ANNUAL REPORT 2018-2019

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

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

Directorate General of Health Services delivers health care through its network of Allopathic Dispensaries, Mobile Health Dispensaries, School Health Clinics, 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 ASHOK KUMAR)

DIRECTOR GENERAL HEALTH SERVICES

OFFICIALS ASSOCIATED WITH THE PREPARATION OF ANNUAL REPORT 2018-19

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**
Mr. MOHAN LAL	:	**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**

STATE HEALTH INTELLIGENCE BUREAU
Directorate General of Health Services
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Chapter 1

INTRODUCTION

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

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

DEPARTMENT OF HEALTH & FAMILY WELFARE

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

1. Directorate General of Health Services
2. Directorate of 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)

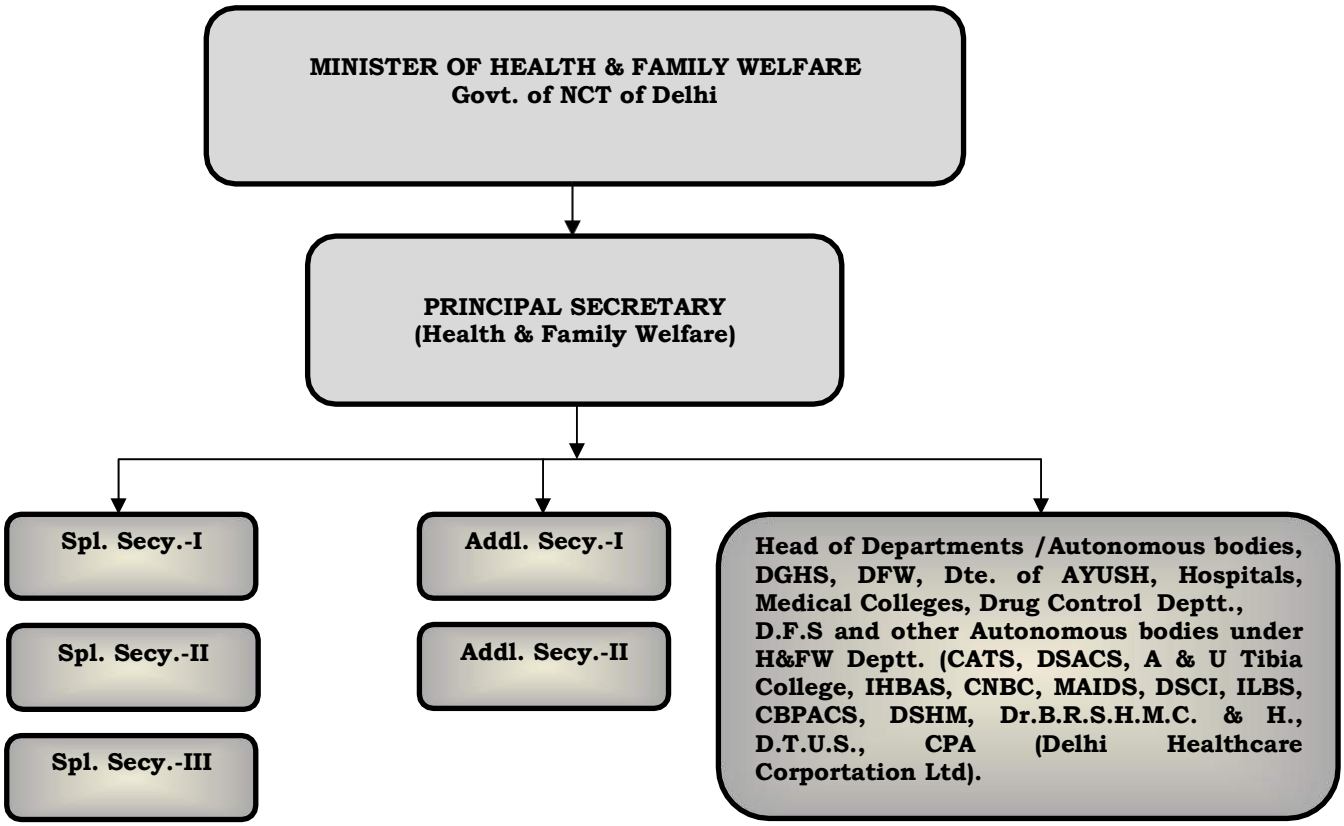
1 Acharya Shree Bhikshu Govt. Hospital, Moti Nagar
2 Aruna Asaf Ali Govt. Hospital, Rajpur Road
3 Attar Sain Jain Eye and General Hospital, Lawrence Road
4 Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
5 Bhagwan Mahavir Hospital, Pitampura
6 Central Jail Hospital
7 Deen Dayal Upadhyay Hospital, Hari Nagar

8 Deep Chand Bandhu Hospital, Kokiwala Bagh, Ashok Vihar
9 Dr. Baba Saheb Ambedkar Hospital, Rohini
10 Dr. Hedgewar Arogya Sansthan, Karkardooma
11 Dr. N.C. Joshi Memorial Hospital, Karol Bagh,
12 G.B. Pant Hospital, Jawahar Lal Nehru Marg
13 Guru Gobind Singh Government Hospital, Raghubir Nagar
14 Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg
15 Guru Teg Bahadur Hospital, Dilshad Garden, Shahdara
16 Jag Pravesh Chandra Hospital, Shastri Park
17 Janak Puri Super Speciality Hospital, Janak Puri
18 Lal Bahadur Shastri Hospital, Khichripur
19 Lok Nayak Hospital, Jawahar Lal Nehru Marg,
20 Maharishi Valmiki Hospital, Pooth Khurd
21 Pt. Madan Mohan Malviya Hospital, Malviya Nagar
22 Rao Tula Ram Memorial Hospital, Jaffarpur
23 Sanjay Gandhi Memorial Hospital, Mangol Puri
24 Sardar Vallabhbhai Hospital, Patel Nagar
25 Satyavadi Raja Harish Chander Hospital, Narela
26 Sewa Kutir Hospital, Kingsway Camp (assciated with AAAG Hospital)
27 Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasir Pur
28 Sushruta Trauma Centre, Bela Road

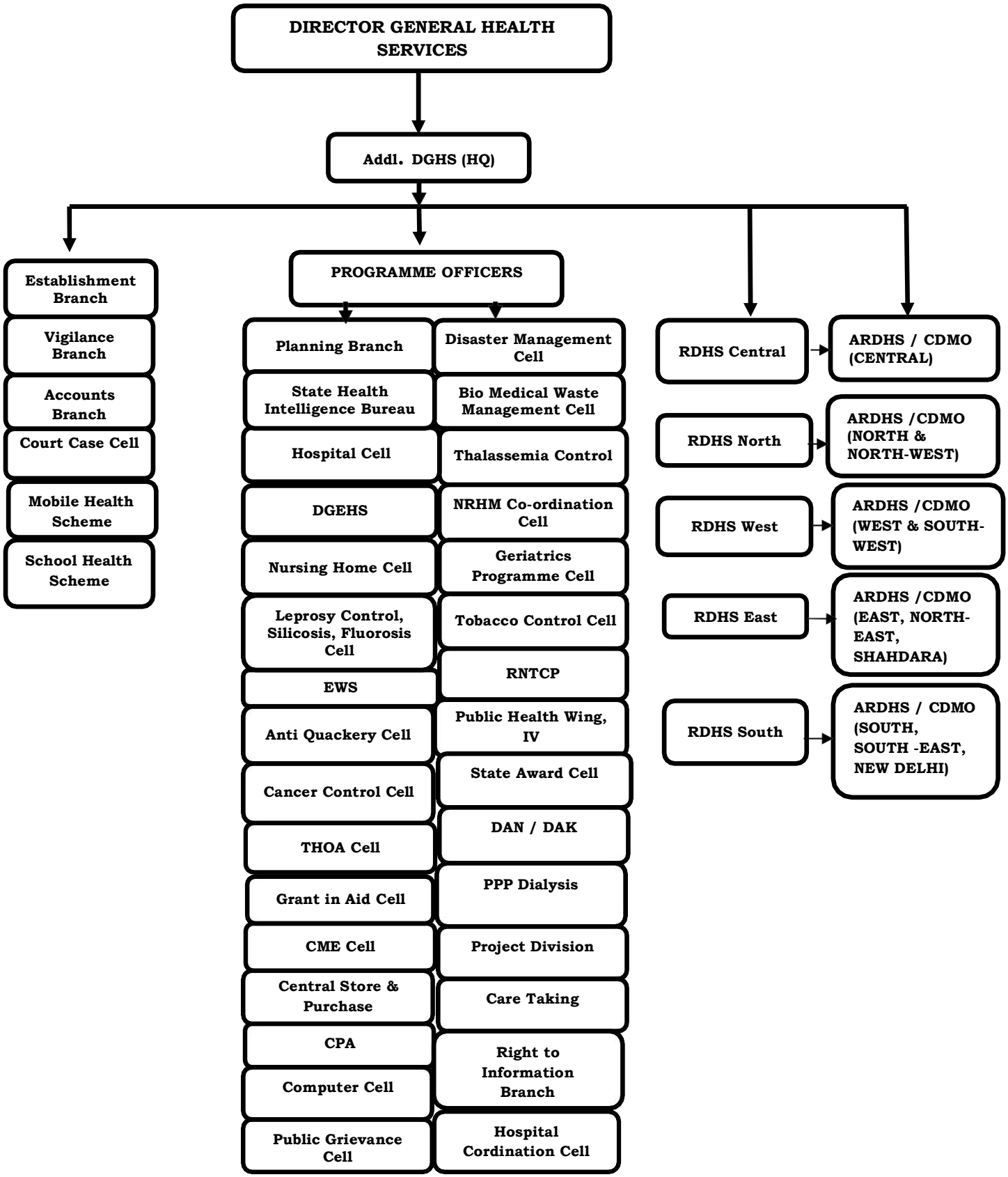
8. Autonomous Bodies/Societies/AYUSH/Hospitals under H & FW Department

1. Ayurvedic & Unani Tibbia College and Hospital, Karol Bagh
2. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Najafgarh
3. Dr. B.R. Sur Homoeopathic Medical College and Hospital, Nanak Pura, Moti Bagh
4. Nehru Homoeopathic Medical College and Hospital, Defence Colony
5. Chacha Nehru Bal Chiktisalya, Geeta Colony
6. Delhi State Cancer Institute, G.T.B. Hospital Complex, Dilshad Garden Shahdara
7. Institute of Human Behaviour and Allied Sciences, Shahdara
8. Institute of Liver and Biliary Sciences, Vasant Kunj
9. Maulana Azad Institute of Dental Sciences, L.N.H. Complex
10. Rajiv Gandhi Super Specialty Hospital, Tahir Pur
11. Delhi State AIDS Control Society, BSA Hospital Campus, Rohini
12. Centralized Accidental and Trauma Services, Bela Road
13. Delhi State Health Mission, Vikas Bhawan 2, Civil Lines
14. Delhi Tapedik Unmoolan Samiti, Gulabi Bagh

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 one of 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 2018-19 as mentioned below:-

Group A

S.No.	Category	Sanctioned	Filled	Vacant
1.	Director General	1	1	0
2.	Regional Director	-	-	-
3.	Addl. Director (HQ)	1	1	0
4.	CDMO	11	11	0
5.	ACDMO	11	11	0
6.	Doctor(SAG/NFSG/Specialists /CMO/SMO/MO	681	464	217
7.	Special Director (ADMN)	1	1	0
8.	DCA	2	2	0
9.	Dy. Director (Plg)	1	0	1
10.	Programmer	1	1	0
	Total	**710**	**492**	**218**

Group B

S.No.	Category	Sanctioned	Filled	Vacant
1	Sr. PA	8	7	1
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	Asst. Programmer	1	1	0
7	Store & Purchase Officer	1	0	1
8	Office Superintendent	1	0	1
9	Accounts Officer	3	3	0
	Total	**44**	**27**	**17**

Group C

S.No.	Category	Sanctioned	Filled	Vacant
1	Legal Asstt.	1	1	0
2	LDC	55	45	10
3	UDC	58	32	26
4	Head Clerk	21	13	8
5	SA/SI	34	10	24
6	Steno, GR.III	11	1	10
7	Steno, Gr. II	17	8	9
8	DEO	27	0	27
9	Driver	21	14	7
	Total	**245**	**124**	**121**

Paramedical Staff

S.No.	Category	Sanctioned	Filled	Vacant
1	Pharmacist	727	588	139
2	ANM	378	366	12
3	PHN	180	170	10
4	Staff Nurse	5	5	0
5	Lab Technician	6	2	4
6	Lab Assistant	229	198	31
7	Dental Hygenist	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	Refrectionist	8	5	3
	Total	**1552**	**1346**	**206**

Group D

S.No.	Category	Sanctioned	Filled	Vacant
1	Dresser	305	222	83
2	Dark Room Attendent	1	0	1
3	NO/Peon/Attendent	407	225	182
4	NO/Peon/Attendent (Outsourced)	98	0	98
5	SCC	573	195	378
6	SCC (Outsourced)	162	0	162
7	Safai Karamchari	2	1	1
	Total	**1548**	**643**	**905**

Chapter 2

ACHIEVEMENTS AT A GLANCE

IMPORTANT HEALTH STATISTICS OF DELHI GOVT. DISPENSARIES/SCHEMES/AYUSH/ HOSPITALS DURING 2018-19

Sl. No	Activity	Nos.
1	**OPD Attendance**	
	Dispensaries (Allopathic)	17919397
	Aam Aadmi Mohalla Clinics	5307310
	Dispensaries (Ayurvedic)	668048
	Dispensaries (Unani)	391989
	Dispensaries(Homoeopathic)	1814533
	Hospitals	22139734
	Mobile Health Clinics	188743
	School Health Clinics	96381
2	**IPD Attendance in Hospitals**	760121
3		**Laboratory Tests**
	Dispensaries (Allopathic)	2844014
	Aam Aadmi Mohalla Clinics	390664
	School Health Scheme	0
	Mobile Health Scheme	689
	Hospitals	34838310
4	**No. of X-Rays done**	2183580
	No. of Hospitals	38
5	**No. of Beds in Hospitals**	11770 Sanctioned 10646 Functional
6	**No. of Dispensaries**	181 Dispensaries and 60 SPUHC, 189 Mohalla Clinics, 24 Polyclinics, 24 Mobile Health Clinics, 58 SHS Clinics / Referral Centres, 105 Homoeopathic, 44 Ayurvedic and 22 Unani Dispensaries.
7	**New Dispensaries Opened during 2018-19**	1 Homoeopathic, 1 Unani Dispensaries.

NUMBER OF HEALTH OUTLETS UNDER GNCT OF DELHI DURING THE YEAR 2018-19 AND PREVIOUS YEARS.

S. No.	Year / Health Outlets	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
1	Allopathic Dispensaries	188	214	220	234	247	256	260	260	242	245	242	241
2	Mohalla Clinics	-	-	-	-	-	-	-	-	107	162	166	189
3	Polyclinics	-	-	-	-	-	-	-	-	23	24	24	24
4	Hospitals	34	35	38	38	38	39	39	39	38	38	38	38
5	Mobile Health Clinics	68	72	90	90	90	90	90	43	43	24	24	24
6	School Health Clinics/ Referral Centres	28	28	32	34	93	100	100	68	70	59	55	58
	Ayush												
I	Homoeopathy Dispensaries	78	80	87	92	92	95	100	101	101	103	104	105
Ii	Ayurvedic Dispensaries	25	26	27	32	32	33	35	36	39	40	44	44
Iii	Unani Dispensaries	10	10	11	15	15	16	17	18	19	20	21	22
	Total	**431**	**465**	**505**	**535**	**607**	**629**	**641**	**565**	**682**	**715**	**718**	**745**

BASIC STATISTICS OF DELHI GOVERNMENT DISPENSARIES/POLYCLINICS DURING 2018-19

S.No.	Name of District	Annual OPD Attendance		Number of		
				Lab Investigations		
		New	Old	Blood	Urine	Others
1	Central	691505	349137	177478	24073	10301
2	East	4240764	2988573	998681	127911	39734
3	West	1062159	540238	214289	46649	11640
4	North	505921	188339	112861	16311	6305
5	South-West	374328	144819	55978	9364	2983
6	North-East	879827	468194	157936	27809	1344
7	North-West	1254467	515875	247359	44589	18270
8	South	725400	232738	73240	13868	6892
9	Shahadra	905354	456321	130561	33221	-
10	New Delhi	418303	163647	93012	17082	6427
11	South-East	532584	280904	89042	20849	7955
	Total	**11590612**	**6328785**	**2350437**	**381726**	**111851**
	Scheme					
1	School Health Scheme	96381	0			0
2	Mobile Health Scheme	106038	82705	689	0	0
	AYUSH					
1	Ayurvedic Dispensaries	313074	354974	0	0	0
2	Unani Dispensaries	200980	191009	0	0	0
3	Homoeopathic Dispensaries	691539	1122994	0	0	0
	Grand Total	**12998624**	**8080467**	**2351126**	**381726**	**111851**

DETAILS OF IMMUNISATION OF DELHI GOVERNMENT ALLOPATHIC DISPENSARIES DURING 2018-19

Sl.No.	Name of District	Immunization (Total number of doses)										
		BCG	OPV/Booster	DPT/Booster	HBV	Measles	MMR	Typhoid	DT	TT Doses	Pentavalent	Any other Vaccines
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*
1	Central	1914	38219	12052	1870	4117	9343	9537	3947	14743	-	5033
2	East	1495	26995	831	16	8393	8351	6727	-	15331	27131	18405
3	West	3050	74123	19566	205	2599	16852	15805		30387	54436	36615
4	North	2225	37232	13956	77	5586	7342	7324	1912	22601	-	-
5	South-West	1723	43711	182	0	6381	15422	15058	0	22036		-
6	North-East	4174	83741	16607	4	16529	14966	14504	10266	27584	54710	-
7	North-West	38734	135931	3741	31535	214	32126	29809	0	63796	-	
8	South	704	114	31	72	6104	7292	7216	-	9793		-
9	Shahadra	965	24545	5256	59	189	4632	4045		15287		564
10	New Delhi	570	16121	6985	25	738	4048	3823	-	6316	11619	11722
11	South-East	2676	51770	20829	75	6135	11082	9114	2038	27299	12465	41416

INVESTIGATION DONE IN MOTHER LABS OF DELHI GOVERNMENT DISPENSARIES/POLYCLINICS DURING 2018-19

Sl. No.	Name of the District	Central	East	North	North-East	North-West	South	South-West	West	New Delhi	Shahdara	South-East
1	KFT	864	2	137	267	5736	274	2103	1614	3121	217	1856
2	LFT	864	6	101	-	15520	163	2915	3489	3714	191	2071
3	Lipid Profile	864	8	71	12	5984	237	1749	1610	3412	102	1085
4	Serum Electrolyte	300	-	56	11	651	-	286	-	66	139	120
5	Blood Sugar	4584	42666	41915	64761	28962	33789	15322	15917	28136	55134	35872
6	Blood Grouping	193	6942	4837	9197	2201	3754	2141	1560	2479	8214	5281
7	Peripheral Smear	430	-	-	-	1453	670	73	455	163	82	3
8	Malaria Test	290	14	235	787	1476	629	0	1536	953	2474	142
9	VDRL	157	3556	3786	9081	1248	2050	1002	2077	2390	5186	3513

10	HBS AG Rapid Test	211	4690	5465	11089	570	2865	1907	2596	2761	4217	5399
11	Urine Pregnancy Test	331	2740	6475	8082	2461	4824	1787	2307	3702	5014	4327
12	Urine Sugar	-	6032	5710	13815	4392	3641	1971	2938	5178	8246	6220
13	Urine Albumin	284	-	5130	12298	3227	3641	1984	2721	5178	8246	6061
14	Urine Microscopic	304	-	539	682	2630	1025	606	2307	1975	3144	2323
15	Stool Test	-	558	-	-	821	-	0	-	-	-	
16	Widal Test	369	1556	902	2259	1573	855	871	1408	1924	1975	1294
17	Hematology	2817	22406	16032	27635	27266	15243	9268	13649	9215	32741	15432
18	Platelet Count	404	4560	4673	11	4949	2752	874	2672	2396	5490	1593
19	Absolute Eosinophils Count	79	-	20	-	108	-	1	42	78	128	49
20	RH Factor	-	-	-	344		-	-	290	-		780
21	Urine Routine	584	-	352	11288	2806	1024	-	3870	5260	8571	2178
22	ECG	-	-	-	-	-	-	-	-	--		-
23	Dengue Serology	-	-	-	-	850	-	-	-	-	-	-
24	Other test	186	-	3299	1837	570			128	6109	3143	4518

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

Sl. No.	Name of Districts	OPD	Lab investigations								Total No. of Lab investigations	Total Vaccination Doses
			Blood	Urine	Stool	Sputum	ECG	Semen Test	F.N.A.C.	Others (Specified)		
1	East	63731	8393	742							9135	
2	Shahdara	823870									35835	
3	North- East	379274									18636	
4	North	253221	4152	1250							5402	
5	North-west	817595									23864	
6	West	1160495									47379	
7	South- West	519147									68325	
8	South	326307									21471	
9	South- East	366523									19298	
10	New Delhi	116867	18231	1794		148					20173	
11	Central	480280	100695	7229	27	29				1963	109943	
Total		**5307310**	**131471**	**11015**	**27**	**177**	**0**	**0**	**0**	**1963**	**379461**	**0**

Source: Nodal Officer AAMC / CDMO offices

BUDGET AND MISCELLANEOUS STATISTICS FOR DELHI GOVERNMENT DISPENSARIES 2018-19

Sl. No.	Districts / Schemes	Budget	Actual Exp	No. of existing Dispensaries/Seed PUHC/	Mohalla clinics.	polyclinics	TOTAL
		Districts under Directorate General of Health Services					
1	Central	284286000	276794399	29	13	2	44
2	East	247994000	241848826	19	15	1	35
3	North	253950000	231281742	16	8	1	25
4	North-East	128400000	124135494	22	17	1	40
5	North-West	395072000	375994083	30	29	8	67
6	South	155507000	154238165	14	13	1	28
7	South-West	333014000	294334947	30	25	2	57
8	West	372200000	369043731	32	33	3	68
9	New Delhi	179383000	176594960	13	5	1	19
10	Shahdara	271570000	225918571	17	25	3	45
11	South-East	149200000	147476765	8	11	1	20

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 6100000	Rs 5738165	55	3	-	58
2	MHS	Rs 200725000	Rs 164734316	25	-	1	24
Directorate of Indian System of Medicine and Homoeopathy							
1	Ayurvedic Dispensaries	6818 lakh	5837 lakh	44	-	-	44
2	Unani Dispensararies	6818 lakh	5837 lakh	22	-	-	22
3	Homoeopathic Dispensaries	326700000	309307194	104	1		105

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	51	0	0	0	0	40	0	0	0	1	0
3	West	77	0	0	0	0	10	0	1	3	1	1
4	North	54	0	0	0	0	0	0	0	1	1	0
5	South- West	70	0	0	0	0			0	0	1	
6	North- East	33	0	0	0	0	0	0	0	3	1	0
7	North- West	74	0	0	1	0	0	0		5	1	0
8	South	39	0	0	0	0	27		10	4	1	52
9	New Delhi	39	0	0	0	0	0	0	0	0	1	0
10	Shahdara	59	0	0	0	0	0	0		0	1	0
11	South- East	33	0	0	0	0	22	32	2	0	1	-
12	School Health Scheme	32	0	0	0	0	0	0	1	0	1	0
13	Mobile Health Scheme	35	0	0	0	0	35	0	5	0	0	0
14	ISM(Ayurvedic) Wing	49	1	0	3	3	0	0	3	2	2	3
15	ISM(Unani) Wing	24	0	0	0	2	0	0	0	0	0	0
15	Homoeopathic Wing	111	-	0	0	0	0	0	0	2	1	1

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	13	0	0	0	179
2	East	0	95	8	3	0	4	130
3	West	30	164	01	0	05	01	143
4	North	38	103	8	2	0		96
5	South-West	56	107	17	0	0	0	176
6	North-East	24	45	7	0	0	0	55
7	North-West	61	118	5	0	0	0	144
8	South	0	0	0	0	0	0	45
9	New Delhi	30	64	4	0	0	0	94
10	Shahdara	44	84	02	0	0	0	60
11	South-East	-	-	-	-	-	2	27
12	School Health Scheme	61	38	6	0		0	74
13	Mobile Health Scheme	0	35	0	0	0	0	86
14	ISM (Ayurvedic)Wing	0	45	4	0	0	0	47
15	ISM (Unani)Wing	0	23	0	0	0	0	14
16	Homoeopathic Wing	0	106	9	0	0	1	127

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	937	113418	3828	--
2	East	512	50231	6489	-
3	West	994	144691	5924	4
4	North	298	220746	4590	-
5	South-West	2559	336705	10850	1
6	North-East	687	118396	5360	4
7	North-West	9940	863824	16056	4
8	South	895	256604	6237	3
9	New Delhi	674	140214	3490	-
10	Shahdara	471	52232	1750	-
11	South-East	855	275723	4651	1

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	104	90	61	2380	Inspection done	Mock Drill-	--
2	East	134	90	70	2591	-	-	223
3	West	215	-	199	8852	43	9	Challan 115, Amount Rs 23200
4	North	-	-	54	1583	Inspection done	-	
5	South-West	203	1	1	731	7	-	Challan 64, Amount Rs. 4400/-
6	North-East	54	70	25	1019	51 inspection	QRT is made every month	Challan 63 Amount Rs 6320/
7	North-West	167	-	100	3896	-No of cases received-76 No. of reports submitted to DMC - 50	-	-
8	South	174	66	54	2960	7	-	-
9	New Delhi	94	-	31	2147	-	Mock drills	
10	Shahdara	138	42	69	3612	43 inspection	Nil	Challan 73 Amount 13220
11	South-East	201	1	83	2633	5 inspection	3	Challan 04

2.10 (A) STATISTICS OF DELHI GOVERNMENT HOSPITALS

Sl. No.	Name of the Hospital	No. of Beds		No of Patients (OPD)		Emergency	MLC Cases	IPD	Surgeries		Deliveries	
		Sanctioned	Functional	New	Old	(Total)			Major	Minor	Normal	Cesarean
1	Aruna Asaf Ali Govt.Hospital	100	161	230962	143893	62665	9334	10580	1868	2393	1777	443
2	Acharya Shree Bhikshu Govt. Hospital	150	180	539579	326573	186212	5463	10917	1810	106207	1456	589
3	Attar Sain Jain Eye and General Hospital	30	30	68251	42655	-	-	1416	1381	53	-	-
4	Bhagwan Mahavir Hospital	325	325	437350	242832	214181	4092	16949	3216	25778	2514	1212
5	Dr. Baba Saheb Ambedkar Hospital	500	500	866714	323587	352300	20077	75893	10176	101251	11995	3645
6	Babu Jagjiwan Ram Memorial Hospital	150	100	424560	297205	316994	18100	14243	1102	13139	4213	316
7	Central Jail Hospital	270 (including 30 beds in Rohini Jail)	270	24389	182012	1862	-	7891	-	-	-	-
8	Chacha Nehru Bal Chikitsalaya	221	210	137431	276888	11884	201	17098	20161	3946	-	-
9	Deen Dayal Upadhyay Hospital	640	640	872589	472718	493964	13856	70686	15670	42734	6436	3558
10	Delhi State Cancer Institute	150(100 in East & 50 in West)	223	18519	455449	14436	-	12295	902	8584	-	-
11	Dr. Hedgewar Arogya Sansthan	200	231	345282	236376	193911	7238	16398	3449	9092	3177	1648
12	Dr. N.C. Joshi Memorial Hospital	100	60	155907	120670	35025	-	2024	785	1990	-	-
13	G.B.Pant Hospital	758	735	124007	852363	25281	-	31533	4407	164	-	-
14	Guru Gobind Singh Govt. Hospital	100	200	274790	212761	151723	4352	21226	3884	10207	4225	1260
15	Guru Nanak Eye Center	212	212	155160	153738	7953	359	13795	11792	1517	-	-

