21	Excessive vomiting in pregnancy	0	1499	0	0	134	0	0	0	0
344	N92	Excessive, frequent and irregular menstruation	0	16551	191	0	372	19	0	0	0
345	L26	Exfoliative dermatitis	62	49	100	0	0	0	0	0	0
346	W50-W64	Exposure to animate mechanical forces	491	262	329	0	0	0	0	0	0
347	W20-W49	Exposure to inanimate mechanical forces	432	570	315	0	0	0	0	0	0
348	X00-X09	Exposure to smoke, fire and flames	116	155	15	0	0	0	0	0	0
349	W87	Exposure to unspecified electric current	57	18	12	1	0	0	0	0	0
350	X09	Exposure to unspecified smoke, fire and flames	75	71	25	0	0	0	0	0	0
351	G20-G26	Extrapyramidal and movement disorders	175	96	4	0	0	0	0	0	0
352	G51	Facial nerve disorders	31	30	1	13	13	5	0	0	0
353	R15	Faecal incontinence	46	12	0	1	1	28	0	0	0
354	O07	Failed attempted abortion	0	41	0	0	30	0	0	0	0
355	O61	Failed induction of labour	0	0	0	0	515	0	0	0	0
356	T86	Failure and rejection of transplanted organs and tissues	0	0	0	170	65	6	0	1	0
357	W13	Fall from, out of or through building or structure	37	1	29	2	0	0	0	0	0
358	W02	Fall involving ice-skates, skis, roller-skates or skateboards	179	87	101	1	0	0	0	0	0
359	W10	Fall on and from stairs and steps	112	52	71	14	9	2	0	1	0
360	W01	Fall on same level from slipping, tripping and stumbling	1311	860	1031	0	0	0	0	0	0
361	W00	Fall on same level involving ice and snow	46	34	26	4	0	3	0	0	0
362	W00-X59	Falls	569	632	569	16	14	8	2	0	0
363	O47	False labour	0	118	0	0	1673	0	0	0	0
364	Z80	Family history of malignant neoplasm	1	589	0	0	249	1	0	0	0
365	P92	Feeding problems of newborn	0	0	1823	0	0	11	0	0	0
366	N81	female genital prolapse	0	2418	0	0	300	0	0	0	0
367	N97	Female infertility	0	6464	0	0	347	0	0	0	0
368	N74*	Female pelvic inflammatory disorders in diseases classified elsewhere	0	2444	0	0	1	0	0	0	0
369	K41	Femoral hernia	5	0	0	25	6	16	0	0	0
370	P03	Fetus and newborn affected by noxious influences transmitted via placenta or breast milk	0	0	0	0	0	296	0	0	1
371	R50	Fever of unknown origin	46396	38358	37080	1460	1128	982	9	7	0
372	K74	Fibrosis and cirrhosis of liver	7144	732	0	271	178	9	15	6	0

373	B74	Filariasis	95	46	28	0	0	0	0	0	0
374	K60	Fissure and fistula of anal and rectal regions	2644	1986	168	259	148	12	1	0	0
375	N82	Fistulae involving female genital tract	0	7	0	0	51	4	0	0	0
376	Z46	Fitting and adjustment of other devices	0	0	0	206	188	2	1	1	0
377	R14	Flatulence and related conditions	7929	7025	1967	0	1	0	0	0	0
378	D52	Folate deficiency anaemia	1548	2866	1896	3	4	0	0	0	0
379	C82	Follicular [nodular] non-Hodgkin's lymphoma	5	0	0	58	35	0	0	0	0
380	L72	Follicular cysts of skin and subcutaneous tissue	689	283	222	43	22	22	0	0	0
381	Z09	Follow up examination after treatment for conditions other than malignant neoplasms	121	175	17	214	125	29	0	0	0
382	Z08	Follow up examination after treatment for malignant neoplasms	0	0	3	257	236	0	0	0	0
383	T18	Foreign body in alimentary tract	158	126	9	4	3	16	0	0	0
384	T16	Foreign body in ear	632	621	1110	0	0	6	0	0	0
385	T17	Foreign body in respiratory tract	3	5	102	4	1	16	0	0	0
386	T15	Foreign body on external eye	41	65	79	0	0	1	0	0	0
387	S72	Fracture of femur	3442	4384	2136	572	379	147	2	1	0
388	S92	Fracture of foot, except ankle	9803	3726	1678	211	72	44	0	0	0
389	S52	Fracture of forearm	4009	4285	739	377	234	155	8	0	0
390	S82	Fracture of lower leg, including ankle	1052	1132	523	432	170	47	1	0	0
391	S32	Fracture of lumbar spine and pelvis	552	511	85	185	107	13	2	0	0
392	S22	Fracture of ribs(s), sternum and thoracic spine	7	3	1	40	18	6	1	0	0
393	S42	Fracture of shoulder and upper arm	5379	2985	1894	374	122	76	0	0	0
394	S02	Fracture of skull and facial bones	263	186	80	102	25	23	0	1	0
395	S62	Fracture of wrist and hand level	4144	3012	1682	214	54	89	0	0	0
396	T02	Fractures involving multiple body region	924	440	496	6	0	0	1	0	0
397	R02	Gangrene, not elsewhere classified	159	159	229	36	16	4	1	0	0
398	K25	Gastric ulcer	934	848	95	90	74	4	0	0	0
399	K29	Gastritis and duodenitis	42945	42697	9584	532	568	107	3	0	0
400	K21	Gastro - oesophageal reflux disease	10258	14271	745	174	95	18	0	0	0
401	K28	Gastrojejunal ulcer	20	27	0	1	6	0	0	0	0
402	F64	Gender identity disorders	14	10	0	0	1	0	0	0	0
403	Z00	General examination and investigation of persons without complaint and reported diagnosis	155	2412	2907	3290	1474	71	0	0	0
404	R50-R69	General symptoms and signs	118420	137866	100781	1	2	18	0	0	0
405	O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	133	0	0	149	0	0	0	0
406	O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	133	0	0	149	0	0	0	0
407	O13	Gestational (pregnancy - induced) hypertension without significant proteinuria	0	162	0	0	223	0	0	0	0
408	O12	Gestational (pregnancy - induced) oedema and proteinuria without hypertension	0	116	0	0	49	0	0	0	0
409	K05	Gingivitis and periodontal disease	11818	10068	2701	0	3	0	0	0	0

410	A24	Glanders and melioidosis	4	3	0	0	0	0	0	0	0
411	H40	Glaucoma	2137	1547	90	34	22	1	0	0	0
412	H42*	Glaucoma in diseases classified elsewhere	6	2	0	0	0	0	0	0	0
413	N00- N08	Glomerular diseases	241	248	0	30	26	0	2	0	0
414	N08*	Glomerular disorders in diseases classified elsewhere	0	0	0	68	44	0	2	0	0
415	R81	Glycosuria	154	180	20	77	88	28	0	0	0
416	M17	Gonarthrosis [arthrosis of knee]	318	427	53	125	336	0	0	0	0
417	A54	Gonococcal infection	140	108	14	0	0	1	0	0	0
418	M10	Gout	187	238	75	7	1	0	0	0	0
419	L92	Granulomatous disorders of skin and subcutaneous tissue	5	0	0	8	8	8	0	0	0
420	F63	Habit and impulse disorders	25	19	1	0	0	0	0	0	0
421	N96	Habitual aborter	0	776	0	0	50	0	0	0	0
422	D18	Haemangioma and lymphangioma, any site	83	107	0	15	12	177	0	0	0
423	D55- D59	Haemolytic anaemias	326	325	20	0	0	0	0	0	0
424	R04	Haemorrhage from respiratory passages	1057	937	585	67	60	33	3	0	2
425	O20	Haemorrhage in early pregnancy	0	735	0	0	159	0	0	0	0
426	I84	Haemorrhoids	9223	8189	602	372	215	3	2	0	0
427	L67	Hair colour and hair shaft abnormalities	52	9	5	0	0	0	0	0	0
428	R51	Headache	48838	47723	17359	43	108	19	0	0	0
429	I50	Heart failure	8	6	3	981	408	27	36	19	2
430	R12	Heartburn	25891	22602	3114	1	0	0	0	0	0
431	B65- B83	Helminthiasis	21914	27536	29970	0	0	1	0	0	0
432	G81	Hemiplegia	866	490	7	148	62	12	2	2	0
433	K72	Hepatic failure, not elsewhere classified	146	93	85	1702	375	32	217	50	15
434	R16	Hepatomegaly and splenomegaly, not elsewhere classified	3284	2750	2	13	4	6	0	0	0
435	G60	Hereditary and idiopathic neuropathy	14	12	1	2	1	2	0	0	0
436	K40- K46	Hernia	86	59	146	24	1	0	0	0	0
437	B00	Herpesviral [herpes simplex] infections	491	300	113	4	9	9	0	0	0
438	B39	Histoplasmosis	4	6	22	0	0	0	0	0	0
439	W50	Hit, struck, kicked, twisted, bitten or scratched by another person	141	139	90	15	7	10	0	0	0
440	C81	Hodgkin's disease	13	4	4	90	83	27	1	0	0
441	B76	Hookworm diseases	1431	1471	1876	1	0	0	0	0	0
442	H00	Hordeolum and chalazion	3097	3025	1691	1	0	5	0	0	0
443	B20- B24	Human immunodeficiency virus (HIV) disease	16	15	10	8	2	0	2	0	0
444	B20	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	142	59	11	50	20	6	5	3	0
445	B21	Human immunodeficiency virus [HIV] disease resulting in malignant neoplasms	2	0	0	9	1	0	1	0	0
446	B23	Human immunodeficiency virus disease resulting in other conditions	75	14	6	1	1	0	0	0	0
447	O01	Hydatidiform mole	0	21	0	0	9	0	0	0	0
448	N43	Hydrocele and spermatocele	2254	0	0	438	0	0	0	0	0



449	G91	Hydrocephalus	2	1	0	23	19	18	0	0	1
450	R61	Hyperhidrosis	39	28	33	11	2	0	0	0	0
451	F90	Hyperkinetic disorders	7	6	107	0	0	1	0	0	0
452	N40	Hyperplasia of prostate	2025	0	0	563	0	0	3	0	0
453	I10-I15	Hypertensive diseases	55884	53835	100	134	152	0	24	13	0
454	I13	Hypertensive heart and renal disease	10	10	0	1	1	0	0	1	0
455	I11	Hypertensive heart disease	1877	1262	27	45	69	1	7	2	0
456	L68	Hypertrichosis	88	114	16	3	2	0	0	0	0
457	L91	Hypertrophic disorders of skin	49	43	14	4	8	3	0	0	0
458	N62	Hypertrophy of breast	0	292	0	0	28	0	0	0	0
459	I12	Hypertensive renal disease	73	15	0	2	4	3	0	0	0
460	E20	Hypoparathyroidism	96	129	4	1	3	2	0	0	0
461	Q54	Hypospadias	0	0	0	4	0	326	0	0	0
462	I95	Hypotension	1060	2118	39	29	21	1	3	1	0
463	P80	Hypothermia of newborn	0	0	0	0	0	174	0	0	1
464	Z28	Immunization not carried out	4	0	4	0	0	1	0	0	0
465	L01	Impetigo	2476	2840	4078	0	0	3	0	0	0
466	F24	Induced delusional disorder	47	0	0	0	0	0	0	0	0
467	G80	Infantile cerebral palsy	0	0	145	0	0	149	0	0	2
468	A31	Infection due to other mycobacteria	786	610	237	18	0	0	0	0	0
469	O91	Infections of breast associated with childbirth	0	117	0	0	37	0	0	0	0
470	O23	Infections of genitourinary tract in pregnancy	0	375	0	0	68	0	0	0	0
471	L00-L08	Infections of the skin and subcutaneous tissue	42475	41374	38098	47	0	0	0	0	0
472	A50-A64	Infections with a predominantly sexual mode of transmission	1501	4545	70	2	1	0	0	0	0
473	N72	Inflammatory diseases of cervix uteri	0	3618	0	0	42	12	0	0	0
474	N70-N77	Inflammatory diseases of female pelvic organs	0	25490	0	0	0	0	0	0	0
475	N41	Inflammatory diseases of prostate	74	0	0	17	0	0	0	0	0
476	N71	inflammatory diseases of uterus, except cervix	0	1035	0	0	14	0	0	0	0
477	N61	Inflammatory disorders of breast	0	2150	0	0	45	0	0	0	0
478	N49	Inflammatory disorders of male genital organs, not elsewhere classified	2	0	0	22	0	0	0	0	0
479	M05-M14	Inflammatory polyarthropathies	13170	14920	997	0	0	0	0	0	0
480	G61	Inflammatory polyneuropathy	42	24	6	19	17	32	0	0	1
481	J10-J18	Influenza and pneumonia	8779	9495	7757	26	37	0	9	3	0
482	J10	Influenza due to identified influenza virus	2970	3137	2325	66	65	31	2	0	0
483	J11	Influenza, virus not identified	776	705	605	5	1	2	0	1	0
484	K40	Inguinal hernia	1974	1166	362	802	91	385	2	1	0
485	S80-S89	Injuries to the knee and lower leg	4621	3820	3311	0	0	0	0	0	0
486	S30-S39	Injuries to the abdomen, lower back, lumbar spine and pelvis	733	608	203	0	0	0	0	0	0
487	T00-T07	Injuries of involving multiple body regions	950	1041	893	0	0	0	0	0	0

488	S90-S99	Injuries to the ankle and foot	3906	3208	3069	0	0	0	0	0	0
489	S50-S59	Injuries to the elbow and forearm	2652	2079	2047	0	0	0	0	0	0
490	S00-S09	Injuries to the head	3831	4357	3439	0	0	0	0	0	0
491	S70-S79	Injuries to the hip and thigh	612	1199	343	0	0	0	0	0	0
492	S10-S19	Injuries to the neck	563	643	773	0	0	0	0	0	0
493	S40-S49	Injuries to the shoulder and upper arm	1597	1568	1174	0	0	0	0	0	0
494	S20-S29	Injuries to the thorax	173	142	3	0	0	1	0	0	0
495	S60-S69	Injuries to the wrist and hand	3245	2651	3063	0	0	0	0	0	0
496	T08-T14	Injuries to unspecified part of trunk, limb or body region	8	13	7	0	0	0	0	0	0
497	S35	Injury of blood vessels at abdomen, lower back and pelvis level	0	2	0	1	4	0	0	0	0
498	S65	Injury of blood vessels at wrist and hand level	4	2	0	1	0	0	0	0	0
499	S05	Injury of eye and orbit	104	55	60	3	1	5	0	0	0
500	S36	Injury of intra-abdominal organs	4	0	1	11	4	3	1	1	1
501	S56	Injury of muscle and tendon at forearm level	11	0	0	2	1	0	0	0	0
502	S54	Injury of nerves at forearm level	9	11	2	3	0	0	0	0	0
503	T14	Injury of unspecified of body	0	0	0	36	18	22	0	0	0
504	E10	Insulin-dependent diabetes mellitus	9025	7066	343	631	554	119	18	20	1
505	X78	Intentional self-harm by sharp object	19	15	0	0	0	0	0	0	0
506	M23	Internal derangement of knee	71	53	0	61	65	2	0	0	0
507	A00-A09	Intestinal infectious diseases	60618	60824	48938	60	71	54	0	0	0
508	K90	Intestinal malabsorption	700	559	478	26	7	90	0	0	0
509	I61	Intracerebral haemorrhage	4	1	0	101	41	8	13	2	2
510	G08	Intracranial and intraspinal phlebitis and thrombophlebitis	0	0	0	12	5	5	0	0	1
511	S06	Intracranial injury	21	18	100	104	24	22	10	2	1
512	S37	Inury of pelvic organs	0	1	0	35	31	6	15	11	1
513	E01	Iodine-deficiency-related thyroid disorders and allied conditions	245	401	7	0	4	0	0	0	0
514	H20	Iridocyclitis	322	404	9	8	2	0	0	0	0
515	D50	Iron deficiency anaemia	13822	35008	21683	289	554	610	2	3	4
516	K58	Irritable bowel syndrome	665	341	19	109	7	1	0	0	0
517	L24	Irritant contact dermatitis	1103	992	404	0	0	0	0	0	0
518	I20-I25	Ischaemic heart diseases	7360	6787	0	5	12	7	1	2	0
519	R80	Isolated proteinuria	382	387	122	209	249	130	0	0	0
520	N06	Isolated proteinuria with specified morphological lesion	316	298	0	1	0	1	1	0	0
521	M91	Juvenile osteochondrosis of hip and pelvis	146	203	0	0	0	5	0	0	0
522	H16	Keratitis	798	388	282	8	3	1	0	0	0
523	L86*	Keratoderma in diseases classified elsewhere	6	3	0	0	0	0	0	0	0
524	E40	Kwashiorkor	59	131	216	0	0	23	0	0	0
525	M40	Kyphosis and lordosis	669	585	556	0	3	1	0	0	0

526	R75	Laboratory evidence of human immunodeficiency	271	1100	13	74	14	1	0	0	0
527	O68	Labour and delivery complicated by fetal stress (distress)	0	10	1	0	338	17	0	0	0
528	R62	Lack of expected normal physiological development	7	3	63	7	12	49	5	1	0
529	Y35	Legal intervention	0	0	0	46	36	12	3	1	0
530	D25	Leiomyoma of uterus	0	36	0	0	501	0	0	1	0
531	B55	Leishmaniasis	3	8	13	1	0	2	0	0	0
532	A30	Leprosy Hansen's disease	309	316	173	39	0	0	0	0	0
533	L43	Lichen planus	207	159	83	1	0	0	0	0	0
534	L28	Lichen simplex chronicus and prurigo	658	623	168	0	1	0	0	0	0
535	Z38	Liveborn infants according to place of birth	0	0	0	0	0	11680	0	0	2
536	K77*	Liver disorders in diseases classified elsewhere	5	3	0	59	5	1	14	0	0
537	E65	Localized adiposity	27	39	3	0	1	0	0	0	0
538	R22	Localized swelling, mass and lump of skin and subcutaneous tissue	238	269	36	32	34	14	0	0	0
539	O63	Long labour	0	0	0	0	193	0	0	0	0
540	C91	Lymphoid leukaemia	15	9	15	158	94	337	3	3	0
541	R53	Malaise and fatigue	31645	31197	11367	15	12	3	0	0	0
542	N46	Male infertility	20	0	0	24	0	0	0	0	0
543	C30-C39	Malignant neoplasm of respiratory and intrathoracic organs	39	5	0	0	0	0	0	0	0
544	C74	Malignant neoplasm of adrenal gland	2	0	1	17	16	24	0	0	1
545	C21	Malignant neoplasm of anus and anal canal	7	4	0	18	9	1	0	0	0
546	C01	Malignant neoplasm of base of tongue	51	44	2	61	8	7	2	0	0
547	C67	Malignant neoplasm of bladder	36	5	1	199	55	8	5	1	0
548	C40	Malignant neoplasm of bone and articular cartilage of limbs	11	6	1	85	55	11	0	0	0
549	C71	Malignant neoplasm of brain	17	11	1	95	64	43	4	0	0
550	C50	Malignant neoplasm of breast	0	254	0	0	1687	360	0	23	0
551	C34	Malignant neoplasm of bronchus and lung	59	31	0	387	175	11	23	12	0
552	C53	Malignant neoplasm of cervix uteri	0	110	0	0	286	0	0	5	0
553	C18	Malignant neoplasm of colon	21	15	0	288	203	5	8	5	0
554	C54	Malignant neoplasm of corpus uteri	0	34	0	0	161	0	0	3	0
555	C69	Malignant neoplasm of eye and adnexa	0	3	0	3	3	18	0	0	1
556	C04	Malignant neoplasm of floor of mouth	51	69	0	4	4	0	0	0	0
557	C23	Malignant neoplasm of gallbladder	25	72	0	193	253	7	13	7	0
558	C03	Malignant neoplasm of gum	44	18	0	40	13	1	1	0	0
559	C13	Malignant neoplasm of hypopharynx	29	39	0	25	6	0	1	0	0
560	C64	Malignant neoplasm of kidney, except renal pelvis	20	4	2	38	25	51	2	2	1
561	C32	Malignant neoplasm of larynx	118	27	0	60	5	0	3	0	0
562	C00	Malignant neoplasm of lip	25	25	1	5	2	0	0	0	0
563	C22	Malignant neoplasm of liver and intrahepatic bile ducts	22	9	0	607	188	3	37	25	0
564	C30	Malignant neoplasm of nasal cavity and middle ear	36	41	0	1	3	0	0	0	0

565	C15	Malignant neoplasm of oesophagus	40	29	0	188	96	11	5	3	0
566	C10	Malignant neoplasm of oropharynx	21	29	0	14	4	0	1	0	0
567	C26	Malignant neoplasm of other and ill defined digestive organs	0	0	0	63	41	0	1	0	0
568	C76	Malignant neoplasm of other and ill-defined sites	0	0	0	42	16	7	0	0	0
569	C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	16	71	0	1	0	0	0	0	0
570	C57	Malignant neoplasm of other and unspecified female genital organs	0	1	0	0	37	0	0	0	0
571	C08	Malignant neoplasm of other and unspecified major salivary glands	21	29	0	2	3	0	0	0	0
572	C24	Malignant neoplasm of other and unspecified parts of biliary tract	2	5	0	45	20	0	1	2	0
573	C06	Malignant neoplasm of other and unspecified parts of mouth	92	22	0	193	25	0	3	0	0
574	C02	Malignant neoplasm of other and unspecified parts of tongue	90	74	0	112	44	11	3	0	0
575	C49	Malignant neoplasm of other connective and soft tissue	32	79	1	43	26	20	0	0	0
576	C56	Malignant neoplasm of ovary	0	154	0	0	405	0	0	15	0
577	C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	49	113	0	11	4	0	0	0	0
578	C05	Malignant neoplasm of palate	33	42	0	10	6	0	0	0	0
579	C25	Malignant neoplasm of pancreas	24	5	0	190	129	0	6	4	0
580	C07	Malignant neoplasm of parotid gland	22	27	0	8	10	1	0	0	0
581	C60	Malignant neoplasm of penis	5	0	0	9	0	0	1	0	0
582	C61	Malignant neoplasm of prostate	71	0	0	430	0	0	9	0	0
583	C12	Malignant neoplasm of pyriform sinus	15	7	0	28	8	0	0	0	0
584	C19	Malignant neoplasm of rectosigmoid junction	2	1	0	30	74	1	1	0	0
585	C20	Malignant neoplasm of rectum	18	11	1	198	85	0	2	2	0
586	C48	Malignant neoplasm of retroperitoneum and peritoneum	1	1	0	23	10	2	0	0	0
587	C17	Malignant neoplasm of small intestine	6	1	0	12	14	0	0	0	0
588	C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	0	0	0	8	7	1	0	0	0
589	C16	Malignant neoplasm of stomach	30	16	0	195	136	3	3	1	0
590	C62	Malignant neoplasm of testis	7	0	0	15	0	0	1	0	0
591	C73	Malignant neoplasm of thyroid gland	6	22	0	32	46	1	0	0	0
592	C09	Malignant neoplasm of tonsil	22	22	0	29	3	0	1	0	0
593	C80	Malignant neoplasm without specification of site	48	15	0	81	77	4	6	1	0
594	E40-E46	Malnutrition	3520	5151	7663	0	0	0	0	0	0
595	O25	Malnutrition in pregnancy	0	5093	0	0	910	0	0	0	0
596	E12	Malnutrition-related diabetes mellitus	1239	1144	0	0	0	0	0	0	0
597	F30	Manic episode	1140	900	106	52	17	3	0	0	0
598	E42	Marasmic kwashiorkor	0	0	187	0	0	29	0	0	0
599	H70	Mastoiditis and related conditions	488	659	222	22	6	4	0	0	0
600	O34	Maternal care for known or suspected abnormality of pelvic organs	0	0	0	0	275	0	0	0	0
601	O33	Maternal care for known or suspected disproportion	0	4	0	0	94	0	0	0	0

602	O35	Maternal care for known or suspected fetal abnormality and damabe	0	17	0	0	62	0	0	0	0
603	O36	Maternal care for known or suspected fetal problems	0	122	0	0	357	0	0	1	0
604	O32	Maternal care for known or suspected malpresentaion of fetus	0	161	0	0	101	0	0	0	0
605	O26	Maternal care for other conditions predominantly related to pregnancy	0	605	0	0	99	0	0	0	0
606	O30-O48	Maternal care related to fetus and amniotic cavity and possible delivery problems	0	556	0	0	0	0	0	0	0
607	B05	Measles	0	0	42	0	0	33	0	0	0
608	O04	Medical abortion	0	622	0	0	635	0	0	0	0
609	G03	Meningitis due to other and unspecified causes	10	0	0	16	20	94	7	2	10
610	G01*	Meningitis in bacterial diseases classified elsewhere	2	4	0	22	34	10	2	1	0
611	A39	Meningococcal infection	0	2	0	17	5	18	0	1	1
612	N95	Menopausal and other perimenopausal disorders	0	1711	0	0	193	0	0	0	0
613	F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	0	213	0	0	0	0	0	0	0
614	F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	662	27	29	9	0	0	0	0	0
615	F10-F19	Mental and behavioural disorders due to psychoactive substance use	2173	95	96	0	0	0	0	0	0
616	F13	Mental and behavioural disorders due to sedatives or hypnotics	96	74	0	3	1	0	0	0	0
617	F10	Mental and behavioural disorders due to use of alcohol	3639	0	0	175	0	0	2	0	0
618	F12	Mental and behavioural disorders due to use of cannabinoids	873	98	24	31	2	0	0	0	0
619	F16	Mental and behavioural disorders due to use of hallucinogens	49	0	0	0	0	0	0	0	0
620	F11	Mental and behavioural disorders due to use of opioids	1717	177	44	30	1	0	0	0	0
621	F15	Mental and behavioural disorders due to use of other stimulants, including caffeine	57	0	0	78	0	6	0	0	0
622	F17	Mental and behavioural disorders due to use of tobacco	445	62	21	24	0	0	0	0	0
623	F99	Mental disorder, not otherwise specified	0	0	0	94	4	0	0	0	0
624	F70-F79	Mental retardation	507	389	989	0	0	0	0	0	0
625	E70-E90	Metabolic disorders	1542	1368	5	0	0	0	0	0	0
626	G43	Migraine	2017	2949	145	15	44	4	0	0	0
627	F70	Mild mental retardation	347	252	1315	6	2	1	1	0	0
628	A19	Miliary tuberculosis	62	21	8	76	33	11	2	1	2
629	F61	Mixed and other personality disorders	25	28	0	0	0	0	0	0	0
630	F71	Moderate mental retardation	172	112	530	5	1	1	0	0	0
631	G56	Mononeuropathies of upper limb	6	2	0	5	33	12	0	0	0
632	F30-F39	Mood (affective) disorders	4425	4906	278	0	0	0	0	0	0
633	V23	Motorcycle rider injured in collision with car,pick-up truck or van	381	95	15	9	1	0	0	0	0
634	V24	Motorcycle rider injured in collision with heavy transport vehicle or bus	38	4	1	2	1	0	0	0	0
635	V26	Motorcycle rider injured in collision with other nonmotor vehicle	8	13	0	0	0	0	0	0	0

636	V22	Motorcycle rider injured in collision with two or three wheeled motor vehicle	81	11	0	9	0	0	0	0	0
637	V20-V29	Motorcycle rider injured in transport accident	184	32	38	0	0	0	0	0	0
638	V29	Motorcycle rider injured in other and unspecified transport accidents	566	223	61	1	0	0	0	0	0
639	O84	Multiple delivery	0	6	0	0	162	0	0	0	0
640	O30	Multiple gestation	0	289	0	0	105	0	0	0	0
641	C90	Multiple myeloma and malignant plasma cell neoplasms	10	6	0	150	102	82	11	3	0
642	G35	Multiple sclerosis	0	0	0	104	35	5	0	0	0
643	B26	Mumps	126	153	370	0	0	2	0	0	0
644	B35-B49	Mycoses	20346	27453	12272	0	0	0	0	0	0
645	D46	Myelodysplastic syndromes	1	0	0	116	35	6	2	1	0
646	C92	Myeloid leukaemia	24	13	2	120	76	25	11	5	1
647	B87	Myiasis	56	39	56	1	0	0	0	0	0
648	M60	Myositis	229	286	158	8	6	13	0	0	0
649	L60	Nail disorders	2594	2834	1052	0	3	1	0	0	0
650	J33	Nasal polyp	424	531	32	155	67	18	0	0	0
651	R11	Nausea and vomiting	22008	25206	19234	55	63	16	0	0	0
652	Z24	Need for immunization against certain single viral diseases	19	18	708	0	0	0	0	0	0
653	Z23	Need for immunization against single bacterial disease	4	31	482	0	1	0	0	0	0
654	Z27	Need for immunization against combinations of infectious diseases	883	1194	9797	0	0	8276	0	0	0
655	Z26	Need for immunization against other single infectious diseases	5	0	1406	1	2	0	0	0	0
656	Z29	Need for other prophylactic measures	12	0	685	51	17	0	0	0	0
657	P24	Neonatal aspiration syndromes	0	0	117	0	0	340	0	0	26
658	P59	Neonatal jaundice from other and unspecified causes	0	0	485	0	0	1976	0	0	3
659	D43	Neoplasm of uncertain or unknown behaviour of brain and central nervous system	0	0	0	11	5	1	0	0	0
660	D37	Neoplasm of uncertain or unknown behaviour of oral cavity and digestive organs	1	0	0	15	7	0	0	0	0
661	D48	Neoplasm of uncertain or unknown behaviour of other and unspecified sites	0	0	0	34	19	5	0	0	0
662	D41	Neoplasm of uncertain or unknown behaviour of urinary organs	0	0	0	32	12	0	13	6	0
663	N04	Nephrotic syndrome	2	3	80	93	8	200	0	0	9
664	G50-G59	Nerve, nerve root and plexus disorders	32	36	0	0	0	0	0	0	0
665	N31	Neuromuscular dysfunction of bladder, not elsewhere classified	9	27	13	7	1	21	0	0	0
666	F40-F48	Neurotic, stress-related and somatoform disorders	3503	4038	207	0	0	2	0	0	0
667	E52	Niacin deficiency (pellagra)	69	71	105	0	0	0	0	0	0
668	N80-N98	Non inflammatory disorders of female genital tract	0	15816	748	0	1	0	0	0	0
669	E15	Nondiabetic hypoglycaemic coma	0	0	0	20	0	2	5	0	0
670	N83	Noninflammatory disorders of ovary, fallopian tube and broad ligament	0	829	0	0	227	0	0	1	0
671	K50-K52	Noninfective enteritis and colitis	1152	1568	1277	0	0	0	0	0	0