16	Guru Teg Bahadur Hospital	1512	1448	1241050	918163	402416	34385	110231	15432	65256	20340	5784
17	Institute of Liver & Biliary Sciences	549	234	41342	67699	8273	13	8273	1078	325	-	-
18	Institute Of Human Behaviour and Allied Sciences	500	297	87410	503285	44615	-	4356	41	39	-	-
19	Janak Puri Super Speciality Hospital	300	100	47821	326175	-		3577	-	-	-	-
20	Lal Bahadur Shastri Hospital	105	193	495071	248022	409458	20649	30807	3955	56518	7708	1764
21	Lok Nayak Hospital	2053	2053	912077	997883	310526	11429	111353	19500	22844	7253	3208
22	Maharishi Valmiki Hospital	150	190	322699	176907	137498	5953	10598	1920	11719	1140	79
23	Pt. Madan Mohan Malviya Hospital	100	103	399054	269286	252670	119	13611	1650	2579	3938	507
24	Maulana Azad Institute of Dental Sciences	10	10	238890	201337	-	-	-	129	1776	-	-
25	Poor House Hospital	60	-	4311	1393	1253	152	-	-	-	-	
26	Rajiv Gandhi Super Speciality Hospital	650	104	85922	146189	9654	-	6734	5117	3191	-	-
27	Rao Tula Ram Memorial Hospital	100	130	340047	163437	148799	6641	12984	1350	1949	2816	175
28	Sardar Vallabh Bhai Patel Hospital	50	50	385011	157395	98755	-	3496	618	12702	690	98
29	Satyawadi Raja Harish Chandra Hospital	200	200	485828	201862	93382	6216	10231	756	17382	1746	18
30	Sanjay Gandhi Memorial Hospital	300	300	430895	123965	379843	23080	44398	4810	33281	9287	2691
31	Jag Pravesh Chander Hospital	210	210	686367	489470	374531	12683	19993	2156	26933	4389	804
32	Sushruta Trauma Centre	49	49	-	17967	15545	3221	4087	1127	1661	-	-
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	106	106	189282	89156	72951	9	16737	1364	797	6835	1169
34	Deep Chand Bandhu Hospital	200	192	401532	277276	146585	6845	8863	758	9820	686	206

Homoeopathic/Ayurvedic/Unani Hospitals												
35	A & U Tibbia College & Hospital	240+60 for disaster management	240	189972	149408	-	-	4909	-	8016	243	-
36	B.R. Sur Homoepathic Medical College & Hospital	50	50	22836	41633	-	-	232	-	-	-	-
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	210	210	156533	227230	-	-	8990	49	5210	-	-
38	Nehru Homoeopathic Medical College & Hospital	100	100	71157	94279	-	-	2717	-	96	-	-
GRAND TOTAL		**11770**	**10646**	**11910597**	**10229137**	**4975145**	**214467**	**760121**	**142413**	**609149**	**102864**	**29174**

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.**	**Ultrasound**	**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	378530	46397	1709	30048	-	-	3148	15098	1672	2316	-	572	542
2	Acharya Shree Bhikshu Govt. Hospital	634019	55681	2453	35695	2359	1262	7087	16921	1551	-	-	428	257
3	Attar Sain Jain Eye and General Hospital	23058	449	-	-	-	-	41	5129	-	-	-	-	-
4	Bhagwan Mahavir Hospital	888277	52090	23897	39602	2796	148	1070	23126	2083	-	997	768	2011
5	Dr. Baba Saheb Ambedkar Hospital	1936326	57621	92589	137682	2341	111	23360	70361	4874	1328	1685	14284	21639
6	Babu Jagjiwan Ram Memorial	708904	34971	7766	47047	1083	14	6113	18905	2687	1092	-	-	361

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.	Ultrasound	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
	Hospital													
7	Central Jail Hospital	192453	24217	4149	6197	1390	5760	-	2482	-	-	-	-	-
8	Chacha Nehru Bal Chikitsalaya	864817	23308	50110	31585	-	239	644	357	-	0	1053	-	4959
9	Deen Dayal Upadhyay Hospital	2645601	161803	189748	224688	6304	869	49712	115239	3837	2659	20	22254	50035
10	Delhi State Cancer Institute	1092504	5985	29837	23953	-	36049	13763	12647	-	-	-	-	-
11	Dr. Hedgewar Arogya Sansthan	1463574	34788	27845	62993	2823	-	4524	45681	2783	-	14165	3580	6182
12	Dr. N.C. Joshi Memorial Hospital	220719	21785	1040	10789	-	-	7367	3371	-	-	-	-	-
13	G.B. Pant Hospital	3004287	84401	562652	67517	-	1910	20432	71456	-	-	-	10469	10459
14	Guru Gobind Singh Govt. Hospital	501566	22771	12503	54153	491	106	3572	6867	4182	-	-	-	634
15	Guru Nanak Eye Center	21931	2903	161743	-	-	-	7946	-	-	-	-	-	-
16	Guru Teg Bahadur Hospital	516587	99312	27253	219943	10945	1818	99338	140630	7296	2394	1485	35148	28200
17	Institute of Liver & Biliary Sciences	767139	29106	83173	32304	-	2286	27832	8320	-	-	11519	9781	30686
18	Institute Of Human Behaviour and Allied Sciences	607423	9908	8764	9839	-	-	2414	2855	-	-	-	-	54
19	Janak Puri Super Speciality Hospital	480594	14348	2897	10442	-	-	2393	17539	-	-	-	-	-
20	Lal Bahadur Shastri Hospital	899414	116307	219	110207	1903	-	17997	36135	2926	673	-	3478	3317
21	Lok Nayak Hospital	5486055	321400	88645	378909	-	2836	70644	241487	6450 (13187 speech therapy)	1007	5996	24018	47631`
22	Maharishi Valmiki Hospital	528714	30375	18075	58498	1906	-	2	15821	1250	-	-	-	-
23	Pt. Madan Mohan Malviya Hospital	788361	18062	37510	42299	2896	-	14530	12393	2164	-	889	-	647

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.	Ultrasound	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
24	Maulana Azad Institute of Dental Sciences	7112	-	1527	-	23588	-	-	-	-	-	-	-	-
25	Poor House Hospital	-	-	-	-	-	-	-	-	-	-	-		
26	Rajiv Gandhi Super Speciality Hospital	855204	192184	52862	9983	-	-	4068	19949	-	-	29183	758	634
27	Rao Tula Ram Memorial Hospital	506288	57254	3304	43806	-	-	5305	22010	1318	312	-	-	64
28	Sardar Vallabh Bhai Patel Hospital	439866	58715	3934	40896	1871	-	-	9975	713	-	-	-	-
29	Satyawadi Raja Harish Chandra Hospital	803808	9181	-	71087	-	-	-	15389	-	-	-	332	197
30	Sanjay Gandhi Memorial Hospital	725323	186580	957613	92663	1619	23	4677	42884	1864	1250	-	5732	7686
31	Jag Pravesh Chander Hospital	520100	55027	3659	51855	-	-	6530	13430	2331	-	-	644	603
32	Sushruta Trauma Centre	56466	107	-	55466	-	4435	1395	1887	-	-	-	1351	1416
33	Sri Dadadev Matri Avum Shishu Chikitsalaya	363023	58856	777	3340	-	-	16	2988	-	-	-	-	-
34	Deep Chand Bandhu Hospital	1278942	17875	19392	51521	551	-	2150	39081	2524	-	1811	-	-
	ISM													
35	A & U Tibbia College & Hospital	129739	1911	739	3000	-	-	-	-	-	-	-	-	-
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	17687	4842	157	2841	-	-	-	267	-	-	-	-	-
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	30161	1772	39	-	-	-	-	75	-	-	-	-	-
38	Nehru Homoeopathic Medical College & Hospital	56948	5436	482	-	-	-	-	-	-	-	-	-	-

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.	Ultrasound	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
TOTAL		**30441520**	**1917728**	**2479062**	**2060848**	**64866**	**57866**	**408070**	**1050755**	**52505**	**13031**	**68803**	**133597**	**218214**

2.10 (C) BUDGET AND EXPENDITURE OF THE HOSPITALS

Sl. No.	Name of the Hospital	Budget Estimate (2018-19)	Actual Expenditure	Total Expenditure
1	***2***	***3***	***4***	***5***
1	Aruna Asaf Ali Govt.Hospital	473300000	472001689	472001689
2	Acharya Shree Bhikshu Govt. Hospital	482200000	425973632	425973632
3	Attar Sain Jain Eye and General Hospital	761 lakh	700.42lakh	700.42lakh
4	Bhagwan Mahavir Hospital	614200000	576411780	576411780
5	Dr. Baba Saheb Ambedkar Hospital	2055500000	1894686667	1894686667
6	Babu Jagjiwan Ram Memorial Hospital	5327 lac	4955 lac	495555210
7	Central Jail Hospital	193000000	191690000	191690000
8	Chacha Nehru Bal Chikitsalaya	84 crore	767711776	767711776
9	Deen Dayal Upadhyay Hospital	2760100000	2694155899	2694155899
10	Delhi State Cancer Institute	110 crore	75.49crore	75.49crore
11	Deep Chand Bandhu Hospital	487200000	429423850	429423850
12	Dr. Hedgewar Arogya Sansthan	650400000	642873967	642873967
13	Dr. N.C. Joshi Memorial Hospital	22.94crore	21.13 crore	21.13 crore
14	G.B. Pant Hospital	34721.00	34361.10	34361.10

Sl. No.	Name of the Hospital	Budget Estimate (2018-19)	Actual Expenditure	Total Expenditure
1	*2*	*3*	*4*	*5*
15	Guru Gobind Singh Govt. Hospital`	556900000	532765733	532765733
16	Guru Nanak Eye Center	446100000	424500000	424500000
17	Guru Teg Bahadur Hospital	38769 in thousands	35809 in thousands	35809 in thousands
18	Institute of Liver & Biliary Sciences	316 cr	314.21 cr	314.21 cr
19	Institute Of Human Behaviour and Allied Sciences	11000.00 lakhs	11638.84 lakhs	11638.84 lakhs
20	Janak Puri Super Speciality Hospital	46 cr (GIA),2 cr (capital PWD)	37.29	37.29
21	Lal Bahadur Shastri Hospital	7446.50 lakhs	7185.00 lakhs	7185.00 lakhs
22	Lok Nayak Hospital	5084800000	4735353516	4735353516
23	Maharishi Valmiki Hospital	54.29cr	50.34cr	50.34cr
24	Pt. Madan Mohan Malviya Hospital	503490 in thousands	502653 in thousands	502653 in thousands
25	Maulana Azad Institute of Dental Sciences	39.50 cr	4114.91 lakhs	4114.91 lakhs
26	Poor House Hospital	Associated with AAAGH		
27	Rajiv Gandhi Super Speciality Hospital	GIA (gen)31.25 cr GIA (sal)8.75 cr GIA(Cap)15.00 cr	GIA (gen)31.57 cr GIA (sal)15.53 cr GIA(Cap)9.28 cr	GIA (gen)31.57 cr GIA (sal)15.53 cr GIA(Cap)9.28 cr
28	Rao Tula Ram Memorial Hospital	534700000	458756731	458756731
29	Sardar Vallabh Bhai Patel Hospital	40.53 cr	37.32 cr	37.32 cr
30	Satyawadi Raja Harish Chandra Hospital	443900000	423994563	423994563
31	Sanjay Gandhi Memorial Hospital	11367 lakhs	11325 lakhs	11325 lakhs
32	Jag Pravesh Chander Hospital	584800000	571214918	571214918
33	Sushruta Trauma Centre	FROM LOK NAYAK HOSPITAL		
34	Shri Dadadev Matri Avum Shishu Chikitsalaya	336650000	323338320	323338320
Homoeopathic/Ayurvedic/Unani Hospitals				
35	A & U Tibbia College & Hospital	325000000	271719375	271719375

Sl. No.	Name of the Hospital	Budget Estimate (2018-19)	Actual Expenditure	Total Expenditure
1	*2*	*3*	*4*	*5*
36	Dr. B.R. Sur Homoeopathic Medical College & Hospital	125200000	117415812	117415812
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	34 cr	36.20 cr	36.20 cr
38	Nehru Homoeopathic Medical College & Hospital	209400000	184229585	184229585

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 2018-19

LIST OF 189 FUNCTIONAL AAMCs				
S. No	**District**	**Aseembly**	**Porta Cabin /rental**	**Location**
1	North East	AC-68,Gokalpuri	Porta Cabin	Road No-59, along school boundary at Gokalpur, Delhi-94, Delhi-94
2	North East	Ghonda	Porta Cabin	New A-118, MS Market, Second Pusta Main Road, New Usmanpur, Delhi
3	North East	Ghonda	Porta Cabin	Infront of Galaxy Salon Centre, Gali No. 2, Pusta-3, Usmanpur, Delhi
4	North East	Seelampur	Rental	930, Gali No. 30/7, Jaferabad, Delhi
5	North East	Ghonda	Rental	K6/4B, Street No. 22, West Ghonda, Delhi
6	North East	Ghonda	Rental	B-1, Kartar Nagar, 3.5 Pusta, Street No. 2, Near Hero Showroom, Delhi
7	North East	Gokalpur	Rental	D-29, Gokalpuri, Delhi
8	North East	Gokalpur	Porta Cabin	455, Street No. 8, Moonga Nagar, Karawal Nagar Road, Delhi
9	North East	Mustafabad	Rental	C-45, Gali No. 03, Ambika Vihar, Shiv Vihar, Delhi-94
10	North East	Mustafabad	Rental	B-90, BG/F, House No-36/17, Gali No-14, Main 25Feet Road, Phase-10, Shiv Vihar, Delhi
11	North East	Mustafabad	Rental	H. No. 200, Gali No. 06, Phase-9, Shiv Vihar, Delhi-94
12	North-West	Rithala	Porta Cabin	AAMC, Avantika, Near DJB Office, next to MLA office
13	North West	Mundka	Porta Cabin	Kanjhawala (School Site)
14	North West	Rithala	Porta Cabin	AAMC, Rithala
15	North West	Rithala	Porta Cabin	AAMC, Sector 17, Rohini, Near TPDDL Office Near Nala
16	North West	Mundka	Porta Cabin	AAMC, Ghevra Village
17	North West	Kirari	Porta Cabin	AAMC, B-125, Mohalla Clinic Pratap Vihar-3 Kirari Suleman Nagar, Delhi- 86
18	North-West	Rithala	Porta Cabin	AAMC Sector 16 Rohini Near Fire Station Near Nala
19	North-West	Mangolpuri	Porta Cabin	Outside Govt. Sr. Secondary School, Mangolpuri Khurd Delhi. AC-12 Mangolpuri
20	North-West	Rohini	Porta Cabin	In front of Amrit Enclave, Shahid Bismil Marg, Deepali Chowk, AC-13, Pitampura
21	North-West	Shalimar Bagh	Porta Cabin	Along Railway Wall, Kela Godan Road, Opposite BC Block, Shalimar Bagh, AC-14, Shalimar Bagh, Delhi.
22	North-West	Shakur Basti	Porta Cabin	Near Ran Basera, Cement siding, Shakur Basti Railway station
23	North-West	Trinagar	Porta Cabin	Vacant Land opposite House no 831Block-G, Shakurpur, Ranjeet nagar DGD Shakurpur
24	North-West	Trinagar	Porta Cabin	Vacant land of DUSIB, In front of H. No.-307, Block - I, Shakurpur, Ranjeet Nagar, DGD Shakurpur, AC-16, Tri Nagar
25	North-West	Wazirpur	Porta Cabin	Adj. Delhi Grant. Library MCD Sulabh Shauchalaya, Opp. DUSIB Sulabh Toilet, Wazirpur, JJ Colony, Ranjeet Nagar, AC-17, Wazirpur
26	North-West	Rithala	Rental	AAMC , Mange Ram Park, Budh Vihar, PH-II
27	North-West	Rithala	Rental	Kh.Nno:65/10,Q-44, Budh Vihar, Phase-1, Opp. Surya Market, Delhi-10086
28	North-West	Rithala	Rental	F4/6, Sector 16, Rohini, Delhi 85
29	North-West	Bawana	Rental	H.No-271 Pole No. 521-1/2/7/5 Village Sultanpur Dabas, Neemwali Gali ,Delhi-39
30	North-West	Bawana	Rental	Kh. No. 102/10, H.No.E-31, Rajiv Nagar, Begumpur, Opp. Sector-22, Rohini, Delhi-110086

31	North-West	Kirari	Rental	Kh. No. 193,Shish Mahal enclave , Prem Nagar 3, Delhi-86
32	North-West	Kirari	Rental	H.No.C-441, Khasra No. 42/3, Inder Enclave, Phase-1, Delhi-86
33	North-West	Sultanpur Majra	Rental	P 2/652, Sultanpuri J.J.Colony, Delhi-110086
34	North-West	Sultanpur Majra	Rental	H.No.E 7/84, Near Sani Bazar Road, Sultanpuri, Delhi
35	North-West	Mangolpuri	Rental	AAMC, Sector-3 Rohini
36	North-West	Mangolpuri	Rental	AAMC, Sector-4, Rohini
37	North-West	Shalimar Bagh	Rental	BH Block, 700 A, East Shalimar Bagh, Janta Flat, Delhi-88
38	North-West	Wazirpur	Rental	Shiv Mandir, Sewa Samiti, Wazirpur Village, Delhi-52
39	North-West	Wazirpur	Rental	A-2/131, Keshavpurm, Delhi.110035
40	North-West	Wazirpur	Rental	C-3/76, Keshavpuram Delhi 35
41	West	Mundka	Porta Cabin	Aggarwal Chowk, Chander Vihar, Nilothi Ext. II
42	West	Hari Nagar	Porta Cabin	Govt Scool, Beri Wala Bagh, Subhash Nagar
43	West	Vikaspuri	Porta Cabin	AAMC Ranholla Extenion, Nangloi, Najafgarh Road (New)
44	West	Nangloi Jat	Porta Cabin	Peeraghi, Near PWD Office, Nangloi Jat
45	West	Tilak Nagar	Porta Cabin	School Id: 1514005, Sarvodya Sr. Secondary School, Gurudwara Road, Tilak Nagar
46	West	AC-25 Moti Nagar	Porta Cabin	Near Gov't SarvodYa Bal Vidyalaya Shradhapuri, Boundary Wall (AC-25 Moti Nagar)
47	West	AC-31 Vikaspuri	Porta Cabin	DUSIB Land, SRC Colony, Bakkarwala (AC-31 Vikashpuri)
48	West	Shakur Basti	Porta Cabin	AAMC, J. J. Colony Meera Bagh, Delhi
49	West	Shakur Basti	Porta Cabin	AAMC, Peeragarhi Relief Camp Rohtak Road , Punjabi Punarwas Basti Near Metro Piller No. 255 Delhi
50	West	Tilak Nagar	Porta Cabin	AAMC, 12- Block, Tilak nagar
51	West	Janakpuri	Porta Cabin	AAMC, Inside Sarvodya Sr. Sec. SKV Janakpuri D- Block No. 1 In the School Campus, Delhi
52	West	Vikaspuri	Porta Cabin	Aamc Bapraulla, DUSIB Land EWS Flat, Rajiv Ratan Yojna Flats Delhi
53	West	Mundka	Rental	AAMC, C-62, Adhyapak Nagar, Nangloi, New Delhi
54	West	Mundka	Rental	AAMC, H.No. 9, Gali No. 3, Lekh Ram Park, Tikri Kalan
55	West	Mundka	Rental	AAMC, E-3/62, Shiv Ram Park, Nangloi
56	West	Nangloi Jat	Rental	AAMC, RZ B/149, Nihal Vihar
57	West	Nangloi Jat	Rental	AAMC, RZ-E-244, Thanewali Road, Nihal Vihar
58	West	Nangloi Jat	Rental	AAMC, RZ-Q-57, Gurudwara Road, 500 Gaj Nangloi
59	West	Shakur Basti	Rental	AAMC, BVK, Paschim Puri
60	West	Shakur Basti	Rental	AAMC, A2/254, LIG Flats, Pratik Apartment, Paschim Vihar
61	West	Madipur	Rental	AAMC, E-115, Raghuvir Nagar
62	West	Janak Puri	Rental	AAMC, 69 Hastsal Village, Near DDA Park, Vikas Puri
63	West	Janak Puri	Rental	AAMC, RZ-22, Khushiram Park, Om Vihar Ext
64	West	Vikas Puri	Rental	AAMC, Plot No. 3 & 4, D Block, Jai Vihar-1, Najafgarh
65	West	Vikas Puri	Rental	AAMC, Gali No-9, Kh. No. 79/20 Chanchal Park, Bakkaewalla, Vikas Puri
66	West	Vikas Puri	Rental	AAMC, House No. 112, Lions Enclave, Ranholla Raod, Vikas Nagar
67	West	Vikas Puri	Rental	AAMC, B-43, AS/F, Vikas Nagar
68	West	Vikas Puri	Rental	AAMC, Plot No. B-340 Vikas Nagar, Vikas Vihar
69	West	Vikas Puri	Rental	AAMC, 150-A, Gali No. 4, Nathan Vihar, Ranholla, Nangloi
70	West	Vikas Puri	Rental	AAMC, B-5, Shiv Vihar, Col Bhatia Road, Tyagi Chowk

71	West	Uttam Nagar	Rental	AAMC, A-32/33 A Ext. Mohan Garden
72	West	Uttam Nagar	Rental	AAMC, H.No. L-2/D, 69A, Mohan Garden, Uttam Nagar
73	West	Uttam Nagar	Rental	AAMC, Plot No. 324, Aryan Garden Raod, Om Vihar, Uttam Nagar
74	West	Matiala	Rental	AAMC, E-159, Amansaram Park, Uttam Nagar, New Delhi
75	New Delhi	AC-46 Chattarpur	Porta Cabin	Plot No.-223, Khasra No.-630 min, Ghitorni (AC-46), Chattarpur
76	New Delhi	Delhi Cantt	Rental	V-11, Old Nangal, Delhi Cantt., Muradabad Pahari, Delhi Cantt., South West, Delhi-110010
77	New Delhi	Delhi Cantt.0	Rental	R-4C, R-Series, East Mehram Nagar, Delhi Cantt., Delhi-110037
78	New Delhi	Rajender Nagar	Rental	WZ-115A, Todapur Village, I.A.R.I, Delhi 110012
79	New Delhi	R K Purum	Rental	80 -A/4, G/F , Near Canara Bank., Village Munirka, New Delhi-110067
80	North	Adarsh Nagar	Porta Cabin	AAMC, Azadpur, Amber Tower
81	North	Adarsh Nagar	Porta Cabin	AAMC, Azadpur, Sabzi Mandi
82	North	Adarsh Nagar	Porta Cabin	AAMC, Azadpur, Fruit Mandi
83	North	Narela	Rental	AAMC, Bawana (Rented), 126, Ishwar Colony, Ext. 3
84	North	Badli	Rental	AAMC Bhalswa Dairy (Rented), A-215,Bhalaswa Dairy, Near Police Station
85	North	Bawana	Rental	AAMC Holambi Kalan, H.No.246 Tyagi Mohalla Holambi,
86	North	Bawana	Rental	AAMC Alipur (Rented), Sant Kirpal Singh Public Trust, 811 GT Road Alipur
87	North	Model Town	Rental	AAMC Azadpur (Rented), H.No.467 D Near Budh Mandir, Village Azadpur
88	Shahdara	AC-67	Porta Cabin	Balbir Nagar, Babarpur (AC-67)
89	Shahdara	AC-66, Ghonda	Porta Cabin	Below ROB, Wazirabad Road, Ashok Nagar Side (AC-66 Ghonda)
90	Shahdara	AC-62 Shahdara	Porta Cabin	R. No. 58 (Maharaja Surajmal Marg) Along Wall of Shaheed Shukhdev Business College, Near Satyam Enclave (AC-62, Shahadara)
91	Shahdara	AC-68, Gokalpur	Porta Cabin	Road No. 68, Near ROB Towards Nand Nagri (AC-68 Gokalpur)
92	Shahdara	AC-63, Seema Puri	Porta Cabin	A-3 Nand Nagri, Near Dev Medical, AC-63 Seemapuri
93	Shahdara	AC-64 Rohtas Nagar	Porta Cabin	Shahdara Flyover Near DTC Depot(AC-64) Rohtas Nagar
94	Shahdara	AC-64 Rohtas Nagar	Porta Cabin	AAMC, Opposite Siddharth International School on Wazirabad Road (AC-64) Rohtas Nagar
95	Shahdara	Gandhi Nagar	Porta Cabin	AAMC, Porta Cabin:- AAMC, Basti Vikas Kendra, Kailash Nagar, Chander Puri Railway Line, Old Seelam Pur, Delhi-
96	Shahdara	Shahdara	Porta Cabin	AAMC, Porta Cabin:- Below GT Road Flyover, Near Mansarover Park,Metro Station infront of Friends colony, Jwala Nagar
97	Shahdara	Seemapuri	Porta Cabin	AAMC, Porta Cabin:- Road No. 69, Gagan crossing to Tahirpur, Near Anand Gram Ashram Bus stand.
98	Shahdara	Seemapuri	Porta Cabin	AAMC, Porta Cabin:- Gagan Cinema Xing towards Sunder Nagri
99	Shahdara	Seemapuri	Porta Cabin	AAMC, Porta Cabin:- Near Bus Depot of DTC,Seemapuri,Delhi
100	Shahdara	Babarpur	Porta Cabin	AAMC, Porta Cabin:- Road No. 65 in front of Janta Colony
101	Shahdara	Babarpur	Porta Cabin	AAMC, Porta Cabin:- Road No. 66, along drain No.1 in front of EDMC Court
102	Shahdara	Gandhi Nagar	Rental	House No. B2/4A, Street 4, East Azad Nagar, Krishna Nagar, Delhi-110051
103	Shahdara	Shahdara	Rental	House No. 312, Gali No-6, Gautam Gali, Jwala Nagar, Delhi-110032
104	Shahdara	Shahdara	Rental	Flat No. 193 A, Satyam Enclave, Delhi-110095
105	Shahdara	Seemapuri	Rental	House No. A-170, Dilshad Colony, Delhi-110095