672	E11	Non-insulin-dependent diabetes mellitus	41110	34419	14	5226	2789	186	139	73	1
673	F51	Nonorganic sleep disorders	370	227	2	1	1	0	0	0	0
674	I35	Nonrheumatic aortic valve disorders	2	1	0	59	38	10	0	0	1
675	I34	Nonrheumatic mitral valve disorders	10	0	0	92	55	2	5	1	0
676	I88	Nonspecific lymphadenitis	345	252	470	1	4	5	0	0	0
677	H65	Nonsuppurative otitis media	5978	7132	5047	9	2	2	0	0	0
678	A65	Nonvenereal syphilis	11	11	6	0	0	0	0	0	0
679	D50- D53	Nutritional anaemias	39307	62737	33074	305	357	0	19	8	0
680	E41	Nutritional marasmus	41	41	73	0	0	6	0	0	0
681	H55	Nystagmus and other irregular eye movements	519	507	351	0	0	2	0	0	0
682	E66	Obesity	1327	2293	382	108	159	3	8	3	0
683	E65- E68	Obesity and other hyperalimentation	1898	2419	666	0	0	0	0	0	0
684	F42	Obsessive - compulsive disorder	1042	935	81	12	9	1	0	0	0
685	O65	Obstructed labour due to maternal pelvic abnormality	0	0	0	0	69	2	0	0	1
686	N13	Obstructive and reflux uropathy	1124	1343	22	154	89	178	1	2	0
687	V39	Occupant of three-wheeled motor vehicle injured in other and unspecified transport accidents	21	3	2	3	3	0	1	0	0
688	R60	Oedema, not elsewhere classified	72	57	8	16	8	6	0	0	0
689	O10- O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	0	206	0	0	0	0	0	0	0
690	I85	Oesophageal varices	38	26	0	445	159	14	38	18	0
691	K20	Oesophagitis	1231	1489	365	85	43	2	3	0	0
692	S91	Open wound of ankle and foot	447	522	362	6	1	1	0	0	0
693	S51	Open wound of forearm	34	25	10	6	3	0	0	0	0
694	S01	Open wound of head	133	39	31	17	8	15	1	0	0
695	S71	Open wound of hip and thigh	527	389	328	7	2	2	0	0	0
696	S81	Open wound of lower leg	640	448	360	10	4	2	0	0	0
697	S41	Open wound of shoulder and upper arm	290	389	59	1	0	0	0	0	0
698	S61	Open wound of wrist and hand	206	203	203	7	3	2	0	0	0
699	T01	Open wounds involving multiple body regions	119	7	0	0	0	1	0	0	0
700	H46	Optic neuritis	250	1	1	3	11	2	0	0	0
701	N45	Orchitis and epididymitis	849	5	5	21	0	2	0	0	0
702	F04	Organic amnesic syndrome, not induced by alcohol and other psychoactive substances	40	11	0	0	0	0	0	0	0
703	F00- F09	Organic, including symptomatic, mental disorders	500	234	0	0	0	0	0	0	0
704	M86	Osteomyelitis	227	259	119	65	20	80	0	0	0
705	M87	Osteonecrosis	106	145	0	18	4	1	0	0	0
706	M90*	Osteopathies in diseases classified elsewhere	2495	2551	0	1	1	0	0	0	0
707	M82*	Osteoporosis in diseases classified elsewhere	1000	1340	25	0	0	0	0	0	0
708	M80	Osteoporosis with pathological fracture	121	159	11	1	2	2	0	0	0
709	M81	Osteoporosis without pathological fracture	4164	4823	0	66	11	0	0	0	0

710	H92	Otalgia and effusion of ear	2789	2523	3011	1	4	1	0	0	0
711	K45	Other abdominal hernia	204	123	14	111	112	2	0	0	0
712	R82	Other abnormal findings in urine	573	817	141	205	194	73	0	0	0
713	O02	Other abnormal products of conception	0	521	0	0	216	0	0	0	0
714	N93	Other abnormal uterine and vaginal bleeding	0	3266	3	0	457	48	0	1	0
715	O05	Other abortion	0	996	0	0	706	0	0	0	0
716	M21	Other acquired deformities of limbs	319	148	50	49	27	63	0	0	0
717	I24	Other acute ischaemic heart diseases	357	191	4	113	45	0	5	5	0
718	J20-J22	Other acute lower respiratory infections	29064	32514	23723	26	24	0	1	0	0
719	L56	Other acute skin changes due to ultraviolet radiation	6	6	154	0	0	0	0	0	0
720	B17	Other acute viral hepatitis	181	7	0	181	89	43	2	1	1
721	D64	Other anaemias	31	41	9	450	538	257	4	3	12
722	S69	Other and unsepcified injuries of wrist and hand	134	37	39	25	14	4	1	0	0
723	I99	Other and unspecified disorders of circulatory system	141	149	0	16	7	1	1	0	0
724	I95-I99	Other and unspecified disorders of the cirulatory system	2731	2854	1280	0	0	0	0	0	0
725	B99	Other and unspecified infectious diseases	191	237	103	18	5	0	0	0	0
726	S39	Other and unspecified injuries of abdomen, lower back and pelvis	21	17	7	29	5	9	2	0	1
727	S99	Other and unspecified injuries of ankle and foot	378	306	251	2	2	2	0	0	0
728	S59	Other and unspecified injuries of forearm	202	121	77	12	3	3	0	0	0
729	S09	Other and unspecified injuries of head	59	40	44	149	47	23	7	4	2
730	S79	Other and unspecified injuries of hip and thigh	62	46	36	4	3	0	0	0	0
731	S89	Other and unspecified injuries of lower leg	352	214	309	6	1	2	0	0	0
732	S49	Other and unspecified injuries of shoulder and upper arm	78	73	55	1	3	0	0	0	0
733	S29	Other and unspecified injuries of thorax	18	6	21	8	2	1	0	0	0
734	A53	Other and unspecified syphilis	16	13	0	1	1	0	0	0	0
735	C85	Other and unspecified types of non-Hodgkin's lymphoma	15	13	1	166	102	33	5	3	0
736	Y59	Other and unspecified vaccines and biological substances	347	392	69	0	0	0	0	0	0
737	F41	Other anxiety disorders	2442	2073	81	29	37	3	0	0	0
738	D61	Other aplastic anaemias	2	2	0	26	34	23	3	0	2
739	M13	Other arthritis	23748	28084	565	124	100	7	0	0	0
740	O83	Other assisted single delivery	0	574	0	0	718	0	0	0	0
741	A30-A49	Other bacterial diseases	2890	3668	2728	24	15	6	23	4	0
742	A05	Other bacterial foodborne intoxications	59	52	25	0	0	22	0	0	0
743	A04	Other bacterial intestinal infections	1464	358	67	10	3	6	0	3	0
744	L13	Other bullous disorders	119	118	108	1	0	0	0	0	0
745	M71	Other bursopathies	204	115	20	1	1	2	0	0	0
746	I49	Other cardiac arrhythmias	13	0	0	43	20	0	8	4	0
747	H26	Other cataract	1384	1432	51	575	684	12	0	0	0
748	I67	Other cerebrovascular diseases	18	0	0	26	24	1	1	0	0

749	B71	Other cestode infections	17	3	25	0	0	0	0	0	0
750	J44	Other chronic obstructive pulmonary disease	20211	14053	1246	1704	906	116	147	64	1
751	D68	Other coagulation defects	0	0	0	159	40	21	28	14	0
752	O75	Other complications of labour and delivery, not elsewhere classified	0	0	0	0	254	0	0	0	0
753	T88	Other complications of surgical and medical care, not elsewhere classified	1	0	0	4	4	2	0	0	0
754	I45	Other conduction disorders	6	2	1	49	23	1	18	11	0
755	Q18	Other congenital malformations of face and neck	0	0	0	2	2	24	0	0	0
756	Q43	Other congenital malformations of intestine	0	0	0	1	1	289	0	0	3
757	Q24	Other congenital malformations of the heart	0	0	0	76	57	180	0	0	10
758	Q38	Other congenital malformations of tongue, mouth and pharynx	0	0	0	4	2	43	0	0	0
759	Q64	Other congenital malformations of urinary system	0	0	0	5	2	190	0	0	1
760	Q89	Other congenital malformations, not elsewhere classified	0	0	0	3	5	6	0	0	0
761	M43	Other deforming dorsopathies	4	6	5	26	36	10	0	0	0
762	G31	Other degenerative diseases of nervous system, not elsewhere classified	26	0	0	3	4	5	0	0	0
763	G37	Other demyelinating diseases of central nervous system	14	0	0	12	12	4	0	0	0
764	L30	Other dermatitis	6650	5914	4396	3	4	0	0	0	0
765	K31	Other disease of stomach and duodenum	1069	863	72	121	108	7	0	1	0
766	K62	Other diseases of anus and rectum	1281	1225	93	51	38	160	1	0	0
767	K83	Other diseases of biliary tract	38	64	0	147	70	56	0	0	1
768	K92	Other diseases of digestive system	494	426	433	111	57	17	11	6	0
769	K03	Other diseases of hard tissues of teeth	1843	1606	698	0	0	0	0	0	0
770	H83	Other diseases of inner ear	124	161	166	14	3	0	0	0	0
771	K63	Other diseases of intestine	308	365	225	91	70	13	4	0	1
772	K55-K63	Other diseases of intestines	2279	2541	417	0	0	0	0	0	0
773	K10	Other diseases of jaws	333	112	8	2	2	1	0	0	0
774	K13	Other diseases of lip and oral mucosa	620	251	91	10	10	12	0	0	0
775	K76	Other diseases of liver	131	119	15	3887	807	91	382	62	4
776	K22	Other diseases of oesophagus	80	66	24	37	11	228	0	0	1
777	K86	Other diseases of pancreas	27	19	26	149	119	11	10	0	0
778	I31	Other diseases of pericardium	12	2	0	18	11	1	0	1	0
779	K90-K93	Other diseases of the digestive system	11221	10857	6780	0	0	0	0	0	0
780	J30-J39	Other diseases of upper respiratory tract	43396	55302	37509	27	15	33	9	10	3
781	N30-N39	Other diseases of urinary system	7260	10648	2247	0	0	0	0	0	0
782	F68	Other disorders of adult personality and behaviour	24	13	1	0	2	0	0	0	0
783	O41	Other disorders of amniotic fluid and membranes	0	6	0	0	197	0	0	3	0
784	N32	Other disorders of bladder	14	46	0	89	9	5	0	0	0
785	G93	Other disorders of brain	5	5	0	244	153	41	10	4	11
786	N64	Other disorders of breast	0	179	0	0	14	0	0	0	0

787	H11	Other disorders of conjunctiva	4009	3766	1484	8	10	1	0	0	0
788	H18	Other disorders of cornea	113	87	3	47	53	0	0	0	0
789	H90-H95	Other disorders of ear	3625	3249	1641	4	0	0	0	0	0
790	H93	Other disorders of ear, not elsewhere classified	2231	1824	3434	5	2	3	0	0	0
791	H69	Other disorders of Eustachian tube	22	37	43	0	0	0	0	0	0
792	H61	Other disorders of external ear	5273	5543	3913	12	7	1	0	0	0
793	H57	Other disorders of eye and adnexa	211	236	158	29	31	4	0	0	0
794	H02	Other disorders of eyelid	292	295	89	10	9	2	0	0	0
795	E87	Other disorders of fluid, electrolyte and acid-base balance	20	10	5	815	304	57	31	23	6
796	K06	Other disorders of gingiva and edentulous alveolar ridge	80	57	18	2	1	0	0	0	0
797	N25-N29	Other disorders of kidney and ureter	57	29	4	6	7	0	3	0	0
798	N29*	Other disorders of kidney and ureter in diseases classified elsewhere	33	61	20	0	0	0	0	0	0
799	N28	Other disorders of kidney and ureter, not elsewhere classified	14	1	0	142	70	4	23	15	0
800	H27	Other disorders of lens	2766	2674	247	29	17	7	0	0	0
801	N50	Other disorders of male genital organs	28	0	62	12	0	8	0	0	0
802	H74	Other disorders of middle ear and mastoid	8447	1178	2053	0	0	0	0	0	0
803	H75*	Other disorders of middle ear and mastoid in diseases classified elsewhere	72	78	150	0	0	0	0	0	0
804	M62	Other disorders of muscle	790	873	6	6	3	0	1	0	0
805	J34	Other disorders of nose and nasal sinuses	138	164	414	160	71	32	0	0	0
806	H47	Other disorders of optic [2nd] nerve and visual pathways	18	5	6	3	3	0	0	0	0
807	E16	Other disorders of pancreatic internal secretion	2	0	1	39	24	20	0	0	2
808	N48	Other disorders of penis	3	0	0	27	0	13	0	0	0
809	L81	Other disorders of pigmentation	1243	949	60	0	0	0	0	0	0
810	L99*	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere	62	68	21	0	1	0	0	0	0
811	L98	Other disorders of skin and subcutaneous tissue, not elsewhere classified	350	342	363	13	12	17	0	0	0
812	M67	Other disorders of synvium and tendon	15	24	1	4	2	2	0	0	0
813	K08	Other disorders of teeth and supporting structures	1093	238	67	1	1	4	0	0	0
814	L80-L99	Other disorders of the skin and subcutaneous tissue	6322	7639	2857	1	0	0	0	0	0
815	E07	Other disorders of thyroid	51	91	0	4	11	3	0	0	0
816	N36	Other disorders of urethra	25	2	20	4	8	11	0	0	0
817	N39	Other disorders of urinary system	712	3068	759	828	1074	222	18	19	9
818	M50-M54	Other dorsopathies	2954	2917	70	0	0	0	0	0	0
819	P91	Other disturbances of cerebral status of new born	0	0	0	0	0	44	0	0	10
820	L85	Other epidermal thickening	20	38	8	0	0	1	0	0	0
821	L53	Other erythematous conditions	221	116	79	0	1	1	0	0	0
822	G25	Other extrapyramidal and movement disorders	28	26	19	11	4	10	0	0	0
823	W17	Other fall from one level to another	85	29	10	16	3	19	1	0	1

824	N73	Other female pelvic inflammatory diseases	0	19129	0	0	42	0	0	1	0
825	B66	Other fluke infections	46	38	9	0	0	0	0	0	0
826	L73	Other follicular disorders	0	716	0	0	6	0	0	0	0
827	I30-I52	Other forms of heart disease	143	7	31	0	0	0	0	0	0
828	K59	Other functional intestinal disorders	327	12	3	18	21	14	1	0	0
829	R68	Other general symptoms and signs	6638	1829	1008	18	2	0	0	0	0
830	G44	Other headache syndromes	5849	7778	1562	15	81	24	1	0	0
831	H91	Other hearing loss	1098	909	247	17	6	20	0	0	0
832	B83	Other helminthiases	894	1069	1393	3	5	0	0	0	0
833	E03	Other hypothyroidism	3002	2845	4	913	1331	21	36	18	0
834	H01	Other inflammation of eyelid	3565	2883	2334	4	1	2	0	0	0
835	B88	Other infestations	717	528	353	0	0	0	0	0	0
836	N76	Other inflammation of vagina and vulva	0	6760	10	0	37	1	0	0	0
837	K75	Other inflammatory liver diseases	569	398	5	272	98	75	4	3	3
838	M46	Other inflammatory spondylopathies	331	240	0	10	8	3	0	0	0
839	J84	Other interstitial pulmonary diseases	22	27	9	45	90	3	6	4	0
840	M51	Other intervertebral disc disorders	918	894	64	246	198	2	0	0	0
841	B81	Other intestinal helminthiases, not elsewhere classified	1552	2268	2325	0	0	0	0	0	0
842	M20-M25	Other joint disorder	3244	2138	166	0	0	0	0	0	0
843	M25	Other joint disorders, not elsewhere classified	1032	1197	100	58	53	7	0	0	0
844	M92	Other juvenile osteochondrosis	112	154	0	1	0	1	0	0	0
845	L08	Other local infections of skin and subcutaneous tissue	13646	11546	12460	13	1	8	0	0	0
846	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	12	0	0	392	0	0	1	0
847	O20-O29	Other maternal disorders predominantly related to pregnancy	0	1337	0	0	0	0	0	0	0
848	Z51	Other medical care	0	0	0	1797	2586	300	1	2	0
849	F06	Other mental disorders due to brain damage and dysfunction and to physical disease	94	23	0	4	2	1	1	0	0
850	F78	Other mental retardation	1248	103	7	0	0	0	0	0	0
851	E88	Other metabolic disorders	0	0	0	84	75	6	0	1	0
852	G58	Other mononeuropathies	0	0	0	20	8	0	0	0	0
853	F38	Other mood [affective] disorders	123	84	11	0	0	0	0	0	0
854	A92	Other mosquito-borne viral fevers	1405	1598	1040	140	107	91	0	0	0
855	B48	Other mycoses, not elsewhere classified	281	170	44	0	0	0	0	0	0
856	F48	Other neurotic disorders	719	580	10	1	0	0	0	0	0
857	I89	Other noninfective disorders of lymphatic vessels and lymph nodes	51	62	154	6	5	1	0	0	0
858	K52	Other noninfective gastroenteritis and colitis	596	445	131	151	138	17	1	0	0
859	N88	Other noninflammatory disorders of cervix uteri	0	334	0	22	0	0	0	0	0
860	N85	Other noninflammatory disorders of uterus, except cervix	17	100	0	0	111	3	0	0	0
861	N90	Other noninflammatory disorders of vulva and perineum	0	290	0	0	32	0	0	0	0

862	F28	Other nonorganic psychotic disorders	173	81	23	0	1	0	0	0	0
863	L65	Other nonscarring hair loss	473	317	70	0	0	0	0	0	0
864	E04	Other nontoxic goitre	800	4178	0	13	47	2	0	0	0
865	I62	Other nontraumatic intracranial haemorrhage	3	0	0	32	20	6	3	4	1
866	B60	Other protozoal diseases, not elsewhere classified	40	28	52	0	0	8	0	0	0
867	A07	Other protozoal intestinal diseases	556	368	1167	54	8	73	0	0	0
868	O86	Other puerperal infections	0	51	0	0	39	0	0	0	0
869	I27	Other pulmonary heart diseases	0	0	1	47	40	4	5	2	1
870	N15	Other renal tubulo-interstitial diseases	3	0	0	9	10	4	0	1	0
871	J80-J84	Other respiratory diseases principally affecting the interstitium	39	5	0	5	10	0	0	0	0
872	J98	Other respiratory disorders	148	174	247	30	41	15	5	4	0
873	H35	Other retinal disorders	275	165	5	22	17	7	0	0	0
874	I09	Other rheumatic heart diseases	33	39	0	105	165	9	5	5	0
875	M06	Other rheumatoid arthritis	2906	3225	5	109	219	3	1	0	0
876	A02	Other Salmonella infection	269	312	95	51	53	10	3	2	0
877	A41	Other septicaemia	7	10	58	982	499	724	529	226	378
878	A56	Other sexually transmitted chlamydial diseases	4	9	0	0	1	0	0	0	0
879	R23	Other skin changes	161	433	78	3	2	4	0	0	1
880	M70-M79	Other soft tissue disorders	4148	3908	1255	0	0	0	0	0	0
881	M79	Other soft tissue disorders, not elsewhere classified	19	3982	3	43	32	7	0	0	0
882	M12	Other specific arthropathies	141	147	74	0	0	0	0	0	0
883	M24	Other specific joint derangements	501	522	2	38	18	8	0	0	0
884	E13	Other specified diabetes mellitus	99	73	7	4	3	0	0	0	0
885	M48	Other spondylopathies	663	665	0	116	112	7	0	0	0
886	H50	Other strabismus	405	292	193	2	5	26	0	0	0
887	B36	Other superficial mycoses	10264	8785	5993	6	1	47	0	0	0
888	Z48	Other surgical follow-up care	0	0	0	206	151	3	0	1	0
889	R41	Other symptoms and signs involving cognitive functions and awareness	37	31	4	3	2	0	1	0	0
890	R44	Other symptoms and signs involving general sensations and perceptions	42	2	0	1	0	0	0	0	0
891	R09	Other symptoms and signs involving the circulatory and respiratory systems	105	722	83	2	3	4	1	1	1
892	R19	Other symptoms and signs involving the digestive system and abdomen	271	38	12	20	23	10	1	0	2
893	R29	Other symptoms and signs involving the nervous and musculoskeletal systems	42	14	2	6	7	4	0	0	0
894	R39	Other symptoms and signs involving the urinary system	282	33	34	5	4	11	0	0	0
895	I82	Other venous embolism and thrombosis	7	17	0	15	10	3	0	0	0
896	B25-B34	Other viral diseases	9032	9431	10200	1	0	0	0	0	0
897	B33	Other viral diseases, not elsewhere classified	1695	2131	1801	4	2	42	0	0	1
898	A98	Other viral haemorrhagic fevers, not elsewhere classified	13	0	0	0	2	63	0	0	0
899	B08	Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified	187	6	2	0	3	6	0	0	0

900	E56	Other vitamin deficiencies	73	170	92	7	20	6	0	0	0
901	H51	Others disorders of binocular movements	1574	1276	347	0	0	0	0	0	0
902	H60	Otitis externa	9341	8426	7671	4	4	1	0	0	0
903	H67*	Otitis media in diseases classified elsewhere	445	514	62	0	1	6	0	0	0
904	H80	Otosclerosis	155	184	3	4	3	0	0	0	0
905	Z37	Outcome of delivery	0	3817	94	0	1678	84	0	0	0
906	N94	Pain and other conditions associated with female genital organs and menstrual cycle	0	13309	90	0	28	3	0	0	0
907	R30	Pain associated with micturition	6128	7311	2365	22	20	5	0	0	0
908	R07	Pain in throat and chest	3352	1911	686	152	106	25	0	0	0
909	R52	Pain, not elsewhere classified	5907	4878	2092	86	103	10	0	0	0
910	L40-L45	Papulosquamous disorders	811	576	342	0	0	0	0	0	0
911	L45*	Papulosquamous disorders in diseases classified elsewhere	8	1	2	0	0	0	0	0	0
912	K56	Paralytic ileus and intestinal obstruction without hernia	1	4	0	243	161	410	7	1	26
913	H49	Paralytic strabismus	31	15	5	2	0	1	0	0	0
914	G82	Paraplegia and tetraplegia	1	0	1	28	19	5	0	0	0
915	L41	Parapsoriasis	11	4	2	0	0	0	0	0	0
916	G20	Parkinson's disease	1491	826	0	105	46	0	4	0	0
917	I47	Paroxysmal tachycardia	0	2	0	113	85	2	17	7	0
918	V10	Pedal cyclist injured in collision with pedestrian or animal	6	11	4	0	0	0	0	0	0
919	V10-V19	Pedal cyclist injured in transport accident	366	258	208	0	0	0	0	0	0
920	V12	Pedal cyclist injured in collision with two or three wheeled motor vehicle	611	404	104	0	0	0	0	0	0
921	V03	Pedestrian injured in collision with car, pick-up truck or van	75	19	11	2	3	0	0	0	0
922	V01	Pedestrian injured in collision with pedal cycle	758	380	192	0	0	0	0	0	0
923	V02	Pedestrian injured in collision with two or three wheeled motor vehicle	93	29	20	10	2	2	0	0	0
924	V09	Pedestrian injured in other and unspecified transport accidents	2737	1508	1205	2	0	0	0	0	0
925	V01-V09	Pedestrian injured in transport accident	746	382	192	0	0	0	0	0	0
926	B85	Pediculosis and phthiriasis	1912	2557	3466	0	0	0	0	0	0
927	B85-B89	Pediculosis, acariasis and other Infestations	31943	32471	30625	0	0	0	0	0	0
928	L12	Pemphigoid	17	11	4	0	3	0	0	1	0
929	L10	Pemphigus	75	86	20	2	1	0	0	0	0
930	K27	Peptic ulcer, site unspecified	384	337	8	30	61	3	1	0	0
931	H72	Perforation of tympanic membrane	3283	3484	1297	199	198	7	0	0	0
932	O70	Perineal laceration during delivery	0	572	0	0	241	0	0	0	0
933	C84	Peripheral and cutaneous T-cell lymphomas	1	1	0	10	4	4	0	1	0
934	K65	Peritonitis	42	18	3	182	44	14	27	1	0
935	J36	Peritonsillar abscess	67	72	16	4	3	2	0	0	0
936	F22	Persistent delusional disorders	135	114	9	6	7	0	0	0	0
937	F34	Persistent mood [affective] disorders	432	412	18	2	2	0	0	0	0
938	Z00-Z13	Person encountering health services for examination and investigation	1831	1170	336	26	10	3	0	0	0

939	F07	Personality and behavioural disorders due to brain disease, damage and dysfunction	14	11	1	3	5	4	0	0	0
940	Z53	Persons encountering health services for specific procedures, not carried out	0	0	0	11	18	3	0	0	0
941	Z30-Z39	Persons encountering health services in circumstances related to reproduction	34099	46630	0	0	0	209	0	0	0
942	Z20-Z29	Persons with potential health hazards related to communicable diseases	0	0	7102	0	0	0	0	0	0
943	F84	Pervasive developmental disorders	2	0	59	3	0	0	0	0	0
944	I80	Phlebitis and thrombophlebitis	84	84	0	48	50	1	1	1	0
945	F40	Phobic anxiety disorders	575	965	57	8	3	3	0	0	0
946	L05	Pilonidal cyst	249	265	153	34	7	7	0	0	0
947	L42	Pityriasis rosea	161	94	110	0	0	0	0	0	0
948	O44	Placenta praevia	0	83	0	0	130	0	0	0	0
949	A20	Plague	427	351	151	0	0	0	0	0	0
950	B50	Plasmodium falciparum malaria	326	754	337	12	13	88	1	0	2
951	B51	Plasmodium vivax malaria	27	88	31	93	35	112	1	0	0
952	J91*	Pleural effusion in conditions classified elsewhere	264	212	0	0	6	1	0	0	0
953	J90	Pleural effusion, not elsewhere classified	2289	1897	42	467	226	71	35	19	4
954	J62	Pneumoconiosis due to dust containing silica	18	22	4	0	0	0	0	0	0
955	J16	Pneumonia due to other infectious organisms, not elsewhere classified	101	79	265	3	9	20	0	0	1
956	J13	Pneumonia due to Streptococcus pneumonia	127	34	23	0	0	2	0	0	0
957	J17*	Pneumonia in diseases classified elsewhere	0	0	8	0	1	233	0	0	0
958	J18	Pneumonia, organism unspecified	2751	3200	5901	500	312	2758	81	50	191
959	J69	Pneumonitis due to solids and liquids	0	0	0	28	14	5	6	5	13
960	J93	Pneumothorax	0	0	0	87	15	17	2	0	0
961	Y14	Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent	0	0	0	172	0	0	0	0	0
962	T50	Poisoning by diuretics and other and unspecified drugs, medicaments and biological substances	27	24	4	16	7	50	4	1	1
963	T36	Poisoning by systemic antibiotics	0	0	0	190	154	37	11	8	0
964	M30	Polyarteritis nodosa and related conditions	28	33	9	3	2	2	0	0	0
965	M15	Polyarthrosis	3926	4540	1648	0	2	0	0	0	0
966	O40	Polyhydramnios	0	53	0	0	112	14	0	0	0
967	G60-G64	Polyneuropathies and other disorders of the peripheral nervous system	373	295	11	0	0	0	0	1	0
968	G63*	Polyneuropathy in diseases classified elsewhere	0	0	0	14	20	0	0	0	0
969	N84	Polyp of female genital tract	0	749	0	0	136	0	0	1	0
970	R35	Polyuria	461	430	27	3	1	0	0	0	0
971	I81	Portal vein thrombosis	5	1	0	287	115	3	19	8	0
972	M03*	Postinfective and reactive arthropathies in diseases classified elsewhere	22	11	0	0	0	0	0	0	0
973	Z39	Postpartum care and examination	0	8768	0	0	1176	0	0	0	0
974	O72	Postpartum haemorrhage	0	25	0	0	403	0	0	3	0

975	K91	Postprocedural disorders of digestive system, not elsewhere classified	12	23	0	24	25	0	1	0	0
976	H59	Postprocedural disorders of eye and adnexa, not elsewhere classified	49	34	19	0	0	0	0	0	0
977	J95	Postprocedural respiratory disorders, not elsewhere classified	0	9	1	3	0	4	0	0	2
978	O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	24	0	0	28	0	0	0	0
979	Z32	Pregnancy examination and test	0	57765	0	0	384	0	0	0	0
980	O00-O08	Pregnancy with abortive outcome	0	558	0	0	0	0	0	0	0
981	O42	Premature rupture of membranes	0	178	0	0	658	0	0	0	0
982	O45	Premature separation of placenta (abruption placentae)	0	1	0	0	55	0	0	0	0
983	Z95	Presence of cardiac and vascular implants and grafts	0	0	0	432	107	1	1	2	0
984	Z96	Presence of other functional implants	0	0	0	48	51	8	0	0	0
985	O60	Preterm delivery	0	182	0	0	1555	410	0	0	35
986	Z72	Problems related to lifestyle	0	38	0	0	2	0	0	0	0
987	Z31	Procreative management	1285	2118	199	2	56	1	0	0	0
988	F73	Profound mental retardation	57	33	80	1	0	0	0	0	0
989	O48	Prolonged pregnancy	0	455	0	0	2071	0	0	0	0
990	Z40	Prophylactic surgery	0	0	0	0	63	0	0	0	0
991	E44	Protein-energy malnutrition of moderate and mild degree	438	503	3182	0	0	172	0	0	0
992	B50-B64	Protozoal disease	1349	1188	990	0	0	0	0	0	0
993	L29	Pruritus	14149	13192	7695	15	9	13	0	0	0
994	L40	Psoriasis	1964	1222	216	9	6	1	0	0	0
995	F66	Psychological and behavioural disorders associated with sexual development and orientation	20	11	0	0	0	0	0	0	0
996	F54	Psychological and behavioural factors associated with disorders or diseases classified elsewhere	331	16	0	0	0	0	0	0	0
997	O85	Puerperal sepsis	0	41	0	0	53	0	0	0	0
998	I26	Pulmonary embolism	3	3	0	136	118	1	3	1	0
999	J81	Pulmonary oedema	0	0	0	18	17	2	3	3	0
1000	D69	Purpura and other haemorrhagic conditions	21	23	3	417	345	88	5	5	1
1001	M00	Pyogenic arthritis	1823	1733	127	14	4	31	0	0	0
1002	J86	Pyothorax	0	0	0	11	2	50	0	0	4
1003	A78	Q fever	0	0	0	2	0	0	0	0	0
1004	A81	Rabies	23	11	17	0	1	2	0	0	0
1005	L55-L59	Radiation-related disorder of the skin and subcutaneous tissue	131	186	27	0	0	0	0	0	0
1006	L58	Radiodermatitis	34	40	16	0	0	0	0	0	0
1007	R21	Rash and other nonspecific skin eruption	2141	1175	465	10	13	1	1	0	0
1008	A25	Rat-bite fevers	0	3	1	1	1	0	0	0	0
1009	F43	Reaction to severe stress, and adjustment disorders	1252	1042	439	9	8	0	0	0	0
1010	M02	Reactive arthropathies	1490	2006	2	0	0	3	0	0	0
1011	N02	Recurrent and persistent haematuria	4	28	6	4	2	2	0	0	0

1012	F33	Recurrent depressive disorder	531	416	15	6	7	0	0	0	0
1013	N47	Redundant prepuce, phimosis and paraphimosis	162	36	366	135	0	83	0	0	0
1014	N17-N19	Renal failure	168	171	0	17	16	6	1	3	0
1015	N10-N16	Renal tubulo-interstitial diseases	25	35	0	0	0	0	0	0	0
1016	J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	1372	1174	8	33	18	4	1	0	0
1017	P22	Respiratory distress of newborn	0	0	246	0	0	1329	0	0	115
1018	J96	Respiratory failure, not elsewhere classified	2	2	0	171	146	11	37	24	17
1019	A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	6522	5037	412	274	191	156	64	16	2
1020	A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	857	882	517	257	183	34	16	3	2
1021	O73	Retained placenta and membranes, without haemorrhage	0	0	0	0	130	0	0	0	0
1022	E45	Retarded development following protein-energy malnutrition	30	134	103	0	0	36	0	0	7
1023	R33	Retention of urine	145	123	0	38	11	3	0	0	0
1024	H33	Retinal detachments and breaks	109	45	2	212	129	0	0	0	0
1025	H36*	Retinal disorders in diseases classified elsewhere	35	28	0	28	4	0	0	0	0
1026	H34	Retinal vascular occlusions	66	158	1	2	2	0	0	0	0
1027	I06	Rheumatic aortic valve diseases	15	1	1	29	18	4	0	0	0
1028	I02	Rheumatic chorea	64	10	0	0	0	0	0	0	0
1029	I01	Rheumatic fever with heart involvement	165	87	18	4	6	0	1	0	0
1030	I00	Rheumatic fever without mention of heart involvement	57	249	5	2	1	0	0	0	0
1031	I05	Rheumatic mitral valve diseases	484	424	10	68	77	6	1	1	0
1032	I07	Rheumatic tricuspid valve diseases	12	0	0	39	37	4	3	1	0
1033	L71	Rosacea	78	206	12	0	0	0	0	0	0
1034	Z10	Routine general health check-up of defined suppopulation	1640	3190	1899	0	1	1	0	1	0
1035	N70	Salpingitis and oophoritis	51	1959	11	0	35	1	0	0	0
1036	D86	Sarcoidosis	11	14	11	16	20	0	0	1	0
1037	B86	Scabies	53125	49469	40725	2	0	3	0	0	0
1038	F20	Schizophrenia	2169	1978	125	126	71	9	0	0	0
1039	B65	Schistosomiasis (bilharziasis)	805	1106	1600	0	0	0	0	0	0
1040	F25	Schizoaffective disorders	84	42	1	2	4	1	0	0	0
1041	F20-F29	Schizophrenia, schizotypal and delusional disorders	2127	2186	152	0	0	0	0	0	0
1042	F21	Schizotypal disorder	1	21	0	2	1	0	0	0	0
1043	M41	Scoliosis	128	181	232	5	7	2	0	1	0
1044	L21	Seborrhoeic dermatitis	2720	2500	2014	0	3	5	0	0	0
1045	L82	Seborrhoeic keratosis	114	203	55	0	0	0	0	0	0
1046	I15	Secondary hypenrtension	57	21	0	36	48	0	0	0	0
1047	C79	Secondary malignant neoplasm of other sites	10	5	0	130	118	5	3	2	0
1048	C78	Secondary malignant neoplasm of respiratory and digestive organs	25	18	0	449	232	0	23	14	0
1049	G21	Secondary parkinsonism	162	105	0	5	2	0	0	0	0
1050	H25	Senile cataract	13432	13297	0	3907	4534	0	0	0	0