106	Shahdara	Rohtash Nagar	Rental	House No. 1/1616-17 Gali No. 6, Subhash Park Ext. Shahdara, Delhi-110032
107	Shahdara	Rohtash Nagar	Rental	House No B-10(1/11805), Plot No. A-28, Panchsheel Garden, Naveen Shahdara, Delhi-110032
108	Shahdara	Rohtash Nagar	Rental	House No D-233, School Block Nathu Colony, Delhi-110093
109	Shahdara	Babarpur	Rental	H.No. D-44, Gali No-9, Sattar Gali
110	Shahdara	Babarpur	Rental	House No.58, Street No.3, North Chhajupur, Shahdara, Delhi-110053
111	Shahdara	Shahdara	Porta Cabin	AAMC Porta Cabin, Near Jama Masjid, Behind MCD Primary School, Old Seemapuri, Shahdara
112	Shahdara	Babarpur	Rental	House No. C-11/96, Yamuna Vihar, Delhi-110053
113	South	Mehrauli	Porta Cabin	Mehrauli, Andheri Mor
114	South	Deoli	Porta Cabin	E-5, Dakshinpuri
115	South	Chattarpur	Porta Cabin	M G Road Sultanpur
116	South	Malviya Nagar	Porta Cabin	Lado Sarai, M B Road
117	South	Deoli	Porta Cabin	Block-E-7, Dakshinpuri
118	South	Deoli	Porta Cabin	Mahila Vikas Kendra, Tigri, Sangam Vihar
119	South	Deoli	Porta Cabin	JJ Cluster tigri, Near MLA Offcie
120	South	Malviya Nagar	Rental	Panchsheel Vihar, AAMC
121	South	Chattarpur	Rental	D-24, Bhati Mines, AAMC
122	South	Chattarpur	Rental	E-224, Bhati Mines, AAMC
123	South	Chattarpur	Rental	Rajpur Khurd, AAMC
124	South	Deoli	Rental	Holi Chowk, Sangam Vihar, AAMC
125	South		Porta Cabin	E-2/10, DUSIB Premises, Madan Gir, New Delhi(AC-47) Deoli
126	East	AC- 61 Gandhinagar	Porta Cabin	On Pusta Road Below Loop At Stating Point Of Geeta Colony Fly Over(Kailash Nagar Side) AC-61, Gandhi Nagar
127	East	Kondli	Porta Cabin	AAMC Vasundhara Enclave: in front on Persona Elite Gym , Vasundhara Enclave, Delhi
128	East	Kondli	Porta Cabin	AAMC Kondli Gharoli: Shiv Mandir Kondli Gharoli Dairy Farm Delhi
129	East	Kondli	Porta Cabin	AAMC Khichripur: Block 5, Khichripur Delhi
130	East	Kondli	Porta Cabin	AAMC Kalyanpuri: Block No. 19 Kalyanpuri Delhi
131	East	Kondli	Porta Cabin	AAMC Prachin Shiv Mandir, Mayur Vihar phase-3, Pragati Marg Near Bharti Public School
132	East	Patparganj	Porta Cabin	AAMC, Shashi Garden: Shastri Mohalla Shashi Garden Delhi
133	East	Laxmi Nagar	Porta Cabin	AAMC, CPA Building, Shakarpur
134	East	Trilok Puri	Rental	AAMC, Trilokpuri 25 Block: Block 25/446 Trilokpuri Delhi-91
135	East	Trilok Puri	Rental	AAMC, Trilokpuri 12 Block- Block 169/170, Trilokpuri, Delhi-91
136	East	Kondli	Rental	AAMC, Pratap Chowk: Pratap Chowk , Dallupura Kondli, Delhi
137	East	Kondli	Rental	AAMC, Dallupura: Near Samuday Bhawan, Harijan Basti Dallupura Village Kondli Delhi
138	East	Patparganj	Rental	AAMC, West Vinod Nagar: D-55 Gali No. 11, West Vinod Nagar, Delhi
139	East	Laxmi Nagar	Rental	AAMC, Ganesh Nagar:C-95 A Ganesh Nagar Complex, Delhi-92
140	East	Krishna Nagar	Rental	AAMC, old Anarkali: House No. 52 Old Anarkali, Krishna Nagar Delhi
141	South East	Jangpura	Porta Cabin	Rain Basera, Sarai Kale khan
142	South East	Sangam Vihar	Porta Cabin	AAMC, Under Footover Bridge Batra Hospital, Near Sant Narayan Mandir Bus Stand
143	South East	Tughlakabad	Porta Cabin	Bus Stand Pul Prahladpur, MB Road

144	South East	Tughlakabad	Porta Cabin	AAMC, MB Road Sri Maa Anandmayi Marg, Prem Nagar
145	South East	Okhla	Porta Cabin	AAMC, Flood Control land AbulFazal Enclave
146	South East	Okhla	Porta Cabin	AAMC, Flood Control land ShaheenBagh
147	South East	Jangpura	Rental	195-A, Hari Nagar Ashram, New Delhi-14
148	South East	Sangam Vihar	Rental	J-2-B/75, Gali No-2, Gupta Colony, Sangam Vihar
149	South East	Okhla	Rental	S-10/D-15, Joga Bai Extn. Zakir Nagar, Okhla, New Delhi
150	South East	Okhla	Rental	C-5, Behind Masjid Noor Jogabai Ext. Khazuri Road, Okhla, New Delhi
151	South East	AC-53, Badarpur	Porta Cabin	Tejpur Pahari School, AC-53, Badarpur
152	South West	AC-35, Najafgarh	Porta Cabin	School ID:1822055, Govt Co-Ed Senior Secondary School, Jaffar Kalan (AC-35, Najafgarh)
153	South West	AC-35, Najafgarh	Porta Cabin	School ID:1822003, Sarvodya Senior Secondary School, Surera (AC-35, Najafgarh)
154	South West	AC-35, Najafgarh	Porta Cabin	School ID:1822004, Mundela Kalan, Govt. Co-ed, Senior Sec. School (AC-35, Najafgarh)
155	South West	AC-33, Dwarka	Porta Cabin	AAMC, Govt. Co-Ed Sec. School Dwarka, Sec-16 School Id. 1821242 (AC-33)
156	South West	AC-34, Matiala	Porta Cabin	Govt. Co-ed Senior Sec. School, Pochan Pur, District South West, School ID:1821037 (AC-34 Matiala)
157	South West	Pandwala Kalan	Porta Cabin	School ID-1515022, Govt. Co-Ed Sr. Sec School Pandwala Kalan
158	South West	Dwarka	Porta Cabin	AAMC, Govt. Girls School Dwarka Sec.-3 South West , ID 1821203, (AC-33 Dwarka)
159	South West	Dwarka	Porta Cabin	AAMC, Rajkiya Pratibha Vikas Vidyalaya Sec.-10, Dwarka, School ID. 1821137, (AC-33 Dwarka)
160	South West	Dwarka	Porta Cabin	AAMC, Rain Basera Punarwas Colony Dwarka Sec.-1(AC-33 Dwarka)
161	South West	Najafgarh	Porta Cabin	AAMC, SKV, Chhawala , (AC-34, Matiala)
162	South West	Najafgarh	Porta Cabin	AAMC, G.B S.S.S, Chhawala, (AC-34, Matiala)
163	South West	Najafgarh	Porta Cabin	AAMC, Govt. Co-ed Senior Secondary School, Kanganheri (AC-34, Matiala)
164	South West	Najafgarh	Porta Cabin	AAMC, Govt. Boys Senior Secondary School Kair (AC-35) Najafgarh
165	South West	Dwarka	Rental	AAMC, RZ-269/396, Gali No. 10C, Indra Park, New Delhi
166	South West	Matiala	Rental	AAMC, Khasra No. 161/162, B-Block, Qutub Vihar, Near Hanuman Chowk, New Delhi
167	South West	Matiala	Rental	AAMC, B-38A, Banwarli Lal Complex, 25 Feet Road, Shyam Vihar Phase-I, Najafgarh, New Delhi
168	South West	Matiala	Rental	AAMC, C-92, Sahyog Vihar, J J Colony Sec-3 Dwarka, Near Masjid, New Delhi
169	South West	Matiala	Rental	AAMC, H. NO. 33, Pochanpur, Near Harizan Choupal, Sec-23 Dwarka, New Delhi
170	South West	Najafgarh	Rental	AAMC, RZD-247A, Gali No. 18, Ajay Park, Najafgarh, New Delhi
171	South West	Najafgarh	Rental	AAMC, RZ-38A Gali No. 5, Main Gopal Nagar, Najafgarh, New Delhi
172	South West	Najafgarh	Rental	AAMC, 100A Dwarka Vihar Colony, Phase 1, Najafgarh, New Delhi
173	South West	Bijwasan	Rental	AAMC, RZ F-1120 Lohia Marg, Pandit Chowk, Raj Nagar II, Palam, New Delhi
174	South West	Palam	Rental	AAMC, RZD-87A/1 Dabri Extn. Gali No. 9, New Delhi
175	South West	Palam	Rental	AAMC, G-70/4, Mandir Marg, Mahavir Enclave, New Delhi
176	South West	Jhatikra		AAMC, Jhatikra
177	Central	Burari	Porta Cabin	Mohalla Clinic Nathupura:-Budh Bazar Road, Nathupura, Burari, Delhi
178	Central	Model Town	Porta Cabin	AAMC, Sindorakalan Opposite Nav Bharti School, Sindorakalan, Delhi

179	Central	Model Town	Porta Cabin	AAMC, Kamla Nagar, Oppsite Primary School Madavaliya School, Kamla Nagar, Delhi-07
180	Central	Chandni Chowk	Porta Cabin	AAMC, Yamuna Pushta Rain Basera, Yamuna Pusta, AC-20 Chandi Chowk
181	Central	Chandni Chowk	Porta Cabin	AAMC, Hanuman Mandir Rain Basera, Hanuman Mandir, ISBT, Delhi
182	Central	Karol Bagh	Porta Cabin	AAMC, Multani Dhanda Plot No.9857-59, Gali No. 5/6, Mutani Dhanda, Paharganj
183	Central	Karol Bagh	Porta Cabin	AAMC, Aram Bagh, Near Centeral Park, Aaram Bagh Road, Delhi-05
184	Central	Sadar Bazar	Porta Cabin	Below Metro Near, Sai Mandir, AC-19, Sadar Bazar
185	Central	Karol Bagh	Porta Cabin	AAMC, Khalsa College, Karol Bagh
186	Central	Burari	Rental	AAMC Wazirabad Khasara No.-120, Gali No-17, Main Road, Wazirabad, Delhi
187	Central	Burari	Rental	AAMC, Shashtri Nagar L-74, Shiv Vatika Chowk, Shastri Nagar, Delhi-52
188	Central	Burari	Rental	Takia Chowk Chopal, Burari Village, Delhi
189	Central	Timarpur	Rental	AAMC, Aruna Nagar, E-28, Aruna Nagar, Majnu Ka Tila, Delhi.

Source: State Nodal Officer, AAMC

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	29	15	14
4	Shahdara	25	10	15
5	South	13	5	8
6	South East	11	4	7
7	South West	25	12	13
8	West	34	22	12
9	North East	11	7	4
10	New Delhi	5	4	1
11	East	15	7	8
	Total	**189**	**95**	**94**

Source : Nodal Officer, AAMC

DISTRICT- WISE DETAILS OF DELHI GOVT. DISPENSARIES IN 2018-19

District	Delhi Govt. Dispensaries	Seed PUHC	Poly Clinic	Aam Aadmi Mohalla Clinic	Total
West	25	7	3	34	69
North-West	23	7	8	29	67
North	15	1	1	8	25
Central	26	3	2	13	44
New Delhi	12	1	1	5	19
North-East	8	14	1	11	34
Shahdara	14	3	3	25	45
East	16	3	1	15	35
South	10	4	1	13	28
South-East	9	10	1	11	31
South-West	23	7	2	25	57
Total	**181**	**60**	**24**	**189**	**454**

Source : CDMO Office

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 in1989, which was strengthened gradually with time and providing health care to the J.J. Clusters / unserved areas / construction sites, welfare homes etc.

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 J.J. 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, (some of the above)

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 Anathalaya Daryaganj
m. Destitute Home Motia Khan, Old age homes and Senior Citizen homes and welfare clubs
n. Matratva Chhaya at Jahangir Puri and Sarai Rohilla (On regular basis)
o. Independence Day Celebrations (National and State level) Republic Day Celebrations

(National and State level)

p. Night Shelter (As per court order more than 200 camps on regular basis)
q. Constructions Sites (All over Delhi on regular basis)
r. IITF Pragati Maidan (15 days), Perfect Health Mela at Delhi Haat.
s. Global Conference on Mysticism (15 days at Burari Ground)
t. Other activities such as Public political gatherings, Senior Citizen Screening, disasters management, 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:

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

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

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

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

Annual OPD 2018-19– 188743
New – 106038
Old – 82705

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

Each zone has a zonal incharge to administer the daily affairs of a particular zone who also has the additional duties of covering his or her assigned areas. Each team is led by a medical officer under whom the following staffs works – PHN/ANM, Pharmacist, Dresser and a N.O.

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

REPORTING SYSTEM

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

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

Reports are usually sent monthly, quarterly and annual mode.

MHS Areas as of March 2019

Name of Zone	Composition of Medical Team	Name of the Statutory Areas	Day of Visit	Frequency of Visit
Central Zone	Dr. Anil Kumar, MO Mrs. Rajinder Kaur, PHNO Mr. Jorawar Singh, Pharmacist Mrs. Sushila Kumari, ANM Mr. Rinku Gautam, Dresser	Arya Anathalaya for Boys, Daryaganj	Monday & Saturday	Twice weekly
		Transit Camp, Katputli Colony	Tuesday, Thursday & Friday	Thrice weekly
		Bangladeshi Prison, Shahzadabagh	Wednesday	Once weekly
		Kishangunj Gadia Lohar		
		Rampura Gadia Lohar		
	Dr. Mahesh Mahalingappa Saroja, MO Mrs. Rajni Guliani, PHNO Mr. Parveen Kumar, Pharmacist Mrs. Santosh Bansal, ANM Mr. Rajesh Kumar, Dresser Mr. Devender Kumar, Nursing Orderly	Majnu Ka Tila Juvenile Place of Safety	Monday & Thursday	Twice weekly
		Leprosy Colony, Anand Parbat	Tuesday & Friday	Twice weekly
		Rakhi Market, Zakhira	Wednesday	Once weekly
		Baonta Park, Delhi University	Saturday	Once weekly
		Khyala Gadia Lohar		

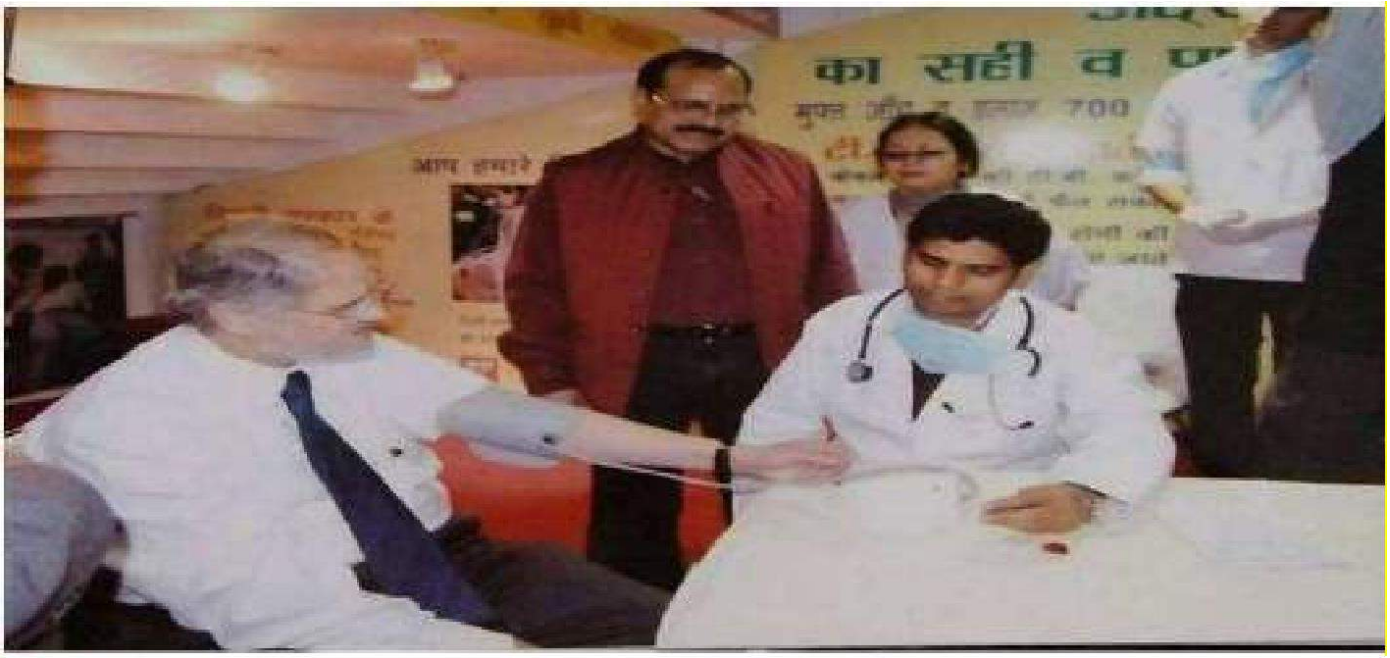
	Dr. Monika Relan Mrs. Sneh Khurana, PHNO Mr. Veena Chauhan, PHNO Mr. Surender Kumar Anand, Pharmacist Mrs. Anita Choudhary, ANM Mr. Nandram, Dresser Mr. Alok, Nursing Orderly	BUDS, Mori Gate	Monday	Once weekly
		Arya Anathalaya for Girls, Daryaganj	Tuesday	Once weekly
		Senior Citizen Society, Tri Nagar	Wednesday	Once weekly
		BUDS, Near New Delhi Metro Station	Thursday	Once weekly
		Patthar Market, Kirti Nagar	Friday	Once weekly
		YWCA, Padam Nagar	Saturday	Once weekly
		Sarai Rohilla Gadia Lohar		
	Dr. Vinod Kumar Rastogi, SMO Mr. Rajkumar Bairwa, PHNO Mr. Sanjay Kumar Kakkar, Pharmacist Mr. Banarasi Das Bansal, Pharmacist Mr. Sunita Rani, ANM Mr. Pawan Kumar, Nursing Orderly Mr. Bhim Singh, Peon	Night Shelter Areas		Twice weekly
		Mayapuri Gadia Lohar		
West Zone	Dr. Anita Pathroliya, SMO Mrs. Chinmoyee Bera, PHNO Mr. Amit Gupta, Pharmacist Mrs. Shashi Yadav, ANM Mr. Rajkumar, Dresser	Dwarka Sector- 10 Construction Site, Near Welcome Hotel	Monday & Thursday	Twice weekly
		Harijan Basti, Palam Extension	Tuesday & Friday	Twice weekly
		LIG Janta Flats, Dwarka Sector- 7, Near ESI Dispensary		
		Mysal Building, Near Railway Reservation Counter	Wednesday & Saturday	Twice weekly
		Manglapuri Gadia Lohar		
		Palam Gadia Lohar		
	Dr. Manipadma Rabha, SMO Mrs. Shilpi Sodhi, PHNO Mr. Narender Kumar, Pharmacist Mr. Sunil Kumar, Attendant	Dwarka Sector- 19 Construction Site	Monday & Thursday	Twice weekly
		Ghasipura Village	Tuesday & Friday	Twice weekly
		Palam Construction Site	Wednesday	Once weekly
		Tilak Nagar Leprosy Colony	Saturday	Once weekly

	Mr. Ved Prakash, Nursing Orderly	Kakrola Gadia Lohar		
		Sagarpur Gadia Lohar		
	Dr. Veena Chellani, SMO Mrs. Kanta Devi, PHNO Mr. Amit Gupta, Pharmacist Mrs. Anita Mann, ANM Mr. Anil Kumar, Attendant	Dwarka Sector- 14 Construction Site	Monday & Thursday	Twice weekly
		Jivodalaya Ashram	Tuesday & Friday	Twice weekly
		Baprola Extension	Wednesday & Saturday	Twice weekly
		Police Training School, Near Dwarka Sector- 9 Metro Station	Monday, Tuesday, Wednesday, Thursday, Friday & Saturday	Six days a week
		Nangli Dairy Gadia Lohar		
	Dr. Venu Badami, MO Mr. Mahesh Kumar Meena, PHNO Mrs. Usha Devi, ANM Mr. Ashish Rohal, Nursing Orderly	Rajapuri, Uttam Nagar	Monday	Once weekly
		Dwarka Sector- 10 Construction Site, Near Dwarka Court	Tuesday & Friday	Twice weekly
		Dwarka Sector- 13 Construction Site	Wednesday & Saturday	Twice weekly
		Home for Physically Handicapped Children (managed by Prernaniketan NGO)	Thursday	Once weekly
		Old Age Home, Bindapur	Every fourth Thursday of every month	Monthly once
		Rajapuri Gadia Lohar		
East Zone	Dr. Alok Sinha, MO Mr. Sushil Kumar, Pharmacist Mr. Javed Akhtar Ali, Dresser Mr. Sanjay Giri, Attendant Mr. Kailash, Nursing Orderly Mr. Kavindra, Nursing Orderly	Night Shelter Areas		Twice weekly
		Shahdara gadia lohar		
	Dr. Anurag Anjana Singh, SMO Mr. Geeta Bohra, PHNO Mrs. Sarwastika Sharma, Pharmacist Mr. Jaideep, Dresser Mr. Rishipal, Dresser	Kalander Colony, Dilshad Garden	Monday	Once weekly
		Balmiki Basti, Jhilmil Colony	Tuesday & Friday	Twice weekly
		Ambedkar Camp, Jhilmil Industrial Area		
		Rajiv Camp, Jhilmil	Wednesday &	Twice weekly

	Mrs. Shelly Sharma, Nursing Orderly	Industrial Area	Saturday	
		Sonia Camp, Jhilmil Industrial Area		
		Sanskar Ashram for Girls, Children Home, GTB Enclave, Dilshad Garden	Thursday	Once weekly
	Dr. Deepak Prasad, MO Mr. Ranbir Singh, Pharmacist Mr. Santram, Dresser Mr. Surender Kumar, Peon Mr. Ikramuddin, Attendant Mr. Narender Pal, Nursing Orderly	Rajendra Ashram, Pandav Nagar	Monday & Thursday	Twice weekly
		D- Park, Pandav Nagar		
		L&T Construction Site, Mayur Vihar	Tuesday & Friday	Twice weekly
		Community Hall School Block, Shakarpur		
		Hanuman Mandir, Ganesh Nagar	Wednesday & Saturday	Twice weekly
		Durga Mandir, South Ganesh Nagar		
	Dr. Kamal Singh, SMO Mr. Gopal Lal Singhal, PHNO Mr. Harsh Gaur, Pharmacist Mr. Arun Kumar Mehrol, Dresser Mr. Mohit Chandela, Nursing Orderly	Night Shelter Areas	Monday & Thursday	Twice weekly
		Bhajanpura C- block	Tuesday & Friday	Twice weekly
		Bhajanpura D- Block		
		Senior Citizen Clinic, East of Loni Road	Wednesday & Saturday	Twice weekly
		Bhajanpura Gadia Lohar		
	Dr. Shivraj Singh, CMO NFSG Mrs. Vandana Masih, PHNO Mr. Rinesh Kumar, Pharmacist Mrs. Sandeep Kumari, ANM Mr. Brijpal, Dresser Mr. Jagpal Singh, Dresser Mrs. Bharti, Nursing Orderly Mr. Sumit Kumar, Nursing Orderly	Home for Leprosy and Tuberculosis Affected Beggars	Monday, Wednesday & Friday	Thrice weekly
		Gokulpur Gadia Lohar		
		Ram Lila Maidan Leprosy Complex, Tahirpur	Tuesday, Thursday & Saturday	Thrice weekly
		Leprosy Complex, Tahirpur		
		Leprosy Village, Tahirpur		
North Zone	Dr. Heera Lal, MO Mr. Subhash Doda, Pharmacist	Foreign Regional Registration Office	Monday, Wednesday & Saturday	Thrice weekly
		Old Age Home, Lampur		

	Mrs. Renu, ANM Mrs. Asha Rani, ANM Mr. Ashok Kumar, Attendant Mr. Ravinder, Nursing Orderly	Krishan Dham Old Age Home	Tuesday & Thursday	Twice weekly
		Shanti Dham Khera Khurd		
		Alipur Children Home	Friday	Once weekly
		Dhaka Gaon gadia lohar		
	Dr. Neelam Deswal, MO Mrs. Sangeeta Kumari, PHNO Mr. Rajbir Singh, Pharmacist Mrs. Sheela Devi, ANM Mrs. Sushma Saini, Attendant Mr. Rajkumar, Attendant	Rithala Village, Near Mata Mandir	Monday & Thursday	Twice weekly
		Bus Stand of Rithala Village		
		Haiderpur Khadar Colony, Near Govt. Senior Secondary School, Haiderpur	Tuesday & Friday	Twice weekly
		Lohiya Camp, Near Samaypur Badli Metro Station		
		Pansaali, Rohini Sector-32	Wednesday & Saturday	Twice weekly
		Shyam Colony,Rohini Sector-23		
		Buddh Vihar Gadia Lohar		
		Mangolpuri Gadia Lohar		
	Dr. Saket Bihari, CMO NFSG Mr. Vikas Chaudhary, Pharmacist Mr. Virender Kumar, Attendant Mrs. Sangeeta Pal, Nursing Orderly	Night Shelter Areas	Monday & Thursday	Twice weekly
		Shalimar Bagh Leprosy Complex	Tuesday & Friday	Twice weekly
		Hanuman Mandir, Swaroop Nagar	Wednesday & Saturday	Twice weekly
		Sharma General Store, Swaroop Nagar		
		Wazirpur Gadia Lohar		
	Dr. Vineet Kumar Sahu, MO Mr. Dharmender Kumar, Pharmacist Mr. Balraj, Attendant	Night Shelter Areas		Twice weekly
		Azadpur Gadia Lohar		
		Nangloi Gadia Lohar		
South Zone	Dr. Ananya Mukherjee, SMO Mr. Mahendra Kumar Meena, PHNO Mr. Achintya Kumar Mondal, Pharmacist Mrs. Pushpa Singh, ANM	Kalkaji Mandir		Twice weekly
		Chandra Arya Vidya Mandir, East of Kailash	Tuesday & Saturday	Twice weekly
		Leprosy Complex, Lajpat Nagar	Wednesday	Once weekly
		Radhakrishna Vihar,	Friday	Once weekly

	Mrs. Rajkumari, Nursing Orderly	Jasola		
		Shaheed Bhagar Singh Park, Malviya Nagar	Every fourth Saturday of every month	Monthly once
		Govindpuri Gadia Lohar		
		M B Road Lal Kuan Gadia Lohar		
	Dr. Ronak Singh, MO Mr. Ashok Kumar Meena, PHNO Mr. Sandeep Kumar, Nursing Orderly	Night Shelter Areas	Monday	Twice weekly
		IIT Construction Site, Hauz Khas	Tuesday & Saturday	Twice weekly
		RK Puram Leprosy Colony	Wednesday	Once weekly
		Kidwai Nagar Construction Site	Thursday	Once weekly
		Night Shelter Areas	Friday	Twice weekly
		Sangam Vihar Gadia Lohar		
	Dr. Sujata Senapati, SMO Mr. Arun Dagar, Pharmacist Mrs. Sunita Rani, Dresser Mr. Sumit Kumar Sharma, Nursing Orderly	CATS Court	Monday, Tuesday, Wednesday, Thursday, Friday	Five days a week
		Special Session of CATS Court	Every First Saturday of every month	Monthly once
		Saraswati Camp, RK Puram Sector- 3	Every Second & Third Saturday of every month	Monthly twice
		AMURT Global Health Camp, Mandi Gaon, Chattarpur	Every Fourth Saturday of every month	Monthly once
		Chirag Delhi Gadia Lohar		
	Dr. Sushil Michael Kindo, MO Mr. Vivek Gupta, Pharmacist Mr. Deepak, Nursing Orderly	RBI Construction Site, Hauz Khas	Monday	Once weekly
		Silicosis Screening in Lal Kuan Dispensary	Tuesday & Wednesday	Twice weekly
		Arpan Mitra Sangam, Neb Sarai	Thursday	Once weekly
		BUDS Sarai Kale Kha	Friday	Once weekly
		Kuli Camp	Saturday	Once weekly
		Madangiri Gadia Lohar		



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.

PENDING ISSUES

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

POTENTIAL:

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

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

Since it is a mobile dispensary, providing treatment and care for general complaints, it can be incorporated for the promotion and awareness of any government health scheme.