1051	R54	Senility	524	495	0	3	1	0	0	0	0
1052	I69	Sequelae of cerebrovascular disease	7	5	0	46	11	1	0	0	0
1053	B90-B94	Sequelae of infectious and parasitic disease	722	701	119	0	0	0	0	0	0
1054	T94	Sequelae of injuries involving multiple and unspecified body regions	6	0	0	46	3	1	3	0	1
1055	T90	Sequelae of injuries of head	12	4	5	61	16	27	4	0	1
1056	T90-T98	Sequelae of Injuries of poisoning and of other consequences of external causes	13	11	4	0	0	0	0	0	0
1057	B94	Sequelae of other and unspecified infectious and parasitic diseases	39	17	16	0	0	1	0	0	0
1059	B90	Sequelae of tuberculosis	46	30	0	51	22	9	11	2	1
1060	M05	Seropositive rheumatoid arthritis	180	225	8	20	11	4	0	0	0
1061	F72	Severe mental retardation	99	62	190	0	2	4	0	0	0
1062	Y05	Sexual assault by bodily force	5	0	4	0	2	0	0	0	0
1063	F52	Sexual dysfunction , not caused by organic disorder or disease	768	56	0	4	0	0	0	0	0
1064	A03	Shigellosis	74	98	755	4	6	113	0	0	0
1065	R57	Shock, not elsewhere classified	14	8	0	123	80	32	95	41	22
1066	M75	Shoulder lesions	2418	3318	3	20	11	1	0	0	0
1067	D57	Sickle-cell disorders	30	0	0	1	0	3	0	0	0
1068	J41	Simple and mucopurulent chronic bronchitis	571	146	2	8	3	0	0	0	0
1069	O82	Single delivery by cesarean section	0	230	0	0	7933	0	0	1	0
1070	O81	Single delivery by forceps and vaccum extractor	0	3	0	0	638	0	0	0	0
1071	O80	Single spontaneous delivery	0	673	0	0	21185	565	0	6	1
1072	G47	Sleep disorders	1452	1157	0	98	56	16	0	1	0
1073	P05	Slow fetal growth and fetal malnutrition	0	40	0	0	1572	0	0	20	0
1074	N27	Small kidney of unknown cause	1	9	4	0	2	0	0	0	0
1076	M73*	Soft tissue disorders in diseases classifed elsewhere	171	140	0	0	12	5	0	0	0
1077	M70	Soft tissue disorders related to use, overuse and pressue	1590	1283	326	6	2	1	0	0	0
1078	F45	Somatoform disorders	961	789	17	4	5	2	0	0	0
1079	R40	Somnolence, stupor and coma	72	80	17	12	14	0	10	8	0
1080	F81	Specific developmental disorders of scholastic skills	22	9	143	0	0	0	0	0	0
1081	F80	Specific developmental disorders of speech and langague	3	0	44	0	0	0	0	0	0
1082	F60	Specific personality disorders	222	186	4	2	7	0	0	0	0
1083	R47	Speech disturbances, not elsewhere classified	103	86	217	8	0	1	0	0	0
1084	G12	Spinal muscular atrophy and related syndromes	8	1	0	14	2	1	0	0	1
1085	M42	Spinal osteochondrosis	5	3	0	0	1	0	0	0	0
1086	M45-M49	Spondylopathies	1078	1301	10	0	0	0	0	0	0
1087	M49*	Spondylopathies in diseases classified elsewhere	0	0	0	11	8	1	1	0	0
1088	M47	Spondylosis	7214	6237	312	104	85	3	0	0	0
1089	O03	Spontaneous abortion	0	2918	0	0	315	0	0	0	0
1090	M66	Spontaneous rupture of synovium and tendon	7	3	5	0	0	0	0	0	0
1091	L00	Staphylococcal scalded skin syndrome	975	762	582	3	0	6	0	0	0

1092	J46	Status asthmaticus	103	112	15	6	22	6	0	3	0
1093	G41	Status epilepticus	562	476	0	44	40	5	1	1	0
1094	K12	Stomatitis and related lesions	12178	12398	7206	11	11	8	0	0	0
1095	A40	Streptococcal septicaemia	36	40	40	5	4	20	0	0	2
1096	B95	Streptococcus and staphylococcus as the cause of diseases classified to other chapters	231	61	17	0	1	2	0	0	0
1097	I64	Stroke, not specified as haemorrhage or infarction	137	55	3	337	200	39	32	9	0
1098	W20	Struck by thrown, projected or falling object	10	2	2	3	1	0	0	0	0
1099	I60	Subarachnoid haemorrhage	57	0	1	39	25	4	1	4	0
1100	E02	Subclinical iodine-deficiency hypothyroidism	1175	1805	0	100	97	1	0	0	0
1101	I22	Subsequent myocardial infarction	1	0	0	202	78	0	16	3	0
1102	L55	Sunburn	98	120	21	0	0	0	0	0	0
1103	T00	Superficial injuries involving multiple body regions	1751	1824	1716	0	0	1	0	0	0
1104	S30	Superficial injury of abdomen, lower back and pelvis	837	665	260	5	3	2	0	0	0
1105	S90	Superficial injury of ankle and foot	2689	2332	1330	8	2	2	1	0	0
1106	S50	Superficial injury of forearm	2431	1831	1424	4	2	2	0	0	0
1107	S00	Superficial injury of head	2585	2046	1694	51	33	6	2	3	2
1108	S70	Superficial injury of hip and thigh	367	319	202	2	1	0	0	0	0
1109	S80	Superficial injury of lower leg	3782	3143	2578	7	5	0	0	0	0
1110	S10	Superficial injury of neck	634	447	236	1	2	1	0	0	0
1111	S40	Superficial injury of shoulder and upper arm	3449	2420	1327	34	3	3	0	0	0
1112	S20	Superficial injury of the thorax	126	79	18	4	1	0	0	0	0
1113	S60	Superficial injury of wrist and hand	3399	2570	1982	58	1	0	0	0	0
1114	Z35	Supervision of high-risk pregnancy	0	4148	0	0	1144	0	0	0	0
1115	Z34	Supervision of normal pregnancy	0	68760	0	0	1434	0	0	0	0
1116	J90-J94	Suppurative and necrotic conditions of lower respiratory tract	513	342	46	0	0	1	0	1	0
1117	H66	Suppurative and unspecified otitis media	12950	13453	11835	235	177	79	0	0	0
1118	R63	Symptoms and signs concerning food and fluid intake	61	14	0	6	2	1	0	0	0
1119	R40-R46	Symptoms and signs involving cognition, perception, emotional state and behaviour	4198	6946	2790	0	0	0	5	7	0
1120	R00-R09	Symptoms and signs involving the circulatory and respiratory systems	37134	32549	29716	0	0	8	0	0	0
1121	R10-R19	Symptoms and signs involving the digestive system and abdomen	53431	55695	31569	1	1	0	0	0	0
1122	R30-R39	Symptoms and signs involving the urinary system	9715	13848	5978	0	0	0	0	0	0
1123	R55	Syncope and collapse	92	76	1	89	65	11	7	0	0
1124	M65	Synovitis and tenosynovitis	703	739	103	18	27	11	0	0	0
1125	M30-M36	Systemic connective tissue disorders	60	20	0	0	0	0	0	0	0
1126	M32	Systemic lupus erythematosus	8	16	1	4	11	2	0	0	1
1127	M34	Systemic sclerosis	33	9	2	1	3	0	0	0	0
1128	B68	Taeniasis	45	32	84	0	1	0	0	0	0
1129	D56	Thalassaemia	9	5	837	192	70	2237	0	0	1

1130	E51	Thiamine deficiency	40	77	54	0	0	0	0	0	0
1131	E06	Thyroiditis	1821	558	0	4	4	0	0	0	0
1132	E05	Thyrotoxicosis (hyperthyroidism)	876	478	0	72	76	0	0	1	0
1133	F95	Tic disorders	1	0	7	0	0	0	0	0	0
1134	A83	Tick - borne viral encephalitis	21	5	0	0	0	5	0	0	0
1135	A84	Tick-borne viral encephalitis	0	30	0	0	0	0	0	0	0
1136	N44	Torsion of testis	77	0	0	9	0	6	0	0	0
1137	T51	Toxic effect of alcohol	2	0	0	28	3	0	2	0	0
1138	T54	Toxic effect of corrosive substances	0	0	0	2	2	37	0	0	0
1139	T52	Toxic effect of organic solvents	0	0	0	1	1	12	0	0	0
1140	T65	Toxic effect of other and unspecified substances	244	291	126	59	15	25	2	0	1
1141	G92	Toxic encephalopathy	0	0	0	10	2	4	4	0	2
1142	K71	Toxic liver disease	210	3	0	185	26	4	4	0	0
1143	B58	Toxoplasmosis	9	1	16	0	0	0	0	0	0
1144	A71	Trachoma	346	387	174	0	0	1	0	0	0
1145	L87	Transepidermal elimination disorders	7	6	3	3	2	0	0	0	0
1146	G45	Transient cerebral ischaemic attacks and related syndromes	69	52	10	77	50	5	1	0	0
1147	P70	Transitory disorders of carbohydrate metabolism specific to fetus and newborn	0	0	0	0	0	156	0	0	6
1148	P71	Transitory neonatal disorders of calcium and magnesium metabolism	0	0	0	1	0	23	0	0	0
1149	Z94	Transplanted organ and tissue status	0	0	0	83	24	8	0	0	0
1150	S18	Traumatic amputation at neck level	21	19	0	1	0	0	1	0	0
1151	S98	Traumatic amputation of ankle and foot	0	0	0	7	1	4	0	0	0
1152	S58	Traumatic amputation of forearm	24	23	21	2	0	0	0	0	0
1153	S78	Traumatic amputation of hip and thigh	1	1	0	3	0	1	0	0	0
1154	S88	Traumatic amputation of lower leg	68	109	110	3	0	0	0	0	0
1155	S68	Traumatic amputation of wrist and hand	0	0	0	5	2	5	0	0	0
1156	B75	Trichinellosis	29	68	0	0	0	0	0	0	0
1157	A59	Trichomoniasis	0	175	0	0	0	0	0	0	0
1158	A17+	Tuberculosis of nervous system	16	2	1	18	39	10	2	1	1
1159	A18	Tuberculosis of other organs	1671	1252	692	150	81	91	3	0	0
1160	N12	Tubulo-interstitial nephritis, not specified as acute or chronic	6	44	9	23	55	6	0	0	0
1161	A01	Typhoid and paratyphoid fevers	7085	6726	4233	748	530	1163	1	0	1
1162	A75	Typhus fever	0	1	0	84	3	8	0	0	0
1163	L97	Ulcer of lower limb, not elsewhere classified	60	45	0	52	19	1	0	0	0
1164	K51	Ulcerative colitis	82	92	0	15	20	8	0	0	0
1165	K42	Umbilical hernia	67	59	177	83	86	6	1	1	0
1166	Q53	Undescended testicle	0	0	0	20	0	112	0	0	0
1167	R69	Unknown and unspecified causes of morbidity	2091	2220	2105	149	132	43	3	1	0
1168	O06	Unspecified abortion	0	500	0	0	138	0	0	0	0
1169	J22	Unspecified acute lower respiratory infection	3599	4936	10716	545	455	784	28	25	2

1170	K37	Unspecified appendicitis	0	0	0	46	8	40	0	0	0
1171	A93	Unspecified arthropod-borne viral fever	3651	4576	1897	8	12	40	0	0	0
1172	J42	Unspecified chronic bronchitis	5522	876	305	2	6	0	0	0	0
1173	L25	Unspecified contact dermatitis	2259	1746	848	0	1	1	0	0	0
1174	N26	Unspecified contracted kidney	11	17	0	0	2	0	0	0	0
1175	F03	Unspecified dementia	277	222	5	29	20	3	1	0	0
1176	E14	Unspecified diabetes mellitus	8564	6950	482	1202	636	10	22	6	1
1177	Y34	Unspecified event, undetermined intent	0	0	0	5	38	2	0	0	0
1178	W19	Unspecified fall	24	5	6	23	12	9	0	0	0
1179	R31	Unspecified haematuria	155	87	31	69	29	12	1	0	0
1180	K46	Unspecified hernia of abdominal cavity	67	29	0	55	19	12	1	0	0
1181	B24	Unspecified human immunodeficiency virus (HIV) disease	901	205	6	33	5	7	1	0	0
1182	B82	Unspecified intestinal parasitism	5266	6607	11086	1	0	8	1	0	0
1183	R17	Unspecified jaundice	695	461	8	1922	413	78	229	55	0
1184	N63	Unspecified lump in breast	0	1490	88	0	142	2	0	0	0
1185	B54	Unspecified malaria	2	56	46	35	9	28	0	0	0
1186	O16	Unspecified maternal hypertension	0	4	0	0	36	0	0	0	0
1187	F79	Unspecified mental retardation	115	67	636	7	1	36	0	0	0
1188	F39	Unspecified mood (affective) disorder	419	60	17	0	3	0	0	0	0
1189	T07	Unspecified multiple injuries	95	106	107	0	0	0	0	0	0
1190	B49	Unspecified mycosis	108	31	39	2	5	1	0	0	0
1191	N05	Unspecified nephritic syndrome	8	16	0	116	16	19	1	0	1
1192	F29	Unspecified nonorganic psychosis	1106	1069	79	34	18	1	1	0	0
1193	F09	Unspecified organic or symptomatic mental disorder	1298	54	0	0	32	27	1	1	0
1194	B89	Unspecified parasitic disease	621	757	841	0	2	1	0	0	0
1195	E46	Unspecified protein-energy malnutrition	384	682	1266	10	3	15	0	0	0
1196	B64	Unspecified protozoal disease	122	640	515	0	1	0	0	0	0
1197	N23	Unspecified renal colic	3068	2657	1279	17	9	1	0	0	0
1198	N19	Unspecified renal failure	195	218	18	70	39	5	9	7	0
1199	E43	Unspecified severe protein-energy malnutrition	158	306	270	0	1	51	0	0	5
1200	A64	Unspecified sexually transmitted disease	196	650	0	0	0	0	0	0	0
1201	V99	Unspecified transport accident	0	0	0	39	11	7	1	2	0
1202	R32	Unspecified urinary incontinence	104	99	0	3	3	0	0	0	0
1203	A86	Unspecified viral encephalitis	27	10	11	13	8	27	1	1	9
1204	A99	Unspecified viral haemorrhagic fever	518	528	258	25	9	26	1	0	4
1205	B19	Unspecified viral hepatitis	62	28	596	101	65	146	0	0	0
1206	B09	Unspecified viral infection characterized by skin and mucous membrane lesions	549	577	620	0	2	6	0	0	0
1207	A89	Unspecified viral infection of the central nervous system	8	23	18	10	10	7	1	3	0
1208	R36	Urethral discharge	357	178	0	0	0	0	0	0	0
1209	N37*	Urethral disorders in diseases classified elsewhere	60	51	58	6	0	0	0	0	0
1210	N35	Urethral stricture	96	59	14	222	54	35	0	0	0

1211	N34	Urethritis and urethral syndrome	142	847	19	7	2	7	0	0	0
1212	N20-N23	Urolithiasis	1062	931	102	0	0	0	0	0	0
1213	L50	Urticaria	14500	13176	9333	5	11	48	0	0	0
1214	L50-L54	Urticaria and erythema	9929	9500	6054	0	0	0	0	0	0
1215	B01	Varicella [chickenpox]	102	86	124	30	1	11	0	0	0
1216	I86	Varicos veins of other sites	538	387	337	52	7	1	1	0	0
1217	I83	Varicose veins of lower extremities	421	310	22	70	62	5	0	0	0
1218	F01	Vascular dementia	41	11	0	7	1	0	0	0	0
1219	K55	Vascular disorders of intestine	21	0	0	8	4	2	3	1	1
1220	G46*	Vascular syndromes of brain in cerebrovascular disease	5	0	0	35	19	1	14	7	0
1221	L95	Vasculitis limited to skin, not elsewhere classified	35	15	2	1	8	2	0	0	0
1222	J30	Vasomotor and allergic rhinitis	6307	7777	4269	9	6	1	0	0	0
1223	O22	Venous complications in pregnancy	0	10	0	1	1	0	0	0	0
1224	O87	Venous complications in the puerperium	0	4	0	0	3	0	0	0	0
1225	K43	Ventral hernia	78	42	0	82	131	14	1	1	0
1226	H82*	Vertiginous syndromes in diseases classified elsewhere	71	14	0	0	0	0	0	0	0
1227	X34	Victim of earthquake	0	0	0	55	31	2	1	0	0
1228	B97	Viral agents as the cause of diseases classified to other chapters	17	3	0	2	0	0	0	0	0
1229	A08	Viral and other specified intestinal infections	451	327	761	6	4	79	0	0	0
1230	B30	Viral conjunctivitis	5922	5784	3783	0	0	0	0	0	0
1231	B34	Viral infection of unspecified site	1931	1563	13250	135	126	224	0	0	0
1232	A87	Viral meningitis	0	0	6	20	15	27	0	1	7
1233	J12	Viral pneumonia, not elsewhere classified	231	240	293	75	74	92	11	4	9
1234	B07	Viral warts	636	447	389	4	1	1	0	0	0
1235	H53	Visual disturbances	393	229	214	5	1	0	0	0	0
1236	H53-H54	Visual disturbances and blindness	1673	1692	971	0	0	0	0	0	0
1237	E50	Vitamin A deficiency	745	1087	1254	1	0	1	0	0	0
1238	D51	Vitamin B 12 deficiency anaemia	2127	2019	1058	152	12	10	0	0	0
1239	E55	Vitamin D deficiency	5741	8283	4215	259	445	70	1	0	0
1240	L80	Vitiligo	697	752	254	1	0	0	0	0	0
1241	R49	Voice disturbances	2	258	0	2	0	0	0	0	0
1242	E86	Volume depletion	39	14	1	280	213	186	1	0	1
1243	N77*	Vulvovaginal ulceration and inflammation in diseases classified elsewhere	0	63	0	0	3	0	0	0	0
1244	A95	Yellow fever	7	1	2	0	0	0	0	0	0
1245	B02	Zoster [herpes zoster]	234	219	8	12	13	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.

Statement of Noncommunicable Diseases reported from some of the hospitals / institutions in Delhi for the year 2017.

Sl. No.	Name of Disease	OPD + IPD			Death cases		
		Male	Female	Total (M+ F)	Male	Female	Total (M+F)
1	Hypertension	62342	51233	113575	732	621	1353
2	Ischemic Heart Diseases	38203	20877	59080	560	263	823
3	Cerebro Vascular Accident	9555	6080	15635	342	190	532
4	Other Neurological Disorders	8175	5632	13807	96	66	162
5	Diabetic Mellitus Type -1	9727	8041	17768	60	29	89
6	Diabetic Mellitus Type- 2	52066	45233	97299	646	569	1215
7	Bronchitis	7675	4886	12561	15	13	28
8	Emphysemas	6796	4675	11471	14	7	21
9	Asthma	17756	13850	31606	34	28	62
10	Common Mental disorders	10724	4359	15083	10	2	12
11	Severe Mental disorders	3297	2922	6219	2	1	3
12	Accidental Injuries	31408	18521	49929	297	155	452
13	Other Cancer	35800	31420	67220	1363	939	2302
14	Snake Bite	183	91	274	1	0	1

Note: The above Non Communicable Disease 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.

**Statement of Principal Communicable - Diseases reported from some of the Hospitals/
Institutions in Delhi for the year 2017.**

Sl. No.	Disease Name	OPD			IPD			Death		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Acute Diarrhoeal Diseases	58132	44941	103073	9107	7720	16827	56	47	103
2	Acute Respiratory infection	129572	113808	243380	6810	4966	11776	136	99	235
3	AIDS (as reported to NACO)	8	5	13	59	12	71	2	0	2
4	Chicken Pox	162	90	252	80	37	117	3	2	5
5	Cholera	28	18	46	51	31	82	1	1	2
6	Diphtheria	0	0	0	306	251	557	60	53	113
7	Encephalitis	7	4	11	199	133	332	27	32	59
8	Enteric Fever	6204	5230	11434	3359	2622	5981	16	1	17
9	Gonococcal infection	2	1	3	2	0	2	0	0	0
10	Japnese Encephalities	0	0	0	0	2	2	0	0	0
11	Kala Azar	0	0	0	0	0	0	0	0	0
12	Measels	27	27	54	195	170	365	3	1	4
13	Acute Poliomyelities(New Listed Cases)	0	0	0	0	0	0	0	0	0
14	Meningococcal Meningitis	0	1	1	27	33	60	5	0	5
15	NeoNatal Tetanus	0	0	0	1	2	3	1	1	2
16	Other STD Diseases	0	1	1	37	15	52	7	5	12
17	Pneumonia	7629	6286	13915	5491	3582	9073	481	317	798
18	Pulmonary Tuberculosis	6208	4550	10758	1162	802	1964	86	28	114
19	Rabies***	0	0	0	62	32	94	11	1	12
20	Swine Flu	1	4	5	119	97	216	4	2	6
21	Syphilis	34	8	42	12	4	16	0	0	0
22	Tetanus other than Neonatal	0	0	0	24	13	37	8	1	9
23	Viral Hepatitis -A	4213	3257	7470	514	383	897	12	6	18
24	Viral Hepatitis -B	328	6	334	764	407	1171	57	28	85
25	Viral Hepatitis -C,D,E	1087	80	1167	880	492	1372	47	39	86
26	Viral Meningitis	9	4	13	184	135	319	5	7	12
27	Whooping Cough	0	0	0	1	0	1	0	0	0

Note: The above Communicable disease 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

DELHI STATE HEALTH MISSION

Delhi has one of the best health infrastructures in India, which is providing primary, secondary & tertiary care. Delhi offers most sophisticated & state of the art technology for treatment and people from across the states pour in to get quality treatment. In spite of this, there are certain constraints & challenges faced by the state. There is inequitable distribution of health facilities as a result some areas are underserved & some are unserved. Thereby, Delhi Govt. is making efforts to expand the network of health delivery by enforcing structural reforms in the health delivery system.

Delhi State Health Mission implements the following National Health Programs like -- Reproductive, Maternal, Newborn, Child and Adolescent Health, National Urban Health Mission (NUHM), Communicable Disease Programme (Integrated Disease Surveillance Project, National Leprosy Eradication Program, National Vector Borne Disease Control Program, Revised National Tuberculosis Control Program) and Non-Communicable Disease Programme (National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, National Program for Control of Blindness, National Mental Health Program, National Programme for Health Care of the Elderly, National Programme for Prevention and Control of Deafness, National Tobacco Control Programme, National Oral Health Programme, National Programme for Palliative Care, National Programme for Prevention & Management of Burn Injuries).

State Program Management Unit and 11 District Program Management Units implement these programs as per approval of the State Program Implementation Plan received from Ministry of Health and Family Welfare, Govt. of India.

Some Key Achievements:

Almost all the unserved / underserved areas have been identified across the State. 60 Seed Primary Urban health Centre's (PUHCs) have been set up under this initiative.

Dedicated web portal-HMIS, for capturing all Public health / indicator based information from the end source and generates reports / trends to assist in planning and monitoring activities is being used by almost 700 public health facilities. Data generated at facility level is captured on this web based portal on monthly basis. At present the Delhi Government, MCD, CGHS & ESI, NDMC, Autonomous, NGO & other health facilities (dispensaries & hospitals) are reporting on HMIS on monthly basis. In addition some private hospitals and nursing homes are also reporting on HMIS Portal.

Mother & Child Tracking Systems (MCTS) now converted into a more detailed Reproductive and Child Health Portal is an IT Platform of GOI designed to capture information of all eligible couples, reproductive and family planning events in their life. It also monitors and ensures timely appropriate healthcare service delivery to pregnant women and children upto 5 years of age by tracking and facilitating utilization of timely preventive care. The goal is to reduce morbidity & mortality related to pregnancy, child birth and post-natal complications monitor and improve family planning coverage.

One of the important IT initiatives facilitated through the Delhi State Health Mission is development of need based software modules for various processes to streamline them and facilitate monitoring on indicators, performance and outputs. Some of these Modules are Payroll Module, NIRANTAR - Store and Inventory Module, ASHA Module, PUHC Module, Information regarding Free Bed availability in Private Hospitals, School Health Module, Online OPD registration, Equipment Status Monitoring, Transfer Posting Module, DGEHS Module, HRMIS Module.

The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). At present State has 5625 ASHAs in place. These ASHAs have been trained in knowledge and skills required for mobilizing and facilitating the community members to avail health care services. They also provide the home based care for mothers and newborns, identify and help the sick individuals for prompt access of the available health services. They also help in field level implementation of National Health Programs, facilitate checkup of senior citizens.

Rogi Kalyan Samitis (RKS) has been registered in 26 Delhi Govt. Hospital, 1 MCD Hospital, 7 Maternity Homes of East Delhi Municipal Corporation and 8 Districts.

Five hospitals have achieved State Level National Quality Assurance Standards (NQAS) certification. Two of these have achieved National level Certification as well. National level evaluation of three hospitals is underway. Five hospitals have attained entry level NABH accreditation.

Operationalization of 2 Mobile Dental Clinics & 4 Mobile Dental IEC Vans is being done by Maulana Azad Institute of Dental Sciences (MAIDS) with support of Delhi State Health Mission. Funding for the construction of 200 Bed Hospital at Ambedkar Nagar has been provided. Approximately 62.4% construction has been completed till date.

Centralized Accident Trauma Services (CATS) is being supported for operationalization of 100 basic life support ambulance & 120 Patient Transport Ambulances procured through DSHM as per National Health Mission norms.

Integrated Disease Surveillance Project



“Public health’s mission is the fulfilling of society’s interest in assuring conditions in which people can be healthy.”

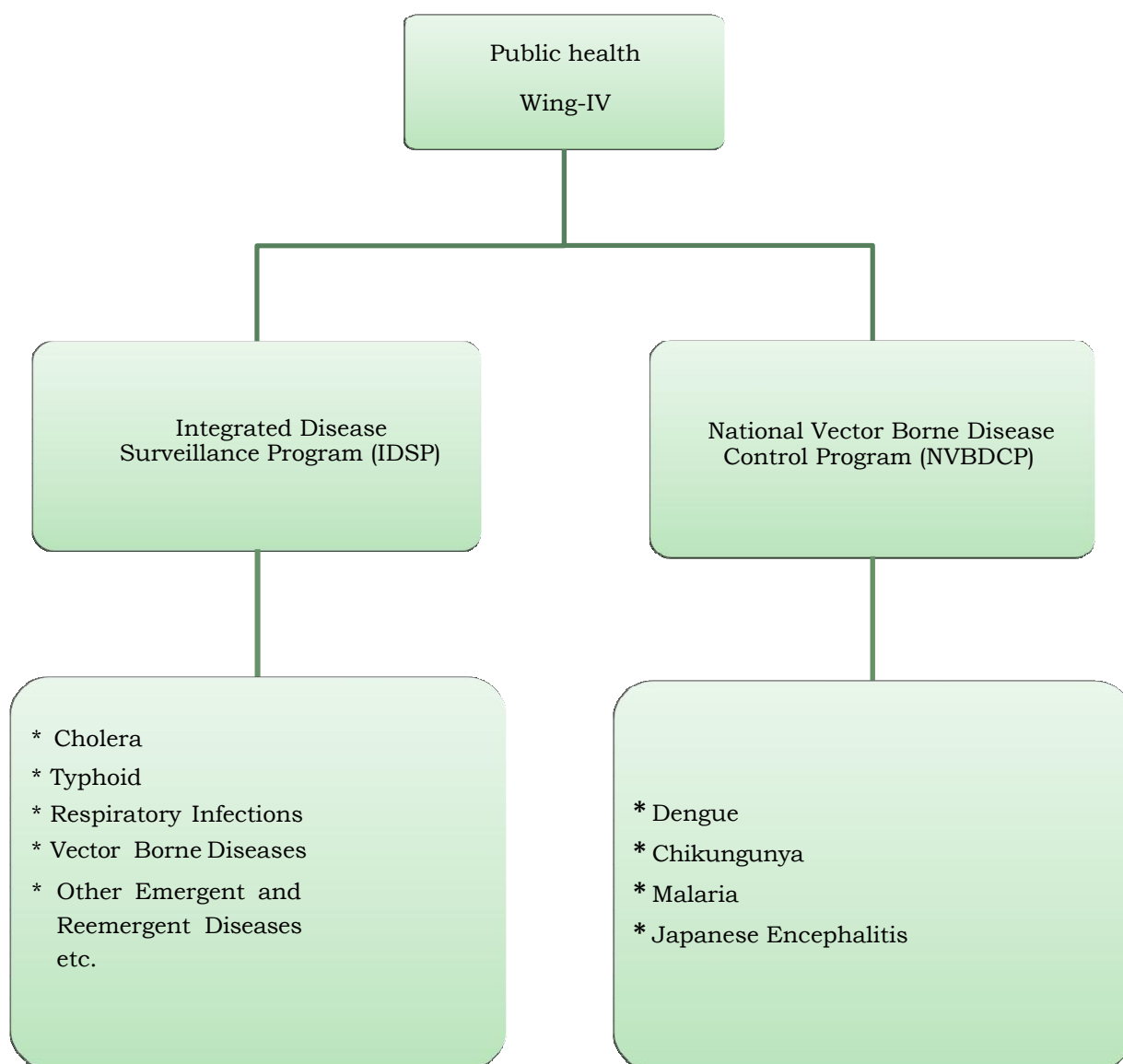
Public Health is the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical 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. Dengue fever can be caused by any one of these four serotypes. Infection with one dengue serotype gives lifelong 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 lifetime. 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

STATUS OF DENGUE CASES IN DELHI IN 2017:

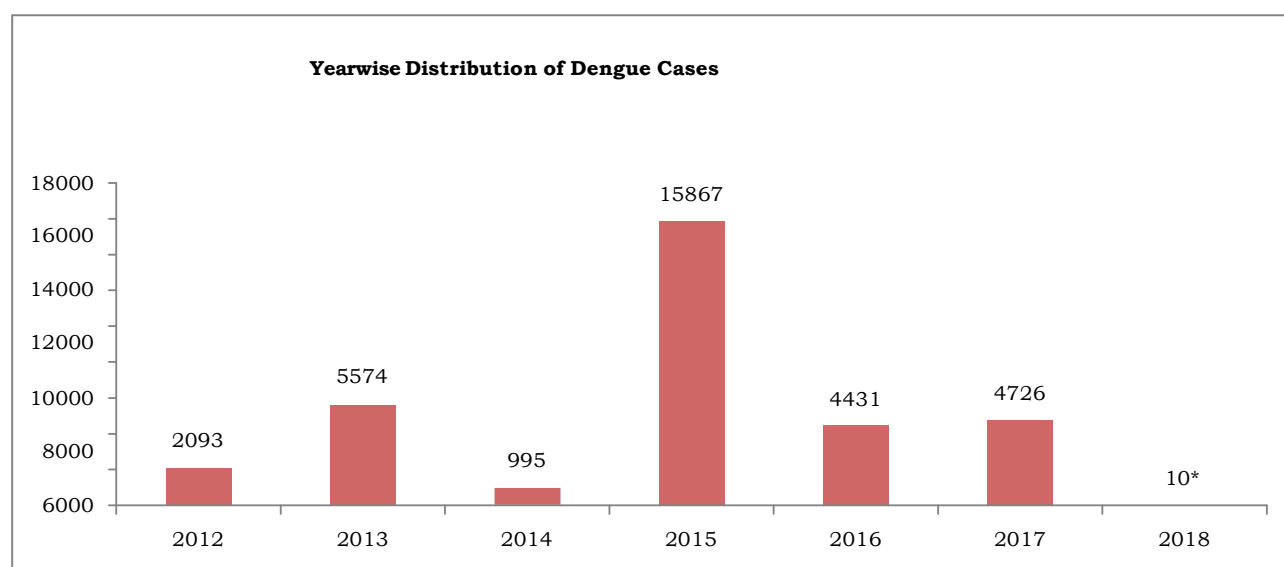
There is a reduction of more than 80% in the dengue cases this year with compared to cases reported during the year 2015

- As per report dated 31.12.2017 there have been 4726 cases of Dengue reported from Delhi. Dengue cases referred from other states have been 3529. Therefore, total dengue cases till date has been 7358.
- Deaths due to Dengue – Delhi and three from other states – Total ten deaths
- All India dengue cases up to 31st December have been 109676 and 187 deaths have occurred due to dengue, all over India.

Month and year wise Situation of Dengue Cases from 2012 to 2018 (up to 31.03.2018)

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	4	2	6	6	20	17	131	518	1103	2022	816	81	4726	10
2018	6	3	1										10*	0

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 stooped appearance of sufferers with joint pain (arthralgia).

CHIKUNGUNYA IN DELHI

STATUS OF CHIKUNGUNYA IN DELHI IN 2017:

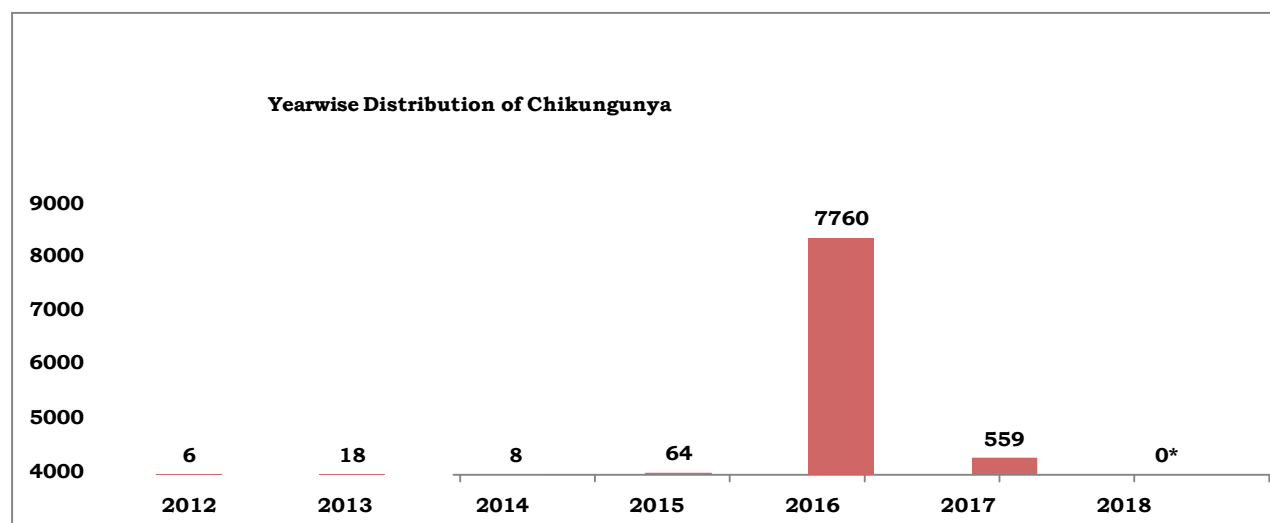
There is a reduction of more than 90%, in chikungunya cases this year as compared to last year

- Total chikungunya cases in Delhi as reported on 31.03.2018 are 559. 326 cases from outside Delhi have been reported, making a total of 828 cases of Chikungunya, reported in Delhi.
- All India figure for Chikungunya is 43748
- No death has been reported due to Chikungunya in Delhi this year
- Total chikungunya cases reported during the year 2016 were 7760.

Month and year wise Situation of Chikungunya Cases from 2012 to 2018 (up to 31.03.2018)

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	18	13	23	7	35	12	42	98	90	164	43	14	559
2018	0	3	0										03*

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

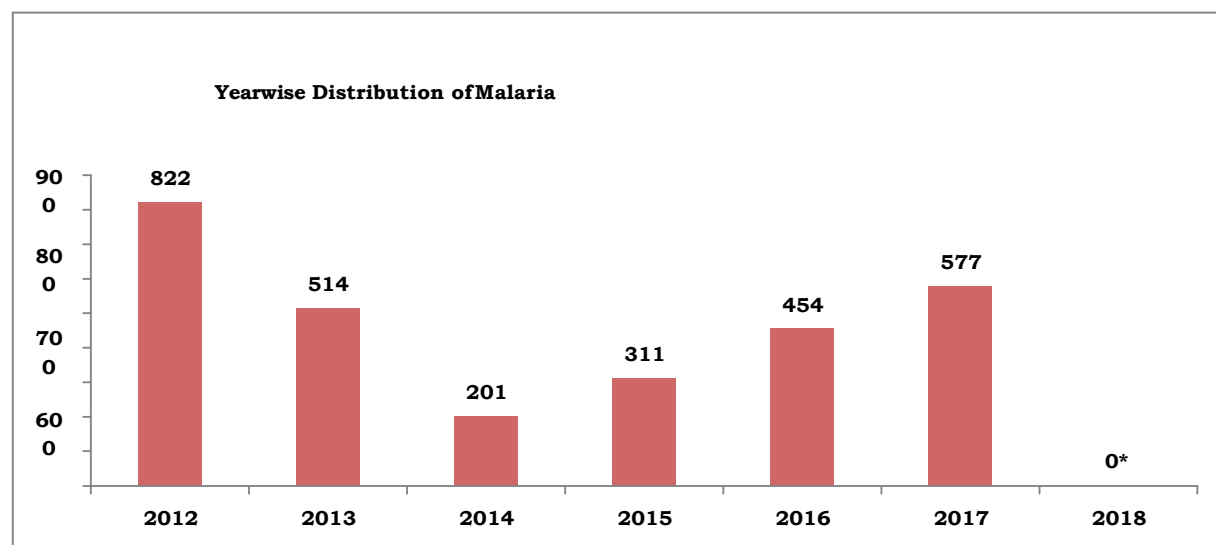
STATUS OF MALARIA IN 2017:

- So far there have been 552 cases. 546 cases have been referred from outside Delhi, making total cases reported in Delhi to 1098.
- Figure for all India up to September is 673474. All over India 84 deaths have occurred due to Malaria.

Month and year wise Situation of Malaria Cases from 2012 to 2018 (up to 31.03.2018)

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	3	17	41	94	140	177	70	20	5	577
2018	0	2	1										3*

Disease Trend



MAJOR ACTION TAKEN BY PH-IV TO CONTROL VECTOR BORNE DISEASES IN DELHI

INFORMATION EDUCATION COMMUNICATION

- 116 Newspaper advertisements were issued in different language newspapers, spread over 14 dates, till July end, started from 16th May
- 50 advertisements, regarding mega training conducted for awareness
- Generation for Vector borne diseases on September 30th and 31st August and 1st 2017, were issued in newspaper.
- 300 Hoardings with the information related to prevention and control of Dengue and chikungunya, displayed at Hospitals, Schools, Dispensaries, Police stations, Magistrate offices etc. to aware community.

In hospital premises	22
Delhi Govt. Dispensaries	29
Other health facilities	17

- Remaining hoardings are displayed at govt. schools, DC offices and other prominent places
Display of IEC material on unipoles, Bus Q shelters, public utilities, inside metro panels etc

The details of IEC displayed are as follows:

S.No.	IEC Activities	Quantity
1	Hoardings (20x10ft)	300
2	Big LED screens	02
3	Unipols	47
4	Bus Q shelters	125
5	Public utilities	49
6	Inside metro panels	1574
7	Orange cluster buses	250
8	Radio taxis	300
9	Inside metro panels	2632
10	Bus Q shelters	136

11	LCD screens at railway stations	124
12	Cinema screens	76
13	Public utilities	87
14	Free standing panel	10
15	Kiosks	12
	Total IEC activities	5724

- 11 lac easy to read handouts, containing information regarding common breeding sites for aedes mosquito, methods of prevention, list of Sentinel surveillance hospitals, Do's and Don'ts etc., are printed and are being distributed in community. **Flex charts on diagnosis, classification and treatment guidelines.**
- 18 radio jingles/radio spots are being aired per day on 8 major FM channels (Radio mirchi, Radio City, Radio One, Oye FM, FM ISHQ, Big FM, Hit 95 and FM gold on participation of RWA, School children and women groups.
- A Video film of approximately 10 minutes duration on methods of prevention and control of Dengue, malaria and chikungunya targeted for RWAs and another short film targeted for children is prepared in coordination with DIP and launched in a mega event held on 1st September 2017, this film is provided to all schools (Govt/Pvt/aided), Sub Divisional magistrates, RWAs, Offices of health department for further display of film in community.
- Nukkad Natak at various locations in west district and in Nehru camp (JJ cluster) & Ravi Das Camp on 01.06.2017 to spread public awareness regarding prevention and control of dengue and chikungunya in the community belongs to low socio economic group of dengue and chikungunya in the community belongs to low socio economic group distributed to all hospitals and dispensaries
- Nukkad Natak on 04.03.2017 at community connect launch Program at Thyagaraj Stadium for sensitising people about their role and responsibilities towards prevention and control of Vector Borne Diseases.
- 24x7 Helpline number (011-22307145, 22300012, 22300086, 22300036) for facilitating community regarding dengue and chikungunya has been established at DGHS (HQ).

PUBLIC AWARENESS

- A Mega training program at Thyagraj Stadium on 01.09.2017 on vector borne diseases (Dengue, Chikungunya and Malaria, attended by approximately 5000- 6000 participants which includes local residents, RWAs, NGOs, Senior citizen, youth groups, women groups, school principals, nodal teachers, Social worker etc.
- Community connect /awareness session on prevention and control of vector borne diseases at Thyagaraj stadium on 04.03.2017. Hon'ble MLAs, Volunteers, Health workers attended the session.
- Monitoring visits were conducted by State team. Awareness sessions done at Akshardham, commonwealth games village, Kendriya Vishal Arya Yuvak Charitra Nirman Shivar, Sarvasva foundation (group of NGOs), College of fine arts etc.
- 11 district level teams deputed for inspection of health facilities, offices and schools for preparedness of VBDs and awareness generation in public places including high risk areas in their respective districts. Total 429 visits conducted till date.

TRAININGS

- Training of trainers for management of Dengue and Chikungunya was done for the Doctors from the different hospitals of Delhi Govt., Central Govt., MCD on 27th and 28th June 2017.
- Training of the AYUSH Doctors done on 7th July 2017 at 2 PM in coordination with Director AYUSH by State Surveillance unit
- An half day, state level training session was organized on 21.03.2017 by NVBDCP , Delhi state,

regarding entomological aspect and spraying techniques for vector borne diseases and was attended by Deputy Health officers and entomologists of 3 DMCs, NVBDCP, State and all Local bodies including NDMC and Cantonment Board.

- Trainings of Medical officers posted at DGDs for recent updates towards elimination of Malaria were carried out at District Level under the Guidance of State IDSP team.
- A workshop has been conducted under the Chairmanship of Addl. DGHS, PH-IV on 20.04.2017 to sensitize Data managers and Data Entry Operators regarding reporting and other issues related to IDSP/NVBDCP.
- Trainings conducted to train common public, volunteers, RWAs, youth groups, school children, teachers, women organizations, NGOs etc, on every Sunday at DC offices.

MAPPING OF HIGH RISK AREAS

On the basis of last year (2017) report of dengue provided by SDMC, nodal agency for reporting of vector borne cases, high risk areas evaluated and zone wise mapping done. List of high risk areas have also been shared with all DMCs so that early preventive measures and surveillance activities could be initiated for containment of Vector Borne Diseases in Delhi.

East Delhi Municipal Corporation (EDMC)

EDMC have two zones, Shahdara South and Shahdara North zone. Total 167 cases of dengue, 20 cases of Chikungunya and 29 Cases of Malaria had been reported from Shahdara North zone. Shahdara South zone reported 260 cases of Dengue, 33 cases of Chikungunya and 25 cases of Malaria in year 2017.

DMC	Zone	High Risk Areas
EDMC	Shahdara North	Ram Nagar
		Janta Colony
		Khajoori Khas
		Gokal Puri
	Shahdara South	Mayur Vihar-I
		Gharoli
		Kondli
		Mandawali
		Patparganj
		Pandav Nagar
		Anarkali
		Vinod Nagar

South Delhi Municipal Corporation (SDMC)

SDMC have 04 zones, South, West, Central and Najafgarh zone. Total 189 cases of dengue, 26 cases of Chikungunya and 21 Cases of Malaria had been reported from South zone. Najafgarh zone reported 176 cases of Dengue, 13 cases of Chikungunya and 22 cases of Malaria in year 2017. Central zone reported 154 cases of dengue, 27 cases of Chikungunya and 30 cases of Malaria. West zone reported 187 cases of dengue, 10 cases of Chikungunya and 15 cases of Malaria.

Zone wise mapping of high risk areas (SDMC)

DMC	Zone	High Risk Areas
	West	Milap Nagar
		Mohan Garden
		Subhash Nagar
		Mahavir Nagar
		Janak Puri
		Pratap Nagar
		Vasant Vihar

SDMC	South	Safdarjung Enclave
		Hauz khas
		Greater Kailash
		Vasant Kunj
		Lado Sarai
		Mehrauli
	Central	Dariya Ganj
		Andrews Ganj
		Sidharth Nagar
		Zakir Nagar
		Badarpur
		Pul Parhlad pur
	Najafgarh	Najafgarh
		Palam
		Raj Nagar
		Sagar Pur
		Bijwasan

North Delhi Municipal Corporation (NDMC)

NDMC have 06 zones, Rohini, Civil Lines, Karol Bagh, Keshav Puram, Narela and Chandni chowk zone. Total 116 cases of dengue, 34 cases of Chikungunya and 15 Cases of Malaria had been reported from Chandni Chowk zone. Keshav Puram zone reported 74 cases of Dengue, 05 cases of Chikungunya and 02 cases of Malaria in year 2017. Narela zone reported 107 cases of dengue, 02 cases of Chikungunya and 08 cases of Malaria. Civil Line zone reported 161 cases of dengue, 06 cases of Chikungunya and 29 cases of Malaria. Karol Bagh zone reported 89 cases of Dengue, 12 cases of Chikungunya and 12 cases of Malaria. Rohini zone reported 108 cases of dengue, 03 cases of Chikungunya and 05 cases of Malaria.

DMC	Zone	High Risk Areas
NDMC	Karol bagh	Karol Bagh
		Rajender Nagar
	Civil Line	Burari
		Kamal Pur
		Mukund pur
		GTB Nagar
		Sarai Pipal Thala
		Adarsh Nagar
	Chandni Chowk	Kudsiya park
		Chandni Chowk
		Delhi Gate
	Rohini	Rithala
		Rohini E
		Mangol Puri
		Rohini G
		Rohini H
	Narela	Narela
		Bakhtawar Pur
		Alipur

		Rohini
		Nangloi
		Nilothi
		Mundka
	Keshavpuram	Saraswati Vihar
		Rani Bagh
		Paschim Vihar
		Kohat Enclave
		Rampura

FIELD VISIT TO HIGH RISK AREAS

- In view of containment of vector borne diseases in Delhi, preventive activities have been initiated very early this year. Hence community participation could play an important role in control of these diseases; therefore awareness generation in community should be enhanced. In view of this, state team visited to Kalyanpuri, Mandawali, Indra Camp (Khichdipur) and Shahshi garden jhuggi on 31.01.2018 to find out field lacunae. Health education provided to community and IEC material distributed.
- After receiving and analyzed weekly report for Vector Borne Disease from SDMC, 6 cases (04 cases from EDMC and 02 cases from NDMC) of Dengue reported by DMCs and all these cases are untraced. Therefore, a team from State visited to the given addresses to trace these cases with the coordination of MHO, EDMC on 05.02.2018.
- State team visited to Sanjay camp along with MCD officials on 07.02.2018. Mosquito breeding checked and pamphlets containing IEC material related to prevention and control of Dengue, Malaria and Chikungunya distributed.
- Team visited to Vivekanand Camp slum of NDMC area with MCD officials on 07.02.2018. Team sensitized people for prevention and control of VBDS like Dengue, Malaria and Chikungunya and sought community involvement for the control of same. Pamphlets containing IEC material
- related to prevention and control of Dengue, Malaria and Chikungunya distributed in the area for awareness generation.

MAJOR OUTBREAKS IN 2017 GLANDERS

In 2017, Delhi faced major outbreak of Glander disease in equine population. Firstly, A CD Alert received from NCDC regarding Glander disease in equine population at Sanjay Gandhi Animal Care Centre, West District wherein 07 equines are found positive for Glanders disease. In view of this active surveillance for diseases has been initiated by IDSP-State Surveillance unit and following action were taken.

- State team Comprising of Public Health Specialist, Epidemiologist and Microbiologist visited the Sanjay Gandhi Animal Care Centre (SGACC) on
- 14.12.17. Sample has already been taken by Animal Husbandry department, all animal handlers were examined and health education provided.
- D.O. letters received from CMO-EMR and Director –NCDC along with guidelines of CD Alert on Glanders disease have been circulated to all Districts. Advisory issued by Department of animal husbandry have been circulated to all health facilities for information.
- All equines found positive at SGACC, were euthanized and buried on 27.12.17 and 02.01.18.
- Report of 35 equines was received on 10.01.18 from NRCE, Hisar out of which 32 samples found positive, mainly from Southwest, West, Northwest, Southeast and New Delhi. Line list of all 32 cases had been shared with District Surveillance Officers (DSOs) and they have been sensitized to step up surveillance activities especially in areas where horses are positive with Glanders disease.

- District Surveillance Officers are keeping surveillance over animal Handlers, in coordination with veterinary department and giving health education to them. All DSOs are directed to take necessary action to strengthen surveillance to detect any suspected cases of Glanders disease among handlers and persons who came in close contact of equine population.
- As on 23.01.18 a total 65 equine sites were visited by State and district surveillance unit in coordination with Animal Husbandry department, for surveillance. All districts Rapid Response team are activated.
- Advisory in Hindi and English along with Do's and Don'ts have been prepared by State Surveillance unit, uploaded on website in larger public domain and circulated to media also for awareness generation in community.

Updated Status Report on Glander Disease

Till date 50 horses found positive, out of which 35 horses and 04 ponies are culled /euthanized, 10 horses found dead before receiving the report and 01 horse found to be out of state from Loni, Uttar Pradesh, which has been informed to the concerned authorities.

Action Taken Report by Animal Husbandry Department

In view of presence of this scheduled disease in Delhi, equine movement to and from Delhi, has been restricted for a period of three months with effect from the date of last culling of the positive reactor equine, accordingly two gazette notifications were issued on 21.12.2017 and 15.1.2018. Sero-surveillance of 100% equine population has been adopted. The public awareness created through the media regarding do and don'ts in case of glanders. The horses found positive were immediately isolated after receipt of reports from NRCE Hisar, then euthanized and buried as per the guidelines issued by GOI. Strict zoo-sanitary measures were adopted in the premises of positive reactor horses. The handlers of positive equine were medically checked up by Health Department.

MEASLES

Another major outbreak of measles occurred in different district of Delhi. Southeast district is highly effected and faced 05 outbreaks of measles in Batla House, Khijra Bad Extn., Abu Fazal Enclave, Sangam Vihar, Gyas Pur Village. Two measles outbreak occurred in North Delhi also at Bawana J J Cluster and Bhlaswa J J Cluster. Clinical samples had been collected in each measles outbreak and all are laboratory confirmed. Mostly migratory population live on Yumana Bank affected and immunization facilities to this area provided through Mobile Van from MCD Sriniwasपुरi and recently also through SPUHC Abul Fazal. Vit A was given to all the cases and immunization coverage was increased. Special Immunization session/camp were planned in the area to cover the unimmunized population.

NEW INITIATIVES IN 2017

- A Mega training program at Thyagraj Stadium on 01.09.2017 on vector borne diseases (Dengue, Chikungunya and Malaria, attended by approximately 5000- 6000 participants which includes local residents, RWAs, NGOs, Senior citizen, youth groups, women groups, school principals, nodal teachers, Social worker etc.
- Community connect /awareness session on prevention and control of vector borne diseases at Thyagaraj stadium on 04.03.2017. Hon'ble MLAs, Volunteers, Health workers attended the session.
- Trainings conducted to train common public, volunteers, RWAs, youth groups, school children, teachers, women organizations, NGOs etc, on every Sunday at DC offices.

SEASONAL INFLUENZA (H1N1):

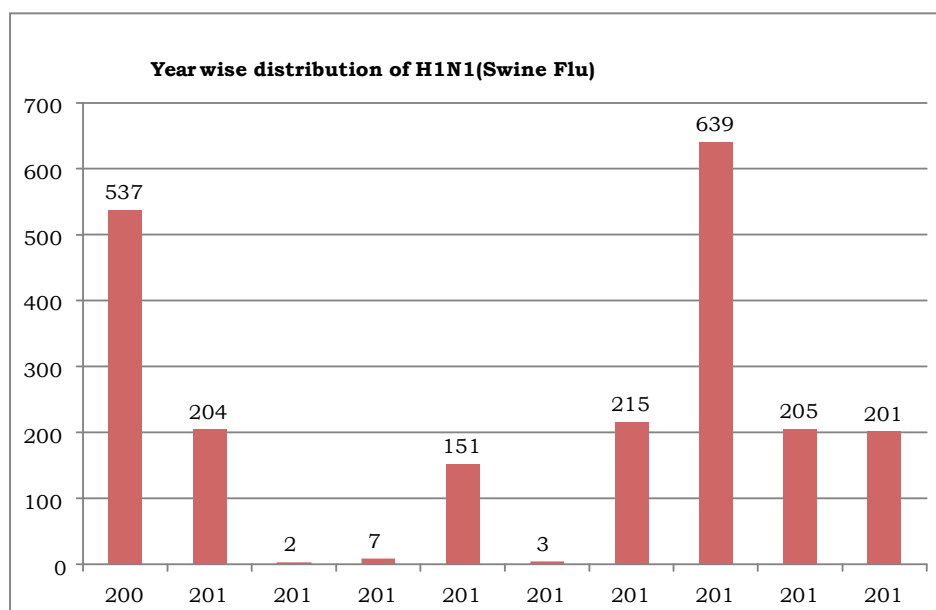
H1N1 virus has now taken on the behavior of a seasonal influenza virus, hence H1N1 influenza episodes and seasonal influenza are to be treated on similar lines. Such cases occur round the year with peaks occurring generally during autumn and winter months. Since there is no antigenic drift (mutation)

of the virus from the one found during pandemic 2009-10, hence, the community has acquired herd immunity against this virus and the present influenza is behaving like seasonal influenza.

CLINICAL PRESENTATION:

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

Month wise distribution of H1N1(Swine Flu)



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Jan.	0	288	1	1	39	1	439	69	3	13
Feb.	0	40	3	3	908	7	2452	38	9	6
March	0	9	6	2	534	1	1346	17	7	7
April	0	2	1	4	17	5	30	3	14	8
May	0	1	7	3	6	8	1	0	92	
Jun	55	3	2	1	3	2	2	0	56	
July	103	73	2	2	1	0	0	3	377	
Aug.	502	850	0	6	1	2	4	1	1294	
Sept.	989	561	0	39	1	0	0	0	333	
Oct.	437	21	0	10	0	0	9	0	18	
Nov.	666	1	0	3	0	0	6	1	4	
Dec.	4336	1	0	4	1	12	18	0	1	
Total	7088	1850	22	78	1511	38	4307	132	2208	34

ACTION TAKEN FOR INFLUENZA A H1N1 (SWINE FLU) FOR 2017

- A Mega training program for Community connect at large was organized by Department of Health and family welfare, at Thyagaraj Stadium on 01.09.2017 on Swine flu H1N1 (Influenza A) and vector borne diseases. It was attended by more than 5000 participants which includes local residents, RWAs, NGOs, Senior citizen, youth groups, women groups, school principals, nodal teachers, Social worker etc. A presentation was given to sensitize people about H1N1, its symptoms, preventive measures, availability of treatment and diagnostic facilities throughout the state. IEC material was displayed and distributed to all participants
- Training program on every Sunday at District Commissioners offices (Revenue department) to sensitize Local residents, RWAs, NGOs, Senior citizen, youth groups, women groups, school principals, nodal teachers, Social worker etc about H1N1 , its symptoms, preventive measures ,availability of treatment and diagnostic facilities throughout the state.
- In view of public interest, Capping of H1N1 test (RT-PCR) has been done at Rs. 4500/- for all Pvt. Hospital/labs.
- Oseltamivir is the drug recommended by WHO for treatment of Seasonal influenza H1N1. The drug is made available through the Public Health System free of cost and State has adequate quantity of this drug and other logistics eg. Personal Protective Equipments (PPE kits) and N95 masks etc.
- Oseltamivir have been taken out from schedule X1 of Drugs and Cosmetic Act and put in schedule H1, making it freely available, can be freely stocked and obtained from any chemist on prescription of registered medical practitioners and this has been conveyed to Drug controller
- Communication with District Surveillance Officers (DSOs) regarding preparedness of the hospitals and dispensaries under their jurisdiction, for seasonal influenza, regarding adequate stock of medicines (Oseltamivir phosphate-Fluvir), PPE (Personal Protection Equipment), Hand rub etc.
- Vaccine for seasonal influenza (H1N1) has been procured and supplied to hospitals
- Communication made with Microbiology Division of AIIMS and NCDC regarding current status of circulating strain of influenza virus in Delhi.
- Recent guidelines/Advisories for H1N1 Case diagnosis, management, vaccination, isolation criteria, risk categorization and preventive measures are circulated to all hospitals and health facilities on regular basis.
- Advisory has been prepared on basic coughing and sneezing etiquettes and hand washing techniques and is circulated to department of education for further dissemination through assemblies etc.
- Dr. S.M. Raheja, ADGHS participated as an expert in Live panel discussion on Lok sabha TV (12.08.2017 & 22.09.2017) and on DD News (27.08.2017) for awareness generation on seasonal influenza H1N1.
- Collection and compilation of confirmed swine flu cases from various reporting units and labs with complete line listing on Daily Basis. Compiled report is shared with districts for timely surveillance activities and preventive measures.
- Easy to read handouts containing symptoms and Do's and don'ts about seasonal influenza are being distributed to all health facilities, hospitals, and dispensaries.
- 13 (04 Govt. & 09 Pvt.) Labs are authorized for conducting diagnostic tests for seasonal influenza. Advisories issued to all Labs for testing of patients.
- 25 Hospitals (19 Govt. and 06 Pvt.) has been designated as Nodal Hospitals for management and treatment of Influenza A H1N1. Nodal Officers are designated in each of the these hospitals. All hospitals have dedicated beds for H1N1 patient isolation, 12 hospitals have ICU and ventilator facility for management of severe cases.
- Integrated Disease Surveillance Programme (IDSP) Delhi State and its District units have enhanced the surveillance for Influenza Like Illness (ILI)

Rapid response teams are in place at State and District level

- Review meetings are being held at the level of Hon'ble Lt. Governor, Delhi and Hon'ble Health minister.
- Round the clock helpline number is working at DHS head quarter – 22307145, 22300312.

OTHER OUTBREAKS INVESTIGATED IN YEAR 2017

Disease/Syndrome	Area Affected	No of Cases	Date	epidemiological observations	Lab results	Control measures undertaken
Food Poisoning (Abdominal pain & Vomiting)	Nawada Uttam Nagar delhi	7	27/07/2017	7 People of one family were affected after taking MOMOS meal .	1.Routine lab investigation for admitted patients CBC, LFT, KFT,Urine RE, ME etc.	6Patients(Adult) were admitted in Medicine ward and 7 year old girl admitted in paediatrics ward.All the Adult patients were stable and all their vitals were normal before discharge All were treated as a case of food Poisoning.
Dengue (NS1 Ag – PCR Positive)	Outram Lines Area Model Town Sub Division	8	21/08/2017	Increase in No of cases reporting of fever . with headache and body ache as per report of three private hospital.	Positive cases-08, Test Name – 4-Dengue NS1 Ag , 4-Dengue PCR	A joint team investigated house to house of all 8 reported dengue cases from this area, Team examined the mosquito breeding in nearby houses anti-larval spray and fogging were performed in all nearby houses.. Team visited nearby area and JJ cluster area of OUTRAM LINES and IEC materials also distributed for prevention, control and awareness of VBD
Dengue	J-4 BLOCK KHIRKI EXTN.	13	04/10/2017	Received report of positive Dengue fever by NS1 Ag Elisa Method	NS1 Antigen Elisa Positive	DHO-SDMC informed through Email for taking anti Larval Measures and fogging to be done in the Area. DGD Begumpur and MCW Shahpur Jat has been asked for Health Talk. IEC Material distributed.
Cholera	MADANG IR	1	05/07/2017	DIARRHOEA , FEVER	VIBRIO CHOLERAEE (OGAWA) STRAIN POSITIVE	Health talk given, 50-60 houses surveyed for more cases of diarrhoea and no case found

Cholera	DAKSHI NPURI	1	14/07/2017	22 weeks pregnant patient with Pain in abdomen, Vomiting & Loose Motion,	HBSAG POSITIVE & VIBRIO CHOLERAEE POSITIVE	Health Talk Given, Treatment given in the Hospital to the Patient. On USG no cardiac activity, patient delivered IUD baby.
Dengue	SEC-4 PUSHP VIHAR	14	19/09/2017	Received report of Positive Dengue Fever by NS1 Antigen Elisa	NS1 Antigen Elisa Positive.	DHO- SDMC Informed through Email for Taking Anti Larval measures and fogging to be done in the Area. CGHS Dispensary has been asked to Give Health Talk. IEC Material Distributed.
Dengue	Sec-3 Pushp Vihar	12	19/09/2017	Received reports of Positive Dengue fever by NS1	NS1 Antigen Elisa Positive	DHO- SDMC Informed Through Email for taking Anti- Larval measures and fogging to be done in the Area. IEC Material Distributed.
Dengue	Sec-1, Pushp Vihar	20	27/09/2017	Received Reports of Positive Dengue Fever	NS1 Antigen Elisa POSitive	DHO-SDMC Informed through Email for taking Anti Larval Measures and fogging to be done in the area. IEC Material Distributed.

Glander Disease (Animal)	Sanjay Gandhi Animal Care Centre, Raja Garden	16	18/12/2017	Glanders disease in Horses were reported from SGACC. Equine samples were sent to NRCE Hisar	Out of total 16(Sixteen) Cases tested, 07(Seven) Horses were found Positive for Glanders disease	The area was visited by State Surveillance Team Animal care takers were interviewed. On enquiry all staff and cleaners were found healthy and there was no complaint of any symptoms. Signs of illness in workers. Animal handlers were found informed and well aware about personal protection. Health education was given to the staff and workers at SGACC.
Cholera	Nihal Vihar	1	16/09/2016	Single case of cholera reported from MVID Hospital, 4 yrs male. The personal hygiene of family members was poor. The water consumed by them had free chlorine	MVID Hospital confirm the vibrio cholera four water samples have been lifted and sent for bacteriological testing.	The area was visited by DHO Rohini Zone & team 20 bottles of chlorine and 50 packets of ORS were distributed in the area. There was no similar patient in the locality. Health talk given for hand washing & hand hygiene. Use of safe drinking water and hygienic food.
Rubella	B& C Block JJ Colony Hastal	7	01/03/2017	Measles case suspected with fever and rash, in childrens upto 10 years of age	Out of 06(Six) Cases, 05(Five) were found Rubella Positive	The area was visited by District team. All childrens were followed up at local PHC with medical Officer and Symptomatic treatment were given along with VIT "A" given to childrens: 268. Other cases within the community were surveyed.