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

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

CHAPTER 5

SCHOOL HEALTH SCHEME

PERFORMANCE UNDER NATIONAL /STATE HEALTH PROGRAMME/HEALTH LAWS

Sl. No.	PROGRAMMES/ACTS	ACHIEVEMENTS
1	NDD	National De-Worming Day was observed Biannually in the month of Aug. 18 & Feb. 2019. Tab Albedazole administered to school going children for Mass De-Worming.
2	WIFS	To reduce anemia among school children Iron & Folic Acid Tablet distributed weekly to them as supplementation. Emphasis was also given on nutritional diet rich in Iron & Protein.
3	NPCCD (National Program for Control of Deafness)	Regular Screening & Health talks
4	NPCB (National Program for Control of Blindness)	Positive Health talks and distributions Spectacles through CDMOs
5	Medical Coverage for NCC	Medical coverage was provided to cadets of NCC.
6	Drug and Substance Abuse including Tobacco intake	Regular Health awareness through Health Talks in Schools.
7	Plantation Drive	To reduce pollution plantation drive was carried out.
8	Vector Borne Disease like Dengue, Malaria & Chikangunia etc.	Awareness on Vector Borne Disease was spread among School Children. So that they may understand prevention and significance of early treatment.
9	Pulse Polio Immunisation	For prevention of Polio, Participated in Pulse Polio Immunisation Program.
10	Kishori Manch	Health education was given to Adolescent girls.
11	Stress Management	Stress buster lectures on stress management were conducted for school children during their exam.
12	Poshan Saptah (Nutrition Week)	Malnutrition is a big health issue in school children. For creating awareness on Nutrition was a week on nutrition was observed.
13	Training of Staff for up gradation of knowledge & skills.	Staff participated in various trainings like Rabies, Leprosy, Organ Transplantation, Fluorosis, Child Labour, MR, Rational use of Drug, Management of BMW, Effect of Air Pollution on human heath, Leading health care quality & safety improvement, NPPCD

S.No.	Name of District	Address of District	Name of Functional Clinic	Address
1	WEST A	SBV No.2 , Block 14 Tilak Nagar	1. SHC -Tilak Nagar	SBV No.2 , Block 14 Tilak Nagar
			2. SHC – Hari Nagar	RPVV Maya Puri Road, Maya Puri
2	WEST B	GGSSS NO -2, A Block Janakpuri,Delhi	3. SHC Janakpuri	GGSSS NO -2, A Block Janakpuri,Delhi
			4. SHC PaschimVihar	Govt. Co-ed SSS, A-6 PaschimVihar
			5. SHC Bindapur	GGSSS, Bindapur
			6. SHC Nangloi	SKV , S. P. Road, Nangloi
			7. SHC VikasPuri	SKV, A-Block Vikas Puri
			8. SHC Peeragarhi	SKV Peeragarhi Village
			9. SHC Mundka	GGSSS, Mundka
3	South West A	GGSSS No.3, Sarojini Nagar Near Sarojini Nagar Market , Delhi	10. SHC Sarojni Nagar	GGSSS No.3, Sarojini Nagar, Near Sarojini Nagar Market, Delhi
			11. SHC Inderpuri	Capt. Shahid Amit Verma G Co-ed SV, Inderpuri

			12. SHC R.K. Puram	Govt. Co-ed Sr. Sec School Sector - 03 R.K Puram
			13. SHC Delhi Cant.	SKV Sadar Bazar, Delhi Cant.
4	South West B	G.Co-Ed Senior Secondary, Site-1, Dwarka Sector- 6, New Delhi-110075.	14. SHC Dwarka	Government Co-Ed Senior Secondary, Site-2, Dwarka Sector- 6, New Delhi-110075.
			15. SHC Palam:	SKV No 1 Palam Enclave & SBV No.2 Palam Enclave, New Delhi-110045
			16. SHC Najafgarh	GBSSS, Village Paprawat, New Delhi--110043.
5	South	Skv Malvia Nagar N.D	17. Shc Malvia Nagar Nd	Skv Malvia Nagar Nd
			18. Shc Qutab, Mehrauli	Sbssv Qutab, Mehrauli, ND
6	Central	SKV President State	19. SHC, Jorbagh/ President State	SKV President State
			20. SHC, Karol Bagh	RAMJAS 5 Karol Bagh
			21. SHC, Paharganj	GGSSS, Sant Trashan Marg, Paharganj
			22. SHC, Daryaganj	SKV, Daryaganj
			23. SHC, Rani Jhansi	SHC, Rani Jhansi
7	EAST	GGSSS Mangal Pandey School Vivek Vihar ,Delhi	24. SHC, Vivek Vihar,	SKV Vivek Vihar Near Ram Mandir , Delhi
			25. SHC, Gandhi Nagar	GGSSS No.3, Gandhi Nagar, Near Tanga Stand
			26. SHC, Chander Nagar	RSKV, Chander Nagar Near Reliance Frash
			27. SHC,Gazipur	SKV, Gazipur Near Petrol Pump
			28. SHC, New Ashok Nagar	GGSSS, Vasundhara Enclave, Near Dharam Shila Cancer Hospital
			29. SHC, Dallupura	SKV, Dallupura, Near Timber Market -110096
8	NORTH	RPVV-1 Raj Niwas Marg	30. SHC, Raj Niwas Marg	RPVV-1 Raj Niwas Marg
			31. SHC, Roop Nagar	SKV No-1, Roop Nagar
			32. SHC, Inderlok	SKV, Padam Nagar
			33. SHC, Nehru vihar	SKV , Nehru Vihar
9	North West A	SKV,Plot No.5,Ablock,Jahangirpuri	34. SHC, Jahangirpuri	SKV, Plot No.5,Ablock,Jahangirpuri
			35. SHC, Adarsh Nagar	Skv Adarsh Nagar, Nd
			36. SHC, Shahbad, Daulat Pur	Ggsss Shahbad Daulatpur
			37. SHC, Badli	SKV, Badli
10	North West B	GGSSS, SU Block, Pitampura	38. SHC, Pitampura	GGSSS, SU Block, Pitampura
			39. SHC, Ashok Vihar, Phase-II	SKV H-Block , Ashok Vihar, Phase-II
			40. SHC, Mangolpuri, H-Block	SKV , Mangolpuri, H- Block
			41. SHC, Pitampura	GBSSS, SV Block, Pitampura
			42. SHC, Rohni	SV- Sector-9 Rohini
			43. SHC, Sultan Puri	SKV, Block-H Sultan Puri
			44. SHC, Mangolpuri O-Block	SKV, Mangolpuri O Block
			45. SHC, Block Saraswati Vihar	SV C-Block, Saraswati Vihar
11	NORTH EAST	SBV No.-1 , Yamuna Vihar Block-B	46. SHC Yamuna Vihar	GBSSS , Block-B Yamuna Vihar
			47. SHC Khazuri Khas	G.G.S.S Khazuri Khas
			48. SHC Shahdra No.-1	Gandhi Memorial SSS GT Road Shahdra No.-1
			49. SHC Bhartya Mahli (MBP)	MBP, Kanya V GT Road Shahdara

			50. SHC New Seelampur no-2	G.G.S.S. New Seelampur No-2
			51. SHC Nand Nagri	SKV E Block Nand Nagri
			52. SHC Mandoli Extn.	G.G.S.S.S. School Mandoli Extn.
			53. SHC Old Seemapuri	SKV No.-2 Old Seemapuri
			54. SHC Mansarover Park	SKV NO 1 Mansarover park
			55. SHC St. Eknath	S.K.V., St. Eknath J&K B Block Dilshad Garden
12	South East	SKV No 2 Kalkaji	56. SHC Kalkaji	SKV No 2 ,Kalkaji, ND 110019
		District Office S/E	57. SHC C.R. Park	SPM SKV C.R. Park, ND
			58. SHC Defence Colony	GSR Sarvodaya V Defence Colony ND 14
1	SRC Shakarpur	Shakarpur	SHC C.R. Park	SKV NO-2, Shakarpur Delhi -92
2	SRC R K Puram	R K Puram	SHC Defence Colony	Jose Marthe Sarvoday Vidhyalaya Sector -12 R.K Puram

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.

Group A

S. No.	Category	Sanctioned	Filled	Vacant
1	Director General	1	01	0
2	Regional Director	-	-	-
3	Addl. Director (HQ)	1	1	0
4	CDMO	11	11	0
5	ACDMO	11	11	0
6	Doctor(SAG/NFSG/Specialists /CMO/SMO/MO	681	464	217
7	Special Director (ADMN)	1	1	0
8	DCA	2	2	0
9	Dy. Director (Plg)	1	0	1
10	Programmer	1	1	0
	Total	**710**	**491**	**219**

Group B

S.No.	Category	Sanctioned	Filled	Vacant
1	Sr. PA	8	7	1
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	Asst. Programmer	1	1	0
7	Store & Purchase Officer	1	0	1
8	Office Superintendent	1	0	1
9	Accounts Officer	3	3	0
	Total	**44**	**27**	**17**

Group C

S.No.	Category	Sanctioned	Filled	Vacant
1	Legal Asstt.	1	1	0
2	LDC	55	45	10
3	UDC	58	32	26
4	Head Clerk	21	13	8
5	SA/SI	34	10	24
6	Steno, GR.III	11	1	10
7	Steno, Gr. II	17	8	9
8	DEO	27	0	27
9	Driver	21	14	7
	Total	**245**	**124**	**121**

Paramedical Staff

S.No.	Category	Sanctioned	Filled	Vacant
1	Pharmacist	727	588	139
2	ANM	378	366	12
3	PHN	180	170	10
4	Staff Nurse	5	5	0

5	Lab Technician	6	2	4
6	Lab Assistant	229	198	31
7	Dental Hygenist	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	Refrectionist	8	5	3
	Total	**1552**	**1346**	**206**

Group D

S.No.	Category	Sanctioned	Filled	Vacant
1	Dresser	305	222	83
2	Dark Room Attendent	1	0	1
3	NO/Peon/Attendent	407	225	182
4	NO/Peon/Attendent (Outsourced)	98	0	98
5	SCC	573	195	378
6	SCC (Outsourced)	162	0	162
7	Safai Karamchari	2	1	1
	Total	**1548**	**643**	**905**

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 coordinating with secondary care hospitals of Delhi Govt. for various hospitals related works.

Other responsibilities under Hospital Cell:-

i) Plantation Issues in Hospitals
ii) Club Foot Management Programme

Status of Various Hospital Projects Under Hospital Cell (DGHS)

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 95% of work has been completed.

800 bedded Hospital at Burari, Delhi (North)

Proposed bed strength has been increased from 200 to 800 beds. Revised PE (for 800 beds) has been approved by EFC on 22/05/2018 and the same has been approved by Cabinet. 76 % of work has been completed & the approximately date of completion is September, 2019.

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

The said project has been revised and proposed bed strength has been increased from 700 bedded hospital to 1725 bedded hospital in two phases with addition of MCH block & Medical College with intake of 150 students. The construction work in respect of phase-I (1241 bedded hospital) is in full swing at Sector-9, Dwarka. Present Progress 72 % for Phase-I 1241 bedded hospital & the approximately date of completion is June, 2019.

(ii) 200 bedded hospital and trauma centre at Siraspur, Delhi.

The said project has been revised and proposed bed strength has been increased from 200 bedded hospital to 1500 bedded hospital & Medical College with intake of 200 students. The PWD has started the process of appointment of Consultant and submitted a P.E for appointment of Consultant for Comprehensive planning and designing of construction of 1500 bedded hospital building at Siraspur. The PE has been approved by competent authority on 18/05/2018 and convened to PWD. The NIT for comprehensive consultancy work in EPC mode is under scrutiny in office of the competent authority.

(iii) 200 bedded hospital at Madipur :

PE for appointment of Consultant for Comprehensive planning and designing of construction of 600 bedded hospital project at Madipur has been approved by competent authority on 08/03/2018. Consultancy work was awarded to M/s Arcop Associated Pvt. Ltd on 08.11.2018 and concept plans are under preparation. Recently, on 08/02/19 Drawings/plans have been signed by Director General Health Services and by the others members of Appraisal Committee.

(iv) **200 bedded hospital at Jwalapuri (Nangloi**)

PE for appointment of Consultant for Comprehensive planning and designing of construction of 600 bedded hospital project at Jwalapuri (Nangloi) has been approved by competent authority on 08/03/2018. Consultancy work was awarded to M/s Arcop Associated Pvt. Ltd on 08.11.2018 and concept plans are under preparation. Recently, on 08/02/19 drawings / plans have been signed by Director General Health Services and by the others members of Appraisal Committee.

(v) 100 bedded hospital at Sarita Vihar, Delhi

PE for appointment of Consultant for Comprehensive planning and designing of construction of 300 bedded hospital project at Sarita Vihar has been approved by competent authority on 08/03/2018. Consultancy work was awarded to M/s Arcop Associated Pvt. Ltd on 08.11.2018 and concept plans are under preparation. Recently, on 08/02/19 drawings / plans have been signed by Director General Health Services and by the others members of Appraisal Committee.

(viii) 200 bedded hospital at Hastsal, Vikas puri, Delhi

PE for appointment of Consultant for Comprehensive planning and designing of construction of 500 bedded hospital project at Vikaspuri (Hastsal) has been approved by competent authority on 08/03/2018. Consultancy work was awarded to M/s Arcop Associated Pvt. Ltd on 08.11.2018 and concept plans are under preparation. Recently, on 08/02/19 Drawings/plans have been signed by Director General Health Services and by the others members of Appraisal Committee.

(ix) 100 bedded hospital project at Bindapur

Initially this land was proposed for construction of 100 bedded hospital project. As per direction and approval of Hon'ble MOH on 05/03/2018 previous plan of 100 bedded hospital project of Bindapur changed to establishment of Maternal and Child hospital on the lines of Shri Dada Dev Matri Aum Shishu Chiktsalya.

The MFP provided by the Medical Superintendent of Shri Dada Dev Matri Avum Shishu Chiktsalysa forwarded to Project Manager (Health Projects) PWD on 11/05/2018. Sanction order amounting to RS. 40,56,250/- sanctioned on 26/07/2018 for hiring of consultant.

Following Hospital projects are under planning stage.

225 bedded Hospital at Chattarpur, Mehrauli, Delhi.

100 bedded Hospital project at Deendarpur, Delhi.

200 bedded Hospital at Keshavpuram , Lawrance Road, Delhi.

Construction of Hospitat at Sangam Vihar, Delhi

Office Complex at Raghubir 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.

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 2018-19 is as follows:

OPD : 11,19,338
IPD : 57430

Total number of EWS patients referred to IPH from this branch during this duration is 6843. Total No. of patients referred to IPH from Delhi Govt. Hospitals is 14659.

In compliance to the Hon'ble Supreme court of India Judgment dated 9/7/2019 vide CA No.3155 of 2017 in the matter of Union of India Vs Mool Chand Khairati Ram Trust with CA No.3153-3154 of 2017 and CA No.3157-3158 of 2017 following hospitals were included in the list of Identified

Private Hospitals.

1. Mool Chand Khairati Ram Hospital
2. Rockland Hospital Qutab Industrial Area
3. St Stephen's Hospital
4. B.L.Kapoor Memorial Hospital
5. Sitaram Bhartia institute of Science and Research

New private hospitals namely Febris Hospital, Narela, Manipal Hospital, Dwarka, Ayushman Hospital Dwarka, Maharaja Agrasen Hospital Dwarka, Shree Agrasen Hospital. Hakeem Abdul Hamid Centenary Hospital have been added to the list of Identified Private Hospitals making it to 59.

Out of 59 Identified Private Hospitals 5 hospitals are under renovation namely R.B Seth Jessa Ram Hospital, Bensups hospital, Bimla Devi Hospital, Sunder Lal Jain hospital and Deepak Memorial Hospital.

Delhi Arogya Kosh and Delhi Arogya Nidhi Delhi

Arogya Kosh:

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

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

Eligibility:

1. Patient having National Food Security Card OR Income certificate of upto 3 Lakhs per annum issued by the Revenue Deptt. GNCTD
2. Patient should be a bonafide resident of Delhi for last 3yrs (prior to the date of submission of application)
3. Patient requiring treatment for any illness/ treatment/ intervention in a Government Hospital run by Delhi Govt./Central Govt./AIIMS /Autonomous Institutes of the State Govt.

Requisite documents for verification of INCOME:

National Food Security Card OR Income certificate of up to 3 Lakhs per annum issued by 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:

1. Copy of National Food Security Card/Income certificate.
2. Proof of residence in Delhi Continuously for last 3 yrs (Prior to the date of submission of application).
3. 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.
4. 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
5. Photocopies of the treatment record
6. 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' 18 to 31st March'19:

DAK	Number of patients	Amount Sanctioned
Total	**887**	**8,20,62,829**

(B) **The scheme of free high-end diagnostics & surgeries**:

The scheme of free high-end diagnostics of eligible patients: 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 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	X-Ray
Apr, 2018	1554	670	135	33	2081	20	392	59	
May,2018	1991	839	184	24	3011	25	521	77	
Jun, 2018	1163	678	132	64	3285	11	350	79	
Jul, 2018	2296	1095	182	34	3101	41	464	130	

Aug, 2018	1758	855	76	25	2022	37	355	120	
Sep, 2018	1948	795	84	8	1731	41	257	122	
Oct, 2018	1542	698	109	26	1712	106	316	120	
Nov, 2018	2034	627	148	16	1324	103	299	70	
Dec, 2018	1473	508	132	20	1269	43	283	67	
Jan, 2019	1858	855	177	21	1597	63	335	39	
Feb, 2019	1841	679	96	31	1391	31	348	79	
Mar, 2019	1389	613	92	29	1502	14	406	55	97
FY 2018-19	20847	8912	1547	331	24026	535	4326	1017	97

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

Surgery	**Cardio**	**Uro Surgery**	**General Surgery**	**Lap-Chole**	**ENT**	**EYE**
Apr, 2018	0	45	21	251	23	77
May,2018	0	14	11	100	8	11
Jun, 2018	0	37	4	40	14	2
Jul, 2018	0	78	13	125	5	12
Aug, 2018	0	22	18	38	16	21
Sep, 2018	0	20	7	68	3	12
Oct, 2018	0	30	17	86	3	2
Nov, 2018	1	52	16	151	7	21
Dec, 2018	2	21	15	69	4	15
Jan, 2019	1	49	22	123	4	25
Feb, 2019	0	32	15	145	7	34
Mar, 2019	0	35	4	109	2	28
FY 2018 - 2019	4	435	163	1305	96	260

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

The scheme of free treatment to Medico-legal victims of Road Traffic Accident, Acid Attack and Thermal Burn Injury was launched on 15.02.2018. A total of approximately 1800 patients has availed the benefit of cashless treatment to medico-legal victims of Road Traffic Accident, Acid Attack and Thermal Burn Injury in the FY 2018-19.

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.

ELIGILBILITY :

1. Patient should have National Food Security Card OR Income certificate of up to one Lakh per annum issued by the Revenue Deptt.
2. Patient must be resident of Delhi and has to furnish domicile proof of residing in Delhi continuously for last 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 3 years (Prior to the date of submission of application) through any one of the following documents:
   - National Food Security Card`
   - Electoral Voter's Photo Identity Card (birth certificate in case the patient is a minor).
   - Extract from electoral roll
   - Aadhar Card
3. Original Estimate Certificate duly signed by Consultant/ Medical Superintendent/Chief Medical Officer of the Hospital.
4. Two photographs of patient, duly attested by the treating doctor.
5. 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.

No Financial assistance was provided through Delhi Arogya Nidhi in the FY 2018-19 due to non-availability of grant-in-aid from Government of India.

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:

A. Out Patient Care facilities in all systems.
B. Emergency Services in Allopathic System.

1. Free supply of necessary drugs.
2. Lab. and Radiological investigations.
3. Super specialty treatment i.e. kidney transplant, CABG, joint replacement etc.
4. Family Welfare Services.
5. Specialized treatment/Diagnosis in Govt. /Private Empanelled Hospitals/Diagnostic Centers under DGEHS.
6. Provision of machines such as CPAP, BIPAP, Oxygen Concentrator and Hearing Aid.
7. IVF and Bariatric Surgery.

D ACHIEVEMENTS DURING 2018-19.

- Cashless treatment provided to DGEHS pensioner beneficiaries and payment amounting Rs. 44.70 crore were made to private empanelled hospitals/diagnostic centres and Authorized Chemists.
- 08 additional centres empanelled under DGEHS increasing the number of empanelled centre to 279.
- The scheme was liberalized further for the beneficiaries who travel/settle outside Delhi/NCR and requirement of taking referral before availing non-emergent treatment from any Government/Government empanelled private hospital was done away with.
- Requirement of prior authorization/opinion of AMA/MO in-charge of AYUSH Govt. hospital/dispensary was done away with.
- To maintain uninterrupted supply of medicines to DGEHS pensioners, the existing tender was extended by another three months i.e. 31-10-2019.
- Proposal for fresh open e-tender for empanelment of chemist on e-procurement web-portal has been submitted to higher authorities.
- Printing of 25000 DGEHS medical facility cards has been sent to Govt. press.
- Cabinet note for Annual Health Medical Checkup for the employees aged 40 and above has been prepared and submitted for approval to higher authorities.
- Proposal for Cashless treatment to select group of serving employees is under process.
- Opinion/expert advice given in approx. 1000 cases received from various department of GNCTD.
- Proposal for smart card/plastic card for the DGEHS beneficiaries is under process.
- Approx. 600 permissions given to the beneficiaries/empanelled hospitals.

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 S-1, 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 overcome. Therefore, it is proposed to sustain the scheme during 11th five year plan period.

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.

COURT CASE CELL

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

Annual Report for the year 2018-2019 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		
2018-2019	06	31	23	07	55	**122**	00	01	12	01	15	**29**	00	02	02	00	11	**15**	**136**

CENTRAL STORE & PURCHASE

Procurement of general items and stationary for DGHS HQ, DGDs, Seed PUHCs, DGDs upgradation to polyclinics through GEM.

Procurement of lab consumables, medical items for DGD, Seed PUHC, DGD upgraded to polyclinics and maintenance of equipment of Mother and Basic lab functioning in the dispensaries, Seed PUHCs and DGDs, Seed PUHCs, DGD upgraded to Polyclinics.

Printing of opd slips, indent books, register from printing press GOI, DGDs, Seed PUHC s, DGD upgraded to polyclinics.

Storage of 20% buffer stock (Vaccines) as and when required by CPA for distribution to Delhi Govt.Hospitals and maintainance of cold store.

Upgradation of two mother lab in North District, two Blood Cell Counter have been installed in two DGDs (Sunnoth and Model Town) of North District.

Procurement of surgical consumables for DGHS HQ, DGDs, Seed PUHCs, DGDs upgraded to Polyclinics.

Condemnation of old eight photocopier machines.

Tender floated for lab consumables in Dec-2018

Installation of new semi autobiochemistry machines in the DGD Delhi High Court.

Total expenditure for the year is as under:

Sl.No.	Budget Head	Expenditure
1	22101110900021(M&S)	2.78 Crore
2	221001789980021SCSP(M&S)	1.51 Crore
3	221001110900013 OE	12 Lac

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 Homes/Clinics Blood Bank/Diagnostic Laboratories etc., the Government has taken initiatives to establish centralized waste treatment facilities.

The Delhi Government has allowed establishment of Centralized Biomedical Waste Treatment facilities at Nilothi by the name SMS Water Grace BMW Pvt. Ltd.at Nilothi, New Delhi and M/s Biotic Waste Solutions Pvt. Ltd at G.T. Karnal Road, Delhi 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	:	4288 approx (as per the data available on DPCC website).
No. of Delhi Government Hospitals	:	38
No. of Delhi Govt. Dispensaries	:	177 approx.
Seed PUHCs	:	60 approx.
No. of Functional Mohalla clinics	:	189 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	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., Nilothi, New Delhi-41	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.	North Distt. North West Distt., New Delhi Distt. South and South East Distt.

Achievements during the year 2018-19.

Trainings:- 2018-19:

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 2018-19 is given as under:

Total No. training programme Conducted (BMW Cell and CDMOs) during 2018-19:- 45

Total No. of Health Care Workers trained including Doctors & Paramedical Staff:-1842

- Budget allocated to all the Districts of DGHS from BMW Management Cell, DGHS @ 50,000/- (Fifty Thousand Only) for each District for conducting Training Programme of Bio Medical Waste Management during the year 2018-19.

- Meeting of Advisory Committee for Bio-medical Waste Management was held on 16/08/2018 & 26.03.2019 under the Chairmanship of Secretary (Health & Family Welfare) & Pr. Secretary in his Chamber at 9th Level, Delhi Secretariat, New Delhi-110002 regarding Bio Medical Waste Management and streamlining the system in Delhi.

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 **358 HCFs** in Delhi during the year 2018-19 including Govt. Hospitals, Private Hospitals and DGDs.

Delhi State Action Plan on Climate Change

- A Task Force at the level of Delhi Secretariat was constituted under the Chairmanship of Pr. Secretary (H&FW) to discuss/give inputs in Draft Delhi State Action Plan on Climate Change and finalize State Specific Action Plan for Climate Change and Human Health, GNCT of Delhi.
- A Task Force at the level of Directorate General of Health Services was constituted under the Chairmanship of DGHS to discuss/give inputs in Draft Delhi State Action Plan on climate change and finalize State Specific Action Plan for climate change and human health, GNCTD.
- An Environment Health Cell, DGHS (HQ) was constituted under Dr. Ravindra Aggarwal, (Chief Coordinator) and Dr. S. M Raheja as Nodal Officer to discuss/ give inputs in Draft Delhi; State Action Plan on Climate Change and finalize State Specific Action Plan for climate change and human health, GNCTD.
- DGHS was involved in the organization of International Conference on Challenge of climate change and air pollution on 14-15 December 2018 organized by Centre for Occupational and Environmental Health, Maulana Azad Medical College. Medical Supdt. And Nodal Officers of Delhi Govt. Hospitals and CDMOs, GNCT of Delhi has participated in the International Conference Organized by Centre for Occupational and Environmental Health on 14-15 December 2018.
- DGHS was actively involved in the National Conference on Management of Bio-Medical Wastes and Air Pollution with a Theme–"Addressing Challenges and Solutions for Sustainable Human Health" on 13.02.2019 organized by ASSOCHAM. 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 National Conference organized by ASSOCHAM on 13.02.2019.

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 10.02.2019 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 High Court dated 30/05/2014 has been circulated in all districts of DGHS, GNCTD for implementation after taking approval of competent authority.
- Complaints regarding quacks received in this branch {Total No:- 84 (Apx.)} has been forwarded to respective CDMOs for necessary action.
- The hearing 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. D.R.Gupta, Addl. Director (AQC) during the year 2018-19.
- Delhi Medical Council has issued 127 Show Cause Notices to the illegal medical practitioner in Delhi and issued 89 Closure orders in respect of illegal practitioners who were reported to be practicing allopathic system without holding any requisite qualification during the year 2018-19 in response to complaints received from Anti Quackery Cell, CDMOs etc regarding fake doctors.
- Awareness message published in 04 leading newspapers of Delhi Edition to generate mass awareness among general public and cautioning people about quacks.
- Awareness message published through Metro Panels (Inside Metro Lower Panels) for one month w.e.f. 07/06/2018 to 06/07/2018 to generate mass awareness among general public cautioning people about quacks.

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.

The main objectives of SDC are following-

a) To assess the knowledge of the nurses on latest trends in health care.
b) To assess the basic core competencies of nurses
c) To demonstrate and re demonstrate the selected skills
d) To certify nurses to practice Intra Venous Cannula insertion and blood collection
e) To plan future strategy for continuing education for nurses.

Achievements of SDC

Trainings cum workshops held in all four quarter from April, 2018 – March, 2019.

S. No	Date	Number of Participant attended the Workshop	Details of Training Workshop
Trainings held in First Quarter (April, 2018–June, 2018)			
1	20/04/2018	56	Workshop on "Basics of Infection Control practices in Health care Settings" for Nursing Officers.