Cholera	NARIANA VILLAGE	1	14/11/2017	One confirmed Cholera case reported from Base Hospital Delhi Cantt.,	Lab Confirmation done at Base Hospital Delhi cantt	House to House survey (approx 800 Houses) was done by ANM & ASHA worker under supervision MO I/c, No open drain, open defecation DSO IDSP visited patient house and nearby concerned area
Measles	Gyasspur Village, Sarai Kale Khan	40	04/09/2017	17 Cases of Measles reported either unimmunized or partially immunized. population is basically nomadic	5 Blood Samples send on 08.09.17 to NCDC of which 4 were positive for measles.	Survey of the area done by ASHA ANM of Sarai Kale Khan. Total 40 cases were identified. All cases identified and given 2 doses of Vit-A. Head count of children done by ASHA ANM and immunization done according to due list.
Cholera	Sanjay Colony (Block), (PHC-MCW Center Nehru Place)	1	23/08/2017	A case of cholera was reported by MVID Hospital from Sanjay Colony, Okhla	Water samples lifted by Delhi Jal Board & MCD.	80 houses (400 population) was surveyed and 7 cases of mild diarrhoea were identified. 1. Diarrhoea cases identified and ORS distributed. 2. Hand Hygiene and safe drinking water practice was explained. 3. Health Talk on diarrhea control and ORS Pouches given. 4. Chlorine tablets distributed.

Food Poisoning	Moolchand Hospital, Nurses Hostel, Lajpat Nagar, New Delhi-24	7	15/04/2017	7 cases of food poisoning of trainee nurses of Moolchand Hospital	5 water samples lifted by MCD Officials out of which 3 were found to be unfit.	Admitted in Day Care at Moolchand Hospital for food poisoning. They were discharged in the evening as the condition was stable. Investigated by RRT-SED, Lab results of water samples send to Delhi Jal Board and Moolchand Hospital to take corrective measures.
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Revised National Tuberculosis Control Programme

- Tuberculosis is the most pressing health problem in our country as it traps people in a vicious cycle of poverty and disease, inhibiting the economic and social growth of the community at large. Tuberculosis still remains a major public health problem in Delhi. 40% of our population in Delhi is infected with TB germs and is vulnerable to the disease in case their body resistance is weakened.
- Delhi has been implementing the Revised National TB Control Programme 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 NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way.
- RNTCP Delhi integration with Urban Health Mission involving multiple stakeholders (NDMC, MCD, NGO, GOI and Delhi. Govt.). Delhi Government dispensary DEO, MOs/ESIC MOs & ASHA workers have been trained in RNTCP at State level
- Framework of integration of RNTCP services with Mohalla Committees in the State is in place.
- The diagnosis and treatment for drug sensitive TB & drug resistance TB is provided free to the patients by all the partners under the RNTCP.
- TB Control Services for the homeless population in 200 Night Shelters. The night shelters staff are trained as Community DOT Provider, and for collection and transportation of sputum samples.
- Mobile TB Clinic for pavement dwellers/ homeless by NGO DTBA.
- Diabetic screening for all TB patients initiated at all the Chest Clinics in Delhi from January 2015.
- Counselling services by NGO's to promote adherence to MDR-TB
- Quality TB diagnosis for paediatric cases by upfront testing of presumptive TB cases among the homeless in 'Asha kiran'
- RNTCP Services in Tihar Jail is being initiated by posting TBHV and LT's.
- Intensified TB screening among the floating population – Truck Drivers, slums/unauthorized colonies along with night shelters, pavement dwellers, prisons.
- Nutrition support & Counselling services to MDR TB patients by NGOs like UNION, RK Mission, DFIT, TB Alert, GLRA.
- The RNTCP has 199 diagnostic centres and 551 treatment centres located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 3 C&DST Labs to diagnose Drug Resistance TB. Implementation of DOTS Plus services for DRTB Patients is done through 4 Nodal DRTB Centres & 25 District DRTB Centres. 32 CBNAAT labs (GenXpert) in 25 Chest Clinics/Medical Colleges for Rapid TB Diagnosis are in place. The Rapid TB Diagnostic Services through CBNAAT are available free to the all the patients (Specially for paediatric group, HIV Positive patients & to diagnose Drug Resistance TB) besides Universal DST for all TB patients for initiation of therapy.
- Roll out of daily regimen across the State w.e.f. 1st Nov. 2017.
- Delhi has been the first State in the country to have full coverage with DOTS (WHO recommended treatment strategy for TB) since 1997 and with DOTS-PLUS (treatment schedule for Drug resistant TB) since 2008. Roll out of Baseline SLDST across the State w.e.f. Q2 2014. Expanded DST for 2nd Line drugs across the State w.e.f April, 2016. Pan State Roll out of Bedaquiline -new drug in MDR TB treatment in 2016.

- NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.
- A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.
- With the supporting component and bold policies :- Political commitment and resources for tuberculosis care, prevention & involving communities/social protection/poverty alleviation (a) Early diagnosis of tuberculosis by active case finding including universal drug susceptibility testing, and screening of contacts and high risk group (b) treatment of all people of tuberculosis including drug resistant TB (c) collaborative tuberculosis/HIV activities (d) preventive treatment of persons at high risk and vaccination against tuberculosis.
- Intensified Research and innovation: - Research to optimize implementation and impact and promote innovations. Evidence based Research for the ongoing innovations being planned under the State program.

Infrastructure of Delhi State RNTCP

Location	Public Sector	Private Sector	NGO	Total
Districts	24	0	1	25
STDC	0	0	1	1
DMC	184	0	15	199
C&DST Lab (LPA/Liquid/Solid)	2	0	1(NDTB)	3
CBNAAT (GenXpert)	30	0	2 (NDTB & R K Mission)	32
Nodal DRTB Centre	4	0	0	4
DOT Centre/CDP	258	20	58/215	551

PERFORMANCE OF DELHI STATE RNTCP

Indicator	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total number of patients put on treatment	45,647	47,536	49,060	49,505	50,693	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 death	9015	9507	9328	9690	9921	9489	9690	9776	9486	9875	10600	11280
Number of persons prevented from getting infected with TB	474457	553576	504126	522900	528714	504633	507310	513839	480501	523407	526435	552826

PERFORMANCE OF DELHI STATE RNTCP

(NEW INDICATORS FROM GOVT. OF INDIA)

Indicator	2017	2018 Jan to March 2018
TB Patients Notified from Public Sector	60772	13591
Annual TB Notification Rate (Public)	332	302
TB Patients Notified from Private Sector	5121	4469
Annual TB Notification Rate (Private)	28	35
% of Pulmonary TB Patients	58%	57%
% of Extra Pulmonary TB Patients	42%	43%
% of New TB Patients	86%	85%
% of Previously Treated TB Patients	14%	15%
% of Microbiologically Confirmed Cases	43%	41%
% of Clinically diagnosed cases	37%	39%
Success Rate of Microbiologically Confirmed New TB Patients	85%	85%
Success Rate of Microbiologically Confirmed Previously Treated TB Patients	71%	72%
Success Rate of Clinically diagnosed New TB Patients	94%	94%
Success Rate of Clinically diagnosed Previously Treated TB Patients	88%	88%

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

The nomenclature of the scheme is changed from 'National Programme for Control of Blindness' to 'National Programme for Control of Blindness and Visual Impairment'

National Programme for Control of Blindness was launched in the year 1976 as a 100% Centrally Sponsored scheme with the goal to reduce the prevalence of blindness from 1.4% to 0.3%. As per Survey in 2001-02, prevalence of blindness is estimated to be 1.1%. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). Various activities/initiatives undertaken during the FiveYear Plans under NPCB are targeted towards achieving the goal of reducing the prevalence of blindness to 0.3% by the year 2020.

Main causes of blindness are as follows:-

Cataract	(62.6%)
Refractive Error	(19.70%)
Corneal Blindness	(0.90%),
Glaucoma	(5.80%),
Surgical Complication	(1.20%)
Posterior Capsular Opacification	(0.90%)
Posterior Segment Disorder	(4.70%),
Others	(4.19%)

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

Goal of NPCBVI

The goal of 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.
- 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;
- Increase and expand research for prevention of blindness and visual impairment
- To secure participation of Voluntary Organizations/Private Practitioners in eye Care

INDICATORS TO ACHIEVE THESE OBJECTIVES IN TERMS OF NUMBERS

1. Cataract operation: IOL implantation has been emphasized.
2. Involvement of NGOs
3. Civil works: Construction of eye wards, OTs & dark room were undertaken in 7 states under World Bank assisted project
4. Training to eye surgeons, PHC MO, ophthalmic assistant, ophthalmic HWs
5. Commodity assistant like sutures & IOLs, slit lamps, A- scans, Yag lasers, keratometers are procured centrally & distributed to states & DBCS

IEC

1. MIS
2. Monitoring & evaluation rapid assessment surveys, beneficiary assessment survey, visual outcome surveys
3. Collection & utilization of donated eyes: Nearly 20,000 donated eyes are collected per annum
4. School Eye Screening Programme : First screening by trained teachers. Children suspected to have refractory errors are confirmed by ophthalmic assistants. Corrective spectacles are prescribed or provided free of cost to poor

THE STRATEGIES

- Disease control.
- Human resource development: support training of ophthalmologists and other eye care personnel to provide eye care.
- 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:
- Strengthening school eye screening programme
- Increase in collection of donated eyes
- Developing pediatric eye units

Targeted intervention for underserved population

- Setting up vision centres
- Procuring MDMOUs
- Active involvement of NGOs , panchayats, & community

ACTIVITIES 2017-18

- To Purchase and operationalize 12 MDMOUs - File is under process
- To train Eye surgeons in phacoemulsification and other specialized surgeries under NPCB&VI
- Capacity building of health personnel
- Eye screening camps for targeted population in collaboration with NGOs
- School Eye Screening and free spectacles distribution
- Blind association – Health Camps
- IEC at Health Melas, Eye Donation fortnight etc

Annual Figures

: 2017-18

Total cataract surgery	: 67690
Total School Children Screened	: 163856
Total Refractive errors diagnosed in children	: 18670
Total Free Spectacles distributed	: 7323
Total Cornea Collection	: 3450
Total Keratoplasty done	: 2006

Chapter 8

DIRECTORATE OF AYUSH

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 Delhi-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 Headquarter 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 Dispensaries as on (31.03.2018)

Homoeopathic Dispensaries	-	104
Ayurvedic Dispensaries	-	44
Unani Dispensaries	-	21

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	2017-18
1	Homoeopathic Dispensaries	71	72	78	80	87	92	92	95	100	101	101	103	104
2	Ayurvedic Dispensaries	22	22	25	26	27	32	32	33	35	36	39	40	44
3	Unani Dispensaries	9	9	10	10	11	15	15	16	17	18	19	20	21
All Dispensaries Total		102	103	113	116	125	139	139	144	152	155	159	163	169

Annual OPD Attendance of Delhi Government AYUSH Dispensaries during (2017-18) and previous years.

Year	OPD	Ayurvedic Dispensaries	Unani Dispensaries	Homoeopathic Dispensaries	Total
2017-18	New	370288	292013	782010	1444311
	old	385177	266534	1305312	1957023
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 2017-18:

S.No.	Dispensaries	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs
1	Ayurvedic Dispensaries	6242	2180
2	Unani Dispensaries	6242	2180
3	Homoeopathic Dispensaries	3638	3052.72
	Total	16122	7412.72

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 Chiktisalya, 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 2017-18

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 Acharyashree Bhikshu on 15.01.2005, this Moti Nagar Colony Hospital is now known as 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 2017-18 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
2017-18	150	150	488364	316148	182563	4106	12044	1577	150711

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, Paediatrics, Orthopedic Surgery, Gynecology, Dental specialties

The Brief Performance Statistics of the Hospital during 2017-18 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
2017-18	100	147	247704	125498	75496	9524	11351	2035	538

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 2017-18 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
2017-18	30	30	77278	33356	0	0	1786	1773	59

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 2017-18 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
2017-18	300	240	195477	131243	0	0	NA	36	1047

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 2017-18 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
2017-18	500	500	1173202	328111	362269	19666	71266	9839	94404

Achievements during 2017-18 are as under:

1. Entry level approval for NABH accreditation has been obtained for this hospital w.e.f 15.11.2017
2. Cartridge based Nucleic Acid Amplification (CBNAAT) test introduced by RNTCP in our chest clinic for rapid molecular diagnosis of tuberculosis and simultaneous detection of multi drug resistant cases of TB. This facility was started in 2017
3. To fight menace of Drug/substance addiction in the society, special dedication OPD with six indoor beds has been started w.e.f May 2017
4. Blood Bank has been upgraded to the level of regional Blood Transfusion centre for North West Delhi by state blood transfusion council, Delhi Our Blood Bank is supporting four linked blood storage centres at neighbouring Delhi Government Hospital.
5. 16 additional ventilators have been procured.

6. BABU JAGJIVAN RAM MEMORIAL HOSPITAL

This 150 bedded secondary level hospital situated in resettlement colony in Jahangirpuri in North-West Delhi provides health care services in broad basic specialties. The hospital is providing OPD services, round the clock emergency and casualty services, labour room, Nursery and Indoor facility in all basic clinical specialities. Rogi Kalyan Samiti has been established in Babu Jagjivan Ram Hospital w.e.f. 04-06-2010.

The Brief Performance Statistics of the Hospital during 2017-18 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
2017-18	150	100	485926	292824	322487	20121	13361	927	14014

Achievements during 2017-18 are as under:

1. Construction of fever clinic and registration counter near casualty is completed.
2. Renovation work for civil & electrical in labour room with provision of centre air condition is near to completion
3. Renovation work for civil and electrical at ward -II included in PICU & paedsemergency .
4. Chest clinic (Medicine Store and construction of injection cum registration room etc.) is under process.
5. Proposal for next year ICU & Blood Bank.

7. BHAGWAN MAHAVIR HOSPITAL

This 325 bedded secondary level hospital is situated in Pitampura area of North-West Delhi. The vision of the hospital is to provide quality health services in all the specialties in a harmonious atmosphere to every section of society especially the under privileged through this 325 bedded Multi Specialty Hospital, 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 2017-18 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
2016-17	252	252	403001	235923	222569	4136	25650	4310	15409
2017-18	325	325	436554	242185	204917	4402	20925	3896	20006

Achievements during 2017-18 are as under:

1. Bed strength increased from 252 to 325 in July 17.
2. Sanctioned strength of SG increased from 53 to 81.
3. File for approval of competent authority is under submission for creation of additional 06 security guards
4. Nursery beds increased from 08 to 12.
5. Creation of posts in various departments sent to H&FW departments for AR study
6. 02 new dental chairs installed.
7. Posts created for skin & dental Deptt.
8. 03 new ventilators installed in ICU
9. Proposal for enhancement of sanitation workers sent to competent authorities for approval.

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 2017-18 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
2017-18	270	230	29732	208305	1588	0	7390	0	0

Achievements during 2017-18 are as under:

1. Diabetes Camp on 06.04.2017, World health day (07.07.2017) a camp on Mental illness organized by civil defence NGO.
2. Eye Check up camp organized by Gandhi Smriti NGO at central Jail No. 2 on 26.05.2017
3. Motivational Camp organized on 12.05.2017 by VIMHANS HOSPITAL, Dental Check up Camp on 16.07.2017, 18.07.2017, 08.08.2017 & 10.08.2017, Mental Health Camp on 21.09.2017 organised by All India Institute of Medical Sciences.
4. 30 Junior residents (28 MBBS+ 2 Dentists) and 08 Senior Residents were appointed from

Walk on interview held on 17.01.2018 & 18.01.2018 respectively against the vacant posts of GDMO 30 /Medical Specialist 03/Junior Specialist(Skin) 01/ Junior Specialist/Specialist (Psychiatry)04/Dentist/CAS Dental 02

5. Active case Finding of tuberculosis among the inmates of Central Jail No 03 on 15.03.2018 organised by Chest Clinic DDU Hospital on the occasion of World TB day (24 th March)
6. HIVC/AIDS prevention and OST Training programme for Medical and Paramedical Staff held at conference Hall in Prison Head Quarters organized by Delhi AIDS Control Society on 07 to 09 March 2018.
7. Medical, Paramedical, Delhi Jail Staff are being Given training to identify inmates having depression and to prevent suicide.

9. CHACHA NEHRU BAL CHIKITSALAYA

Chacha Nehru Bal Chikitsalaya was established in September 2003 and is now fully functional 221 bedded Superspeciality paediatric hospital to provide preventive & curative services to children up to age of 12 years. This is a teaching hospital affiliated to Delhi University. CNBC is first public hospital in India to get NABH accreditation in Feb 2009. This hospital has been converted to an autonomous institute to be run by a Society under the Chairmanship of the Chief Secretary from October, 2013.

Vision:

To be recognized as leader in quality, patient-centered, cost effective healthcare working towards Healthy child Wealthy future.

Mission:

- To provide super speciality services using state of art Technology.
- Committed to improve health and satisfaction level of our patients by ensuring continuous improvement.
 - o Training of all categories of staff.
 - o Latest treatment technologies.
- To provide Teaching and Research facility in pediatric sub specialities.
- To develop as a leading pediatric referral centre.

The brief performance statistics of the hospital during 2017-18 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
2017-18	221	210	117468	227074	13204	190	18573	2189	2419

Achievement

1. Received 4th cycle of Accreditation from NABH Institution Ethics Committee of CNBC has been registered.
2. Started Pediatric Nephrology fellowship under National Board of Examination.(NBE)
3. Started three new National /International funded research projects.
4. More than 25 national and international publications in last 1 year.

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 storied 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 2017-18 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
2017-18	210	210	139541	196021	0	0	8071	15	3222

Achievements during 2017-18 are as under:

- a. The batch of BAMS admitted during 2011-12 is awarded with degree of Ayurvedacharya.
- b. Newly admitted 97 out of 100 Under Graduate Programme for the session 2017-18.
- c. Newly admitted 29 out of 29 Post Graduate scholars in five subject viz. 1 Kriya Sharir (6 seats) 2. Rognidan evum Vikriti Vigyan (6 Seats) 3. Kayachikitsa (6 Seats) 4. Panchkarma (5 Seats) 5. Rachna Sharir (6 Seats) PG Programme 2 students admitted in 3rd Counselling for the session 2017-18.
- d. Sansthan is pursuing for Post Graduate Programme in 02 more departments i.e. Dravyaguna & Swasthavritta.
- e. Sansthan is pursuing with Registrar, Guru Gobind Singh Indraprastha University for starting of Ph.D.Programme.
- f. Ist T.T.T. (Training to Teachers) programme 2017 sponsored by CCIM on 5th & 6th Nov. 2017.
- g. Seminar on Research Methodology & Biostatistics in Sanskrit Samhita Siddhant Department for PG Scholar and Faculty on regular basis.
- h. Appointment of 08 faculties cleared by Governing council of Sansthan.
- i. Collaboration with BSF for maintenance of Herbal Garden in progress is awaited.
- j. Hon'ble Chief Minister of Delhi & Director General, BSF visited Sansthan.
- k. 2nd Training to teacher (TTT) Programme was organised on 12th & 13th Mar., 2018 sponsored by CCIM, New Delhi.
- l. Governing council has been reconstituted.
- m. Collaborative research project titled "Effect of Adjunctive Ayurvedic Therapy in moderate & advance primary Glaucoma: A pilot Study was cleared through institutional research committee and submitted to concerned authorities.
- n. An official publication of CBPACS in the form of peer reviewed journal is in process.
- o. Process to have institutional pharmacy is in process.
- p. Process has already been initiated in the direction of taking Sansthan towards full autonomy.
- q. CCTV cameras have been installed in almost all the area of institute to improve safety and security.

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 2017-18 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
2017-18	640	640	772209	459442	430141	13210	68887	13406	38746

Achievements during 2017-18 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 Delhi adjoining rural areas of Delhi and other adjoining States. In its continuous journey of improvement, the following are initiatives or salient features of the important projects and schemes of the previous year in respect of this hospital.

1. By increasing the OT tables available for surgery, waiting period of patients for surgery has been reduced significantly.
2. Shifted emergency X-Ray services to Trauma Block Building thereby facilitating the trauma/emergency patients.
3. Ultrasound/Colour Doppler Services extended till 9:00 PM.
4. Special Radiology investigation are now being conducted on daily basis.
5. Actively participated in Swachh Bharat Abhiyan.
6. Actively participated in all national programs and designated targets were achieved successfully.
7. 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.
8. Prepared SOP for the department of medicine, blood Bank, pathology and radiology for Delhi Govt hospitals and certificate was awarded by the Honble Health Minister.
9. Ten new ventilator added in the hospital in various departments like ICU, ICCU, NICU and post Natal Ward.
10. Fever clinic (round the clock) was started in the month of August in 10 bedded ward to deal with increase number of fever, Chickengunia, Dengue cases.
11. Renovation at main casualty done with more space and additional 3 medical gas point for better management of sick patients attending Emergency department.
12. Team NABH & Kayakalp trained all nurses and paramedical staff about major health practices. Peer Group of Kayakalp cleared with good scoring. This hospital has received first position under Kayakalp scheme for more than 500 beds category.

12. DELHI STATE CANCER INSTITUTE

Delhi State Cancer Institute, a Cancer hospital with 100 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 along with 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 2017-18 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
2017-18	100+50	199	18629	344082	13189	0	10179	779	6777

G. ANY OTHER FUTURE PROPOSALS/ RELEVANT INFORMATION TO THE HOSPITAL:

1. Creation of posts for DSCI (West) in process for commissioning of diagnostic treatment and indoor facilities at the earliest. Recruitment against these posts to be started soon thereafter.
2. Replacement of old Linear Accelerator, Simulator and related dosimetry equipments installed in 2006 at DSCI (East) due to their having outlived useful life spans.
3. Expansion of OPD and indoor facilities to 1,000 beds to meet the continuously growing needs of patients at DSCI (East).
4. Expansion of surgical facilities to all the surgical sub-specialities of Oncology upon recruitment of additional faculty against the newly created posts.
5. Addition of new facilities like ICU, Bone Marrow Transplant, Nuclear Medicines Therapeutic set up, Molecular Oncology set up, Preventive Oncology set up including Community-based outreach Program, Palliative Care Unit and Physical / Psycho-social / Vocational / Spiritual Rehabilitation of patients and their families.
6. Installation of additional Linear Accelerator, PET-CT, MRI, Neurosurgery Brain Suite, Next Gene Sequencer with related Molecular Oncology equipment at DSCI (East) to meet the needs of increasing number of patients.
7. Commencement of academic and human resource development programs in oncology leading to award of MD, DM, MCh, BSc, MSc, PhD qualification as one of the main responsibilities of DSCI envisaged for this Institute.
8. Addition of Indigenous Medicine units comprising Ayurveda, Unani, Homoeopathy and Yoga at DSCI (East) for integrated comprehensive care of cancer patients including research in this field focused towards Indian spectrum of cancer.

9. Installation of diagnostic and treatment equipments like Digital X-ray, CT Scan, Mammography Linear Accelerators, Simulator, Brachytherapy, Treatment Planning System at DSCI (West).
10. Commissioning of Indoor facilities at DSCI (West) in 50 beds to begin with and further expansion of the same.
11. Setting up new units of DSCI in North and South Delhi to provide ultra-modern care for cancer patients at their doorsteps in Delhi.
12. Expanding the scope of collaboration with the most prestigious MD Anderson Cancer Center, USA with joining of new faculty under various departments at DSCI;

H. MAJOR ACHIEVEMENTS DURING 2017-18/ANY OTHER RELEVANT INFORMATION:

1. Recruitment process of Medical Faculty, Nursing , Para-Medical and other staff started against the posts recently approved by the Govt. of Delhi for DSCI (East) – likely to be completed by Sept 2018;
2. Addition of 45 beds in General Ward within the available space to meet the growing needs of the poor patients.
3. Setting up of 7-bedded Nuclear Medicine Therapy Ward as the First such facility under Govt. of Delhi.
4. Commissioning of Cytogenetics Lab facility under the Molecular Oncology Section.
5. Starting of e-hospital project of the Govt. of Delhi.

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 2017-18 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
2017-18	50	50	22365	38774	0	0	272	0	0

MAJOR ACHIEVEMENTS DURING THE PERIOD FROM 01.04.17 TO 31.03.18

1. First ever degree distribution Ceremony held on 4/5/2017, since this institution has been taken over by Delhi Govt. in 1998.
2. Institution was visited by CHS Medical Officers (Allopathy) to study functioning of AYUSH Hospital on 22/05/2017.
3. Workshop on Acute Flaccid paralysis and Measles Surveillance.
4. One of Faculty members received Award for 'Best Research Paper' from Ministry of AYUSH.
5. Replacement of Floor Tiles in OPD & IPD.
6. Mosquito proof desert coolers installed in IPD & OPD.
7. A New Nursing Station has started functioning in IPD.
8. New separate chambers for Doctors on Duty have been constructed.
9. New rain harvesting system installed.
10. N.O.C. for fire safety from fire Department obtained.
11. In April 2017, screened approx 800 children of Kendriya Vidyalaya Sector 24, Noida, UP for vitamin D, calcium, urinary calcium, PTH for bone mineral disorders.
12. In June 2017 approx 1200 children of Sadhu Vaswani International School, underwent anthropometry, pubertal staging, their menstrual history and personal history was also taken.
13. In May and June follow up investigation of 70 school children were done for Thyroid disorders.
14. General check up and anthropometry of 1410 students of sadhu Vasvani School, Ananad Niketan was on 5th, 6th and 10th July 2017.
15. Dr. B. R. Sur Homoeopathic Medical College & Research Centre, Founders Day Celebration on 22/08/2017, was dedicated to Beti Bachao Beti Padhao / save the girl child theme. On this occasion, Juhi Mukharjee, IAS, District Medical Officer Dr. Ashok Kumar Jamrani participated.
16. A sports meet 'Dyanamis' was organized on 23-24 August 2017 in the college premises in which students participated in various outdoor and indoor sports events.
17. Screening of 242 students of Kendriya Vidyalaya, Sector 24, Noida was done for vitamin D deficiency and other bone mineral disorders, on 21st and 22nd September 2017.
18. 314 children of GGSS School, Sector IV, R.K. Puram, underwent anthropometry pubertal staging, Thyroid function tests & urinary iodine on 26th and 27th December 2018. Their menstrual history and personal history was also taken.
19. Two CATS Ambulances have been sanctioned in Hospital premises.
20. Chauhan VK, Gupta Meeta; Review of Dengue Syndrome with Natural History and Homoeopathic Intervention Plan; The Homoeopathic Heritage, B. Jain Publishers Pvt. Limited, New Delhi, August 2017, Vol. 43, No. 05; 20-24.
21. Chauhan VK, Gupta Meeta; A Review of Chikungunya with its Natural History and Homoeopathic Intervention Plan; The Homoeopathic Heritage, B. Jain Publishers Pvt. Limited, New Delhi, September 2017, Vol. 43, No. 06; 33-37.

22. Chauhan VK, Gupta Meeta; Development of Medical Expertise and Clinical Decision Making–A Cognitive Approach; <http://delhi.gov.in/wps/wcm/connect/diothomeopathy/Homeopathy/Home/e+news+letter/Volume+XIII/Updates/Practice+of+Medicine>.
23. Education / interactive workshop on Documentation Requirement for Patient Safety and Quality Improvement organized by the National Board of Accreditation for Hospitals and Health Care Providers, Quality Council of India at New Delhi on 16.04.2017.
24. BMW Guidelines 2016, Hand Hygiene and Best Laboratory Practices in Pre-analytic Phase organized by Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre on 11.05.2017.
25. 5th Padmashri Dr K G Saxena Memorial Seminar on Broadening Horizons of Future of Homoeopathic Health Professionals in the Field of Psychology and Psychiatric Disorders organized by Indian Institute of Homoeopathic Physicians at Dr. B. R. Sur Homoeopathic Medical College, Hospitals and Research Centre on 06.08.2017, and delivered lecture on “Interpreting Rubrics of Mind in Light of Modern Psychology”.
26. Training workshop to initiate Centralized Collection of Morbidity Statistics through National AYUSH Morbidity and Standardized Terminologies Portal (NAMSTP) organized by Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Janakpuri, New Delhi on 06.10.2017.
27. Training programme on Latest Lab Investigations and their Importance in the Diagnosis of Disease and Updating the Knowledge of Service Rules organized by the Homoeopathic Wing, Directorate of AYUSH, Govt. of N.C.T. of Delhi at Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre on 10.01.2018
28. All India Orientation Training Program on Quality Control of Homoeopathic Drugs organized by Homoeopathic Pharmacopoeia Laboratory, Ghaziabad, Ministry of AYUSH, Govt. Of India on 20.03.2018.

Seminars Conducted

1. Orientation program on Common Signs and Symptoms of Eye Complaints and Clinical Examination on 11.05.2017 for the new batch of interns (2017-18 batch).
2. Orientation program on Opportunities for Fresh Graduates after Competing BHMS course on 12.05.2017 for the passed out interns (2016-17).
3. Workshop on Acute Flaccid Paralysis and Measles Surveillance was organized in Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, Nanak Pura, New Delhi on 22.05.2017 by the National Public Health Surveillance Project, Delhi Unit (A Govt. of India & WHO Collaboration) to sensitize newly joined batch of interns.
4. Programme on Implementation of NABH Standards for Homoeopathy Hospitals, 2nd edition NABH will be conducted in Dr B R Sur Homoeopathic Medical College & Hospitals from 26th to 28th March 2018 with the approval of the Secretary (H&FW), GNCTD. It was a structured three day training programme and was conducted by the NABH AYUSH

assessors and experts for sensitization of medical, nursing and paramedical staff on NABH standards.

Other Activities

1. A batch of 22 newly recruited CHS Medical Officers (allopathy) visited Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, Nanak Pura, New Delhi on 22.05.2017 as part of their first 'Foundation Training Programme' conducted by the National Institute of Health and Family Welfare (NIHFW) on the behest of the Ministry of Health and Family Welfare, Government of India. The visit was a part of their observation visits to some of the National Institutes of repute in AYUSH / Health System. During their visit, they observed the functioning and organizational structure of Dr. B.R. Sur Homoeopathic Medical College, Hospitals and Research Centre.
2. The 3rd International Day of Yoga 2017 was celebrated in Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, Nanak Pura, New Delhi on 21.06.2017 from 07.00 AM to 08.00 AM with 62 participants including staff members, students, one IPD patient and two members of public. The Yoga session was performed as per the Common Yoga Protocol of the Ministry of AYUSH, Government of India.
3. Display of Posters of Yoga prepared by interns in OPD of Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, Nanak Pura, New Delhi on the occasion of 3rd International Day of Yoga 2017 was celebrated in on 21.06.2017.
4. General physical examination of school students during screening programme conducted in Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre during March 2018 to screen children for common health problems and disability.

14. DR. HEDGEWAR AROGYA SANSTHAN

This 200 bedded secondary level hospital in Trans Yamuna areas is located near 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 2017-18 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
2017-18	200	231	386092	238216	199032	7339	18234	3646	7914

Major Achievements during the period from 01.04.17 to 31.03.18

1. Teams have been constituted which are looking after all NABH safe –I and quality assurance programmes and bio medical waste management .
2. Separate beds are designated for senior citizen.
3. The training programmes are carried out for sensitization of hospital medical staff on hospital acquired infection and bio medical waste management.
4. All tests and medicines (routine and emergency) are being provided for free of cost and without interruption.
5. Up gradation of nursery by providing LED light for phototherapy for new borne cases.
6. Patients referred to various private hospitals through DAK and EWS services.

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 2017-18 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
2017-18	100	100	165911	120581	27242	0	1775	812	1983

Achievements during 2017-18 are as under:

1. Strengthening of Lab services.
2. Strengthening of OT Services.
3. Strengthening of casualty services.

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 2017-18 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
2017-18	758	735	135199	737087	23611	0	32174	4506	225

Any other future proposal/relevant information of the Hospital

Computerisation of the hospital,HIMS and PACS to be installed.

Proposal for construction of advanced research and clinical care centre in the institute.

Provision for construction of Tele Medicine centre.

Achievements during 2017-18 are as under:

1. The Institute has increased no of ventilators from 76 to 112 in present financial years in order to give better treatment to critical patients.
2. Renovation of ward 7 (Ward of Gastroenterology Dept.) and radiology Department has been completed.
3. The approval for renovation of Ward 12(ICU of Neurology Department) has been given by the competent Authority of this institute
4. This competent Authority ,GIPMER has given its approval for making inter connecting corridors between Block B& Block D of this institute which will help to save the lives of critically ill patients and avoid delay in transfer of patients in adverse weather conditions.

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 2017-18 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
2017-18	100	200	260766	185420	182684	4790	19117	3054	18838

Achievements during 2017-18 are as under:

Guru Gobind Singh Govt. Hospital is a 100 bedded hospital established in the resettlement colony of Raghbir Nagar, West Delhi under Special Component Plan(SCP) of Delhi Govt. with a view to provide Secondary level health care to low Socio Economic Group of people of Raghbir Nagar and adjacent area. Hospital is providing following patient care facilities round the Clock.

- HDU
- EMERGENCY
- CASUALTY
- NURSERY
- LABOUR ROOM
- OPERATION THEATER
- AMBULANCE SERVICE

Beside above other Major Achievements of hospital are

1. Improvement of hospital signages.
2. Rain water harvesting system functioning.
3. Solar lights in hospital Campus.
4. Canteen opened for staff & others.
5. High mast lights in 4 sites
6. Police post provided outside casualty
7. ARS administration services started.
8. Teaching room for in SPS block started for staff teachings.
9. Separate water tank for RO water waste for toilets.
10. Blood storage services started.
11. Patients waiting area increased.
12. Poly clinic in Madipur started functioning.
13. Training of staff improved.
14. Improvement of infrastructure of OPD.
15. Warehouse for CPA functioning.
16. 02 additional beds in Casualty.

Recent achievements

1. Beds for post operative care ward for OBG patients.
2. SOPs made for most of the services under quality care for patients.
3. Logo of the hospital designed.
4. Patient feed back taken regularly and monitored.
5. Prescription Audit conducted regularly.
6. Employee of the month scheme has been implemental to motivate the staff.
7. Improvement in the facilities for the patients.
8. OST centre started.

9. Weeding out of old records policy has been initiated.
10. NABH entry level accreditation-the hospital has been assessed for NABH entry level accreditation.
11. KAYAKALP programme – 3rd commendation prize at state level.
12. Prescription Audit- Prescription Audit is being conducted regularly for taking corrective measures.
13. Management of fever out break-the hospital has effectively manage the fever out break with available staff strength and resources.
14. Upgradation of labour room as per GOI norms is under process.
15. Seperate septic room and separate HDU –sanction has already issued to PWD.
16. Demand for major equipment has already been sent to CPA.
17. Area identified for DEIC District.early intervention on centre under paediatrics department.
18. Idea box-for suggestion/ideas for improvement of hospital services has been installed outside the MS office.
19. Disposal of condemned items –Three lots already disposed off through public auction after taking approval from ED.
20. Efforts are made actively by hospital for 100% availability of the Drugs.
21. Water proofing of the baseline including warehouse.
22. Hospital has been assessed for National Quantity Assessment Standards (NQAS) by external from state.
23. Hospital has been awarded ‘Skoch order of Merit Award’ in Quantity Assurance in March 2018.

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 2017-18 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	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
2017-18	212	212	142577	146632	7674	300	13465	12085	1572

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, Thalassaemia 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 2017-18 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
2017-18	1512	1493	1233604	815763	335086	29122	100299	21359	43804

Achievements during 2017-18 are as under:

1. Advanced skill lab for conducting BLS/ACLS courses was established and inaugurated on 26th April 2017 and conducted its first BLS course the same day. Since date, multiple BLS courses have been conducted for the hospital staff including Doctors, Nurses and Paramedical staff etc.
2. First American Heart Association (AHA) accredited BLS/ACLS courses for the Doctors was conducted from 11 th Aug 2017 to 13 th Aug 2017.

3. Emergency lab has been relocated in emergency building for convenience of Patients.
4. Work for Medical Gases Pipeline System (SITC) for MCH & DEM has been started
5. Dedicated Fever Clinic for Adult Patients and a separate fever clinic for pediatric patients had been established.
6. Derma OPD relocated from Second to First floor in OPD building in interest of Patient care.
7. A separate registration counter for pediatric patients has been established on Ground floor of MCH building.

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 2017-18 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
2017-18	500	330	84601	478777	42172	0	3833	70	56

Achievements during 2017-18 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 .
- A referral centre for viral load under NACO.
- IHBAS received SKOCH HEALTH AWARD (SILVER) for quality assurance in care beyond hospital.
- Legal aid clinic services started for the patients with mental illness and their family members.

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 2017-18 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	353	217	36245	63995	8497	13	7065	1180	354

Achievements during 2017-18 are as under:

- 1.Reaccreditation of NABH.
- 2.Awarded for AHPI Green Hospital Award:2016-17.
- 3.ILBS ranked 8th in NIRF Ranking.
- 4.Pet-CT nuclear medicine department is operationalised.
- 5.ILBS was graded 'A' in 2017 by the National Assessment and accreditation Council (NAAC).
- 6.National Liver Bio-Bank (DBT)

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 2017-18 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
2017-18	210	210	712763	407128	389241	15809	16951	1996	25702

Achievements during 2017-18 are as under:

1. Safe I Certificate from NABH is in process, Hospital Infection Control Manual & Antibiotic Policy is being implemented.

Renovation of CSSD is complete. Renovation of laundry, Animal Bite OST centre and Bulk Waste Storage area 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 2017-18 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
2017-18	300	100	68616	291237	0	0	2590	0	0

Achievements during 2017-18 are as under:

- Medical gas pipeline system is in installation phase.
- Laboratory Information system is active and printed reports are given to the patients.
- Tender for blood storage centre is in process.
- Nuclear medicine OPD has been Started
- Dialysis is to be started in PPP mode and tender finalized.
- Faculty recruitment is awaited for Neurosurgical OPDs

- Upgradation of Radiology Department through installation of MRI,CT scan and Tender issued. File has been returned back by Deptt. of H&FW for Feasibility of MRI& CT under PPP mode.
- Starting to OT services with procurement of modular OTs are stage of completion.
- Cath lab installation has been started in September 2017.

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 2017-18 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
2017-18	100	188	545704	237659	349464	20548	29093	3855	31815

Achievements during 2017-18 are as under:

Providing Best Facilities to the Patients.

25. LOK NAYAK HOSPITAL

Lok Nayak Hospital is a premier public hospital under Govt. of NCT of Delhi with present operational bed of 2053. 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 2017-18 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
2017-18	1837	2053	988876	865265	329189	10700	106554	23842	21558

Achievements during 2017-18 are as under:

OPD

- Smooth and efficient functioning of huge OPD of 1854141 patients during the said period
- Maintained punctuality and discipline among the staff of OPD, LNH.
- Redressal of grievances of senior citizen/patients/staff and general public at large and tried to find a solution to their utmost satisfaction.
- Special attention given to cleanliness in OPD Block.
- Ayurvedic and Unani OPD services are being provided to the patients coming to this hospital.
- Tumor board functioning in the OPD since its inauguration.
- Installation of electronic boards at various floors of OPD block for display of information for different services being provided in OPD of this hospital in patient care interest.
- Installation of automated external defibrillators at various floors of main OPD block, a life saving equipment for patients and hospital staff since its inauguration on 10th January 2018(on the eve of Lok Nayak Hospital foundation day).

Medical Record Department

- Uploading of birth and death events of the hospital on the MCD portal in time bound manner.
- MRD provides all data for implementing of all programs under National Rural Health Mission, providing data for State Health Intelligence Bureau, Integrated disease surveillance programme, reporting of Communicable & Non communicable disease /generating Morbidity and Mortality stats.
- Dealing with RTI/COURT summons of the hospital.
- Issue letters related to corrections in birth/death certificates.

Dietry Department

- Extended meal services for patients, attendants and staff of LNH Complex was started on 19/01/2017 and is going well on all working days. Its serving approx 300 persons @Rs 10/- per thali.
- Total no. of counseling in year 2017-18 is 12268
- Food safety License from "FSSAI" certified
- Imparted training (Internship) to around 15 students.

Other Achievements:

- Bed Strength raised to 2053 from 1837 in the month of July 2017
- KMC setup done in November 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 2017-18 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
2017-18	150	150	279603	148148	126123	5240	9587	1652	8778

G. MAJOR ACHIEVEMENT DURING THE PERIOD FROM 1-4-2017 TO 31-03-2018

1. Work of new hospital block has been completed. AC work and Lift Work completed in new MCH Building.
2. Tender for security under process on cluster basis (Floated by BMH).
3. Strict implementation is being made on regular basis for cleanliness in and around the hospital.
4. Tender for hiring of office vehicle completed.
5. DBT under JSY achieved.
6. Tender of AMC of Computer, Furniture repair and Disposal of general waste completed.
7. Sanction in respect of 151 housing keeping staff and 28 Group D staff for outsourcing had been received from competent authorities.
8. New Dental chair with OPG Dental X-Ray system procured and installed.
9. Laundry services have been started in new laundry building
10. Blood C/S, Thyroid function test and Urine C/S services started.
11. Work for modular kitchen has been started
12. Mess Services improved in hospital.

Apart from providing hospital services, the hospital is actively participated in various State and National Health Programme like:

1. JSSK, JSY
2. Pulse Polio Programme
3. Motiabind Muktiabhiyan
4. Cancer Detection Programme
5. Aids Control Programme
6. Leprosy Eradication Programme
7. Community Health Education
8. Swatch Bharat Abhiyan
9. Organization of blood donation camp.
10. Tobacco control programme
11. Vector borne disease control programme.

12. DOTs
13. Beti Bachao Beti Padhao Programme
14. Adolescent Programme.
15. Intensifying complete immunization of all children.

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 2017-18 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
2017-18	10	10	226992	188882	NA	NA	143	116	1919

Achievements during 2017-18 are as under:

1. The OPD patient, Surgeries, Investigation, X-ray etc has been increased in the financial year 2017-18.
2. Construction of 2nd Phase building of MAIDS, The work is likely to be completed by June 2018.

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. Yudhvair 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 2017-18 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
2017-18	100	100	76872	98620	-	-	1964	0	142

Achievements during 2017-18 are as under:

1. Fire Safety work has been completed
2. Intercom work has been completed in this hospital.
3. Two guard rooms were constructed
4. Renovation of Reperatory, Materia Medica, HOO room and M.S. room were received and work is about to complete.
5. Sanction for centrally air conditioning of OPD&IPD issued to PWD.

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 2017-18:

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
2017-18	100	103	407637	215154	260014	NA	15748	1569	2042

Achievements during 2017-18 are as under:

1. Total 3883 patients benefitted under Janani Shishu Suraksha Karyakram in tune with the directions of Govt. of India. 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) .
2. Pt. Madan Mohan Malaviya Hospital was one of the first six Delhi Govt. Hospitals identified for implementation of Quality Assurance Programme of Govt of India. Hospital got NQAS certification from Ministry of Health and family welfare Govt. of India in November 2017.
3. Hearse van arrangements made.
4. DAK referral strengthened.

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 2017-18 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	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
2017-18	650	64	78317	83290	5000	0	4839	3600	4010

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 2017-18 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	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
2017-18	100	130	341284	158946	146760	7044	13350	1332	1844

Major Achievements

1. The 32 computers and 8 MBPS leased line installed in RTRM hospital.
2. Polyclinics:-1. Pandwala Polyclinic has already been functional since feb 2016
3. Najafgarh polyclinic:-Construction is under process for Najafgarh Polyclinic.
4. Dwarka Sector 17 (Polyclinic):- The Drawing has already been approved by Competent Authority ,RTRM Hospital, and PE has not been submitted by PWD till date
5. The proposal for expansion of another 270 beds in RTRM Hospital is approved by E.F.C and A/A and E/S of Rs. 86.31 crore has been given to PWD.
6. New pharmacy Building constructed and is functioning.

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 2017-18 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
2017-18	300	300	464266	136868	389281	21842	47245	4651	31962

Major Achievements during 2017-18

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 Bio Medical Waste and infection control have been taken and periodicity of the same have been fixed.

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

- a) The assistance scheme under Delhi Arogya Kosh is being effectively implemented by providing free high end diagnostic tests and free surgery as per approved list and a large no of cases as per requirement are being referred under the scheme to put the approved pvt. Hospital.
- b) Availability of free medicine to all patients is ensured. The Hospital has prepared its own EDL comprising a total of 496 drugs. There is 90% availability as on the date and efforts are on to make available 100% drugs all the time.
- c) OPD timings enhanced by 8 AM to 2 PM (Special Clinics 2PM to 4PM)

33. SARDAR VALLABH BHAI PATEL HOSPITAL

Sardar Vallabh Bhai Patel Hospital, a 50 sanctioned bedded secondary level hospital is located in thickly populated colony of Patel Nagar (Part of West Delhi), surrounded by adjoining colonies of Baba Farid Puri, Rajasthan Colony, Prem Nagar, 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 2017-18 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
2017-18	50	51	362777	148842	511119	0	2947	392	15378

Achievements during 2017-18 are as under:

1. Winner of 1st prize in Kayakalp programme, a programme for less than 100 bedded hospitals.
2. Hospital is going to increase 4 beds of SNUC (Sick Neonatal care unit) under Peds Department in this hospital & 24 posts of various categories has been created for new nursery.
3. DAK (Delhi Arogya Kosh) scheme implemented in this 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 2017-18 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
2017-18	200	200	471560	189862	93880	7288	10696	1077	19192

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 2017-18 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
2017-18	60	20	4316	952	5268	258	0	0	0

Note:- Expansion of another 20 beds is under progress

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 2017-2018 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
2017-18	106	106	190482	94417	73602	13	18161	1305	715

Achievements during 2017-18 are as under:

1. Kayakalp felicitation and hospital foundation day programme presided by Honble Chief Minister Sh. Arvind Kejriwal on 6/02/2018.
2. NNational level NQAS Assessment held on 21st to 23rd March 2018 by NQAS Assessment of NHSRC and hospital gotcertified by NQAS on 12/04/2018.
3. NSV fortnight organized from 21/11/2017 to 04/12/2017 successfully 29 NSVs were done and stood first in New Delhi.
4. Dr. Brijesh Kumar, M.S received award for his tremendous contribution in family planning services and Dr. Mukesh Kumar M.O has received state award for his Excellence performance.

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 2017-18 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
2017-18	49	0	0	17430	12734	3332	3185	917	2200

Achievements during 2017-18 are as under:

Inspite of Staff crunch, the outcomes of patients and treatment facility to provide to Trauma patient 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 2017-18 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
2017-18	200	156+30	419286	233805	109112	4902	5044	0	7749

Achievements during 2017-18 are as under:

1. Services of 30 bedded de addiction ward for Juvenile and adolescents has been started w.e.f 16/5/17.
2. To start maternity,OT,Labour room,emergency OT,some critical equipments like OT tables,surgical examination light,CTG Machine,electro-Cautery and photo therapy units are received from CPA and some other items i.e anaesthesia work station and OT lights are also being procured by hospital.
3. USG machine has been installed in September 2017 and USG facilities has been started w.e.f 20/2/2018.
4. Psychiatry OPD has started w.e.f 12/7/2017.

5. bedded triage area has been created and resuscitation room with ventilator for critically sick patients has been functional.
6. 6 bedded ICU with 4 ventilators has been made functional w.e.f 14/07/2017.
7. Oxygen tank(5 KLD) has been installed in this hospital by PWD subsequent to approval from department of explosives,Nagpur and the pipeline connection with medical gas pipeline system is in process by PWD.
8. Furniture items through GeM for resident doctors hostel have been procured and received and the hostel facility will be provided soon to the resident doctors working in this hospital.
9. Open Tender for instruments for starting OT was floated, finalized and supply order placed.
10. All the services i.e Medical Check up, Pharmacy and immunization are provided to the ANC patients at a single place which imprives quality of ANC services and saves time.

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 2017-18 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.
- e) Operation of Ambulances running Smoothly.

CHAPTER 11

Directorate of Family Welfare

Information for the period 01.04.2017 to 31.03.2018.

1. CHILD HEALTH:

Code	Parameters	Grand Total (2017-18)
4.1.1.a	Live Birth – Male	99855
4.1.1.b	Live Birth – Female	91441
4.1.3	Still Birth	3725
4.4.2	Number of newborns having weight less than 2.5 kg	36146
4.4.3	Number of Newborns breast fed within 1 hour of birth	130612

2. ESSENTIAL IMMUNIZATION PROGRAM:

Code	Parameters	Grand Total (2017-18)
9.1.1	Child immunisation - Vitamin K1 (Birth Dose)	118335
9.1.2	Child immunisation – BCG	235328
9.1.3	Child immunisation - DPT1	10347
9.1.4	Child immunisation - DPT2	8141
9.1.5	Child immunisation - DPT3	6287
9.1.6	Child immunisation - Pentavalent 1	224619
9.1.7	Child immunisation - Pentavalent 2	221478
9.1.8	Child immunisation - Pentavalent 3	221805
9.1.9	Child immunisation - OPV 0 (Birth Dose)	195195
9.1.10	Child immunisation - OPV1	229628
9.1.11	Child immunisation - OPV2	225584
9.1.12	Child immunisation - OPV3	224592
9.1.13	Child immunisation - Hepatitis-B0 (Birth Dose)	188133
9.1.17	Child immunisation - Inactivated Polio Vaccine 1(IPV 1)	218779
9.1.18	Child immunisation - Inactivated Polio Vaccine 2(IPV 2)	180599
9.2.4.a	Children aged between 9 and 11 months fully immunized- Male	125403
9.2.4.b	Children aged between 9 and 11 months fully immunized – Female	109829
	Measles1/MCV1	257122
9.4.3	Child immunisation - DPT 1st Booster	238859
9.4.4	Child immunisation - OPV Booster	238461
	MMR/MCV2	230600
9.5.1	Child immunisation – Typhoid	105258
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	140184
9.5.3	Children more than 10 years received TT10	42663
9.5.4	Children more than 16 years received TT16	23016
9.7.2	Immunisation sessions held	103745

Mission Indradhanush Kawach Immunization Campaign:-

Activities	Q1	Q2	Q3	Q4	Total (Q1+Q2+Q3+Q4)
Total no. of Session held	17417	6553	17142	22015	63127
No. of Due Children for vaccination	228925	84137	247628	316238	876928
No. of Children Vaccinated	222341	84670	224101	296875	827987
No. of Fully Vaccinated Children	37780	16592	56436	96400	207208
No. of Pregnant Woman Vaccinated	35866	12653	23723	36626	108868
No. of Completely Immunized	40446	14997	41716	27633	124792

3. Family Planning:

Delhi has a population of 1.67 crores as per Census 2011. The salient achievements in terms of Family Planning services are a drop in the growth rate in last 10 years (decadal growth rate from 47.02 to 20.96 & average annual expected growth rate from 3.93 to 1.92) and achievement of Total Fertility Rate of 1.6% (SRS) 2016. The national goal of 2.1 was achieved in the year 2005.

As the scope and impact of Family Planning program is much beyond population control or stabilization, it is a robustly planned and implemented program.

The year 2017-18 has been a very happening year for Delhi's FP program in terms of roll out of new contraceptives, Post abortion Family Planning (PAFP) scheme, launch of Logistic Management System LMIS- FP and improvement in quality of services.

I. FP Services:

In terms of FP services, plethora of services are provided through primary, secondary and tertiary care facilities. The details and performance figures (2017-18) are as follows:

A) Temporary methods: -Condoms, Oral pills and IUCD services are provided at all health facilities and are available to the masses at nearest dispensary. The basket of choice has been further expanded in the year 2017-18 by inclusion of Chhaya (Non Hormonal oral contraceptives) and Injection MPA. Annual performance can be seen in Table-I. (Data is provisional)

B) Limiting methods of Contraception:

a) Delhi Provides high quality sterilization services through various hospitals of Delhi Govt., MCD, NDMC, CGHS, ESI, NGOs and accredited private facilities.

The Revised compensation scheme is followed for incentivizing the beneficiaries and this year switch over to Direct Benefit Transfer has been undertaken.

Table-I - FP Coverage for F.Y 2017-18 are as follows:

Method	Modern Spacing Methods							Limiting Methods	
	Oral Pills (Mala- N)	Chhaya	Condoms	IUCD	PPIUCD	PAIUCD	MPA	NSV (MS)	Female Sterilization (FS)
Achievement	188143	7283	5704712	78259	41602	3361	5230	492	16397

Source: HMIS as on 20.04.2018

- b) **Post-Partum Intra Uterine Contraceptive Device (PP-IUCD):** Post-Partum IUCD insertion is an important strategy for effectively addressing the issue of Population Stabilization through protecting the willing women (Beneficiary) from the possibilities of conceiving early after delivery, which would hamper health of mother, infant baby and baby to be born. In F.Y. 2017-18 PP-IUCD were inserted - 41602.
- c) **Emergency Contraception:** 18740 Women benefited from EZY pill (Emergency contraception)

II. Quality Assurance and Family Planning Indemnity Scheme

- a) **Quality Assurance Committees (QAC'S):** 11 District level Quality Assurance Committees, one for each district, are in place and these monitor the quality of family planning services in various accredited hospitals. Regular quality assurance meetings are held at District and State level. 02 meetings at State level and 31 DQAC/DISC (at District level) meetings were held in 2017-18.
- b) **Accreditation of Health Facilities:** 81 Health facilities (48 Public & 33 Private) are accredited. These provide facilities as per Govt. of India, Quality Assurance Guidelines.
- c) **Empanelment of Specialists /Medical Officers:** - Ongoing Empanelments were done. 236 surgeons were empanelled for performing male and female sterilization during the year 2017-18.
The panels duly approved by QAC's are available on Health Website of Delhi & National Website.
- d) **Family Planning Indemnity Scheme (FPIS):** In the F.Y. 2017-18 total of 48 claims were received. The status of clearance of these claims is 13 till date. Delhi has approved sanction of an equal quantum of compensation for failure cases and sterilization death which implies that failure cases will get a total compensation of Rs. 60,000/-.

Annual Indicators of Quality of Sterilization services are:

- i) Failure Rate: 0.29% (MS: 0% & FS : 0.3%)
- ii) Death Rate: 0%
- iii) Complication Rate: 0.28%

All complications were minor and managed at respective hospitals.

III. Other Family Planning Schemes

Home Delivery of Contraceptives by ASHA's at the doorstep of Beneficiaries:

The scheme was piloted by Govt. of India in 233 districts of 17 States, in June 2011, to provide access to contraceptives for eligible couples by using services of ASHA's to deliver the contraceptives at homes of beneficiaries. The scheme has been introduced in Delhi w.e.f. 17/12/12.

104261 OCPs, 24725 ECPs and 1672032 Condoms were home delivered by ASHA's across Delhi during the year 2017-18.

- a) **Nischay Kit Scheme** – Pregnancy Testing Kit (PTK) through ASHA's was started in 2013-14: **61329 kits** were used up during the year 2017-18 which enabled women to diagnose their pregnancies early and thus ASHA's could facilitate early registration/early termination in some cases.
- b) **"Performance Linked Payment Plan to Service Providers & ASHA's"- Extended Scheme):**
Empanelment: 1514 Doctors are empanelled under the scheme (since inception).

- i) Outstanding facilities in terms of % PPIUCD performance (Source: Respective Facilities)

S.No.	Facility (Hospital/Mty. Home)	Total Insertion	% (Delivery covered)
1.	SafdarJung Hospital	4882	20%
2.	LokNayak Hospital	4523	39%
3.	Swami Dayanand Hospital	4146	40%

d). **PAFP Scheme:** This scheme for women having abortion is on similar lines as PPIUCD scheme. 3419 abortion were covered with IUCD and 2544 abortions were covered with sterilization thus saving these women from morbidity related to repeated pregnancies.

GLMH/ASBH & M&GH (RKP) are among leading performers in this respect.

IV. Other Achievements/Strategies

- Injection MPA was launched on 11th July 2017 and services were started in 33 hospitals of Delhi in 1st phase. Services will be extended to all health facilities up to primary level in 2018-19
- Convergence with AYUSH, DSACS, Education, ICDS, & various other sectors and agencies was established/strengthened.
- Family Planning campaigns: Following campaigns were undertaken
 - World Population Day and Fortnights 2017 : 27th June to 24th July
 - World Vasectomy Day(Fortnight)2017 :21st Nov. to 4th Dec
- Several State and District level review meetings, workshops, updates and trainings were held on various issues of Family Planning (FP). FP workshop dated 14th& 15th March covered multitude of topics & guidelines and was attended by service providers & stake holders from all concerned organizations and facilities.
- Training in Family Planning for various categories of medical & paramedical staff were undertaken for IUCD insertions, newer contraceptives, lap sterilization etc. Skill building of ICTC counselors and male nurses was done in 6 batches in FP counseling to broaden the service provider base and provide client friendly services at multiple desks. (Male window for FP services was inaugurated in some hospitals including SVBP).

Part B.

Trainings Conducted

Q3 Number of Doctors trained in

	3.03	Basic Emergency Obstetric Care (BEmOC)	10
	3.06	Laparoscopic Sterilization (for Specialists) 1 MO + 1 OT Tech + 1 Staff Nurse (Team)	3
	3.07	Intrauterine Device (IUD)	16
	3.13	Adolescent Reproductive and Sexual Health (ARSH)(RKSK)	25
	3.18	IUCD - AYUSH MOs	10
	3.21	Comprehensive Abortion Care (CAC with MVA- 4 Days Training)	3
	3.22	NavjaatShishuSwasthyaKaryakram (NSSK)	50
	3.23	State TOT on Cold Chain Handlers	0
	3.24	Newer Contraceptives(Mixed Batch) 46 MOs+ 83NP	129

	3.25	Cold Chain Handlers (Mixed batch) 107 MO + 421 N.P	528
	3.26	IPC - BRIDGE - Immunization (TOT)	43
	3.27	Point of Care Quality Improvement (POCQI) 13 MOs+ 16NP	29
	3.28	P.C.PNDT (Distt. Appropriate Authorities + National Law Academy Persons +Distt. Advisories)	40+100+60
	3.29	FP - LMIS (TOT) 14MOs+ 45 NP	59
Q4	Number of GNM/ ANM/ LHV trained in		
	4.2	Intrauterine Device (IUD)	22
	4.3	Contraceptive update training (MOs + N.P)	684
	4.5	Facility Based Newborn Care (FBNC - Trg. &Observer ship) (7MO+21N.P)	28
	4.10	Immunization	93
	4.12	Orientation training for LRHS Students(LHV)	20
	4.13	Orientation training for LRHS Students(ANM)	39
	4.14	NavjaatShishuSwasthyaKaryakram(NSSK)	47
	4.15	IPC - BRIDGE - Immunization	275
	4.17	FP- LMIS Training (221 MOs + 92 NP)	313
	4.18	Orientation Training Of Male Nurses	48
Q5	Number of Programme Management Units (PMU) Personnel Trained		0
Q6	Number of programme managers (state officers/CMO/Dy CMO)trained		0
Q7	Other Para-medical staff, statistical officers/assistants and AWW		
	7.1	Staff Designation	
	7.1.3	Half day orientation Training - Deworming(ICDS Supervisors & CDPOs)	452
Q8	Other Trainings (specify)		
	8.6	Skill Lab Training (Mixed Batch) - 17 MOs+ 37 N.P	54
Yearly Target			2017-18 Cumulative(1+2+3+4 qurtr)

[illegible]

1	Basic Emergency Obstetric Care (BEmOC)	MO	A.9.3.6.2	79000	10	4(1 batch)	0.79	10(2)	157756 (out of which 80760/- utilized from DAKSHATA) remaining = 76996/- used
2	Skilled Birth Attendant (SBA)	Nursing Personnel's (Staff Nurses/ ANMs/L HVs)	A.9.3.4.2	36052	21	8(2 batch)	2.88 Lacs	3 (1)	147483
3	Trg. On safe Abortion (MVA/ EVA&Med. Abtn)	MO (CAC)	A.9.3.4.2	23546	12	8(2bt)	1.88	3(1)	71378
4	DAKSH ATA	(TOT)-15 Mos + 25 N.P	A.9.3.7.1	6038 (SPO-M.H)	5	40(1)	2.42	NIL	NIL
5	DAKSH ATA	MO	A.9.3.7.2	4808	3	32 (2 Batch)	1.54		80760 (funds utilised for BEmOC to train 6MOs)
6	DAKSH ATA	Nursing Personnel's	A.9.3.7.3	4118	3	64((4 Batch)	2.64	NIL	NIL
Yearly Target								2017-18 Cumulative	
S. No.	Name of the Training Programme	Category	FMR Code		Duration of Training In Days	(Physical Target) Training load & Batch Planned for the year 2017-18 (as per PIP)	Total Financial Target Yearly (2017-18)	Cumulative Physical Achievement	Cumulative Financial Achievement
FAMILY PLANNING Approved in ROP - 35.23 Lacs + 29.77 Lacs (suppl. PIP)									
1	Lap Sterilization	Team	A.9.6.1.2	74175 / bt	12	6(2 batch)	1.48 Lacs	3(1Tm)	69105
2	Minilap Training for Medical Officers	TOT-Mos	A.9.6.2.1	4600	4	15(1 batch)	0.69	NIL	NIL
		MOs	A.9.6.2.2	24333	12	6(2 batch)	1.46 Lacs	NIL	NIL

3	IUCD Insertion	MO	A.9.6.4.2	9085	5	40(4 batch)	3.63 Lacs	38(5)	319052
		MO(AYUSH)	A.9.6.4.3	9085	5	10(1 batch)	0.91	10(1)	73221
		Nursing Personnel'S	A.9.6.4.4	7935	5	40(4 batch)	3.17 Lacs	42(4)	260762
4	NSV	MO	A.9.6.3.1	10062	5	16(4 batch)	1.60 Lacs	NIL	NIL
5	Contraceptive updt. Seminars	To be conducted by 11 distt.	A.9.6.6.2	50,000 per seminar/mtng			5.50 Lacs (ditts.)	684 (MO+NP) at Distts.	291634 at Distts.
6	Trg. of RMNCH +A/ FP counsellors	FP counsellors	A.9.6.7				11 Lacs	48 (2bt) Orientation trg. Of Male Nurses	52435
7	TOT on Injectable Contraceptives	MO	A.9.6.9.1	2856		30 (1)	.86 Lacs	NIL	NIL
8	Trg. On oral &Injectable contraceptives (Newer)	MO+N.P	A.9.6.9.2	2856	2	60(2)	1.71	85(3bt) Mos+47NP ³¹	167238
9	Trg. On oral and Injectable contraceptives	MO+N.P	A.9.6.10.A+B	1457	2	120(4bt)+120(4bt)	1.75+1.47	69(2bt) 33MO+36NP	145520
10.	Oral Contraceptive for NP	NP	A.9.6.10.B	1225	2	2120(4BT)	1.47	NIL	NIL
11	Post abortion Family Planning Training	MO+NP	A.9.6.6.1	1748 (MO) & 1472 (NP)		125 (MO)+ 125 (NP)	4.03		
12	FPLMIS - Supplementary PIP	State TOT-Mos (Supl.PIP)	A.9.6.6.3a		2	60(2bt)-(Supl.PIP)	1.39 Lacs (Supl.PIP)	59(2bt) 14MO+ 45NP	55400(39.85%)

13	FPLMIS - Supplementary PIP	Distt.Ca scade Trgs.- Mixed Batch (Supl.PI P)	A.9.6.6.3b		2	524 MOs+ 524 N.P	24.35 Lacs	313(8bt) 221MO+ 92 NP	120442(4 .94%)
						1821	65 Lacs	1351	1554809
								74%	23.92%
Yearly Target								2017-18 Cumulative	
S. No.	Name of the Training Program me	Category	FMR Code		Duration of Training In Days	(Physical Target) Training load & Batch Planned for the year 2017-18 (as per PIP)	Total Financia l Target Yearly (2017- 18)	Cumulative Physical Achievement	Cumulat ive Financia l Achieve ment
D. Adolescent Health(RKSK) Approved in ROP - 11.55 Lacs + 12.50 Lacs (Supl. PIP)									
1	RKSK	MOs	A.9.7.1.2	5654	4	30(1 batch)	1.7	25(1)	115378
2	RKSK	Nursing Personnel's	A.9.7.1.3	5903	5	30(1 batch)	1.43	25(1)	91172
3	Trng. Counsellor s	Counsellors	A.9.7.1.5		6	30(1)	2.12	NIL	NIL
4	Distt.level	PE	A.9.7.2.1			280	6.30 Lacs	NIL	NIL
5	Orientation on WIFS & Adol. Health	Health and ICDS funtionaries	A.9.7.3.1 (State)	50000		10	.50 Lacs	NIL	NIL
6	Half day orientation trg.	Health and ICDS funtionaries	A.9.7.3.2 (District)			12000	12 Lacs	NIL	NIL
E. Lady Reading Health School and RHTC Nazaf Garh(Approved in Supl. PIP) 9.10 Lacs									
1	ANM Students	ANM Students	A.9.11.3		5	80 (2 batch)	4.55 Lacs (Supl.PIP)	78(2)	338525
2	LHV Promotional Students	LHV Promotional Students	A.9.11.1		5	80 (4 batch)	4.55 Lacs (Supl. PIP)	40(2)	180291
F. Immunization Approved in ROP 176.93 Lacs									
1	SIP	MO	C.3.2	4571	3	60(3 bt)	2.75 Lacs	nil	Nil
		Nursing Personnel's	C.3.1	2616	2	400(20 bt)	10.47 Lacs	392 (20bt)	753115