2	25/04/2018	37	Workshop on "Oxygen therapy and Prevention of Pressure Ulcers" for Nursing Officers.
3	23/05/2018	59	Workshop on "Trends in IV therapy-creating a culture for safety" for Nursing officers.
4	30/05/2018	44	Workshop on "Communication and Stress Management" for PHN/ANM of GNCTD.
Trainings held in Second Quarter (July, 2018–September, 2018)			
5	18/7/2018	41	Pressure ulcer prevention and pressure area management for nursing officers.
6	24/7/2018	31	Leadership,Conflict and Stress management for Senior Nursing Personnel.
7	13/9/2018	23	Workshop on "Trends in IV Therapy" for Nursing Officers.
8	20/9/2018	18	Workshop on "Trends in IV Therapy" for Nursing Officers.
9	26/9/2018	23	Workshop on "Communication and stress management" for ANM.
Training held in Third Quarter (October, 2018–December, 2018)			
10	11/10/2018	20	Workshop on "Trends in IV Therapy" for Nursing Officers.
11	25/10/2018	18	Workshop on "Oxygen therapy and Management of medication" for Nursing Officers.
12	29/10/2018	20	Workshop on "Prevention of Pressure ulcers and pressure area management" for Nursing Officers.
13	22/11/2018	18	Workshop on Trends in Iv Therapy" for Nursing Officers.
14	29/11/2018	15	Workshop on "Oxygen therapy and Management of medication" for Nursing Officers.
15	7/12/2018	11	Workshop on Trends in IV Therapy" for Nursing Officers
16	13/12/2018	17	Workshop on "Oxygen therapy and Management of medication" for nursing officers
Training held in Fourth Quarter (January, 2019–March, 2019)			
17	24/1/2019	26	Workshop on " Bascis of infection control in Health care setting" for Nursing officers
18	31/1/2019	20	Worskhop on " Patient safety and Quality assurance" for Nursing officers
19	15/2/2019	22	Workshop on "Trends in IV Therapy and communication Skills" for Nursing Officers
20	28/2/2019	19	Workshop on " Oxygen therapy and management of medication" for Nursing Officers
21	8/3/2019	21	Workshop on "Improving Quality of care in Nursing" for Nursing Officers

Achievements of skill labs in 5 major hospitals from April, 2018 – March, 2019

Sl no	**Name of the institution**	**Name of the Training**	**Total number of HCW trained**		
			Number of Doctors trained	**Number of Nurses trained**	**Other HCW**
1	LNH	Workshop on Basic Life Support, Mechanical CPR Training, Trauma Management Training, Ventilator Training and Fire Safety Training.	103	126	37
2	BSA	Workshop on Basic Life Support, ACLS and Neonatal Care.	133	127	Nil
3	DDUH	Workshop on Basic Life Support	Nil	Nil	25

4	BMH	Workshop on BMW Management, Hand Hygiene, Neonatal Resuscitation and Basic Life Support.	130	145	80
5	GTBH	Workshop on Basic Life Support and ACLS	97	77	22 (355 students trained)
	Total Number of HCW trained		**463**	**475**	**519**

- **Total 21 trainings were conducted by Skill Development Cell, DGHS (HQ) and in total 559 Health Care Workers trained on the above mentioned topics**. As the conference hall with capacity of 60 people is under renovation therefore trainings took place for small group of people in office rooms itself. So, the number of trainings held is more but No. of people attended the training is less.
- A total of 1457 HCW were trained in Skill Labs of five major hospitals.
- SDC has procured and provided 4 Adult Intra Venous Arm training kit for training purposes and hands on training to the candidates.

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 meetings are attended by DGHS/Additional DG.
- Attended Hospital Authorization Committee meetings at licensed hospitals.
- 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 DGHS 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 programme 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.

Achievement of CME Cell w.e.f 1st April to 31st Mar 2019

1	15th (WONCA) "World Rural Health Conference" from 26th to 29th April 2018 at India Habitat Centre, Lodhi Road, New Delhi.	6
2	"First International Conference on Mass Disaster & Emergency Management" on 20-21 April 2018 at Dyal Singh College (Morning), University of Delhi.	24
3	Annual Conference of North Zone and Delhi ISACON 2018 at NAC Complex, Pusa, New Delhi held on 13th to 15th April 2018.	25
4	Half day workshop on Oral Cancer and Prevention Strategies" on 25th May 2018 at 3rd Floor Auditorium MAIDS.	25
5	"Two days workshop on Enhancing Quality and Patient Safety; Theme: Antibiotic Stewardship Programme to Combat Antibiotic Resistance" on May 21-22, 2018 at India International Centre, Seminar Room No. 2, Max Mueller Marg, New Delhi	22
6	One Day Workshop on Essentials of Project Management at Modi Hall, PHD House, PHD Chamber of Commerce and Industry, 4/2 Siri Institution Area, August Kranti Marg, New Delhi 110016, India on June 14, 2018.	1
7	Training Programme of faculty/Specialist along with doctors for conduct of medical examination and recording of MLC, death summaries/post mortem in cases involving sexual offences.	60
8	Various training by the Dte.of Training (UTCS), Govt. of NCT of Delhi.	70
9	Chamber of Commerce and Industry, 4/2 Siri Institution Area, August Kranti Marg, New Delhi 110016, India on June 14, 2018.	1
10.	Three day Training Programme on Procurement under GFR 2017 & Evolution of GeM on 19 to 21 Sept. 18 at All India Management Association, Centre for Management Education, 15 Link Road, Lajpat Nagar-3, New Delhi.	1
12	"Capacity Building in Public Health Emergency & Training Course on Hospital Preparedness for Health Emergencies for Senior Hospital Administrators" on 27th August to 1st Sept. 2018 at NIHFW.	6
13	Workshop on How to balance good life with work through meditation on 24/08/18 at DGHS(HQ)	50
14	74th Annual Conference of Association of Physician of India (APICON -2019) on 7th to 10th Feb 2019 at Lulu Bolgatty International Convention Centre, Kochi, Kerala, India	1
15	"Speciality Conference 2018" at The Leela Ambience Convention Hotel, New Delhi on 12th August 2018.	15
16	"20th National Conference of Association for Prevention & Control of Rabies in India" on 7th & 8th July 2018 at The Hotel Lalith, New Delhi,	1
17	TOT Courses on Forensic Examination in Sexual offence Cases" at Lok Nayak Jayprakash Institute of Criminology and Forensic Science, Sector-3 Rohini, Delhi.	63
18	73rd National Conference on Tuberculosis on Chest Diseases to be held on 04th to 06th January 2019 at Hotel Centre Point ,Nagpur, Maharashtra, India.	1
19	Three day Training Programme on Procurement under GFR 2017 & Evolution of GeM on 19 to 21 Sept. 18 at All India Management Association, Centre for Management Education, 15 Link Road, Lajpat Nagar-3, New Delhi.	1
20	National Quality Assurance Standards" (NQAS)-For Public Health Facilities Certificate Course on 22nd to 26th Oct. 2018 at Academy of Hospital Administration, C-56/43, Sector-62 Institutional Area, Noida, U.P.	5
21	Five Day Certificate Course Infection Prevention and Control: Essentials for Infection Control Champs from 29/10/18 to 02/11/2018 at TB Centre, Jawahar Lal Nehru Marg, (Adjacent to LNJP Hospital),New Delhi.	24

22	National Conference of Biomedical Waste Management on 1st and 2nd December 2018	31
23	Regional GCH Asia Pacific International Hysteroscopy Congress on 1st to 2nd December 2018 at Crown Plaza Gurgaon Site No. 2, Sector 29, Opposite Signature Tower, Gurgaon	30
24	Paediatric Conference of North India 2018 to be held on 24th & 25th November, 2018 at Le Meridien, New Delhi.	26
25	20th National Conference on Pulmonary Diseases from 29.11.2018 to 02.12.2018 at The Gujarat University Convention Centre, Ahmedabad	3
26	73rd National Conference on Tuberculosis on Chest Diseases to be held on 04th to 06th January 2019 at Hotel Centre Point, Nagpur, Maharashtra, India.	1
27	Various Training Course organized by NIHFW, Munirka, New Delhi.	22
28	International Conference on Challenge of Climate Change and Air Pollution-Impact on Health and Economy to he held on 14th to 15th December 2018 at MAMC, New Delhi.	61
29	71st Annual ENT Conference (AOICON)2019.	1
30	ASSOCHAM Conference.	100
31	Fourth Maternal Fetal Medicine Workshop on Cardiotocography to be held on 2nd March 2019 at MAMC, Delhi.	50
32	6th Annual Conclave on 15-16 Feb. 2019 at Hotel Radisson Blue, Kaushambi (Delhi NCR).	8
33	DMA Conference.	87
34.	Training on procurement management by HLL.	1
35	5th Smart ENT -2019 (AOIBBCON 2019) on 15.03.2019 to 17.03.2019 at Conference Hall, Institute of Medical Sciences & SUM Hospital Bhubaneshwar, Odhisa, India.	1
36	DSPRUD at Golden Palm Hotel on 15.03.2019 to 16.03.2019 in Delhi.	28
37	Workshop on "Update on Ovarian Tumour" at MAMC on 23rd March 2019.	54
Total		**906**

GRANT IN AID CELL

Fund amounting to rupees five lakhs (Rs. 5 Lakhs) has been released to St. John Ambulance Brigade (SJAB) in three installments for the financial year 2018-19.

Fund release is for following:-

- Out of pocket expenses to volunteers & Supervisors of permanent First Aid Posts.
- Refreshment to volunteers at temporary First Aid Posts in the celebration of National Days etc, to St. John Ambulance Brigade (SJAB).
- Medicines and other consumables to St. John Ambulance Brigade (SJAB)

RIGHT TO INFORMATION ACT 2005

District-wise reports in 2018-19

Annual Report Sheet form April 2018 to March 2019.

S. No.	District / Office Name	Direct	Indirect	Transfer to other PIO(Deptt.) / Other public authority	Fee	Addl. Fee
1	East	13	117	14	130	0
2	West	12	124	7	110	200
3	Central	11	125	0	110	0
4	North	26	112	5	120	670

5	North-East	9	142	19	90	62
6	North-West	22	99	5	50	0
7	South	13	112	6	130	376
8	South-East	26	67	3	50	141
9	South-West	32	267	9	200	1804
10	Shahdara	11	99	11	110	1400
11	New Delhi	5	76	0	50	0
12	SHS	1	27	1	10	0
13	MHS/PHW-III	1	25	1	10	0
14	RNTCP (TB Programme)	3	19	13	0	0
15	AAMC	34	84	36	30	0
16	Anti Tobacco	1	20	2	0	0
17	PHW-IV	3	14	5	0	0
18	CPA	2	31	0	20	0
19	DGHS(HQ)	532	762	615	3475	550
	Total	**757**	**2322**	**752**	**4695**	**5203**
	Appeal	**129**				

PUBLIC GRIEVANCE CELL

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 .

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.

Staff /Manpower:-

CDEO -01
LDC -01
Peon -01

Requirement of Staff:-

LDC -01

UDC -01
Peon -Nil

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 2018-19

S.No.	Department	Total Received	Total Pending / Overdue
1	EWS Branch	227	0/0
2	MSNH	179	Feb-00
3	DGEHS Cell	58	8-Sep
4	DAN/DAK	78	0/0
5	CDMO North-East	96	2-Mar
6	CDMO North-West	94	Jan-00
7	CDMO West	63	0/0
8	Planning Branch	9	2-Feb
9	CDMO Central	64	2-Feb
10	CDMO Shahdara	54	2-Apr
11	CDMO South-West	42	Jan-00
12	CDMO New Delhi	16	6-Jun
13	CDMO East	28	0/0
14	CPA Branch	10	8-Aug
15	CDMO South	22	7-Jul
16	Hospital Cell	6	2-Feb
17	GRO	5	2-Feb
18	CDMO North	56	0/0
19	CDMO South-East	21	9-Sep

20	Admn. Branch	9	8-Aug
21	Caretaking Branch	9	2-Feb
22	MHS	3	0/0
23	AD SHS	4	1-Jan
24	Anti Smoking	16	15/15
25	PPP Dialysis	8	Feb-00
26	Anti Quackery Cell	9	9-Sep
27	Project Branch	1	0/0
28	Store And Purchase Branch	2	1-Jan
29	Hospital Coordination Cell	4	4-Apr
30	STO TB Gulabi Bagh	8	0/0
31	AAMC Nodal Officer	15	0/0
32	Addl. DGHS (HQ)	15	0/0
33	Account Branch DGHS	1	1-Jan
	TOTAL	**1232**	**101/85**

DISASTER MANAGEMENT CELL (PH-II)

Disasters are known to strike without warning. The Government, Local Bodies, Voluntary Bodies have to work in co-ordination & co-operation to prevent or control disasters, wherever the need arises. Being a mega-city and capital of India, eventualities in the form of floods and outbreaks like Cholera and Dengue, Terrorist Attacks have been witnessed in the past. Delhi is located in a High Seismic Zone of the country and the possibility of major Earthquakes is very real. Disaster Management Cell works within the confines of mandated functions under Disaster Management Act 2005. The Cell is focussing on the lead function "Medical Response & Trauma Care" and support function "Search/Rescue and Evacuation of victims under expert care in emergencies.

Activities under the scheme:

Directorate General of Health Services is implementing the plan scheme on Disaster Management as part of State Disaster Management Plan.

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

Achievements during 2017-18:

1. 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.
2. 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

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:

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 & West 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. The number screened & found pre-diabetic/diabetic is as under.
7. MOU signed with M/s Novartis for collaboration in supporting activities on awareness & prevention of chronic respiratory disease (CRD), Diabetes & its complications.
8. World Diabetes Day celebrated in all the Districts & Hospitals.

Diabetes / Hypertension / Cancer Screening-Cum Counselling Report 2018-19

	NO. OF PERSON SCREENED			NO. OF PERSON SUSPECTED			NO. OF PERSON REFERRED		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
DIABETES	77609	98413	176053	14950	16617	31549	4209	10452	**6257**
HYPERTENTION	78358	95479	173079	16691	16260	32904	2543	3031	**5170**
ORAL CANCER	22542	19416	41962	1025	429	1443	655	281	**914**
BREAST CANCER	0	16103	16103	0	485	485	0	86	**86**
CERVICAL CANCER	0	14773	14786	0	378	378	0	145	**145**

CANCER CONTROL CELL

The plan scheme "Cancer Control Cell" under GNCTD & the programme "NPCDCS" under NHM are focusing on Common Cancer (Oral / Breast / Cervical) and other issues.
The following activities were undertaken.

1. Monitoring & supervision of cancer screening in all Hospitals under GNCTD.
2. Facilitation of field level screening/counseling on Common Cancer (Oral / Breast / Cervical)
3. Training of human resource (ANM & ASHA) for Population Level Screening were undertaken in Central District & West District
4. World Cancer Week celebrated in all the Districts & Hospitals
5. Health promotion at multi level by distribution of education materials on Common Cancer
6. Facilitation of opportunistic screening for Common Cancer through Health Centres under GNCTD all over Delhi.
7. MOU signed with M/s Novartis for collaboration in supporting activities on awareness & prevention of Chronic Respiratory Disease (CRD), Diabetes, Cancer & its complications

Cancer Screening Cum Counseling Report 2018-19

	NO. OF PERSORN SCREENED			NO. OF PERSON SUSPECTED			NO. OF PERSON REFERRED		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Breast Cancer	0	16103	16103	0	485	485	0	86	86
Cervical Cancer	0	14773	14786	0	378	378	0	145	145
Oral Cancer	22542	19416	41962	1025	429	1443	655	281	914

NATIONAL LEPROSY ERADICATION PROGRAMME: DELHI

India had achieved the elimination of Leprosy in December 2005 but it still had active cases. The Grade 2 disability cases were an indication that there were still hidden cases and those cases were not detected early to prevent them. The stigma attached to Leprosy is one of the reasons why cases remained hidden.

- In a last push to achieve complete eradication GOI has worked out a number of innovations to detect hidden cases in the population, of which Leprosy Case Detection Campaign is one of them.
- Leprosy Case Detection Campaign is a house to house search for hidden cases.
- **The prevalence rate of leprosy in Delhi is 1.03 however the grade 2 disability percentage is 12.59 % which is much higher owing to its cosmopolitan nature of Delhi. The figure 12.59 % is inclusive of cases both from Delhi and outside Delhi.**
- LCDC was undertaken for the first time in 2016 in six districts. In 2017 it could not be under taken as funds could not be released on time.
- This year initially all the 11 Districts were planned for LCDC, but as per the latest directive of Sparsh Leprosy Elimination Campaign where in the objective is to reduce the incidence of annual new G2D cases, LCDC was conducted in 8 Districts – in districts with more than 3 percent of the new cases as grade 2 disability cases.

Delhi Demographic Profile:-

1. Total Population -19138797
2. Total Population of the 8 Districts where LCDC was targeted - 14180866
3. Districts - 8 (Central, New Delhi, Shahdara, North, Northwest, West, Southwest, South)
4. Tehsils/Sub Divisions - 24
5. No. of ASHA teams involved - 3531
6. However due to the Population and ASHA workers gap, the ASHA workers are assigned only at selected need-based areas which has been termed as HRAs or High Risk Areas and comprises underserved areas and LIG.
7. LCDC was targeted primarily at the ASHA covered areas with secondary support from Mobile Health Scheme and School Health Scheme.
8. The Population target as per HRAs was 65 lakhs.

Patients Profile including outside patients taking treatment in Delhi:

Demographic profile of Delhi districts September 2018

S. No.	Name of the district	Mid year population 2018	Prevalence rate /10000 population	Annual new case detection rate	Gr II disability	No. of Tehsils	No. of ASHAs
1	East	1668675	0.56	5.51	2.17	3	425
2	Shahdara	1266776	3.39	32.52	17.96	3	335
3	North-East	1575263	0.08	1.02	12.5	3	546
4	North	1605007	0.24	2.99	0	3	460
5	North-West	2566171	0.89	10.76	18.12	3	560
6	West	2892066	0.75	8.71	9.52	3	825
7	South-West	1556820	0.21	1.93	20	3	545
8	South	1409030	1.05	11.64	23.17	3	319
9	South-East	1713993	0.27	1.87	0	3	560
10	New Delhi	1214715	4.58	39.35	6.28	3	221
11	Central	1670281	1.05	1.06	14.85	3	355
12	**Total**	**19138797**	1.03	10.46	12.79	33	5161

Demographic profile of Delhi Districts September 2018 Delhi Patients only

S. No.	Name of the district	Midyear population 2018	Prevalence Rate	Annual New Case Detection Rate	% of Gr II Disability	No. of Tehsils Sub divisions	No. of ASHAs
1	East	1668675	0.32	3.84	6.25	3	425
2	Shahdara	1266776	1.18	19.42	4.88	3	335
3	North-East	1575263	0.2	2.16	0	3	546
4	North	1605007	0.24	2.74	9.09	3	460
5	North-West	2566171	0.56	7.17	10.87	3	560
6	West	2892066	0.26	2.77	17.5	3	825
7	South-West	1556820	0.44	4.5	8.57	3	545
8	South	1409030	0.69	7.24	11.76	3	319
9	South-East	1713993	0.12	0.82	14.29	3	560
10	New Delhi	1214715	0.17	2.47	0	3	221
11	Central	1670281	0.25	2.87	4.17	3	355
12	**Total Delhi**	**19138797**	**0.39**	**4.79**	**8.3**	**33**	**5161**

As per the guidelines LCDC was not conducted in South-East, North-East and East District. In those Districts Focused Leprosy Campaign will be conducted at hot spots of Grade 2 Disability Cases.

LCDC PLAN 2018:

Leprosy Case Detection Campaign as a part of SLEC or Sparsh Leprosy Elimination Campaign is a major initiative by GOI and which can have an impact not only in early detection of leprosy cases but also bring about an awareness in the community of the diseases and change perceptions other than providing a prompt and efficient healthcare delivery system with respect to Leprosy. These can bring about an effective long-term positive change as far as the disease is concerned.

Implementation of an initiative of such magnitude requires meticulous planning and cooperation at multiple levels and inter-sectoral coordination.

Activities carried out as preparation to LCDC and adjusant to LCDC 2018:-

Several activities were undertaken which would later supplement to the efforts for LCDC in joint collaboration with NGO Partners like NLR and HKNS. There was an active participation from the Districts and Mobile Health Scheme in those exercises.

- **Skin Camps at 10 underserved areas of Delhi in collaboration with NLR**

NLEP and NLR in collaboration with Mobile Health Scheme selected ten underserved areas all over Delhi for the special camps for screening and consultation of skin diseases. It had the

following aims and objectives:-

a) Indirect screening of a section of population in the underserved areas for Leprosy Cases (which do not have access to Dermatology Services and sometimes even did not have easy access to basic health care services).
b) Skin ailment consultation and treatment.
c) IEC with pamphlet distribution and Munadi.
d) Statistical data of common skin ailments.
e) Data which can aid in Behaviour analysis and analysis of awareness level.

Although no Leprosy Case was detected, it gave a fair idea of the lack of awareness of Leprosy and a particular apathy for skin related ailments which resulted in late consultation in the OPD.

- **District ASHA sensitisation training at South-West, West, North-West and West Distt. in collaboration with HKNS** :-

HKNS had collaborated with the DLOs of four districts – South-West, West, North-West and West for strengthening and Capacity building which included sensitisation of ASHA workers, IEC activities in the community and training to LAs and Lab Assistants.

- **2 days Leprosy training of State Govt. Medical officers and paramedical staff in the month of September 2018.**

120 medical officers and 60 paramedical staff were given training in Leprosy which included clinical examination and case presentation.

- **Essay writing competition, Poetry Writing and Poster Competitions on Leprosy.**

It has been found that healthy, competitive, creative activities involving the community helps in creating interest in that subject. It had more impact with children although the activities undertaken by NLEP Delhi included all strata of the community.

Status of GOI Innovations as on January 2019.

As far as the Govt. of India innovations for Leprosy elimination, as a last boost for nation wide elimination of Leprosy Cases, selected activities were communicated for being carried out at District and peripheral level.
LCDC or Leprosy Case Detection Campaign, to actively search for hidden cases in the community. It was carried out for the first time in 2016. It could not be carried out in 2017 due to administrative reasons. This year it was conducted from 10th November onwards.

ABSUL – ASHA Based Surveillance of Leprosy where the regular search and reporting activities in the community by the ASHA workers are strengthened by supervision and quick validation. Currently it is reported from three Districts of Delhi. Rest of the Districts have faced roadblock regarding this and currently the matter is being sorted out.

SLAC – Sparsh Leprosy Awareness Campaign, an initiative involving the active participation of the community is held every year. The fortnight long activity is carried out in all Districts of Delhi with much enthusiasm.

PEP–Post Exposure Prophylaxis of the contacts of the index cases have been initiated in all Districts.

Grade II Interview – Diagnosed cases of Grade 2 Disability are interviewed by the health workers for analysis and assessment of the reasons for delayed reporting in OPD. This is carried out in all Districts.

FLC – Focused Leprosy Campaign is being planned in East, South-East and North-East District in the event of a detection of Grade 2 disability case.

Nikusht Online – Nikusht online portal has been revamped and will be utilised after initial orientation and training of staff.

District preparation for LCDC:

Eight Districts were selected for LCDC as per the 2017 data projection. Priority was given to those Districts with the Grade-II Disability cases. Central, South, South-West, West,North-West, North, Shahdara and New Delhi.While preparing the budget estimate as per the guidelines, it was realised as a fact that Delhi had a unique situation. It had 70 Assemblies and 274 wards. As per the guidelines, the expenditure was to be calculated up to the Block Level however preparing an estimate for 274 wards did not seem economically feasible. Even considering the Assembly constituency was proving confusing due to overlapping of the demarcation between Districts and Assembly Constituencies. Therefore, it was decided to adapt the tehsils as blocks for estimate preparation.

District Administration Delhi

Sl.No.	District	Headquarters	Sub divisions		
1	New Delhi	Connaught Place	Chanakyapuri	Delhi Cantonment	Vasant Vihar
2	North	Narela	Model Town	Narela	Alipur
3	North West	Kanjhawala	Rohini	Kanjhawala	Saraswati Vihar
4	West	Rajouri Garden	Patel Nagar	Punjabi Bagh	RajouriGarden
5	South-West	Dwarka	Dwarka	Najafgarh	Kapashera
6	South Delhi	Saket	Saket	Hauz Khas	Mehrauli
7	South-East	Defence Colony	Lajpat Nagar	Kalkaji	Sarita Vihar
8	Central	Daryaganj	Karol Bagh	Kotwali	Civil Lines
9	North-East	Seelampur	Seelampur	Yamuna Vihar	Karawal Nagar
10	Shahdara	Shahdara	Shahdara	Seemapuri	Vivek Vihar
11	East	Preet Vihar	Gandhi Nagar	Preet Vihar	Mayur Vihar

Enumeration of Human Resource Required.

It was decided to deploy ASHA workers in the House to Hose Search teams along with a male worker to form a team comprising an ASHA worker and a male worker. Since ASHA workers are the key persons which serves as a bridge between the community and the health care system it was only logical to formulate a plan according to their service areas. Also ASHA workers command a respect and are trusted by the community. Therefore any message or activity carried out by them will have more impact and cooperation.

As per the guidelines and keeping in mind the available ASHA numbers the team and supervisors required was tentatively estimated as under :-

	Area of Delhi 1484 Sq. km.		population Density 11297/ persons per Sq. km.			
S No.	Districts	Population 2017	ASHAs	Possible teams	Blocks	Supervisors
1	South	1382486	329	329	3	66

2	New Delhi	1191832	221	221	3	44
3	Central	1638816	355	355	3	71
4	West	2837584	825	825	3	165
5	North	1574771	460	460	3	92
6	North-West	2517829	560	560	3	112
7	South-West	1527492	545	545	3	109
8	Shahdara	1242912	335	335	3	67
9	**Total**	**13913722**	**3630**	**3630**	**24**	**726**

Budget:-

GOI had a set guideline for expenditure and the budget estimate was done as per the tentative team numbers and blocks.

As there was a huge difference between the actual population and the available manpower, it was decided that LCDC will be prioritised at High Risk Areas assigned to them. If time and budget permitted then the other areas will be included accordingly.

HKNS had also provided a token monetary support in the LCDC by providing financial assistance in Munadi at the District level.

The budget was estimated as under:-

S No.	Budget Head	Personnel/ Quantity	Incentive Rate	Unit	Total
1	State Level Workshop	50	4000		200000
2	Orientation Training of ASHA , Supervisors and FLW	7986	50	1	363000
3	Advocacy/IEC Activities Block Level	24	4000	1	96000
4	Search activity for search team. 150 per day per team	3630	150	14	7623000
5	Printing of Reporting forms (Rs.30/team)	3630	30	1	108900
6	Procurement of logistics (Rs.10/team)	3630	10	1	36300
7	POL transport for field supervisors to supervise activity of 5 teams(Rs.100/day)	726	100	14	1016400
8	Supervision State Level				50000
9	Supervision District Level	8	10000		80000
10	Supervision Block Level	24	3000		72000
11	Misc Expenses for Meetings /Training programmes to be held in State and Block Levels				10000
	Total				**9655600**

Planning State Level:-

State level planning started with acquiring the necessary Administrative and Financial Approvals. Approval was also taken for urgent fund release post finalisation of LCDC Dates.

Before proceeding as per the guidelines the SLO Office convened a meeting with all DLOs to chalk out a tentative plan for LCDC in Delhi.
The previous LCDC learnings, roadblocks and observations were discussed to avoid and solve any kind of impedance faced previously. On discussion the following issues were identified which required the intervention of the SLO.

1. Active participation of ASHA workers, especially in view of Polio Immunisation being planned during the same period.
   Resolution-It was decided to send a file for approval for involvement of ASHA workers. Regarding the Polio immunisation, acknowledging it to be of importance it was decided that the ASHA workers and health workers would resume and complete the LCDC after completion of the Polio activities. No interruption to Polio activities would occur.
2. Male Volunteers- There was a huge shortage of Male Volunteers in the previous LCDC.
   Resolution- It was decided that SLO Office would be writing to NGOs for cooperation and involvement in LCDC as team members and also to educational institute and Civil defence. ASHA workers would also be encouraged to involve their relatives. Mobile Health Scheme would also be mobilised especially for Institutions with limited health care delivery services.
3. Training– Adequacy of single day training for GDMOS and House to House workers.
   Resolution- Other than the training and sensitisation as per guidelines, it was decided that Video manuals and educative materials would be shared with the MO IC of each health unit for utilisation as and when required. The Officers trained during LCDC workshop for DLOs and Tehsil in charges would be the trainers at District level. Involvement of Hospitals, School Health Scheme and Mobile Health Scheme

Communication to CDMOs for involvement and participation of the staff and carrying out activities during holidays.