2	Cold Chain Handlers (State & Distt.)	CCH	C.3.4	2616	2	1330 (to be done by distt.)	34.86 Lacs	553 (22bt)	1127678
3	NCCMIS					35	1.44	NIL	NIL
4	Workshop on Revised Guidelines of AEFI for State Level	AEFI Committee Members	C.3.6			60-70	.50 Lacs	NIL	NIL
5	One day sensitisation on Revised Guidelines of AEFI	Distt. Level Mos	C.3.7			1100	3.99	NIL	NIL
6	Distt.level trg. IPC - BRIDGE prgrm for ANMs	ANMs	C.3.8			3000	34.26	318(10bt) 43MO+275NP	206609
7	Distt.level trg. IPC - BRIDGE prgrm for ASHAs &AWWs	ANMs	C.3.9			15208	88.66	NIL	NIL
Skill Lab Training approved in ROP - 11 Lacs									
1	Skill Lab Training	MOs + Nsg. Personnel	A.9.1.2.1.1	2200/ person	6	500	11 lacs	376 (42 bt) 60 MO+316 NP	843920
Funds Approved in FMR Code B.14.4 - 10 Lacs									
1	POCQI Training	MOs + Nsg. Personnel	B.14.4		2			29 (1) 13MOs+ 16N.P	75382
2	PC/PNDT – Trainings	Distt. Level (personnel from Law acad., Distt. Advisory. Distt. AP. Authority	A.9.9.1				5 Lacs + 5 Lacs(suppl. PIP)	40(distt. Ap. Authorities)+ 100 persons (National law academy)+60 (distt. Adv.) Done by SPO	130587 (report recvd. in 4th qrtr.)
3	PC/PNDT - Trainings (Others)	students /college students	A.9.9.2				5.50 Lacs (Suppl. PIP)		

5 **Accounts Section:**

S.NO.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" Plan	Budget Estimate (2017-18)	Modified Revised Estimates (2017-18)	Total Expenditure (2017-18)
1	Directorate Of Family Welfare inclusive of TQM & System Reforms	2211-00-001-91-00-21 Supplies & Materials	2000000	200000	154568
		2211-00-001-91-00-26 Advertise,emt & Publicity	3000000	2000000	940858
		2211-00-001-91-00-50 Other Charges	0	2000000	570000
2	Directorate of Family Welfare (CSS)	2211-00-001-90 00 01 Slaries	43600000	43600000	43101063
		2211-00-001-90 00 03 OTA	200000	0	0
		2211-00-001-90 00 06 Medical Treatment	1200000	0	0
		2211-00-001-90 00 11 Domestic Travel Expenses	5000000	0	0
3	Sub Centre (CSS)	2211-00-101-78-00-31 Grants-in-aid-General	15000000	7000000	0
4	Rural Family Welfare Services	2211-00-101-76-00-31 Grants-in-aid-General	30000000	20000000	0
5	Urban Family Welfare Centres (CSS)	2211-00-102-80 00 01 Slaries	30832000	20000000	17937535
		2211-00-102-80 00 03 OTA	180000	0	0
		2211-00-102-80 00 06 Medical Treatment	1000000	0	0
		2211-00-102-80 00 11 Domestic Travel Expenses	1629000	0	0
		2211-00-102-80 00 13 Office Expenses	2359000	0	0

		2211-00-102-80-00-31 Grants-in-aid-General	164000000	22900000	0
S.NO.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" Plan	Budget Estimate 2017-18	Modified Revised Estimates 2017-18	Total Expenditure 2017-18
6	Revamping of Urban Family Welfare Centres (CSS)	2211-00-102-78-00-31 Grants-in-aid-General	50000000	16300000	0
7	Expenditure on Post-Partum units in Hospitals	2211-00-102-76-00-01 Salaries	20029000	29978000	29100383
		2211-00-102-76-00-03 OTA	170000	50000	49658
		2211-00-102-76-00-06 Medical Treatment	3100000	2500000	2001325
		2211-00-102-76-00-11 Domestic Travel Expenses	1750000	150000	114882
		2211-00-102-76-00-13 Office Expenses	6300000	2000000	1713000
		2211-00-102-76-00-28 Professional Services	1151000	600000	96295
		2211-00-102-76-00-31 Grants-in-aid-General	67500000	59822000	10287000
8	Spl Immunization Prog incl MMR	2211-00-103-80-00-21 Supplies & Materials	36400000	28500000	28172900
9	Pulse Polio Immunisation	2211-00-103-75-00-21 Supplies & Materials	500000	0	0
10	Grant-in-aid to State Health Society	2211 00 800 95 00 31 Grant in aid General	70000000	0	0
		2211 00 800 95 00 36 Grant in aid Salaries	130000000	400000000	400000000
11	Health & Family Welfare Training center (CSS)	2211-00-003-78 00 01 Slaries	4350000	2200000	2157931

		2211-00-003-78 00 03 OTA	60000	0	0
		2211-00-003-78 00 06 Medical Treatment	275000	28000	27892
		2211-00-003-78 00 13 Office Expenditure	315000	72000	67928
Total			691900000	659900000	536493218

6 **Adolescent Health :**

Delhi has an adolescent Population of nearly 35.0 Lac which is nearly 21% of its entire population. This represents a huge opportunity that can transform the social and economic fortunes of the State if substantial investments in their education, health and development are made.

As a part of strategy to address the Health & Development needs of adolescents a strategy in the form of RashtriyaKishorSwasthyaKaryakram (RKSK) has been adopted in Delhi. RKSK is a strategy based on a continuum of care for adolescent health & development needs, including the provision of information, commodities and services through various Adolescent Friendly Health Clinics (AFHCs) and also at the community level. It aims to provide an amalgamation of Preventive, Promotive, Curative, Counseling & Referral services to the adolescents.

Under Facility based component AFHCs in the form of "DISHA- Delhi Initiative for Safeguarding Health of Adolescents" Clinics have been established in nearly 26 facilities in Northeast, Northwest, West, New Delhi & Shahdara District. Clinics have also been established at the community based centres run by Maulana Azad Medical College (at Delhi Gate Health Centre & RHTC Barwala). These clinics are being further strengthened to provide adolescent friendly services. Specialized services are also being provided through clinics such as HPV vaccination to confer protection against cervical cancer at DISHA Clinic Dr. B.S.A. Hospital in coordination with Delhi State Cancer Institute. A total of nearly 6100 adolescents were catered to through the 25 DISHA Clinics during the F.Y. 2016-17 whereas nearly 9141 adolescents were catered through 26 DISHA Clinics during the first three quarters of F.Y. 2017-18

Weekly Iron & Folic Acid Supplementation (WIFS) Program

WIFS Program is being implemented through Govt./Govt. aided Schools under the Directorate of Education as well as through Anganwadi Centres under the Deptt. of Women & Child Development in Delhi wherein IFA supplement in the form of "BLUE" tablet is administered to adolescent girls & boys on each Wednesday throughout the year with alternative day of administration as Thursday. The overall compliance of beneficiaries under Delhi WIFS Program reported during F.Y. 2015-16, 2016-17 & for first three quarters of F.Y.2017-18 can be seen below:

F.Y.	2015-16	2016-17	2017-18 (First three quarters)
Overall compliance	16.0%	49.0%	56.82%

National De-worming Day, Feb. 2017

As a part of Anemia prevention and control strategy among the children and adolescents, both male and female, school going and out of school, with an aim to intensify efforts towards reducing the prevalence of Soil Transmitted Helminths (STH), National De-worming Day was conducted across the State through schools (both public & private) and anganwadicentres. The campaign involved administration of Albendazole to all children & adolescents (3-19 years of age). February, 2018 NDD campaign was launched by Hon'ble Minister of Health & family Welfare, Delhi at Govt. Co-Ed Sarvodaya School A-2 Block, PaschimVihar. Coverage during the campaigns is as under:

NDD Campaign Held	Target	Children administered Albendazole during the campaign	Coverage (%)
August, 2017	37,28,688	29,24,094	76.20
February, 2018	36,89,648	29,77,998	80.71

Celebration of Adolescent Health Day:

Activities to increase awareness about adolescent health & development issues and to dispel various myths and misconceptions regarding various issues particularly related to Nutrition, Mental Health, Sexual & Reproductive Health and Menstruation etc. apart from various important adolescent issues plaguing the State in particular Substance Misuse, Teenage Pregnancy besides the increasingly relevant issue of Anemia and malnutrition were undertaken. The activity was conducted in venues DISHA Clinics, Schools &

Anganwadi Centres in Northeast & West District. More than 500 adolescent participated in the events apart from nearly 100 parents.

7 Maternal Health Section:

Name of the State: Delhi (Govt. of Delhi)
Total Population: 168 lacs
Cruld Birth Rate of The State(CBR):-20.38 (CRS 2015)
Annual expected Nurmber of Deliveries : 3.65 Lacs (HMIS)
Incase of HPS, annual expected number of deliveries of SC/ST & BPL population :
As per PIP 2017-18 target for Insituational delivery Rural: 1000 Urban: 18000
As per ROP 2016-17 target for Home delivery 400
Total number of District:- 11
Percentage of ST Population in the State/Uts: N.A.
percentage of SC Population in the State/Uts: 16%
percentage of BPL Population in the State/Uts: 15%

years		Home Deliveries (No. of BPL mothers paid JSY(incentive))			Inst. Deliveries (No. of mothers paid JSY incentive)			Total JSY Beneficiaries (a+b)		Financial Progress (In. Lakhs)			Date of Submission	
2017-18		Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Exp. During this Year.	Cumulative Exp.	Expected	Actual.
Qutr I	April 2017 to June.,2017	0	18	18	23	4123	4146	23	4141	4164	2455704	2455704		
Qutr II	July 2017 to Sept.,2017	0	18	18	29	2691	2720	29	2709	2738	1573910	3608814		
Qutr III	Oct. 2017 to Dec.,2017	0	4	4	12	2380	2392	12	2384	2396	1349819	4250733		
Qutr IV	Jan. 2018 to March, 2018	0	6	6	0	3105	3105	0	3111	3111	1816529	7195962		
Total		0	46	46	64	12299	12363	64	12345	12409	7195962	17511213		

Maternal Death Review reporting					
	Name of State: Delhi				
		Month & Year: Annual 2017-18			
1	Number of Maternal Deaths reported during the reporting month	Health Facility		Home	Transit
		566		7	9
2	Cumulative number of Maternal Deaths from April 2017 to reporting month	582			
3	Number of Maternal Deaths reviewed during the reporting month by District MDR Committee of CMO	--			
4	Cumulative number of Maternal Deaths reviewed from April 2017 to the reporting month by District MDR Committee of CMO	349			
5	Number and percentage of Maternal Deaths not reviewed by District MDR Committee of CMO	Total cumulative number of MDs reported (a)	Total cumulative number of MDs reviewed(b)	Number of MDs not reviewed(a-b)	% of MDs not reviewed
		582	349	233	40
6	Number of Maternal Deaths reviewed during the reporting month by District Magistrate	-			
7	Cumulative number of Maternal Deaths reviewed from April 2017 to the reporting month by District Magistrate	23			
8	Causes of MDs (Number and percentage) for the reporting month	Number		Percentage	
	Haemorrhage	78		13.33	
	Sepsis	115		19.66	
	Abortion	5		0.85	
	Obstructed Labour	3		0.51	
	Hypertensive disorders in pregnancy*	98		16.1	
	others	283		48.72	
	Total***	582			
9	How many pregnant women had severe anaemia (tested Hb <7 gm/dl) in numbers (c)	89			
	How many pregnant women had Moderate anaemia (tested Hb 7-9.9gm/dl) in numbers (d)	121			

	Number of Maternal Deaths in which anaemia has been identified as a cause (direct / associated) by Hb testing (c+d)	200	
	Proportion of Maternal Deaths in which anaemia has been identified as a cause (direct / associated) by Hb testing (c+d/ total MDs for the month X 100)	34.25	
10	Proportion of meetings of MDR Committee of CMO held out of the expected number of meetings for the reporting month (@ at least one meeting/district/ month as per MDR Guidelines):- No of Meetings held/ No of Expected Meetings X 100(%)	Two meetings held this month at CDMO Level but all districts are asked to achieve ;the target strictly as per guidelines.	
11	Remarks (predominant causes of MDs, districts where MDs are concentrated- HF/Non HF districts, Gaps identified etc)	Major cause for Deaths.	Name of 10 worst Districts with Number of Deaths Identified by states
		Hypertensive disorders in pregnancy , sepsis and others	Most deaths are reported from Safdarjung, GTB, LN Hospital and LHMC which are tertiary care hospital attached to medical college.
12	Steps taken by the state to improve reporting of Maternal Deaths	All facilities have been asked to report all maternal death from home, during transit & from private health facilities and review them every month at facility and CDMO and DC level and take correcti ve action accordingly.	
13	Other corrective actions taken by the state	Quality ANC cares to be ensured for early detection of high risk pregnancies at all levels.Every district to ensure availability of IFA & antihypertensive drugs. Necessary instructions have been issued to all CDMO,s of the districts and all Med Suptt. Of Hospitals for tracking and monitoring of services rendered to High Risk cases. Training on CAB strate;gies for LR Staff. Referral linkage of Delivery points done. All private facilities have been asked to report all maternal death and Institutional deliveries on HMIS portal.	

IMPLEMENTATION STATUS OF JANANI SURAKSHA KARYAKARAM(JSSK):STATE LEVEL

State/ UT: DELHI No. of districts: 11 No. of Blocks: -- Reporting Month/Year: April'17 To March'18 (Annual)				
State Nodal Officer in place (Y/N): Y State Grievance Redressal Officer in place (Y/N): Y Name, email id and Mobile No. of State Nodal Officer(JSSK): Dr. Bimlesh Yadav, SPO(MH) 9868394876/011-23813216 e mail:spomhdfwl@gmail.com No. of District Nodal Officer in place: 11				
A). ENTITLEMENTS : CASHLESS SERVICES & USER CHARGES				
Sl. no.	Provision for Cashless deliveries for all pregnant women and sick infant at all public health facilities	Whether G.O. issued (Y/ N)	Month when started / proposed timeline	No. of districts implementing
1	Provision of Free drugs/ consumables	Y	Sep-11	11
2	Provision of Free Diagnostics	Y	Sep-11	11
3	Provision of Free Diet	Y	Sep-11	11
4	Provision of Free blood (inclusive of testing fee)	Y	Sep-11	11
5	Provision of free treatment to Sick infants treated within 1 year at the health facility	Y	Sep-11	11
6	Free Referral Transport for PW (to & fro, 2 nd referral)	Y	Sep-11	11
7	Free Referral Transport for Sick infants (to & fro, 2 nd referral)	Y	Sep-11	11
8	Exemption from all user charges for all PW and sick infants	Y	Sep-11	11

9	Empowerment of MO in-charge to make emergency purchases of drugs/investigations	Y	Sep-11	11
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NOTE: Pls. provide a copy of relevant Govt. Order(s)(provide one time, and when any updation/ revision is done)

B) ENTITLEMENTS: REFERRAL TRANSPORT (RT)

S.No.	Referral transport services	State owned CATS)+ others)	EMRI/ EMTS	PPP	Others
1	Total number of ambulances/ referral vehicles in the State/ UT	208 + 21	-	--	-
2	Whether vehicles fitted with GPS (specify no.)	208	0	0	0
3	Call centre(s) for the ambulance network: Districts (no.s) – 1 State (Y/N): Y				
4	Toll free number (provide number, if available) : 102				

C) IMPLEMENTATION : CASHLESS SERVICES

Sno.	Provision for Cashless deliveries for all pregnant women and sick infant at all Govt. health facilities Status		
1	No. of districts where free entitlements are displayed <i>at all health facilities</i>	11	
2	No. of districts where free diet is available to PW (<i>at all facilities 24x7 PHC and above level</i>)	11	
3	No. of districts where lab is functional for basic tests for PW (<i>at all facilities 24x7 PHC and above level</i>)	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	
5	No. of districts where any facility has user charges for PW / sick infants for:		
	i. OPD	Nil	
	ii. Admission / delivery / C-section	Nil	
	iii. Lab tests / diagnostics	Nil	
	iv. Blood	Nil	
6	Total no. of govt. medical colleges in the State	7	
7	Total no. of govt. medical colleges not levying any type of user charges	All (Except (AIIMS)	

D) SERVICE DELIVERY

S.No.	JSSK service delivery	Free Drugs & Consumables	Free Diet	Free Diagnostics	Free blood
1.	Total No. of p.w. who availed the free entitlements in the reporting month in the State	263953	200016	223157	12365
2.	Total No. of sick infant who availed the free entitlements the reporting month in the State	43344		25759	6871

E) SERVICE UTILISATION : REFERRAL TRANSPORT (RT)

S.N.	Referral transport services	State vehicles (CATS) + others	EMRI/ EMTS	PPP	Other
1.	No. of PW who used RT services for:				
	i. Home to health institution	36701	-----	-----	-----
	ii. Transfer to higher level facility for Complications	4540	-----	-----	-----
	iii. Drop back home	16367	-----	-----	-----
2.	No. of sick infant who used RT services for:				
	i. Home to health institution	11	-----	-----	-----
	ii. Transfer to higher level facility for complications	404	-----	-----	-----
	iii. Drop back home	24	-----	-----	-----

F) GRIEVANCE REDRESSAL

S.No.	Grievance redressal	Status detail
1.	No. of complaints/grievance cases related to free entitlements	Nil
2.	No. of cases addressed/no. of cases pending	Nil

7. MTP Section :

Name of State/U.T:	Delhi	Month and Year of reporting:	April to March 2017-18
Reporting Quarter:	Annual	Name & Designation of CAC Nodal Officer	Dr. Bimlesh Yadav, SPO (MH)
Contact Number:	011-23813216	Email-id:	spomtpdfw1@gmail.com
	1) District level indicators:		
S.No	Indicator		
A	Total Number of districts in the State		11
B	Districts in which Comprehensive Abortion Care (CAC)-Training and Service Delivery Guidelines, CAC training package and MMA handbook is available		Safdarjung Hospital
C	District Level Committees (DLCs)*	Districts With DLCs.	11
		Districts with regular DLC meeting held in the reporting period (at least one meeting/ quarter)	11
D	Approved NGO & Private clinics and hospitals	Approved by DLCs to provide safe abortion services.	773
	2) Capacity building:		
S. No	Indicator		
a	Training on CAC	Total MOs in State	NA
		Target training MOs for current year	NA
		MOs trained for CAC in Quarter	NA
		MOs trained (Cumulative for the year)	NA
b	Total MOs reoriented on MMA		NA
c	Total ANMs and Staff Nurses trained to provide confidential counselling for MTP and post-abortion care		NA
d	Total ASHAs and other field functionaries trained to provide confidential counselling for MTP and post-abortion care		NA

	3) Service Availability and Service Utilisation:															
					Availability (Number of facilities-DPs + non DPs)				Utilization							
									Number of MTPs performed in the reporting quarter.....				Post abortion Contraception			
Facility	Total Health facilities in the State	Total no. of DPs in state	DPS offering CAC services	Total Health Facilities offering CAC services(DPs + non DPs)	Providing MTPs up to 8 weeks <u>only</u>	Providing MTPs up to 12 weeks <u>only</u>	Providing CAC services up to 20 weeks		Up to 12 weeks			12-20 weeks	OCP/ Inj. contraceptive	IUCD	Sterilization	others
Medical colleges	9	9	9	9		9	9	597	356	559	28	344	2491	7398	1709	328
District Hospitals including <i>Women and Children Hospitals</i>	28	23	23	23		23	23	261	383	839	75	66	582	700	586	245
Sub Divisional Hospitals	7	4	5	5		5	5	95	1	112	122	72	479	315	479	21
CHCs (FRUs) & Other sub district level Hospitals	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
24 x 7 PHCs, Non FRU CHCs	23	23	4	4	4			41	74	148	0		740	464		18
Other PHCs	0	0	0	0	0			0	0	0	0		0	0		0
Total (Public)	67	59	41	41	4	37	37	994	814	1658	225	482	4292	8877	2774	612
Approved NGO & Private clinics and hospitals	773			773	0	564	301	6855	12471	11140	908	871	7961	2773	1398	5539
Total(Pvt+ Public)	840	59	41	814	4	601	338	7849	13285	12798	1133	1353	12253	11650	4172	6151

8. PNDT Section :

S.No.	Items	During the quarter added (+) Deleted (-)	Total up to this Quarter's end(Since Inception as per records available)
1	Total Number of facilities registered in State/ UT/ District (Pvt. + Govt.) as:	-2	1581
	(a) Genetic Counseling Centres	5	8
	(b) Genetic Laboratories	0	6
	(c) Genetic Clinics	0	8
	(d) Ultrasound Clinics/Imaging Centres	172	1078
	(e) Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	-232	427
	(f) Mobile Clinics	0	1
	(g)Other bodies like IVF centres/Infertility cure centres etc using equipments/techniques capableof making sex selection before or after conception	-3	51
2	Of the number shown in item (1) above. Number of Government facilities in the District/(including Central Government of India/State Govt./UT Govt./Zila Parishad/ Municipal):	-27	63
	(a) Genetic Counseling Centres	-2	0
	(b) Genetic Laboratories	0	0
	(c) Genetic Clinics	0	17
	(d) Ultrasound Clinics/Imaging Centres	-19	32
	(e) Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	-4	13
	(f) Mobile Clinics (Vehicle)	0	1
	(g) Other bodies like IVF centres/ Infertility cure centres etc. using equipments/techniques capable of making sex selection before or after conception.	-2	0
3	Number of applications for registration rejected, for:	28	194
	(a) Genetic Counseling Centres		0
	(b) Genetic Laboratories		0
	(c) Genetic Clinics	3	3
	(d) Ultrasound Clinics/Imaging Centres	15	24
	(e) Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	7	10
	(f) Mobile Clinics (Vehicle)		0
	(g) Other bodies like IVF centres/ Infertility cure centres etc. using equipments/techniques capable of making sex selection before or after conception.	3	3
	<i>(Please give the reason for rejection of application in each case)</i>		
4	Number of renewals for registration in respect of:	477	1841
	(a) Genetic Counseling Centres	40	

	(b) Genetic Laboratories	0	
	(c) Genetic Clinics	51	
	(d) Ultrasound Clinics/Imaging Centres	272	
	(e) Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	111	
	(f) Mobile Clinics (Vehicle)	0	0
	(g) Other bodies like IVF centres/ Infertility cure centres etc. using equipments/techniques capable of making sex selection before or after conception.	3	
5	Number of premises inspected by the Appropriate Authorities or persons authorized by the Appropriate Authorities during the quarter for registration/ renewal of registration/ cancellation or suspension of registration/ violation of the Act/Rules.	1682	8590
	<i>(please give details on separate sheet)</i>		0
6	Number of suspensions or cancellations of registrations under section 20 of the Pre Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 in the State/ UT in respect of:	85	755
	(a) Genetic Counseling Centres	0	
	(b) Genetic Laboratories	0	
	(c) Genetic Clinics	8	
	(d) Ultrasound Clinics/Imaging Centres	53	
	(e) Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof.	21	
	(f) Mobile Clinics (Vehicle)	0	
	(g) Other bodies like IVF centres/ Infertility cure centres etc. using equipments/techniques capable of making sex selection before or after conception.	3	
	<i>(Please give details on a separate sheet)</i>		
7	Action to create public awareness/IEC Action against the practice of Pre-Natal determination of sex selection, pre-natal determination of sex and female foeticide through: -	139	278
	(a) Print Media		
	(b) Electronic Media including Radio and TV		
	(c) Hoarding		
	(d) Other appropriate means	Beti utsav celebrate 18 th -31 th Jan, 2018 organized by all district various activity done (like Group discussion, Health Talks, Magic Show etc.)	
	(e) Orientation Trainings	10	
	(f) Workshops	12	
	(g) Public notice		
	(h) Nukkad Natak	41	
	(i) Pad Yatra	18	
	(j) IEC Activities		

8	(i) Any other recent initiatives Dates of the meeting of the State/ UT Supervisory Board constituted under section 16A of the Act (at least once in 4 months).	1	366
	(ii) Dates of the meeting of the State/ UT Level Multi-Member Appropriate Authority appointed at the State/ UT level under section 17(3)(a) of the Act as amended vide clause 15 of the PNDT Amendment Act, 2002.	2	
	(iii) Date of the meetings of each Advisory Committee (the intervening period between meeting of Advisory Committee should not exceed 60 days).	72 DAC Meeting	
	<i>(Please give details of the meetings of each and every Advisory Committee functioning at State District and Sub-district level on separate sheet).</i>		0
9	Action taken to publish list of members of the State Supervisory Board, Appropriate Authorities and Advisory Committee through:	1	1
	(a) Print Media		0
	(b) Electronic Media		0
	(c) Hoarding		0
	(d) Any Other appropriate means		0
10	Action taken inclusive of search and seizure of machines, records etc. against bodies/person operating without a valid certificate of registration under the PC & PNDT Act.	173	326
11	Information/ Report on survey of bodies i.e. Genetic Counseling Centres/Genetic Laboratories/ Genetic Clinics/ ultrasound clinics/Imaging Centres/ Mobile Clinic/other clinical establishments to unearth violation(s) of provisions of the Act/Rules. (Please give details on separate sheet)	33	1433
12	Details of cases filed against violators of the Act/Rules for:	55	99
	(i) Non registration.	3	59
	(ii) Non-maintenance of records.	0	23
	(iii) Communication of sex of foetus.	1	9
	(iv) Advertisement about facilities for pre-conception/ pre-natal sex selection.	0	10
	(v) Number of cases decided/closed,	0	57
	(vi) Number of ultrasound machines/image scanners sealed/ seized for:-	5	168
	(a) Non-registration of clinic/center	4	4
	(b) Other violations of the Act/Rules.	4	4
	(vii) Number of ultrasound machines/ image scanners released.	0	4
13	(Please give details on separate sheet)		
14	Number of complaints received by the Appropriate Authorities under the Act and details of action taken pursuant thereto.	16	169
	(Please give details on separate sheet)		0
14	Number and nature of the awareness campaigns conducted and results flowing there from.	91	226
	(Please give details including details of advertisements/ poster/ handbills etc. on separate sheet)		0

15	Number of complaints received in the courts in the State/UT (by Appropriate Authorities/ others).	9	34
	<i>(Please give details on separate sheet)</i>		0
16	Details of action taken on the information/ report received from manufacturer, importer, dealer or supplier etc. of ultrasound machines/ imaging machines etc. regarding of those to whom the machines/equipments have been provided during the quarter.	0	27
17	Details of incidence coming to the notice of the State / UT regarding sale of ultrasound machines/imaging machines etc. to bodies not registered under the Act and action take thereon.	0	4
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.			

CHAPTER 12

DELHI STATE AIDS CONTROL SOCIETY

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 organizations in Delhi.

1: Various facilities /services under National AIDS Control Programme in Delhi

FACILITIES	Number of facilities (as on 31st March 2018)
Integrated Counseling & Testing Centres (ICTC)	89 Standalone+1 Mobile ICTC + 400 F-ICTCs in Govt. facilities, 220 F-ICTCs in Pvt. Hospitals in PPP mode under Swetna Project.
Targeted Intervention (TI) Projects for High Risk Group	79 (32 FSW, 11 MSM, 6 TransGender, 13 IDUs Project, 4 Truckers and 13 Migrant projects)
OST Centre	7 OST Centre run by DSACS directly (at BJRM, DDUH, GGSGH, JPCH, SGMH, LHMC and Chandni Chowk), 4 OST Centres through NGOs (Sharan: Jahangirpuri, Yamuna Bazar, Nabi Karim; SPYM: Kotla Mubarakpur)
STI Clinics	28 DSRC+1 Apex Regional STD Centre (Safdarjung Hospital) & 1 State Referral Centre (GTBH), Regional STD centre (MAMC)
CST Facilities	9 ART Centre (LNH, GTBH, DDUH, BSAH, RML, SJH, KSCH, NITRD, AIIMS)+ 2 FIART Centre (DCBH, LBSH), 1 Centre of Excellence at MAMC and 1 Pediatric Centre of Excellence at KSCH, 1 Viral Load Lab at AIIMS and 1 Early Infant Diagnosis Lab at AIIMS
Blood banks (NACO supported)	20 Blood Banks
National Reference Laboratories & State Reference Laboratories	Two National Reference Laboratories (NCDC, 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 Early Infant Diagnosis (EID) at AIIMS.
Red Ribbon Clubs	86 (in Colleges)

2. PERFORMANCE OF DSACS FROM APRIL 2017- MARCH 2018

BASIC SERVICES DIVISION /INTEGRATED COUNSELING AND TESTING CENTRES (ICTC)

The Basic Services division looks after functioning of ICTCs, Prevention of Parent to Child Transmission (PPTCT), HIV-TB Cross Referrals, DSRCs and ICTCs to DSRCs cross referrals. Goal of the ICTC programme is to prevent new infections by intensified efforts to spread awareness, counseling & testing of clients for HIV for early detection, linkages to prevent further infections and to improve the life style through behavioral change communication.

Goal of PPTCT programme is primary prevention of HIV amongst expectant mothers, integration of PPTCT interventions with general health services, strengthening postnatal care of the HIV-infected mother and exposed infant and to provide the essential package of PPTCT services and partner notification.

Training by DAPCUs (District wise) to all counselors on new HCTS module was organized in the month of May 2017. A sensitization Program was conducted on F-ICTC's PPP-Models in association with NGO SAATHI at Safdarjung Hospital in the month of June 2017.

Community based screening facilities were in-cooperated into HTCS guidelines December 2016 for TIs and in respect to roll out this Guidelines at TIs a capacity building training was organized for all the TI centers in the month of July 2017. All the staff members were sensitized on all aspects of HIV screening and successfully implemented by all TIs from November 2017.

Elimination from Mother to Child Transmission (EMTCT) programme has been initiated by NACO and also initiated by DSACS in Delhi with a specific goal of Elimination of HIV and Syphilis in Ante Natal Cases (ANCs) by 2020.

DSACS has implemented Phase-2 of Svetana Project from January 2018 (with the help of SAATHI NGO and funding from global fund) to provide technical support to the private and public sector for EMTCT of HIV and Syphilis and ensure ANC screening to Scaling up of Early Diagnosis Program (EID) by designating all ICTC centre as EID centers.

Early Infant Diagnosis Program (EID) has been scaled up by designating all ICTC centre as EID centers in June 2017.

Trainings on Whole Blood Finger Prick (WBFP) test has been conducted in 10 Districts under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) to cover 100% screening of ANCs in 2017-18 and 250 participants were trained during this training programme.

2. Performance of ICTCs, PPTCTs from April 2017 to March 2018.

Component	Client group	Annual Targets (testing) Apr-2017-Mar 2018	No. of Tests (Apr-2017-Mar 2018)	Achievement % (of Annual target testing)	Number of HIV positives Detected*	Number of Registered on ART **	Initiated on ART***
1	2	3	4	5	6*	7**	8***
ICTC/ PPTCT	General Clients (incl. HRGs)	463050	439868	95%	6249 (1.42%)	4340 (69.4%)	2585 (59.5%)
	ANCs (ICTC/ FICTC)	296642	235788	79.4%	304(0.12%)	236 (77.6%)	236 (100%)
	ANCs (Svetana project)	18000	24652	136.9%	11(0.04%)	10(90.9%)	10 (100%)
Total		777692	700308	90.04%	6564(0.93%)	4586(69.86%)	2831(61.73%)
HIV -TB Cross referrals	ICTC to RNTCP	46305	12444	26.87%	462 (3.71%) (TB+) and 241(1.93%) (co-infected)	NA	NA
	RNTCP to ICTC	55677	37796	67.88%	629 (1.66%)	362 (57.55%)	302 (83.4%)
ICTC DSRC Cross referrals	STI Clinic In-referrals testing	24245	53773	221.70%	184 (0.34%)	125 (58.1%)	122 (97.6%)
	Out Referrals from ICTC to STI	6061	28881	476.5%	1430 (4.95%) (STI Diagnosed)	1079 (75.4%) (STI Treated)	1079 (100%) STI Treated)

* Percentage is for total number of people found positive out of total no. HIV test done (Column 4)

** Percentage is for total number of HIV+ registered on ART out of total number of HIV positives detected (Column 6)

***Percentage is for HIV positives initiated on ART out of HIV positives registered on ART (Column 7)

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, counseling 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 counseling & testing of pregnant women for Syphilis.