State Level Activities:-

1. DLO Brief of LCDC/DLO Review meeting – 25/10/2018.
2. State Coordination Committee meeting – 30/10/2018.
3. The State Coordination Committee Meeting was held under the Chairmanship of the Principal Secretary Health and Family Welfare, GNCTD and after apprising regarding LCDC, it was suggested that proper media publicity may be done for the same. The date for the launch of LCDC on 10/11/2018 was approved along with the plan of the week long break for Polio immunisation activity to be resumed after it and completed.
4. State Level Workshop on LCDC – 2/11/2018 and 3/11/2018: A State Level Workshop on LCDC was carried out for the DLOs, Tehsil in Charge Medical Officers and Medical Officers of School Health Scheme and Mobile Health Scheme.
5. State Media Committee Meeting – 5/11/2018: A State Media Committee meeting was chaired by the DGHS and various advocacy activities were suggested. It was also suggested to maintain the records of events and details of LCDC for future reference.
6. Communications were sent to the Stake holders for Cooperation and awareness creation.
7. Flexibility: As it would be the second time Delhi would be conducting LCDC, it was still a new experience for the Health care personnel. There were also overlapping of other Public Health Campaigns during the same period and holidays due to festivals. It was therefore decided to keep a little amount of flexibility. The priority was to achieve the target within the budget and the guidelines as much as possible with minimum disruption of routine activities and other programmes.

Planning District Level:

All the Districts started with their District Coordination Committee meetings under the Chairmanship of the District Magistrate co-chaired with the CDMOs.
District Level Meetings and Sensitisation and Trainings at the centres:- (From 30/10/2018 till 9/11/2018)

Roles and responsibilities were assigned for better monitoring and supervision.

The Monitoring and Supervision Chain of the Districts are as follows:-

LCDC Reporting Chain (12th November 2018 To 25th November 2018)

District:- New Delhi

Name of DLO	Name of Sub Div In Charge with Sub Division name	Name of MO ICs with name of area/DGD, under Each Sub Div. In Charge	No of Reporting Units/FLW under each MO I/C
Dr. Shobhit Gupta (DlO)Link	Dr. Harsh Priya (Sub Division Delhi Cantt.)	Delhi Cantt. General Hospital	13
		DGD Mayapuri	6
		MCW Naraina	19
		DGD Inderpuri	16
		DGD Budh Nagar	18
		MCW Nangal Raya	20
		DGD Sagarpur	8
		DGD Motibagh	2
		DGD Shahbad MD Pur	6
		MCW Moti Bagh	8
		TOTAL	**116**
	Dr. Janardhan Patel (Sub Dvision Basant Vihar	Poly Clinic Basant Gaon	7
		MH Munirka	21
		MCW RK Puram	10
		DGD Mahipalpur	34
		MCW Rangpuri	20
		DGD Rajokari	14
		SEED PUHC Samalka	9
		TOTAL	**115**
	Dr. Abhishek Singh (Sub Division Chanakyapuri)	Area covered by MHS TEAMS	

North-West District:-

Name of DLO	Sub Div. Officers	NODAL Unit Name	Health Center Name	No. of ASHA
Dr. Pulak	Dr Naresh	MCW Sultanpuri C-Block	MCW, Sultanpuri C Block	28
			MCW, Budh vihar	38
		SPUHC Laxmi Vihar	SPUHC, Inder Enclave	23
			SPUHC, Laxmi Vihar	28
		SPUHC, Prem Nagar, 3	SPUHC, Prem Nagar 3	22
			SPUHC, Prem Nagar II	30
	Dr Anil	DGD Kirari	DGD, Kirari	21

	Kataria		MCW Sultanpuri, F-Block	30
			SPUHC, Aman Vihar	39
		DGD Sultanpuri	SPUHC, Budh Vihar	23
			DGD, Sultanpuri	33
		MCW Mangolpuri A-Block	DGD, Mangol Puri	20
			MCW, Mangolpuri, A-Block	39
		MCW Sector-3, Rohini	MCW Mangolpuri S Block	30
	Dr Minaxi	DGD Sangampark	DGD, Keshav Puram C-7	4
		DGD Wazirpur JJ Colony	MCW, Wazir Pur	11
			DGD, Wazirpur Industrial Area	11
			Polyclinic Keshav Puram B-4	14
			DGD, Wazirpur JJ Colony	22
		MCW Shakurpur	MH, G-Block Shakurpur	8
			DGD, Shakur Pur, I-Block	14
			MCW, Shakurpur	25
		DGD Rohini, Sector-13	DGD, Shalimar Bagh AC1	7
			DGD, Rohini Sector-13	7
			DGD, Shalimar Bagh, B-Block	8
			Polyclinic, Rohini, Sector-18	20

North District:-

North	Sub-Division	I/C of Sub-Division	Name of Health Facility	Incharge of Health Facility	Contact No.	No.of Asha Team
	Model Town	Dr. Chander Sekhar A.J, 8587821348	MCW Centre,Vijay Nagar	Dr.Suchitra Bond	9718881948	6
			MCW D Block Jahangir Puri	Dr. Ankita Bansal	8860619565	18
			MCW A Block Jahangir Puri	Dr. Archna	9350255519	18
			MCW B Block Jahangir Puri	Dr. Shilpi	8447938056	17
			MCW Kewal Park	Dr. Kavita Gupta	9811178250	19
			MCW Lal Bagh	Dr. Mamta	9953985270	20
			MCW Azad Pur	Dr. Pooja	8860409826	11
			MCW Bhai Parmanand	Dr. Neelam	9810905937	26
			DGD B Block Jahangir Puri	Dr. Geeta	9971933464	19
			DGD H Block Jahangir Puri	Dr. Susma Rajput	9717578931	27
			DGD Model Town	Dr. Kusum Arora	8800897940	0
			DGD Bhalaswa Dairy	Dr. Chandershekhara A.J.	8587821348	18
			DGD Bhalaswa JJ Colony	Dr. Surjeet Chorsiya	8376060280	23

			DGD Gurmandi	Dr. Fathima Fevin Salu	7827615171	2
			Seed PUHC Swaroop Nagar	Dr. Ved	9968681976	27
	Alipur	**Dr. Anil Yadav, 8285959441**	DGD Bakhtawarpur	Dr. Mahesh Chaudhary	9958778214	6
			DGD Khera Kalan	Dr. Anil Yadav	8285959441	20
			DGD Mukhmail Pur	Dr. Anupam Vashist	9873225429	12
			MCW Center Badli (MCD)	Dr. Bhanu	9871068512	29
			Maternity Home Shahbad Daulatpur (MCD)	Dr. Madhu Arora	9818263382	29
			MCW Center Alipur (MCD)	Dr. Sarita	9868371775	25
			MCW Center Shahbad (MCD)	Dr. Priyam Singh	9582405601	19
			MCW Garhi Bakhtawar Pur			15
	Narela	**Dr. Vikram Nath, 8287034818**	DGD Bhor Garh	Dr. Vikram Nath	8287034818	13
			DGD Daryapur Kalan	Dr. Rajesh Ranjan Bharti	9910230616	6
			DGD Harewali	Dr. Santosh Gupta	8802819353	3
			Dgd Holambi Kalan Ph - II	Dr. Bhart Aggarwal	9871001268	26
			DDG Katewara	Dr. Surender Rana	9999497150	11
			DGD Narela Pujabi Colony	Dr. Sanjeev Kamal	9555271070	25
			DGD Sannoth	Dr. Pratyush	8800601021	42
			MCW Centre Narela-Ii-Ipp8	Dr. Prashant Kumar	8130173122	29
			MCW Centre Narela-I	Dr. D.G.	9810730734	36
			MCW Bawana	Dr. Mohan Singh	8447774017	25
				Total		**622**

West District :-

Name of DLO	**Sub Div. Officers**	**Health Center Name**	**Incharge of Health Facility**	**Contact No.**	**No.of ASHA**	**Total No of Houses**	**Total Population**
Dr. Pankaj Prasad	Patel Nagar Dr.Tuseer Chouhan Mobile No:-9718025008	Prem Nagar	Dr. Sanjay Kumar	011-25875497	21	10914	39887
		Baljeet Nagar	Dr. Sunil Kumar	011-25873118	34	12210	50971
		SPUHC,Sudershan Park	Dr. Mamta Singh	9213394965	10	3910	14870
		IPP-VIII, Kirti Nagar	Dr. Poonam Sahni	9873485273	22	9087	33194
	Rajouri Garden Dr. Kundan Mobile No:-9868770793	MCW, Tilak Nagar	Dr. Niraj Kumar Roy	9868837048	2	1250	7015
		DGD, Vikas Puri	Dr. Neha Mehta	7503650408	5	1852	6070
		SPUHC,Chander Vihar	Dr. Vibha Chawla	9891443438	16	5920	27830
		Polyclinic,Tilak Vihar	Dr.Neeraj kumar Roy	9971572990	17	5460	15953

		DGD Choukhandi	Dr.Miritunjay DGD Khyala	9212146056	5	2566	10099
		DGD Raghubir Nagar	Dr. Leena Raut	9810796637	4	1440	6859
		MCW Khyala	Dr. Bharat Bhushan	9871565568	15	4977	19478
		MCW T Camp Shiv Vihar	Dr.Rakhi Mittal DGD Shiv Vihar	8750108270	15	3818	11343
		DGD Shiv Vihar	Dr.Rakhi Mittal	9811229438	37	14587	52952
		DGD Ram Dutt Enclave	Dr. Achala Gulati DGD Nawada	9811891199	3	1807	7368
		SPUHC Mansaram Park	Dr.Vandna Roy	9910715207	17	7925	31232
		MCW Uttam Nagar	Dr. Veena Vayas	9868534314	23	8905	20098
		DGD Nawada	Dr. Kundan	9868770793	33	12010	38328
		Seed PUHC Mohan Garden	Dr. Mamta Varshney	9312312011	35	14834	40936
		MCW Mahindra Park	Dr.Neelima MCW Hastsal Janta Flat	7979827966	11	3834	14142
		MCW janakpuri	Dr. Seema	9910065038	12	4104	14580
		MCW Hastsal Janta flat	Dr. Neelima	9868585956	19	6845	13186
		MCW Hastsal	Dr.Rachna	9818220543	27	11653	21664
		MCW Raghubir Nagar	MCW Tagore Garden	9810396558	20	270	1350
		MCW Tagore Garden	Dr. Savita Sinha	9810057514	24	14906	51837
	Panjabi Bagh Dr.Pragya Ph. No:- 9013290443	Mohalla Clinic Peeragarhi	Dr.Seema Bhagat IPPVIII Peeragarhi	7678187942	3	5207	15936
		DGD Paschim Puri	Dr. Krishna Bhardwaj	9968216119	4	1638	5876
		MH Madipur	Dr. Jagjeet Kochar	9899910775	11	519	3525
		MCW, Paschim Vihar	Dr. Komal	9311014528	12	5931	11491
		MCW, Peeragari	MCW Peeragrhi	9711046579	21	6245	18448
		DGD, Baprolla	MCW Baprolla	9911319181	7	10962	15857
		DGD, Bakkarwala	Dr. Vikas Sinha	9990468978	10	2745	12619
		MCW, Baprolla	Dr. Aparna Nath	8447259394	23	4312	20987
		DGD, Tilakpur Kottla	Dr. Savita Saini	9873394930	21	8917	11272
		DGD, Hiran Kundana	Dr. Arvind	9958253583	8	6742	12329
		DGD, Mundka	Dr. Deepak	9990684464	13	1370	6901
		MCW, Mundka	Dr. Pradeep	9711110645	13	4862	14688
		DGD, Tikri Kala	DR. Manish Kamra	9968577007	14	5252	22533
		MH Jwalapuri	Dr.Pragiya Singh DGD Jwala puri	9910969961	12	6138	25280
		DGD jwalapuri	Dr Anita Gupta	9891988758	14	5861	26280

		Seed PUHC Nihal Vihar	Dr. Meenakshi	9013290443	23	5050	22568
		Seed PUHC,Nilothi	Dr. Rakha Gupta	9873348972	16	13191	50725
		MCW, Nangloi	Dr. Sangeeta	9873720814	24	4511	27198
		DGD, Nangloi	DGD Nangloi	9871352266	23	6004	241161
		Seed PUHC Kamrudin Nagar	Dr. Garima Handa	9899011690	31	3857	18161
		MCW, Jwalapuri	Dr, Anita Tondan	987191440	22	9480	17005

South West:-

District Leprosy Officer	Sub Division I/C	Name of Health Facility	Name of MOIC	No. of ASHA	Population Covered Blockwise
Dr. Vimal Kaushal	Najafgarh Block Dr. Aakash Sehdev	DGHC Dindarpur	Dr. Akbar Haidari	23	485263
		DGHC Chhawla	Dr. Supriya	9	
		DGHC Sector-19	Dr. Lata	1	
		SPUHC Qutab Vihar	Dr. Shipra	20	
		DGHC Mallikpur	Dr. Aarti	5	
		DGHC Issapur	Dr. Sudhir Solanki	4	
		DGHC Dhansa	Dr. Jaya	3	
		DGHC Rawta	Dr. Saurabh	5	
		DGHC Mundhela	Dr. Sheetal	5	
		PHC Ujjwa	Dr. G. L. Saini	8	
		DGHC Nangli Sakrawati	Dr. Annu Rani	10	
		SPUHC Ranaji Enclave	Dr. Dheeraj	13	
		SPUHC Dharampura	Dr. Meenakshi	15	
		Polyclinic Pandwalan Kalan	Dr. Leena Kachary	14	
		DGHC Jhatikara	Dr. Pameli	3	
		DGHC Kanganheri	Dr Deepika Aggarwal	4	
		MCW Daulatpur	Dr. Sudha	3	
		RHTC Najafgarh	Dr. Anupama	34	
	Kapashera Block, Dr. Ashok Kumar 9891768856	DGHC KAPASHERA	Dr.R.R.Rathi	42	162698
		SPUHC SALHAPUR	Dr. Shilpa	8	
		M&CW centre Bijwasan	Dr. Jyoti	25	
		DGHC Bamnoli	Dr. Rita Mongia	5	
		DGHC Rajnagar	Dr. Monika Baranwal	43	513161
	Dwarka, Block, Dr. Moti Sagar	DGHC Sadhnagar	Dr. Deepti Mittal	46	
		DGHC Sector 12,	Dr. B.K.Swarnkar	19	

		DGHC Sector 14	Dr. Aarti Soni	11	
		SPUHC Kakrola	Dr. Renuka Madan	18	
		DGHC Sector 2, Dwarka	Dr. Kamna Agarwal	27	
		Dada Dev Hospital	Dr. Reenuka Thakur	45	
		MCW Sagarpur	Dr. Neetu Yadav	24	
		M&CW Bindarpur	Dr Urmila	29	
		Seed PUHC Sitapuri	Dr. Lakhvinder	21	
			Total	542	1161122

South District:-

Name of DLO	Sub Division In Charge	Name of ASHA Unit	Name of MOI/C	NO. of ASHA	Population Covered by ASHA Unit	Population Covered by ASHA
Dr.Anuja Vasudeva	Mehrauli Dr. Madhu	DGD Chattarpur	Dr Madhu	23	90343	123018
		DGD Jonapur	Dr Archna	13	59712	30558
		SPUHC Aya Nagar	Dr Suman	28	75000	60812
		MCWC Fatehpurberi	Dr Alka	27	76658	67437
		MCWC Mehrauli	Dr Pooja Sarin	26	93894	57968
		MCWC Bhati Mines	Dr V S Maan	9	21465	21465
	Saket Dr.Meenu Bal	DGD Sangam Vihar K2	Dr Mittal	15	48740	33795
		SPUHC Neb Sarai	Dr Meenu	16	58102	35648
		SPUHC Sangam Vihar L-2	Dr Dheeraj	24	73354	55448
		SPUHC Jawahar Park	Dr Shashi	19	60379	41710
		MCWC Devli	Dr Kumudawali	25	55000	54420
		MCWC Dakshinpuri-5 Block	Dr D Sanyal	20	71339	47151
	Hauzkhas Dr.Rashmi	DGD Begumpur	Dr Deepa	10	79820	19575
		DGD Chirag Delhi	Dr Namita	11	53183	20890
		DGD Dakshinpuri	Dr Deepmani	5	25688	10560
		DGD Madangiri	Dr Mamta	8	19862	19862
		MCWC Dakshipuri-E-Block	Dr Nidhi	17	42110	34110
		DGD Khanpur	Dr Rashmi	9	42305	17258
		MCWC Madangiri	Dr Ravi Bhushan	15	44462	36716
		MCWC Shahpur Jatt	Dr Sunita Vohra	2	39029	4000
		MCWC Gautam Nagar	Dr Ankita	6	62268	10013
		Total		**328**	**1192713**	**802414**

Central District:-

Name of DLO	Sub Div. In Charge	Name of Area/DGD,	Name of MO IC s of Area/DGD	No of Reporting Units/FLW
Dr. Ritu Chaudhary	Civil lines - Dr. Aasma Praveen	DGD Majnu ka tilla	Dr Aasma Praveen	7
		DGD Jharoda Majra	Dr Sonia Malhotra	33
		DGD Wazirabad	Dr Anita Chawla	23
		DGD Mukundpur	Dr Pintu	20
		SPUHC Samta Vihar	Dr Vikram	25
		SPUHC Jagatpur	Dr Ritu Gehlote	9
		SPUHC Nathupura	Dr Mandeep	27
		MCW Burari	Dr Sweety	40
	Kotwali- Dr.Neeta Agarwal	DGD Pulbangash	Dr Neeta Agarwal	9
		DGD Galisamosan	Dr Chandan	7
		DGD Nabikarim	Dr Safia	18
		DGD Ajmeri Gate	Dr Laxmi	8
		DGD Dujana House	Dr Jyoti	18
		MCW Nabikarim	Dr Dishant	8
		MCW Sarak Prem Narayan	Dr Arti	2
		MCW Bagh Kare Khan	Dr Dharna	10
		UPHC Daryaganj	Dr Sheetal	4
		MCW Katraneel	Dr Grover *	7
	Karol Bagh -Dr Yunis Fatima	DGD Tank Road	Dr Yunis Fatima	16
		DGD Anand Parvat	Dr Zarina Periera	6
		MCW Naiwalan	Dr Narendra	4
		MCW Dev Nagar	Dr Ponmalar	20
		Total		**321**

Shahdara District

Name of DLO	Sub Division In Charge	Name of ASHA Unit	Name of MO IC s	No of ASHA Units/FLW
Dr S K Nayak	Shahdara - Dr. Rahul Gautam	DGD Durgapuri	Dr. Bharti Gupta	9
		DGD Maujpur	Dr. Rahul Gautam	15
		SPUHC Kabir Nagar	Dr. Renu Sharma	28
		SPUHC Amar Colony	Dr. Renu chaudhary	19
		DGD Saboli	Dr.Usha Kumari	20
		DGD Ashok Nagar	Dr. Rajni Nim	7
	Seemapuri - Dr. Madhushri Chakravarti	AAPC Nand Nagri	Dr. Deepika Malik	47
		DGD Nand Nagri Extn.	Dr. Prem Chand	25
		DGD old Seemapuri	Dr. Madhushri Chakravarti	10
		M&CW Nand Nagri B-4	Dr. Sushmita	25

		M&CW Nand Nagri E4	Dr. Venketesh	15
		DGD Dilshad Garden	Dr. Meena Ranga	7
		Maternity Home Seemapuri	Dr. V.K Rastogi	25
	Vivek Vihar - Dr. Sushma Rani,	DGD Karkardooma Village	Dr. Nivedita Chakravarti	19
		DGD Mukesh Nagar	Dr. Gautam Kumar	11
		SPUHC Jheel	Dr. Sunaina	19
		Maternity Home Chandiwala	Dr. Tulsi	20
		DGD Bholanath Nagar	Dr. Sushma Rani	15
		Total		**336**

Co-operation from Stake holders:-

Although letters for male volunteers were sent to Scouts Associations, Civil Defence , Red Cross and St. John's ambulance brigade, an institute for paramedical studies, other NGOs to name a few, however very few came forward to enlist. Civil Defence Volunteers were provided at South District. The commonest reason cited was the low remuneration and a long duration.

However NGOs working in the field of Leprosy provided considerable support in various forms.

HKNS provided volunteers and support for Munadi at 4 Districts of Delhi – North-West, West, Sout-West and North. They also assisted in training of manpower and monitoring and handholding the manpower on field during LCDC House to House search activities.

NLR conducted multiple activities for capacity building of the DLOs, Medical Officers and other NLEP staff. They assisted in IEC and had also organised skin camps all over Delhi in collaboration with NLEP Delhi before LCDC. During LCDC NLR also helped in monitoring, supervising and guiding the on field staff.

DFIT and TLM Shahdara other than being the hospitals for RCS surgeries also aided NLEP Delhi in training of doctors and paramedical staff. They also supported Delhi in various IEC activities.

School Health Scheme co-operated by generating awareness in schools and school children.

Mobile Health Scheme – LCDC was done by MHS staff at their catchment areas like old age homes, correctional facility, orphanages etc and report were submitted to the Districts and the State. Mobile Health Staff was also deployed at District to assist the DLOs during LCDC at the Districts.

Hospitals – Hospitals were requested to conduct CMEs and health talks to sensitise the hospital staff about LCDC.

For Publicity and Public Awareness:-

Leprosy Case Detection Campaign was conducted from 10/11/2018 onwards in Eight Districts of Delhi (Shahdara, North, North-West, West, South-West, South, Central and New Delhi). The fortnight long activity saw field teams comprising of ASHA workers and a volunteer visiting house to house for screening of the population of hidden cases of Leprosy under supervision of experts in Leprosy.

The message that early detection of Leprosy cases prevent disability and deformity and leprosy is completely curable was disseminated in the population by the teams in addition to the screening activity.

Hon'ble Health Minister formally launched the Leprosy Case Detection Campaign 2018 in Delhi w.e.f. 10th November 2018 by organising a press conference at Delhi Secretariat. The news was covered in leading dailies of Delhi on 10/11/2018.

Newspaper Advt. was published on 17/11/2018 in one English daily – Pioneer and two local dailies.

The Teams, District and State Administration also created IEC and awareness creation among the general public during the fortnight. As per guidelines Munadi was done in the community for five days. Other than the Munadi, pamphlet distribution was also done in the community. In Districts where Munadi was not feasible due to the very narrow alleys and bye lanes, pamphlet distribution and ASHA workers spread the message by community gatherings.

In New Delhi District Rally was organised for LCDC.

The IEC activities in the districts started from 8/11/2018.

House to House activities:-

LCDC started on 10/11/2018 at Central, South, North, South-West and West. In Shahdara, North-West and New Delhi, 10 facilities of West Distt. LCDC was started on 14/11/2018 due to the unavailability of most health workers due to festival holidays. During Polio Immunisation, those ASHA workers who were involved in Polio immunisation were allowed to resume the LCDC activities after the Polio was completed.

As there was a huge gap between the population and the number of ASHA workers available, it was decided that LCDC would be carried out on priority at only areas covered by ASHA workers or HRA.

Therefore, as per the ASHA covered area list, 6956532 was primarily targeted followed by the remaining of the total population of 14180866 of the eight districts. After the initial hiccups, the activity proceeded and was completed successfully. The enthusiasm of the ASHA workers and the teams can be seen from the number of suspects enumerated. In initial phase 11124 which was brought down to 8868 later by confirmation on field by supervising teams.

CONSOLIDATED STATE REPORTING FORMAT (TO BE FILLED BY THE SLO AND TO BE SEND TO CENTRAL LEPROSY DIVISION

S. No.	Districts	Teams	Total houses visited by teams	No. of L houses	No. of X houses	No. of persons examined in 'L' houses by teams	No. of X houses converted to L houses	No of persons examined in X houses by teams	No of X houses left at the end of the activity	No of L Houses checked by Supervisors	No of unexamined persons examined in L Houses by Supervisors	Total persons examined (1+2+3)	Suspects identified	Cases Confirmed till date
1	Central	321	146436	127049	19387	580958	12081	50788	7306	16133	2342	634088	617	7
2	South	328	153566	130309	23257	571200	19212	42268	4045	15918	419	613887	4623	4
3	South-West	544	277319	254647	22672	1061633	16040	85616	6632	61281	8822	1156071	111	4
4	West	786	265197	224045	41152	1040892	19947	34565	21205	34596	9214	1084671	267	4
5	North-West	537	265197	190632	26928	925582	16728	37135	10200	22125	4850	967567	892	2
6	North	460	266357	232030	34327	1030283	26552	150963	7775	46634	1289	1182535	1652	3
7	New-Delhi	221	104323	72971	31352	310044	14878	47478	16474	16198	1384	358906	285	2
8	Shahdara	335	115679	97377	18302	533470	13567	53243	4735	10297	2961	589674	421	4
	Total	**3532**	**1594074**	**1329060**	**217377**	**6054062**	**139005**	**502056**	**78372**	**223182**	**31281**	**6587399**	**8868**	**30**

LCDC cases detected – Summary

S. No	Name of the District	No of teams Deployed	No. of suspects	MBA	MBC	PBA	PBC	Females	Children	G1D	G2D
1	Central	321	617	6	1	0	0	1	0	0	3
2	North	460	1652	2	0	1	0	1	0	0	1
3	Northwest	537	892	0	0	2	0	1	0	0	0
4	West	786	267	4	0	0	0	1	0	0	3
5	Southwest	545	111	4	0	0	0	1	0	0	1
6	New Delhi	221	285	2	0	0	0	1	0	0	1
7	South	328	4623	3	0	1	0	2	0	2	0
8	Shahdara	335	421	3	0	1	0	3	0	0	0
	Total	**3533**	**8868**	**24**	**1**	**5**	**0**	**10**	**0**	**2**	**9**

Facts about Leprosy:

1. Leprosy is not hereditary.
2. It is a bacterial disease caused by Mycobacterium Leprae.
3. Source of infection is an untreated leprosy patient.
4. Its diagnosis is easy and confirmed by three cardinal signs.
   A. Hypo-Pigmented Patch with loss of sensation.
   B. Nerve involvement with muscle weakness.
   C. Acid fast Bacilli in skin slit smear examination.
5. Multi drug therapy (MDT) is highly effective to kill Mycobacterium leprae
6. 99% bacilli are killed after first supervised dose of MDT.
7. Early detection and prompt treatment prevents disability due to Leprosy.
8. No child should get disability. In case a child gets disability, it is a shame on us.
9. We target to achieve less than one case of disability per million population by 2020.
10. Early management of lepra reactions can prevent nerve damage and development of disabilities.

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 2018-2019:-

1. Participation in various health melas/parades/public function.
   A. Govt. Acheivements Expo at Pragati Maidan.
   B. IITF at Pragati Maidan.
   C. MTNL Perfect Health Mela.
2. Meri Dilli Utsav.
3. IEC activities and Procurement of IEC Materialsat the above mentioned venues.
4. Interdepartmental departmental 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 awards:
The criteria of selection to the award were as under:

1. Meritorious/extraordinary work in the field of healthcare/ health promotion/ social service/ health research/ public health.
2. 15 years or more regular service under GNCT Delhi, MCD or NDMC.
3. Vigilance Clearance and Annual confidential report/Work & Conduct report of the candidate.
4. Recommendations from Head of the department.
5. 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 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	20	31
Total	**281**	**307**

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

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 symptoms in varying degrees of severity begin to occur. Those affected may experience shortness of breath, fever, chest pain, exhaustion and dry cough. More advanced forms of the disease will show cyanotic mucus membranes and asthma or other breathing difficulties, similar to advanced emphysema. The Silicosis disease may also leave the lung more vulnerable to Tuberculosis, and has also been linked to the development of Autoimmune Disorder such as Lupus and Rheumatoid Arthritis. Since Silicosis affects the lungs, it can also affect the vessels leading to the heart. So heart disease and enlargement are common. In the 1990s Silicon Dioxide was classified as a known Carcinogen, and as such. Silica exposure is now linked to the development of lung cancer.