3 Performance of STI Division from 1st April 2017 to 31st March 2018

S No.	Indicator	Achievement
1.	No. of new STI cases reported	56634
2.	No. of reporting without symptoms	29936
3.	No. of follow ups	25644
4.	No. of RPR/ VDRL tests conducted	67321
5.	No. found RPR/VDRL positive	728
6.	No. of partners notified	44158
7.	No. of partners managed	19103
8.	No. of clients referred to ICTC	53773
9.	No. of clients found HIV Positive	184

4 Details of new STI cases-

S. No	Syndromes	No of cases	Percentage
1	Vaginal Cervical Discharge (VCD)	24944	44.04
2	Genital Ulcer (GUD- Non Herpetic	843	1.48
3	Genital Ulcer (GUD- Herpetic	1799	3.17
4	Lower Abdominal Pain (LAP)	23493	41.48
5	Urethral Discharge (UD)	1081	1.90
6	Ano- rectal Discharge (ARD)	165	0.29
7	Inguinal Bubo (IB)	391	0.69
8	Painful scrotal swelling (PSS)	104	0.18
9	Genital warts	2094	3.69
10	Other STI	6538	11.54

LABORATORY SERVICES DIVISION

The main activities carried out by the Lab Services division are as under:

- HIV testing services
- External Quality Assurance Scheme(EQAS) in HIV testing
- CD4 testing services
- Viral load testing services
- NABL Accreditation of Reference Laboratories & STI laboratories (QA)
- Conduction of Trainings and workshops

External Quality Assurance Scheme (EQAS)

Under External Quality Assurance Scheme (EQAS) program, all 92 ICTC/PPTCT/ centers/MITWA linked to four State Reference Laboratories of 4 Medical Colleges of Delhi viz; Maulana Azad Medical College, Lady Hardinge Medical College, Safdarjung Hospital and

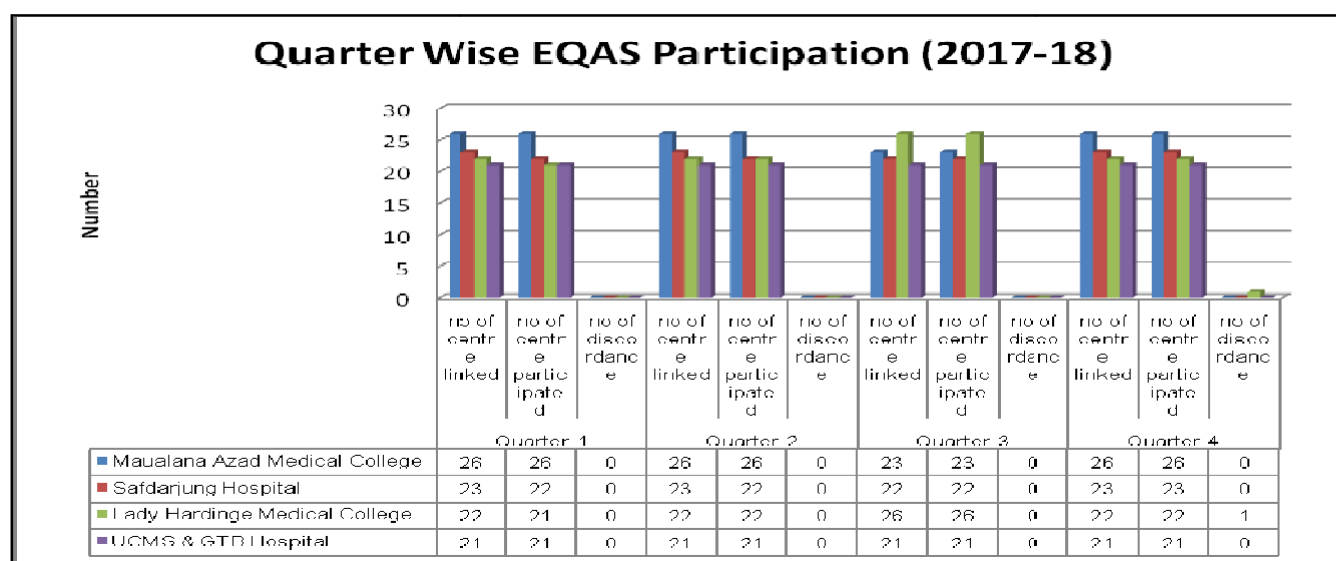
University College of Medical Sciences & Guru Teg Bahadur Hospital in Department of Microbiology. Beside this two National Reference Laboratories are functioning in Department of Microbiology at National Centre for Disease Control and All India Institute of Medical Sciences.

As per the program structure of External Quality Assurance Scheme, linked ICTC/PPTCT centres participates in EQAS program under which State Reference Laboratories send coded samples (panels) to the ICTC/PPTCTCs for testing twice in a year. ICTCs/PPTCTCs report the result to the SRL within seven days of receiving the coded samples to check the level of concordance.

Since 2010, all the SRLs have regularly conducted EQAS Activities for their linked centers. All the linked ICTC/PPTCT Centers have reported more than 90% participation in quarterly Retesting and Bi-annual proficiency panel testing activities to assure quality in HIV testing. The participation of SRLs and NRLs of Delhi has been 100% to their linked NRLs and APEX laboratory at NARI respectively under National EQAS program during 2017-18.

During first quarter (April-June 2017) of 2017-18, under EQAS program ICTC/PPTCTCs/FICTCs of Delhi participated in Quarterly Retesting activity as per NACO guidelines. In this activity, out of 92 linked ICTC/FICTCs/Mobile Vans, only 90 Centers have participated with their linked SRLs to cross check HIV test results by sending 20% of Positive and 5% of Negative samples tested in the first seven days of the month. Out of 26 linked centers with SRL, MAMC, 26 have participated and reported 100% concordance with SRL. For SRL, Safdarjung Hospital linked centers; Only 22 centers out of 23 have participated and reported 100% concordance. With SRL, LHMC linked centre's , 21 out of 22 have participated and reported 100% concordance in this quarter and out of 21 linked centers with SRL, UCMS & GTB hospital all 21 centers have participated and all are reported as 100 % concordance in EQAS Retesting activity carried out to ensure quality assured results in HIV testing.

Figure 1- Quarterly EQAS retesting participation of ICTC/PPTCT Centers from April 2017 – March 2018.



During the second quarter (July-September 2017) out of 92 linked ICTC/FICTCs/Mobile Vans, 91 Centers have participated with their linked SRLs to cross check HIV test results by sending 20% of Positive and 5% of Negative samples tested in the first seven days of the month. Out of 26 linked centers with SRL, MAMC, 26 have participated and reported 100% concordance with SRL. For SRL, Safdarjung Hospital linked centers; only 22 centers out of 23 have participated and reported 100% concordance. With SRL, LHMC linked centres, 22 out of 22 have participated and reported 100% concordance in this quarter and out of 21 linked centers with SRL, UCMS & GTB hospital all 21 centers have participated and all are reported as 100 % concordance in EQAS Retesting activity carried out to ensure quality assured results in HIV testing.

During the third quarter (October-December 2017) out of 92 linked ICTC/FICTCs/Mobile Vans, 92 Centers have participated with their linked SRLs to cross check HIV test results by sending 20% of Positive and 5% of Negative samples tested in the first seven days of the month. Out of 26 linked centers with SRL, MAMC, 26 have participated and reported 100% concordance with SRL. For SRL, Safdarjung Hospital linked centers; all 23 linked ICTC/PPTCT centres have participated and reported 100% concordance. With SRL, LHMC linked centres, 22 out of 22 have participated and reported 100% concordance in this quarter and out of 21 linked centers with SRL, UCMS & GTB hospital all 21 centers have participated and all are reported as 100 % concordance in EQAS Retesting activity carried out to ensure quality assured results in HIV testing.

During the Fourth quarter (January- March 2018) out of 92 linked ICTC/FICTCs/Mobile Vans, 92 Centers have participated with their linked SRLs to cross check HIV test results by sending 20% of Positive and 5% of Negative samples tested in the first seven days of the month. Out of 26 linked centers with SRL, MAMC, 26 have participated and reported 100% concordance with SRL. For SRL, Safdarjung Hospital linked centers; all 23 linked ICTC/PPTCT centres have participated and reported 100% concordance. With SRL, LHMC linked centres, 22 out of 22 have participated and reported 95.45% concordance in this quarter and out of 21 linked centers with SRL, UCMS & GTB hospital all 21 centers have participated and all are reported as 100 % concordance in EQAS Retesting activity carried out to ensure quality assured results in HIV testing.

4. TARGETED INTERVENTION (TI) DIVISION

79 Targeted Intervention Projects were under implementation in partnership with Non Government Organizations (NGOs) and Community Based Organizations (CBOs) amongst High Risk Group (HRGs). TIs are peer led community based intervention wherein services like regular outreach and behavior change communication, STI treatment and management, free condom distribution to High Risk Groups, counseling, provision of clean needle and syringes, abscess management, Opioid Substitution Therapy (OST) for IDUs and other services like HIV testing and ART through referral and linkages are provided at their doorsteps of the clients.

5: Performance of TI projects from April 2017 to March 2018

S. No	Typology	No of TIs	Mapping estimates (for FY 17-18)	Coverage (April 17 to March 18)	Percentage	Total HIV test done
1.	FSW	32	45466	40647	89	61630
2.	MSM	11	18145	13090	72	20039
3.	TG	6	7173	5822	81	9002
4.	IDU	13	12698	10405	82	15930
5.	Migrant	13	277822	195000	70	36626
6.	Trucker	4	60000	56876	95	6263
Total		79	421304	321840	489	149490

6: Performance of Clinics in TI projects from April 2017 to March 2018.

S. No.	Quarter	No. of RMC done (in core group)	Treated for STI (in core group)	No. of HIV testing done	No. of +ve detected	Linked to ART	Cumulative +ve Active Registration
1.	April-June 2017	53079	1865	30780	141	107	1490
2.	July-Sept. 2017	55081	1641	33867	144	123	1518
3.	Oct-Dec 2017	54509	1749	39212	126	91	1627
4.	Jan 18 to March 18	54649	1833	45599	150	128	1518
Total		217318	7088	149458	561	449	6153

Health camps were organized for migrants and truckers under the TI interventions and the details of the attendees in these camps from April 2017 to March 2018 is depicted in table 5.

7: Details of the attendees in Health Camps in migrant TIs from April 2017 to March 2018.

S. No.	Quarter	Health Camps	Attendees in the health camps	Total Satellite Clinic in truckers TI (only in Child Survival India, Sanjay Gandhi Transport Nagar)	No. of Attendees in satellite clinics
1.	April-June 2017	850	22334	73	3239
2.	July-Sept. 2017	851	23018	71	4302
3.	Oct-Dec 2017	838	22738	68	3166
4.	Jan 18 to March 18	837	23503	72	4521
Total		3376	91593	284	15228

Opioid Substitution Therapy (OST)

Opioid Substitution Therapy (OST) has been recognized worldwide as an effective treatment for opioid dependence and harm reduction strategy. OST is listed as one of the essential comprehensive packages of services to be provided of IDUS. 11 OST centre are functioning under DSACS with performance as depicted in table 8.

8: Details of Opioid Substitution Therapy (OST)

S No	Name of the Centre	District	Month and Year of roll out	Total Cumulative Clients registered (as on 31 st March 2018)	Monthly Expected client load (as on 31 st March 2018)	Monthly Average active Client load	Retention rate* (as on 31 st March 2018)
1	SPYM-1 Kotla Mubarakpur	South	Sep-07	871	557	427	77%
2	SHARAN - 1 Yamuna Bazaar	North	Sep-04	1195	634	265	42%
3	SHARAN - 2 Jahangirpuri	North West	Sep-07	847	352	289	82%
4	SHARAN - 3 Nabi Karim	Central	Sep-09	831	296	292	99%
5	DDU Hospital	West	Mar-13	806	261	115	44%
6	BJRM Hospital	North West	Dec-12	355	296	102	35%
7	JPCH Hospital	East	Oct-12	501	300	113	38%
8	SGM Hospital Mangolpuri	North West	Nov-12	413	183	178	97%
9	PS-Chandani Chowk	North West	Mar-15	246	116	97	84%
10	Guru Govind Singh Govt. Hospital	West	Jun-15	348	203	162	80%
11	LHMC	Central	Aug-15	187	133	103	77%
Total				6600	3331	2143	64%

* Percentage is for total monthly average active client load out of total no of Monthly Expected client load (Column 4)

5. Care, Support and Treatment Division

Care, Support & Treatment division of Delhi SACS is entrusted with the responsibilities for providing Antiretroviral treatment services to PLHIVs through facilities of 9 ART Centres, 2 FIARTC, 1 Centre of Excellence and 1 Pediatric Center of Excellence. Two of the ART centres at AIIMS & RML are ART plus centre where second line treatment is also provided. In addition 5 care support centers are being run by NGOs under Vihaan project in various districts.

A total of 61,420 PLHIVs have been cumulatively registered at all its ART/FIART centers since inception. As on 31st March and 27,250 PLHIVs are on regular antiretroviral treatment.

Test & Treat policy was launched on 28th April 2017. As per policy all HIV positives will be put on ART irrespective of their CD count.

90-90-90 is a target to be achieved by 2020, to achieve the SDG of ending the AIDS epidemic by 2030. The 90-90-90 target emphasizes 90% of all people living with HIV will know their HIV status by: 2020 and 90% of all these people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all these people receiving antiretroviral therapy will have viral suppression in Delhi

9: Performance of CST Division from April 2017 to March 2018.

S.No.	Indicator	Target (2017-18)	Achievement (2017-18)	Achievement in %
1	New PLHIV registered at ART Centre	6564	5368	82
2	Undergone Baseline CD4 Testing	5368	4766	89
3	Started on ART	5368	4265	79
4	Retained in Care	4265	3632	85
5	Pregnant women initiated on ART	288	280	97
6	Opportunistic Infections treated	3000	2675	89
7	Total CD4 tests done (New & Old PLHIV Patients)	55000	55333	101

10: ART centre wise cumulative performance till March. 2018

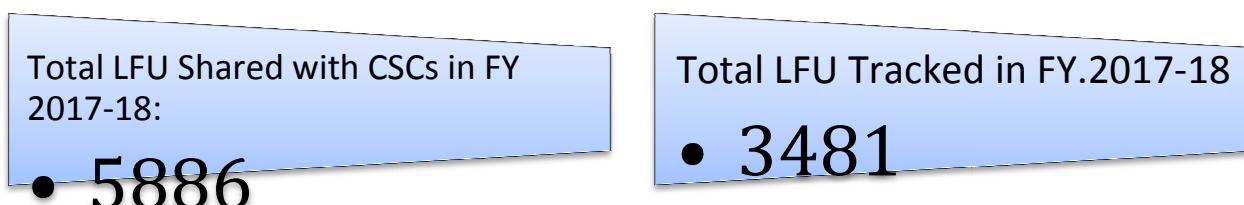
S.N o.	Name of ARTC	Number Ever Registered	Number in Active Care	Number Ever Started on ART	Alive and on ART	Deaths Pre ART	Deaths on ART	LFU Pre ART	LFU on ART	Alive and on Pre ART
1	AIIMS	8875	4447	5653	4033	177	624	465	686	414
2	BSA	8469	3493	5566	3430	404	829	1680	1256	63
3	DCBH	1131	1033	846	790	8	18	34	38	243
4	DDU	6571	2992	4120	2891	163	395	1090	715	101
5	GTB	9500	3924	5885	3697	479	1034	1673	1114	227
6	KSCH	1037	714	865	683	64	99	31	58	31
7	LNH	870	711	753	629	15	36	20	88	82
8	LBS	7507	3029	4763	2840	331	922	781	975	189
9	NITRD	2263	1382	1793	1268	87	365	68	148	114
10	RML	8788	3978	5934	3914	208	793	464	1155	64
11	SJH	6409	3195	4392	3075	194	455	798	844	120
	Total	61420	28898	40570	27250	2130	5570	7104	7077	1648

Mission SAMPARK

Mission SAMPARK has been launched to bring back LFUs as much as possible to treatment. The focus of Mission Sampark are as follows:

- Clients not initiated on ART (traceable clients) to initiate on ART
- Monthly follow up of newly initiated on ART for first three months of ART initiation
- Client with less than 80% adherence to increase their ART adherence
- Traceable LFUs need to be brought back to the treatment

Figure 3: Details of LFU tracked in 2017-18



BLOOD SAFETY DIVISION

There were 69 functioning blood banks in Delhi as on 31st March 2018. Out of them the number of NACO supported Blood Banks is 20. The NACO supported blood banks gets support in the form of provision of additional manpower and financial assistance organization of voluntary blood donation camps.

From April 2017 to March 2018, the total blood collection in Delhi of all blood banks has been 550876 units. Voluntary Blood Donation in NACO Supported Blood Banks & Voluntary Organization Blood Banks was 45% of the total collection and Blood Component Separation was 78% of total collection.

11: Performance of Blood banks in Delhi from April 2017 to March 2018.

S. No.	Quarter	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
1	April-June 2017	24746	29407	54153	552	74710	128863
2	July-Sept. 2017	30414	37354	67768	654	78723	146491
3	Sept.-Dec. 2017	31558	32264	63822	630	71404	135226
4	January-March 2018	31156	35815	66971	583	73325	140296
	Total	117874	134840	252714	2419	298162	550876

INFORMATION EDUCATION COMMUNICATION & MAINSTREAMING DIVISION

IEC & Mainstreaming division is responsible for conducting various IEC activities.

The division has organized/participated in various events during April 2017-March 2018:

- Delhi State AIDS Control Society & State Blood Transfusion Council, Delhi organized World Blood Donor day on 14th June 2017 at Library Hall, GTB Hospital on the theme of "What Can You Do? Give Blood, Give Now, Give Often." Project Director, DSACS graced the occasion as Chief Guest. Regular Voluntary Blood donors & organization working in the field of Blood Donation were honored on the occasion.
- Participated in Govt. Achievement Expo from 14th -16th July 2017 at Pragati Maidan. DSACS participated with Counseling & Testing Facility, Nukkad Nakad Shows, free distribution of Condom and IEC materials.

- iii. Participated in International Day against Drug abuse organized by Dept. of Women & Child Development, GNCTD. DSACS participated with Counseling & Testing Facility, free distribution of Condom and IEC materials.
- iv. 50 Night Shelters covered for HIV screening from April - June 2017. DSACS provided Counseling & Testing services, HIV/AIDS awareness materials distributed in the Shelters.
- v. Training of Trainers on the topic of HIV and AIDS (NCERT module) to implement Adolescent Education Programme were conducted approx 580 teachers trained.
- vi. Trainings in DTC department is going on for Drivers and conductors w.e.f. 30th March 2018 and 2227 participants have been trained/sensitized on HIV AIDS and related issues.
- vii. Training/sensitization for 2322 industry workers (of Tata Steel, Sheetla enterprises, Hindustan Const. Company, Jindal Polymers, Color Mode, MK Overseas, NBCC and DMRC) has been done w.e.f. 30th March 2018 through the ELM component.
- viii. Training/sensitization of 110 participants from Jan Shikshan Sansthan has been done.
- ix. Training/sensitization of 120 Jail Wardens has been done.
- x. DSACS has conducted training of 908 ASHAs, AWW & ANM with special focus on their role in HIV/AIDS prevention and control programme specifically PPTCT programme (tracking pregnant women, motivate them for HIV testing and institutional delivery).
- xi. 400 police personals have been trained during Sampark Sabha.
- xii. 475 individuals in 17 night shelters have made aware on HIV-AIDS out of which 282 individuals opted for HIV screening out of which one individual found reactive and linked to other service delivery outlets.
- xiii. Painting competition, Debate competition, film projection, Slogan Writing competition and sensitization programme was organized at Shaheed Rajguru womens college, Vasundhara Enclave, Guru Govind Singh Institute of Technology, Rohini, Institute of Technology (ITI), Shahdara & Vivek Vihar Ambedkar Institute of Technology & Bhai Permanand Institute of Business Studies, Shakarpur, in the month of August & September 2017.
- xiv. Jointly organized Folk media Workshop at Jaipur, Rajasthan during 21st-23rd September 2017 for folk artists, 5 teams participated in the workshop from Delhi.
- xv. A theme based folk media campaign on VBD was organized at NACO Supported Blood Banks in month of October 2017. Total 36 Folk shows were performed during the campaign.
- xvi. A week long activity from 9th October to 13th October 2017 including Seminars, VBD talk and Blood Donation camps organized on National Voluntary Blood Donation Day (171 units collected).
- xvii. Participated in Perfect Health Mela from 4th - 8th October 2017 at Talkatora Stadium. DSACS participated with Counseling & Testing Facility, Nukkad Nakad Shows, free distribution of Condom and IEC materials.
- xviii. Participated in Meri Dilli Utsav from 13th - 15th October 2017 at Dilli Haat, Pitampura. DSACS participated with Counseling & Testing Facility, Nukkad Nakad Shows, free distribution of Condom and IEC materials.
- xix. Observance of World AIDS Day at Jawahar Lal Nehru Stadium, New Delhi on 1st December 2017. Around 3000 youth participated in the event.
- xx. Observance of National Youth Day at Bhai Parmanand Institute of Business Studies & Ambedkar Institute of Technology, on 12th January 2018, Shaheed Rajguru College of Applied Sciences for Women on 15th January 2018 and Kasturba Polytechnic for Women on 16th January 2018. Painting competition, sensitization programme & Slogan Writing on HIV/AIDS were organized during the programme, around 450 students were sensitized on HIV/AIDS.
- xxi. DSACS participated in 5 College festivals i.e Shaheed Rajguru College of Applied Sciences for Women, Bhai Parmanand Institute of Business Studies, Ambedkar Institute of Technology, HMR Institute of Technology & Acharya Narendra Dev College. Painting competition, sensitization programmes, Slogan Writing etc on HIV/AIDS were organized during the programme..

- xxii. A theme based folk media campaign on HRGs was organized at DSACS Supported TI NGOs in month of March 2018. Total 96 Folk shows were performed during the campaign. Total 154 folk shows performed in 2017-18.

‘Financial Assistance Scheme for people living with HIV/AIDS & Children/Orphan/Destitute Children infected/affected by HIV/AIDS.

The main objective of the scheme is to improve compliance & access to Anti Retroviral Treatment. Money/Aid is provided to eligible PLHIV to cover the transportation cost of accessing the Anti Retroviral Treatment Centers thus helping achieving the requisite level of drug adherence, preventing emergence of drug resistance and obviating the need for costly second line treatment & improving nutritional status and physical capacity of the person to earn livelihood, help orphan children in accessing anti retroviral treatment, treatment of other infections that they are at risk, nutritional support, education and skill building. The budget for the scheme is provided by Govt. of NCT of Delhi as GIA to DSACS. The scheme was approved in 2012 by the Council of Ministers. The scheme is looked after by Mainstreaming division of DSACS.

12: Number of beneficiaries under Financial Assistance Scheme as on 31st March 2018 is as under.

Category	Amount disbursed per beneficiary (in Rs.)	Number of beneficiaries
i. People/Children living with HIV/AIDS on ART	1000/-	3787
ii. Orphan Children infected with HIV/AIDS	2050/-	58
iii. Destitute Children infected with HIV/AIDS in institutional care	2050/-	
iv. Orphan children affected by HIV/AIDS	1750/-	23
	Total	3868
Cumulative number of beneficiaries till 31 st March 2018	3868	
Beneficiaries Expired till 31 st March 2018	145	
Migrated/transfer out of Delhi/FAS surrender	: 76	
Not eligible being orphan children affected (>18 years)	04	
Not eligible in income criteria (> 1 lac/annum)	49	
Not submitted claim		
(Life certificate/income certificates/not regular/ Inactive aadhaar status etc.	594	
Number of beneficiaries on 31-03-2018	3868	
Active beneficiaries on 31-03-2018	3000	

7. Staff position in DSACS

Total Sanctioned Posts in DSACS	662
Total Filled Posts in DSACS	570
Total Contractual Filled Posts in DSACS	568

8. BUDGETARY POSITION AND UTILIZATION OF FUNDS (APRIL 2017- MARCH 2018)

Figures in lakhs

Components	Sanctioned Budget 2017-18 (Rs)	Amount received including Opening balance+ Inter Unit Transfer	Expenditure for the year 2017-18	Adv. Pending	Total Utilization	Utilization (%)
1	2	3	4	5	6(4+5)	7
GFATM R-II	445.96	605.01	573.71	2.3	575.94	129.15
New DBS Fund	716.82	884.92	515.09	117.60	632.69	88.26
GFATM R-IV	322.37	411.65	338.79	33.04	371.83	115.34
Pool Fund(TI)	1857.12	1810.93	1460.54	344.70	1805.24	97.21
Total	3342.27	3712.51	2888.13	497.57	3385.70	101.30

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:	343
b.	No. of cases where violation detected	NIL
c.	Sales establishments:	3476
d.	No. of cases where violation detected	350

B. SPECIAL INSPECTIONS

a.	Manufacturing Units:	05
b.	No. of cases where violation detected	NIL
c.	Sales establishments:	634
d.	No. of cases where violation detected	238

C. COMPLAINTS

a.	No. of complaints received	192
b.	No. of cases where violation detected	71
c.	No. of cases where stock of drugs /cosmetics/ documents seized	21

D. SAMPLE FOR TEST/ANALYSIS -

1..	No. of Samples collected	641
2.	No. of test reports received	460
3.	No. of samples reported as standard quality	433
4.	No. of samples reported as not of standard quality	27
5.	No. of samples found spurious	04

E. DEPARTMENTAL ACTION

a.	No. of cases where licences cancelled	04
b.	No. of cases where licences suspended	231
c.	No. of cases where warning issued	11

F. PROSECUTION

1.	No. of cases launched (Annexure 'B')	03
2.	No. of cases decided (Annexure 'C')	14
3.	No. of cases convicted	14
4.	No. of cases acquitted/ discharged	NIL
5.	No. of cases pending in the court + High Court Misc. Petitions	95

G. DETAILS OF FIRMS WHERE LICENCES GRANTED/CANCELLED**(1) Sales Establishments granted licences**

a.	Allopathic Sales Establishments	2108
b.	Restricted Sales Establishments	01
c.	Homeopathic sales Establishments	33

(2). Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	23
2.	Homoeopathic Medicines Mfg. Units	NIL
3.	Cosmetics Mfg. Units	57

(3). No. of sale firms where licences surrendered and cancelled

1.	Allopathic Sales Establishments	548
2.	Restricted Sales Establishments	14
3.	Homeopathic sales Establishments	01
4.1.	AllopathicO drugs mfg. Units	02
4.2.	Homoeopathic drugs mfg. Units	NIL
4.3.	Cosmetics mfg. units	17

H. NO. OF LICENCED FIRMS.

1.	Sales Establishment	26053
1.1	Allopathic Drugs	25075
1.2	Restricted Drugs	576
1.3	Homeopathic	402

2.	Mfg. Establishment	911
2.1	Allopathic Drugs	280
2.2	Homoeopathic Drugs	05
2.3	Cosmetics	626

CHAPTER 14

DEPARTMENT OF FOOD SAFETY

The Department of Food Safety is the department, entrusted primarily with regularity and enforcement work, and its basic mandate is to see that safe and wholesome food is available to the citizens of Delhi. For this, the department endeavours to bring all food business operators (FBOs) in Delhi within the regulatory framework of food safety and Standard Act 2006 by way of granting registration/licensing. In order to minimize the interface between its officer and the FBOs, the department has introduced an online system of registration and licensing. It has also established a facilitation centre in the heart of the city at 8th floor, Mayur Bhawan, Connaught Place, New Delhi to facilitate online filling of application. During the current year 2017-18, (1/4/2017 to 31/3/2018) 6233 licenses and 13183 registration certificates have been issued to the FBOs.

In order to maintain surveillance over such articles of food, which can be potentially harmful to the health of the customers, the Department keeps vigil by way of lifting 'Surveillance Samples', and also 'Legal Samples', on the basis of complaints received from public as well as parts of its routine vigil and then takes action against defaulters / violators of the FSS Act, 2006 and Rules / Regulations made there under. During the current year 2017-18 (01.04.2017 to 31.03.2018) 1275 legal samples were lifted and out of which, 120 samples were found not conforming to the Safety Standards laid down under the FSS Act, 2006 and Rules / Regulations made there under. Punitive action, as provided under the law, has been taken in such cases. For the period from 01.04.2017 to 31.03.2018 fines amounting to a total Rs. 9,06,000/- have been imposed by the Adjudication officers (ADMs) on violation. Besides fines amounting to Rs. 2,59,92,000/- have also been imposed by the Trial court at Patiala House. Fine upon the FBOs, who have been held guilty of violation of the law.

17 new Food Safety Officers joined the Department and their Training has been completed.

During the (2017-18), an awareness campaign was also launched through print and electronic media to apprise the public about the ways and means to minimize the effect of pesticide residue on fruits and vegetables.

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).

The Department remains committed to ensure availability of safe and wholesome food by the FBOs to the citizens of Delhi by strictly implementing the provisions of FSS Act, 2006 and Rules / Regulations made there under in both letter and spirit.



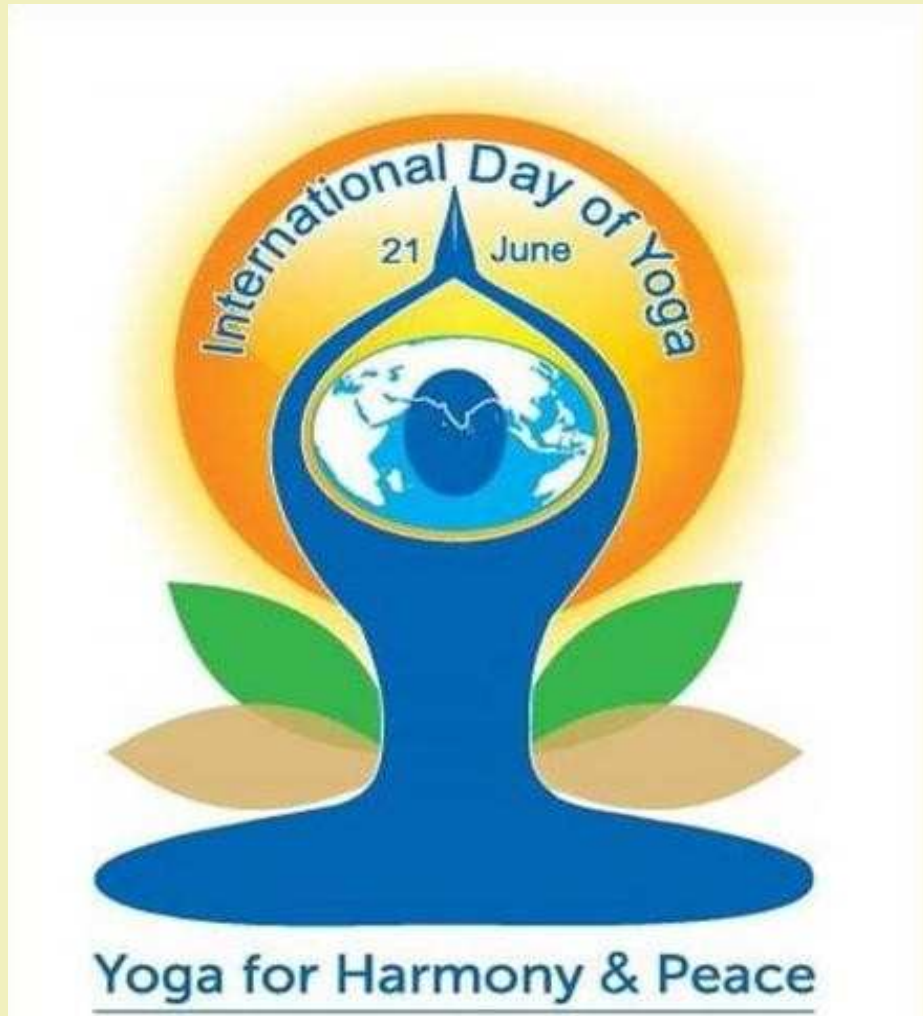
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