Computerized Axial Tomography Scans and X-rays recognize the lesions and nodules associated with silicosis. Diagnosis is also aided by examining the symptoms of those who may be exposed to Silicon Dioxide. It is an irreversible condition which can only be addressed by treating the symptoms. Such treatments may include cough syrups, Bronchodilators, Antibiotics and Anti-Tubercular medications. Additionally, those affected are advised to avoid exposures to smoking, to any further silica and to other

lung irritants. Special filters for drilling equipment have been developed and dry mining is infrequent. Anything that can reduce the silica dust content in the air, particularly the use of water, is employed to make working conditions safer. Precautions developed because of the liabilities for employers, as well as the risk to workers Silica Exposure Lawsuits abound. When the West first began to industries, Silicosis contraction was almost certainly if one was employed as a miner or Bricklayers. 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. Silicosis will often develop between 20 to 45 years after the exposure. But certain forms of the disease can occur after a single heavy dose to a very high concentration of Silica in a short period of time. Workers with Silicosis may have following symptoms:

- Shortness of breath following physical excretion.
- Severe and Chronic Cough.
- Fatigue, loss of Appetite.
- Chest pains and fevers.

Silica Particles end up the air sacs of the lung, causing inflammation and scarring that damages the sacs, preventing gas exchange and normal breathing. The disease will be fatal as the inflammation spreads and lung tissue becomes damaged.

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.

Strategies:

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

There are three main types detailed below:

1. **Acute Silicosis:-**Occurs after heavy exposure to high concentrations of Silica. The symptoms can develop with in a few weeks and as long as five years after the exposure.
2. **Chronic Silicosis:-**Occurs after long term exposure of low concentration of Silica dust. This is most common form of the disease and is undetected for many years because a chest X-Ray often does not reveal the disease for a long as 20 years after exposure. This type of the disease severely hinders the ability of the body to fight infections because of the damage to the lungs, making the person more susceptible to other lung diseases including tuberculosis.
3. **Accelerated Silicosis: -** Occurs after the exposure to high concentrations of Silica. The disease develops with in 5 to 10 years after exposure. In all three types, Silica dust can kill people and can cause many serious diseases besides Silicosis. Silicosis can lead to other dangerous lung diseases.

The progression of the Silicosis: - Once in the lungs, the particles cause acute toxicity and damage to the lung cells. Scientists believe that the surface and sharp structure of the Silica particles are to blame for the extreme danger and toxic nature of the dust. It has been observed that freshly crushed Silica particles cause more inflammation and kill more cells than silica that has in the air. The Silica particles are quickly attacked and ingested by the body's defense system releasing Enzymes and Radicals. This release of these byproducts can result in death of the lung and white blood cells which causes inflammation and can result in acute Silicosis.

As scar tissue is created, it will from lesions in the later stages of the disease. As the body develops chronic inflammation, dark areas becomes visible in X-Ray. The Silicosis nodules are dense spherical structures which collect together and become visible on chest X-rays usually in the upper lung fields. As Silicosis develops the lungs become increasingly susceptible to infection with Tuberculosis, Fungi and Bacteria of many kinds.

The changes in Lungs as Silicosis Progresses:

Acute Silicosis:- Acute Silicosis is caused by a massive outpouring of protein debris and fluid into lung sacs due to short term exposure to extremely high concentration of Silica dust. Acute Silicosis is treated with a high dose of steroids, but the prognosis is generally poor. This is because the ongoing accumulation of debris in the lungs air spaces causing respiratory failure which is largely untreatable. Additionally, Acute Silicosis reportedly has caused many deaths among workers exposed at the same time, at a single work site. Lung Transplants for young workers with this form of Silicosis provides some hope.

Chronic Silicosis:- In this form of Silicosis, also called Chronic Nodular Silicosis the Silicosis Nodules collect to form a mass, which can be identified on chest X-Ray. These masses cause the upper lobes of the lungs to contract, which appears as an "Angel Wing Pattern" on the X-Rays. Doctors and Radiographers refer to this pattern as angel of death because it is a poor prognostic sign.

Accelerated Silicosis:- Accelerated Silicosis is a very rare form that progresses rapidly from intense short term exposure to Silica Particles. In this form, the nodules develop at a much faster rate and are usually fatal within a few years.

Prevention of other complications of the disease:-Fungal infections are believed to result when the lung scavenger cells that fight these disease are overwhelmed with silica dust and are unable to kill mycobacterium .

Patients with Silicosis have a greatly increased risk of developing Tuberculosis.

Systematic Sclerosis:- Silica exposure has been associated with systemic sclerosis and its many forms. Systemic Sclerosis is a disorder of connective tissues and joints and small blood vessels. Scleroderma involves skin changes and injury to the joints and small blood vessels. Sclerosis involves skin changes and injury to the joints changes are seen on the skin, particularly over the fingers and face.

Silica Associated Lung Cancer:- Lung cancer has been associated with preexisting Silicosis. However, Lung Cancer may also occur in person exposed to Silica in the absence of Silicosis. Doctors believe that Silicosis produces increased risk for Lung Cancer and that the association between Silica Exposure and Lung Cancer is causal.

Workers have been overexposed to Silica dust should visit a doctors specializing in Lung Disease, a Pulmonologist. Silicosis often goes untreated and undiagnosed especially chronic Silicosis because its symptoms are not unique. A person's occupational history with silica dust exposure will help doctors evaluate possible medical problems. Through medical examination using chest X-Rays and lung function test can determine if a person has Silicosis. Workers at risk of exposure, such as miners or sandblasting should have lung examination at least every 3 years. Above all, prevention of the disease is key action to control Silicosis, because there is no way to reverse the disease. Lung function tests are useful in early diagnosis of the disease, often showing poor airways and Bronchitis associated with irritation from the dust. Using tools like CT Scans, MRIs, invasive procedures are almost never required to make the diagnosis of Silicosis as a simple Chest X-Ray is a good tool. Patients at risk should let their doctor know, because the doctor may not think to look for the disease. There are risks of misdiagnosis. It may be misdiagnosed as Pulmonary Oedema and Tuberculosis. Few lasting treatment are available for Silicosis. The first step is obviously stopping continuing exposure. This will not stop the gradual progression the disease, but will prevent it from an even faster rate of progression.

Treatment aim to relieve pain and suffering: Patients are administered oxygen and steroids to help them breathe as the disease runs its course. Unfortunately the only good treatment for end-stage Silicosis is a Lung Transplant, which can be a lifesaving treatment.

The General Control of the Disease:

1. Use of Oxygen
2. Patients stops smoking
3. Monitoring the person for signs of lung infection
4. Experts have also tried aluminum powder, D-Pencillamine., and Polyvinyl Pyridine-N-Oxide.

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

Today, Lal Kuan is the home of former mine workers and stone crushers ailing from Silicosis. PRASAR (An NGO) claims that at least 3,000 residents have died in the last 15 years from Silicosis Tuberculosis and other breathing ailments in Lal Kuan area. NGO must be having some records or Gastimates only? But it is sensitive to the problem of Silicosis in poor population. Chief Minister Delhi convened a meeting in Delhi Secretariat to discuss the problem of Silicosis in the Lal Kuan area. The meeting was attended by the Health Minister of Govt. of Delhi, Food Minister, Principal Secretary (Health & Family Welfare), Directors Social welfare, and Director Health Services (DHS) and other officers of different departments. Representatives of NGO-Prasar along with the Silicosis victims were also present to explain the sufferings of Silicosis victims in Delhi. Chief Minister asked the officials to find long term rehabilitation for the Silicosis victims. The medical examination and physical survey of the area was advised to provide benefits to needy population.

Physical Survey:- Physical survey was the joint venture of Directorate of Social Welfare and Directorate of Health Services. The team consisted of 1) District Social Welfare Officer, 2) Research Officer, DHS, 3) Kanungo, Revenue Department 4) CDPO of Area 5) NGO-PRASAR, 6) Anganwadi workers (AWWs) involved=17. The Social Welfare Departments has carried out its physical survey to bring the Silicosis victims into Antyodaya schemes and granting of pensions.

Strengthening of Services: Health department is generating awareness about Silicosis in the community. Doctors are being sensitized to suspect and detect cases of Silicosis. The media interest on occupational hazards has triggered the voice to review occupational safety rules and implement them strongly across the country. The most significant effect has been on the minds of the inhabitants of Lal Kuan. It has driven away the feeling of hopelessness and instilled sense of empowerment among the people giving them a new zeal to look forward to life. Active involvement of NGOs has brought public private partnership.

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

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

Clinical Examination:-The Dean MAMC constituted a task force comprising Dr. T.K Joshi from COEH, Dr. K.S. Baghotia of DHS, and Dr. Neeraj Gupta of COEH. Two surveyors were appointed who were trained and provided guidance in feeling up the interview schedules. The chest X-Ray Blood & Urine investigations were required for the subjects under study were carried out at NTPC Hospital Badarpur. The Radiographer as per norms were read by Dr. Arthur Frank, Chief of Occupational Health, Drexel University, Philadelphia. Dr. Rahul Mukherjee, MRCP, a Respiratory Physician in Birmingham Hospital, U.K and Dr. T.K. Joshi, Occupational Physician of COEH trained in UK and USA. Pulmonary Function Testing was performed by Dr. Neeraj Gupta of COEH.

Findings:-Out of 240 cases suspected to be symptomatic only 165 symptomatic subjects presented for the study and 111 turned up for X-Ray. Out of this only 104 subjects had occupational history. Almost 98

subjects presented with a history of working in stone crushers. Out of this 41 were found to be having Silicosis. Only one case of Silicosis did not have exposure. It appears that the exposure to dust was associated with silicosis in about 45% of those who worked on stone crushers. 43% patients were also having deafness. In addition to this 82% subjects had low hemoglobin levels i.e., Anemia.

Validation of Silicosis Cases:-Forty four (44) candidates were identified by the medical team headed by Dr. T.K. Joshi suffering from Silicosis/ Silico-Tuberculosis. An expert group was constituted in MAMC under Prof. M.K. Daga to further examine these patients and provide medical help/health care. Twenty one (21) patients were confirmed by the experts group and validated to be suffering from Silicosis/Silico-Tuberculosis in Delhi. This list has been sent to concerned Commissioner under Workman compensation Act and Chief Inspector Factories for further action and Help to the Silicosis victims.

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

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

1. A multi purpose Community Health Centre (CHC) for the treatment of the occupational disease hasbeenestablished at the Tajpur near Lal Kuan.
2. The Social Welfare Department, health department and the Urban Development Department will also explore and provide alternative livelihood opportunities for the citizens of Lal Kuan.
3. A seed PUHC opened at Lal Kuan to cater the needs of Lal Kuan people.
4. Next of kin of fifteen deceased person's due to silicosis have been compensated @Rs. Four lakh by Revenue Department.
5. CDMO South-East is providing free medical treatment through PUHC, Lalkuan and MO I/c is coordinating for the referral for further management and diagnosis to National Institute of TB and Respiratory Diseases (NITRD), New Delhi through CATS Ambulance.
6. Dr Sushil MO from MHS (Silicosis Cell) has been assigned two days in a week in Lal Kuan Dispensary for identifying suspected cases of Silicosis and coordinating with NITRD for establishing the diagnosis and medical treatment.
7. A committee under the chairmanship of Dr J.K. Saini, (MD TB and Chest Disease, NITRD) was constituted for establishing the diagnosis of suspected Silicosis cases. An arrangement has been arrived at with Senior Chest Physician Dr. J. K. Saini of National Institute of Tuberculosis and Respiratory Disease for a special weekly OPD for Silicosis cases and suspected cases of Silicosis from Lal Kuan.
8. As majority of old and suspected Silicosis patients reside in Lal Kuan, ASHA workers of Lal Kuan Dispensary under CDMO (South-East) were sensitised regarding Silicosis with reference to their occupational history and clinical symptoms so that they recognize these patients and bring them in Silicosis OPD to ensure free treatment and rehabilitation. These link workers are continuously visiting the area where Silicosis affected patients are residing.
9. Further all patients in this area are being screened under RNTCP Programme and provided free treatment at DOTS centre for Tuberculosis

Reporting of new cases of Silicosis from Hospitals and Districts have been started for further follow up and treatment.

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 2001which has increased to 8.14% in 2011. It is estimated that around 16 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 these hospitals.
3. Daily Geriatric Clinic for senior citizens is running in 12 hospitals.
4. Provision of Separate Queue 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 fascilities provided to senior citizens in Delhi Govt. Hospitals.

    As per reports received in FY 2018-19 , following data is available

    a. Number of Elderly persons attended OPD : 317404
    b. Number of Elderly persons given home based care : 5465
    c. Number of Elderly provided supportive asppliances : 32
    d. Number of Cases referred to higher Centres : 4452

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.
- Chyarak Palika Hospital, NDMC.
- Cantonment General Hospital, Ministry of Defence.

These beds will be earmarked for senior citizen patients only. However if the bed is lying vacant, the same can be allotted to other patients also with due prior written communication to the patient or attendant

that on arrival of senior citizen patient the bed will be vacated for senior citizen patient and the admitted non senior citizen patient will be allotted another bed in co-ordination with the Medical Officer-In-Charge of the ward. The NPHCE (National 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)

National Capital Territory of Delhi has a population of 19.5 Million. Delhi has 11 administrative districts. The healthcare delivery system is formed by peripheral primary units such as Delhi Govt Dispensaries and Primary Urban Health Centres. The next referral unit is either a Polyclinic or directly to the sub district and District Hospital. He tertiary care institutions are medical colleges. There are 260 Delhi Govt Dispensaries and 46Govt Hospitals supporting National Programme for Prevention and Control of Deafness (NPPCD).

Aim:

Delhi NPPCD has always believed that Awareness and Education of the community regarding health issue is a key and primary step for a successful Public Health Programme and Campaign. This year the World Hearing Day Activities were planned early and in a structured manner for a better dissemination of health awareness.

Genesis:

A meeting of all the District Programme Officers NPPCD Delhi was convened by the Addl. Director MHS /State Nodal Officer (SNO NPPCD) on 14.02.2019 to discuss, formulate a Special Campaign. It was decided to initiate the preparation of World Hearing Day Campaign 2019 as early as possible by all the districts in coordination with the State NPPCD Cell and involve Stake Holders like education department, revenue offices community health workers and other private agencies willing to be part of a noble cause.

Planning:

The campaign was planned to be carried out around the period of 03/03/2019 which is the World hearing Day and to be completed before 30/03/2019. Information Education and Communication (IEC) activities involving the participation of the community like Nukkad Nataks (street plays), Rally (procession) screening camps, talks, Community discussion, flyers and posters distribution etc would be carried out and messages pertaining to the WHO theme for World Hearing Day-Check your hearing would be utilised for dissemination of information along with creating awareness in the community, schools and institutes. Further, as a part of World Hearing Day Campaign, in addition to other IEC activities, a special campaign-Take 5-Hum Paanch of NPPCD Delhi would be carried out involving the population at large. The campaign involves the recording of pledges or commitment by community members which can be measured as a quantifiable outcome Schools, Districts and individuals projecting the most active participation in the campaign will be felicitated for motivation.

Action:

All the Districts formulated their individual district plans. Funds were made available. Procurement of IEC materials was done utilising the designs and infographics recommended by WHO. Networking and coordination were done with Private agencies, Hospitals and Schools for the activities. Necessary approvals were taken.

Activities:

Some of the activities carried out are listed as below

1. Check your hearing -Hearing Screening camp at Arya Orphanage, Inter State Bus Station Kashmere Gate, Old Delhi Railway Station, Jama Masjid Area, Lal Kuan (settlement of stone crusher workers)
2. Rally for awareness by ASHA Workers at Southeast District, New Delhi District, West District and Southwest District
3. Nukkad Natak, Focus Group Discussion and CMEs in District Hospitals of Delhi

4. Health Talk, Role Play at all Delhi Govt. Dispensaries and distribution of leaflets and flyers to the patients and visitors.
5. Display of Banners and Posters at Public places like Hospitals, Polyclinics, District Collector's office etc.
6. Health Talk or speech during School Assemblies.
7. Health Talk in the community by Community Health Workers like ASHA workers
8. Pledge taking at Dispensaries, Hospitals (by staff) and schools.
9. A stake holders meeting and felicitation of the participants of World Hearing Day campaign

Quantitative findings:

1. Total Pledges collected from Health Units =100779.
2. Around 100 Schools were actively involved in the World Hearing Day Activities, which could have been more but for the final examination during that period. Pledges were taken by the students in the assembly.
3. No of persons screened in Ear Screening Camps– 21736.
4. No of persons referred for ENT OPD – 357

Summary:

Delhi NPPCD boasts of a highly dedicated team of District Programme Officers and other ancillary systems like Mobile Health Scheme and School Health Scheme. It also has the support and guidance of the NPPCD Govt of India and other stake holders like WHO, Shroff Eye Centre and Medtronic, of which the last of the two had offered their priceless support in conducting free screening camps in the community.

This year, the Directorate of Education extended their support and also committed them in working closely with the Health Department for making Ear care services accessible to the community and creating awareness on early signs and symptoms of deafness.

In the Stake holders' meeting the Hospitals agreed to chart out a common roadmap for prevention of Deafness and a network system was initiated for easy interaction and interdepartmental cooperation.

The World Hearing Days Activities were well received in the community and the success would not have been possible without the teamwork and support system.

FLUOROSIS MITIGATION PROGRAMME

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

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

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

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

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

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

It affects men, women and children of all ages.

Symptoms of Fluorosis:-

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

Diagnosis

A diagnosis of Fluorosis is to be suspected if a person reports with the characteristic symptoms of Fluorosis from an endemic area.

Anysuspectedcase canbeconfirmedafter retrieval ofaclinical history, bythe followingtests

- Anysuspected case with high level offluoridein urine (>1mg/L).
- Anysuspected case within terosseous-membrane calcification in the fore arm confirmed by X-Ray Radiograph.
- Anysuspected case, if kidney ailmentis prevailing, Serum Fluoride need to be tested, besides urine fluoride.

The identified cases shall be confirmed by:

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

National Program for Prevention and Control of Fluorosis:

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

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

In 2008-2009, 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.

Strategy:

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

ACTIVITIES PLANNED

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

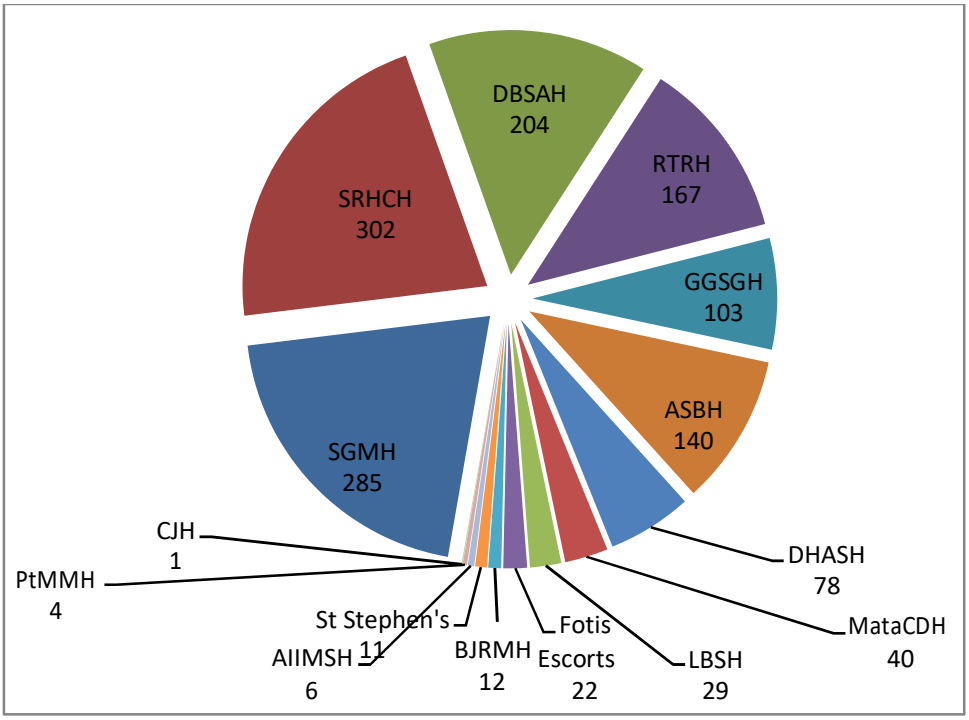
Role of NGOs

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

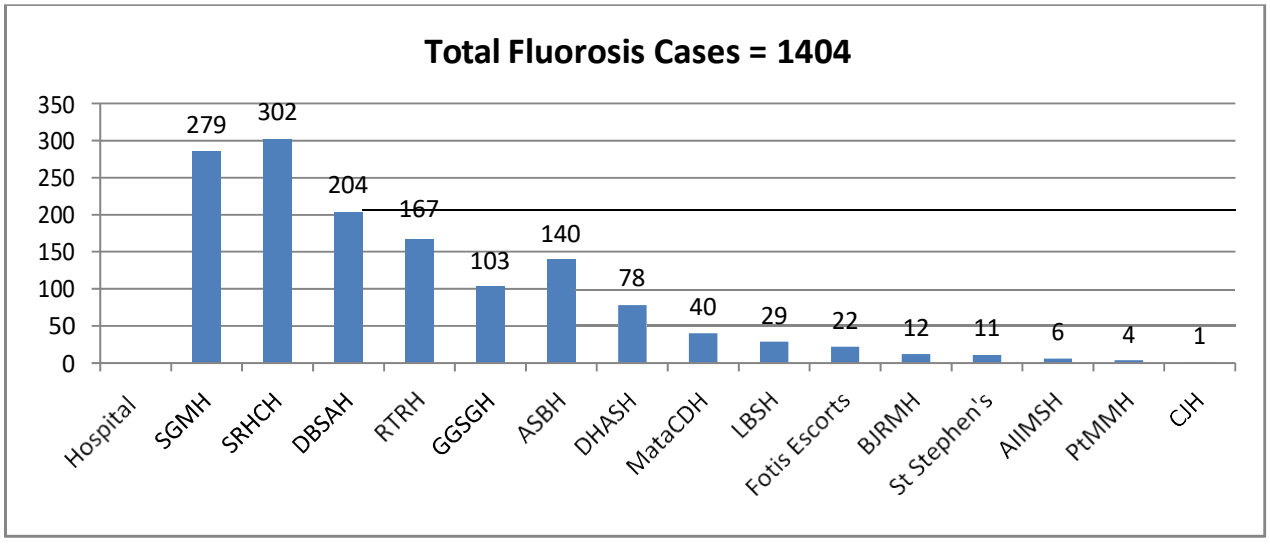
Fluorosis Reporting and Status of Fluorosis in Delhi

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

PIE DIAGRAM OF CASES REPORTED IN FIVE YEARS: 1404



FIVE YEARS FLUOROSIS CASES IN DELHI



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

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.

B. Helpline numbers:

For complaints Toll Free 1800 11 0456
National Tobacco Quit line Toll Free 1800 11 2356
To Quit give Missed Call from your Mobile at 011-22901701
For All Kind of Tobacco Control Help e mail: ntcpdhs@delhi.gov.in

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 is responsible for major reduction in Tobacco prevalence and increased quit attempts in last 6 years as per comparison of GATS-1 & 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 in 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 evidence of smoking / use of gutkha like tobacco products within the premises.
- Ensuring ban on direct / indirect advertisement of Tobacco Products on State / Interstate Bus Services / Taxies / Autos / Trucks / Tempos /Others.
- Display of Anti-Tobacco messages on Transport Department properties, public service vehicles and bus / train / flight tickets etc.
- Ensuring Smoke free / Gutkha like Tobacco free status in all public service vehicles-Buses, Taxis, Autos etc.
- Apart from that regular inspection/monitoring is being conducted through state as well district units.

3. **DLCC (**District Level Coordination Committee):

- State Cell has done lot of efforts in getting the District Level Coordination Committee constituted in all 11 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 all the districts with the efforts of STCC.

4. Awareness / Sensitization Programmes:

As per Tobacco free Delhi Initiative sensitization programmes held in Health, Education, Transport, Police, other Deptt. & communities. In total 4362 such programmes were conducted & approx. 383856 people were sensitized on tobacco control issues.

5. TRAINING PROGRAMMES:

Training of Trainers programmes held -18.

Review Meeting- 4.

Training Workshops -18.

Tobacco Cessation Prog. – 5.

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 1695 Educational Institutes 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 100 meters 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:

- **East District:**
  1. Training/Sensitization of 54 nursing staff of Dharamshila, Narayana Super Speciality Hospital, Vasundhara Enclave done on 6/12/2018.
  2. En Masse Sensitization of around 220 principals, teachers and counsellors of primary schools of EDMC on 23/10/2018.
  3. Training programme for 90 teachers as nodal officers for tobacco control in their schools done on 23/08/2019.
  4. Sensitization of staff and students of Maharaja Agrasen College Vasundhara done on 24/01/2019.

- **New Delhi District.**
  1. Training workshop of 34 teachers from 34 private and Govt. Schools as Nodal Officers done in tobacco control on 04/12/2018.
  2. Training workshop of 36 Delhi Police officers done under tobacco control programme in Nov. 2018.
  3. Training of Delhi police officers under NDD with focus to enforce prohibition of tobacco control laws in Delhi.
  4. Training workshop on tobacco control on 19th Sept. 2018 done of 65 traffic police officers/officials with focus on prohibition of hookah bars, chewable tobaccos, sale of tobacco products within 100 mtr. radius of educational institutions & illicit trade.
  5. Training of 74 principals & teachers of 40 schools of NDD under Tobacco Free Educational Institutes.
  6. Training of 30 doctors under NTCP at Dispensary Nangal Raya Janakpuri.

- **North West District:**

1. Training/Awareness/Enforcement of 100 MCD Teachers as Nodal officers of tobacco control done on 27/11/2018 & 140 teachers done on 29/11/2018.

2. Training of Medical Officers and other officials of North West District under NTCP at BSA Medical College & Hospital on 06/09/ 2018.

3. Training of Delhi Police officers under Tobacco control programme taken on 21/05/2018

4. Training/Sensitization of principals of around 100 schools of South-East Distt. at DDE Office on 17/05/2018.

5. Training of Doctors and pharmacists of BSA Medical College taken on 03/05/2018.

- **Shahdara District:**
  Training/Sensitization of teachers of 56 schools as Nodal Officers for tobacco control done on 30/10/2018

- **North East District:**
  Training of 80 Nodal Officers of Govt. Schools done under tobacco free school initiative on 29/01/2019.

- **South District:**
  Training of trainers programme on tobacco control issues taken for doctors/officers of health and education departments of south MCD on 25/04/2018.

- Sensitization programme on tobacco control at Northern India Engineering College GGSIP University Delhi on 04/10/2018

- Guest lecture delivered at SGT Dental Medical College on tobacco control on 25/05/2018

- STCC Delhi facilitated the event of sharing our good practices & enforcement strategy under tobacco control with team of Sri Lanka from National Alcohol And Tobacco Authority, Govt. of Sri Lanka on 23/04/2018.

7. 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.

b. Tobacco free Delhi initiative in four departments- Health, Police, Education and Trasnport for last 5 years.

c. "1 for 1" 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 Deptartments (Health, Education, Transport, Police, MCD, Food Safety), however Education Department 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 September 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.

h. Election Commission on request of STCC Delhi has agreed to declare all polling booths during 2019 Lok Sabha Elections as tobacco free instead of smoke free which is a great

On Occasion Of World No Tobacco Day 2018, A Big Event Was Organized In Central Park, Connaught Place, New Delhi On 31st May 2018 & The Program Was Being Organized As Joint Campaign Of Delhi State Tobacco Control Cell, Directorate Of Health Services Delhi Govt. with WHO South-East Asia Region (Searo) & NDMC. The Day Was observed As Dry Day For Tobacco.

GATS 2 was released ror Delhi State on WNTD 2018.

- T-shirts, caps with Anti Tobacco messages were distributed among the public on the occasion of World No Tobacco Day 31st May 2018 at Central Park Connaught Place.
- Various pamphlets with No Tobacco messages were distributed among the public on World No Tobacco Day 31st May 2018 at Central Park Connaught Place.

achievement on part of STCC Delhi:

i. Various show cause notices have been sent to various T.V. 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

- 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 .

- Brand promotion of Kamla Pasand Pan Masala was stopped in reality show India's next superstar which was showcased on star plus channel throughout India, only after the intervention and writing several letters by STCC.

- Brand promotion of Tobacco products was withdrawn from "Badhai Ho" Movie after intervention of STCC.

- Hollywood super star Mr. Pierce Brosnan stopped advertising for Pan Bahar Brand and assured that he will not work for any such advertisement in future after numerous letters from STCC.

j. 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 Department 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.

k. **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 1lighter by the commuters of Delhi Metro is still pending to be resolved at the level of higher authorities.

l. 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 TCC.

m. 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)

n. 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.

o. 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.

p. 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.

q. 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.

r. letters have been written to department of customs, VAT, Delhi Police to conduct raids at some suggested places to stop illicit trade of tobaccos.

8. Enforcement of Tobacco Control Legislation from April 2018 - March 2019

- No of Public Place and Public Service Vehicle Inspected : 3750
- No of Person Fined under Public Places and Public Service Vehicle : 5805
- No of Tobacco Vendors Fined : 771
- Total fine Collected (in INR) Rs. : 1,31,5230.00

Enforcement of Tobacco Control Legislation since 2008 - March 2019

- No of Public Place and Public Service Vehicle Inspected : 424893
- No of Person Fined under Public Places and Public Service Vehicle : 82252
- No of Tobacco Vendors Fined : 9894
- Total fine Collected (in INR)Rs. : 9740180 /-

TOBACCO KILLS - QUIT NOW / TOBACCO FREE DELHI / INDIA

THALASSEMIA CONTROL PROGRAMME 2018-19

Thalassaemia major is genetic disorder, passed from parents to children. Thalassaemia carrier are common in general population. Every year around 10,000 to 12,000 children are born with thalassaemia major in India. There are around three lakh thalassemia affected people in India currently. According to ICMR study 1 out of every 18 births is a thalassemia carrier in Delhi. In Delhi around 200 births of Thalassaemia major takes place every year. All these patients require repeated & regular blood transfusion (Every two to four weeks) and iron chelation therapy for survival. The average cost per patient is Rs.50,000-Rs.2,00,000 per year which is bound to increase further with inflation. A Thalassaemic child on an average requires 30 units of blood every year**.** All these thalassaemia major births can be completely prevented through awareness/sensitization & timely screening.

1. Every year International Thalassaemia Day is observed on 8th May around the world to create awareness on Thalassemia among general public. On this occasion, GNCT of Delhi also observed the day in an innovative manner to further strengthen the Thalassaemia Prevention & Control Programme. The day was observed as Thalassaemia Awareness Pakhwada wef 01-05-2018 to 15-05-2018 for 15 days in the form of Awareness / Sensitization/ Training Programme for Medical / paramedical & communities on Thalassaemia, with the aim to prevent each Thalassaemia major birth. Extensive awareness and screening procedure along with Special programme for the Thalassaemic Patients registered with the hospital/health facility were arranged. This pakhwada was observed within Hospital/Polyclinic/Dispensary/ Mohalla Clinic/Schools & nearby Communities.

2. As policy matter all 10th Class students of Delhi & all pregnant women in the first trimester of pregnancy in Delhi are to be screened mandatorily for Thalassaemia actively apart from cases in family history of Thalassaemia, Premarital, Preconception Screening etc.

3. It is mentionable that diagnostic (HPLC test) & treatment facilities for Thalassemia are available with GTB Hospital, Lok Nayak Hospital, Chacha Nehru Bal Chikitsalaya, BSA Hospital and DDU Hospital

under GNCTD & Central Govt. hospitals like AIIMS, Safdarjung Hospital, Lady Harding, RML Hospital & MCD Hospitals, Hindu Rao, Kasturba Gandhi Hospital & NDMC Charak Palika Hospital. Remaining Hospitals/ Health Facilities were instructed to refer suspect patient to these hospitals for the confimation of diagnosis of Thalassemia trait after usual screening proceedures.

4. As per already circulated guidelines screening is to be done through CBC (with RBCs Indices) and those with MCV< 80 fl and MCH <27 pg with raised RBC count in relation to HB% should be subjected to HPLC testing.

5. All the hospitals providing diagnostic & treatment facilities as mentioned in para (3) above were instructed to ensure:

   a) Free HPLC testing facilities on all working days for public & referred persons from other health facilities.
   b) Free Safe Blood transfusion facilities to all Thalassaemia Patients through Luco-Depleted Blood Transfusion sets on all 7 days of the week including holidays.
   c) Free regular supply of medicines for Iron Chelation to all Thalassaemics.
   d) These above instructions should be well displayed outside Thalassemia Care Centre/ Ward.

6. A unique Reporting Format has been evolved & got implemented through out Delhi. This Format not only capturs the data of Thalaasaemia minor & major both but also acts as educating / informative and monitoring tool also.

PPP DIALYSIS

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

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

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

Achievements under PPP Dialysis Project, GNCT Delhi (2018-19):

- Number of Paying patients who received dialysis = 489
- Number of dialysis sessions done for Paying patients = 2,289
- Number of patients Sponsored patients who received dialysis = 5,577
- Number of dialysis sessions done for Sponsored patients = 52,804

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

1. Deen Dayal Upadhyay Hospital – 05 machines
2. Maharishi Balmiki Hospital– 10 machines
3. Pt. Madan Mohan Malviya Hospital – 10 machines
4. Deep Chand Bandhu Hospital – 10 machines
5. Bhagwan Mahavir Hospital – 25 machines (05 Machines are functional in this hospital)

Achievements under Pradhan Mantri National Dialysis Programme (2018-19):

1. Number of patients who availed the dialysis services = 276
2. Number of dialysis sessions performed = 7,735

PROJECT DIVISION

The annual report up for the period from 01-04-2018 to 31-03-2019 of achievement/ information/ data of Projects Division, Directorate General of Health Services, Govt. of NCT of Delhi is as follows:

1. 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 is to be prepared by BMH, inclusive of the proposed augmentation of the Dental upgraded manpower and equipment demand containing the scope for super specialty services like Cardio, Nephrology Department of BMH. Letter in this regard has already been issued for further necessary action by the MS of BMH.

Currently a High Powered Committee of Dental Experts has been constituted to provide a road map for Dental Service in Delhi. The report of the Committee is awaited.

2. 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.

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. Re-tendering is under process.

3. Aadhar Based Biometric Attendance System:

The procurement for implementation of Aadhar Based Biometric Attendance System is under process.

4. 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.

However, Currently a High Powered Committee of Dental Experts has been constituted to provide a road map for Dental Service in Delhi. The report of the Committee is awaited.

5. 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 Tender Document is under processing.

6. 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 (Save life 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.

7. 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.

8. Health Helpline:

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

9. 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.

10. Aam Aadmi Dental Clinics:

A committee of Dental Experts has been constituted to study and rework the proposed project and their report is awaited.

11. 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, 03 hospitals have been directed to implement the scheme.

12. 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.

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

13. 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.

Hospitalwise decentralized recruitment has been concluded

14. 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 hiring of It consultants is under process.

15. 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 lakh 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)-06003890013 OE in BE 2017-18.

A multidimentional committee of experts has been constituted for deliberating and submission of proposal for encompassing all aspects of the proposed scheme.

16. 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.

17. 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.

18. 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.

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 2019-2020.
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 Heath 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 2018-19 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 985
3. New Web pages Creation for various Health Depts/Hospitals : 18
4. Modification done on existing web pages for various Health Institutions : 35

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 Heath 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 Heath 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 Heath Schemes and School Health Schemes.

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

1. Computer : Two (2) Desktop
2. Printer : Five (5) MFD

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 2017-18 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 2018 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 2018 to Dec 2018.

Sl. No.	Code	Disease Name	Opd			Ipd			Death M		
			M	F	OPD C	IPD M	IPD F	IPD C	Death M	Death F	Death C
1	R10	Abdominal and pelvic pain	20597	25158	9706	111	149	89	2	0	0
2	R03	Abnormal blood-pressure reading, without diagnosis	17	26	0	21	24	5	0	0	0
3	R85	Abnormal findings in specimens from digestive organs and abdominal cavity	0	0	0	4	4	31	0	0	0
4	R87	Abnormal findings in specimens from female genital organs	0	1	0	0	48	6	0	2	0
5	R86	Abnormal findings in specimens from male genital organs	8	0	1	0	0	0	0	0	0
6	R89	Abnormal findings in specimens from other organs, systems and tissues	57	48	15	127	127	10	0	0	0
7	R84	Abnormal findings in specimens from respiratory organs and thorax	2	0	0	76	80	10	0	0	0
8	O28	Abnormal findings on antenatal screening of mother	0	2	0	0	46	0	0	0	0
9	R90	Abnormal findings on diagnostic imaging of central nervous system	0	0	0	0	0	1	0	0	0
10	R91	Abnormal findings on diagnostic imaging of lung	9	2	0	7	3	0	0	0	0
11	R70-R79	Abnormal findings on examination of blood, without diagnosis	200	251	67	0	0	0	0	0	0
12	R25	Abnormal involuntary movements	245	164	2	12	33	0	0	0	0
13	R74	Abnormal serum enzyme levels	0	0	0	4	0	0	0	0	0
14	R06	Abnormalities of breathing	437	293	117	11	4	47	1	0	1
15	O62	Abnormalities of forces of labour	0	0	0	0	9	0	0	0	0

16	R26	Abnormalities of gait and mobility	0	0	0	22	29	1	0	0	0
17	R00	Abnormalities of heart beat	0	0	0	11	11	1	1	0	0
18	K61	Abscess of anal and rectal regions	340	778	134	75	37	1	0	1	0
19	N91	Absent, scanty and reare mentruation	0	7234	49	0	15	1	0	0	0
20	L83	Acanthosis nigricans	63	72	0	0	0	0	0	0	0
21	X49	Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	0	0	0	0	2	50	0	0	1
22	W65-W74	Accidential drowning and submersion	0	0	0	0	0	1	0	0	0
23	L70	Acne	13430	14226	3429	0	0	0	0	0	0
24	M20	Acquired deformities of fingers and toes	795	544	102	0	2	1	0	0	0
25	D59	Acquired haemolytic anaemia	0	0	0	0	82	35	0	0	0
26	F23	Acute and transient psychotic disorders	1118	941	156	40	25	0	0	0	0
27	K35	Acute appendicitis	107	127	40	158	89	87	0	0	0
28	J21	Acute bronchiolitis	560	739	2531	20	26	461	0	0	2
29	J20	Acute bronchitis	2674	2827	1605	47	56	208	0	0	0
30	B15	Acute hepatitis A	2297	1688	283	115	60	58	1	1	1
31	B16	Acute hepatitis B	89	126	29	60	20	2	2	0	0
32	J04	Acute laryngitis and tracheitis	476	400	24	9	10	5	0	0	0
33	I21	Acute myocardial infarction	2693	120	0	247	92	1	9	7	0
34	I40	Acute myocarditis	198	0	0	0	0	0	0	0	0
35	J00	Acute nasopharyngitis	14391	18011	22300	14	6	6	0	0	0
36	N00	Acute nephritic syndrome	0	0	1	34	3	10	0	0	0
37	J05	Acute obstructive laryngitis [croup] and epiglottitis	371	495	2654	5	0	129	0	0	0
38	K85	Acute pancreatitis	107	78	0	410	174	4	12	7	0
39	J02	Acute pharyngitis	10710	12131	12972	19	21	28	0	0	0
40	N17	Acute renal failure	28	29	92	359	144	28	31	6	7
41	J01	Acute sinusitis	3245	2984	1218	14	9	3	0	0	0
42	J03	Acute tonsillitis	3337	2973	6061	30	26	108	0	1	0
43	N10	Acute tubulo-interstitial nephritis	0	1	1	4	3	0	0	0	0
44	J00-J06	Acute upper respiratory infections	109914	109491	83830	29	14	8	0	0	0
45	J06	Acute upper respiratory infections of multiple or unspecified sites	58163	50661	73804	95	110	450	0	0	0
46	Z45	Adjustment and management of implanted device	0	364	0	2	0	2	0	0	0
47	M83	Adult ostemalacia	140	160	0	1	0	0	0	0	0
48	J80	Adult respiratory distress syndrome	0	0	110	17	12	10	7	8	4
49	K70	Alchoholic liver disease	1303	8	0	593	38	0	44	0	0
50	L23	Allergic contact dermatitis	1435	1344	682	0	0	0	0	0	0

51	L63	Alopecia areata	504	441	274	0	0	0	0	0	0
52	A06	Amoebiasis	7471	5951	12332	12	9	131	0	0	0
53	E85	Amyloidosis	0	0	288	3	0	25	0	0	0
54	D63*	Anaemia in chronic diseases classified elsewhere	0	0	0	91	148	47	7	7	0
55	L64	Androgenic alopecia	550	340	12	0	0	0	0	0	0
56	I20	Angina pectoris	15	15	0	132	91	0	1	1	0
57	M45	Ankylosing spondylitis	1758	1313	455	6	2	0	0	0	0
58	A60	Anogenital herpesviral (herpes simplex) infections	142	109	0	0	12	12	0	0	0
59	Z36	Antenatal screening	0	61801	0	0	1489	0	0	0	0
60	O46	Antepartum haemorrhage, not elsewhere classified	0	0	0	0	1069	0	0	0	0
61	M00-M25	Arthopathies	1301	1835	64	0	0	0	0	0	0
62	A90-A99	Arthropod-borne viral fevers and viral haemorrhagic fevers	841	683	286	32	16	15	0	0	0
63	M15-M19	Arthrosis	1871	2389	120	14	14	2	0	0	0
64	B77	Ascariasis	1639	1310	1058	0	0	0	0	0	0
65	R18	Ascites	1461	1079	0	526	132	14	26	6	0
66	E54	Ascorbic acid deficiency	150	275	202	14	10	0	0	0	0
67	Y04	Assault by bodily force	1419	819	71	10	0	1	0	0	0
68	X85	Assault by drugs, medicaments and biological substances	269	321	26	7	4	0	0	0	0
69	X91	Assault by hanging, strangulation and suffocation	0	0	0	23	6	0	0	0	0
70	J45	Asthma	16694	15777	6292	85	149	116	1	1	0
71	L20	Atopic dermatitis	2583	2962	1951	3	0	0	0	0	0
72	I44	Atrioventricular and left bundle-branch block	1723	1679	0	18	12	1	0	0	0
73	A49	Bacterial infection of unspecified site	263	443	146	0	0	0	0	0	0
74	J15	Bacterial pneumonia, not elsewhere classified	235	122	805	18	38	10	0	1	1
75	P36	Bacterial sepsis of newborn	0	0	40	0	0	571	0	0	130
76	F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	38	15	80	0	0	0	0	0	0
77	F50-F59	Behavioural syndromes associates with physiological disturbances and physical factors	698	325	1	0	0	0	0	0	0
78	D17	Benign lipomatous neoplasm	212	138	0	44	52	0	0	0	0
79	N60	Benign mamary dysplasia	0	330	0	0	90	0	0	0	0
80	D24	Benign neoplasm of breast	0	535	0	0	99	0	0	0	0
81	D10	Benign neoplasm of mouth and pharynx	149	100	2	0	0	0	0	0	0

82	D10-D36	Benign neoplasms	30	64	193	1	0	0	0	0	0
83	F31	Bipolar affective disorder	1334	776	83	164	59	29	0	0	0
84	P21	Birth asphyxia	0	0	183	0	0	310	0	0	66
85	W59	Bitten or crushed by other reptiles	71	77	21	0	0	1	0	0	0
86	W54	Bitten or struck by dog	19760	10178	12413	1807	704	1042	0	0	0
87	W55	Bitten or struck by other mammals	109	80	84	0	0	0	0	0	0
88	H54	Blindness and low vision	2522	2721	1110	0	0	0	0	0	0
89	J40	Bronchitis, not specified as acute or chronic	3763	3395	964	9	2	4	3	0	0
90	L10-L14	Bullous disroders	155	162	78	0	0	0	0	0	0
91	T20	Burn and corrosion of head and neck	171	211	157	19	51	10	0	0	0
92	T29-T32	Burn and corrosion of multiple and unspecified body regions	119	114	91	0	0	0	0	0	0
93	T21	Burn and corrosion of trunkl	29	15	24	0	0	2	0	0	0
94	T23	Burn and corrosion of wrist and hand	44	71	112	0	0	1	0	0	0
95	T30	Burn and corrosion, body region unspecified	249	180	187	0	1	1	0	0	0
96	T29	Burn and corrosions of multiple body regions	249	287	196	0	0	1	0	0	0
97	V74	Bus occupant injured in collision with heavy transport vehicle or bus	339	423	166	0	0	0	0	0	0
98	N20	Calculus of kidney and ureter	1884	1486	128	223	136	19	2	0	0
99	N21	Caldulus of lower urinary tract	723	198	20	30	21	4	0	0	0
100	B37	Candidiasis	2743	3407	1798	9	17	3	0	0	0
101	I46	Cardiac arrest	0	0	0	82	33	3	35	14	1
102	R01	Cardiac murmurs and other cardiac sounds	255	353	72	0	0	6	0	0	0
104	I42	Cardiomyopathy	1723	1071	0	74	56	0	5	3	0
105	Z49	Care involving dialysis	0	0	0	1534	823	3	0	0	0
106	Z22	Carrier of infectious disease	242	334	119	0	0	0	0	0	0
107	H28*	Cataract and other disorders of lens in diseases classified elsewhere	75	86	0	2	10	0	0	0	0
108	L03	Cellulitis	986	862	452	163	56	28	1	2	1
109	I63	Cerebral infaraction	1675	1322	0	342	165	4	11	8	0
110	I60-I69	Cerebrovascular diseases	410	323	0	31	21	0	9	9	0
111	A20-A28	Certain zoonotic bacterial diseases	73	69	70	0	0	0	0	0	0
112	M50	Cervical disc disorders	3092	3097	240	3	2	0	0	0	0
113	K81	Cholecystitis	54	83	0	132	199	1	0	0	0
114	A00	Cholera	197	178	200	6	5	13	0	0	0
115	H71	Cholesteatoma of middle ear	1557	1080	515	42	46	13	0	0	0

116	H30	Chorioretinal inflammation	415	236	37	1	1	0	0	0	0
117	J35	Chronic diseases of tonsils of adenoids	587	687	1718	494	11	40	0	0	0
119	I25	Chronic ischaemic heart disease	752	659	15	1257	610	19	39	27	1
120	J37	Chronic laryngitis and laryngotracheitis	392	648	174	0	0	0	0	0	0
121	J40-J47	Chronic lower respiratory diseases	16428	14833	6534	24	8	12	0	0	0
122	N03	Chronic nephritic syndrome	0	0	0	327	219	11	3	1	0
123	N18	Chronic renal failure	1222	1332	0	2031	1072	227	13	13	5
124	I05-I09	Chronic rheumatic heart diseases	2129	1584	313	0	7	4	0	0	0
125	J31	Chronic rhinitis, nasopharyngitis and pharyngitis	2674	2647	1307	24	7	2	0	0	0
126	O90	Complications of the puerperium, not elsewhere classified	0	0	0	0	69	0	0	0	0
127	H90	Conductive and sensorineural hearing loss	1793	2169	1055	8	11	0	0	0	0
128	Q20	Congenital malformations of cardiac chambers and connections	0	0	67	0	1	33	0	0	8
129	Q16	Congenital malformations of ear causing impairment of hearing	129	87	7	0	0	0	0	0	0
130	H10	Conjunctivitis	12195	11373	8270	19	5	1	0	0	0
131	W26	Contact with knife, sword or dagger	372	251	132	0	0	0	0	0	0
132	W25	Contact with sharp glass	87	34	23	0	0	0	0	0	0
133	Z30	Contraceptive management	16345	16065	0	83	1407	0	0	0	0
134	R56	Convulsions, not elsewhere classified	583	505	803	121	107	808	5	4	6
135	H17	Corneal scares and opacities	820	537	198	14	19	1	0	0	0
136	L84	Corns and callosities	2047	2162	441	8	4	0	0	0	0
137	R05	Cough	72841	74605	58238	46	28	20	0	0	0
138	Z70	Counselling related to sexual attitude, behaviour and orientation	513	35	0	0	0	0	0	0	0
139	M16	Coxarthrosis [arthrosis of hip]	326	268	119	11	11	0	0	0	0
140	K50	Crohn's disease (regional entertitis)	803	958	347	0	0	0	0	0	0
141	L02	Cutaneous abscess, furuncle and carbuncle	8665	9356	8832	77	43	69	1	0	1
142	B69	Cysticercosis	0	0	98	0	0	12	0	0	0
143	N30	Cystitis	1444	1711	355	38	37	34	0	0	0
144	K09	Cysts of oral region, not elsewhere classified	1639	1928	554	6	1	0	0	0	0
145	E53	Deficiency of other B group vitamins	1013	1163	685	177	129	1	0	0	0
146	E61	Deficiency of other nutrient elements	0	0	187	0	0	0	0	0	0

147	O80-O84	Delivery	0	0	0	0	381	0	0	0	0
148	F00*	Demential in Alzheimer's disease	107	3	0	0	0	0	0	0	0
149	A90	Dengue fever (classical dengue)	374	309	92	739	451	233	8	7	0
150	K02	Dental caries	15612	16448	13053	0	0	1	0	0	0
151	K07	Dentofacial anomalies (including malocclusion)	266	292	341	0	0	0	0	0	0
152	F32	Depressive episodes	4228	4909	442	57	41	17	0	0	0
153	L20-L30	Dermatitis and eczema	27080	29374	15242	0	0	0	0	0	0
154	B35	Dermatophytosis	18232	16013	10549	21	14	2	1	0	0
155	E10-E14	Diabetes mellitus	24523	25861	272	175	166	48	11	9	0
156	O24	Diabetes mellitus in pregnancy	0	363	0	0	352	0	0	0	0
157	L22	Diaper (napkin) dermatitis	0	0	3213	0	0	112	0	0	0
158	A09	Diarrhoea and gastroenteritis of presumed infections origin	41625	33441	48681	1038	1146	3058	7	6	2
159	E58	Dietary calcium deficiency	1745	2553	884	0	0	0	0	0	0
160	K35-K38	Diseases of appendix	2895	4186	25	22	14	0	0	0	0
161	N75	Diseases of Bartholin's gland	58	462	0	0	27	0	0	0	0
162	H60-H62	Diseases of external ear	5618	6038	4546	0	0	0	0	0	0
163	H80-H83	Diseases of inner ear	113	155	79	0	0	0	0	0	0
164	K70-K77	Diseases of liver	921	792	561	42	22	6	0	0	0
165	N40-N51	Diseases of male genital organs	1728	0	165	0	0	1	0	0	0
166	H65-H75	Diseases of middle ear and mastoid	4218	3923	3885	20	12	4	0	0	0
167	G70-G73	Diseases of myoneural junction and muscle	240	331	0	0	0	0	0	0	0
168	K20-K31	Diseases of oesophagus, stomach and duodenum	23698	23654	5848	0	0	0	0	0	0
169	K00-K14	Diseases of oral cavity, salivary glads and jaws	11321	11805	7845	0	0	0	0	0	0
170	K04	Diseases of pulp and periapical tissues	1717	2219	647	0	0	0	0	0	0
171	I80-I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	2351	2493	205	38	10	0	0	0	0
172	J38	Diseases of vocal cords and larynx, not elsewhere classified	144	140	10	3	1	2	0	0	0
173	S93	Dislocation, Sprain and strain of joints and ligaments at ankle and foot level	743	897	93	8	4	0	0	0	0
174	S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	319	355	147	0	1	0	0	0	0

175	S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	74	90	41	0	0	0	0	0	0
176	S63	Dislocation,sprain and strain of joints and ligaments at wrist and hand level	982	1009	147	3	0	1	0	0	0
177	S53	Dislocation,sprain and strain of joints and ligaments of elbow	722	625	476	17	5	11	0	0	0
178	S83	Dislocation,sprain and strain of joints and ligaments of knee	823	659	4	75	31	7	0	0	0
179	S43	Dislocation,sprain and strain of joints and ligaments of shoulder girdle	80	39	7	6	4	0	0	0	0
180	L60-L75	Disorder of skin appendages	8445	9133	2377	0	0	0	0	0	0
181	M80-M94	Disorders of bone density and structure	4012	5132	50	0	0	0	0	0	0
182	N60-N64	Disorders of breast	2	1839	257	0	0	0	0	0	0
183	H10-H13	Disorders of conjunctiva	7697	6759	4802	0	0	0	0	0	0
185	H13*	Disorders of conjunctiva in diseases classified elsewhere	62	85	27	0	0	0	0	0	0
186	H49-H52	Disorders of coular muscles, binocular movement, accommodation and refraction	545	719	663	0	0	0	0	0	0
187	H62*	Disorders of external ear in diseases classified elsewhere	329	429	149	0	0	0	0	0	0
188	K80-K87	Disorders of gallbladder, biliary tract and pancreas	634	761	251	64	34	0	0	0	0
189	H04	Disorders of lacrimal system	491	1335	500	0	1	0	0	0	0
190	H25-H28	Disorders of lens	1978	1832	403	19	16	0	0	0	0
191	E78	Disorders of lipoprotein metabolism and other lipidaemias	8	7	0	144	121	16	0	0	0
192	E83	Disorders of mineral metabolism	0	0	33	25	32	111	1	1	0
193	M60-M63	Disorders of muscles	570	358	4	0	0	0	0	0	0
194	H46-H48	Disorders of optic nerve and visual pathways	191	166	64	0	0	0	0	0	0
195	H05	Disorders of orbit	62	80	57	0	0	0	0	0	0
196	M22	Disorders of patella	164	134	23	7	5	3	0	0	0
197	F80-F89	Disorders of psychological development	32	23	87	0	0	0	0	0	0
198	H52	Disorders of refraction and accomodation	15533	14753	6806	0	0	0	0	0	0
199	H15	Disorders of sclera	1455	1223	531	0	0	0	0	0	0
200	H15-H22	Disorders of sclera, cornea, iris and ciliary body	247	329	101	0	0	0	0	0	0

201	M65-M68	Disorders of synovium and tendon	96	54	0	0	1	0	0	0	0
202	E00-E07	Disorders of thyroid glad	1072	2179	170	0	49	0	0	0	0
203	K00	Disorders of tooth development and eruption	238	182	291	0	0	0	0	0	0
204	H81	Disorders of vestibular function	715	587	119	38	45	0	0	0	0
205	P08	Disorders related to long gestation ad high birth weight	0	0	334	0	0	458	0	0	0
206	P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	0	273	0	0	1835	0	0	77
207	F44	Dissociative [conversion] disorders	620	724	583	12	29	5	0	0	0
208	R20	Disturbances of skin sensation	961	794	523	3	1	0	0	0	0
209	R43	Disturbances of smell and taste	62	54	0	0	0	0	0	0	0
210	R42	Dizziness and giddiness	1048	1908	63	38	61	1	0	0	0
211	M54	Dorsalgia	2563	3074	449	115	85	5	1	0	0
212	K26	Duodenal ulcer	160	190	0	3	2	0	0	1	0
213	K30	Dyspepsia	28942	23907	3953	11	15	6	0	0	0
214	R13	Dysphagia	853	676	2	6	8	0	0	0	0
215	F50	Eating disorders	122	168	891	0	0	20	0	0	0
216	N80	ebndometriosis	72	318	0	0	46	0	0	0	0
217	O00	Ectopic pregnancy	0	60	0	0	75	0	0	1	0
218	T15-T19	Effects of foreign body entering through natural orifice	164	266	260	0	0	0	0	0	0
219	K01	Embedded and impacted teeth	1724	1534	832	0	0	0	0	0	0
220	J43	Emphysema	151	22	150	1	0	0	0	0	0
221	B80	Enterobiasis	146	84	12	0	0	0	0	0	0
222	G40	Epilepsy	4311	3345	5870	296	159	582	0	2	2
223	G40-G47	Episodic and paroxysmal disorders	2127	2215	750	64	30	0	0	0	0
224	N86	Erosion and ectropion of cervix uteri	0	854	0	0	2	0	0	0	0
225	L52	Erythema nodosum	37	73	68	0	0	0	0	0	0
226	I10	Essential (primary) hypertension	23610	17389	268	3231	2302	157	43	39	0
227	H68	Eustachian salpingitis and obstruction	351	218	16	0	0	0	0	0	0
228	Z02	Examination and encounter for administrative purposes	200	128	70	0	0	0	0	0	0
229	Z04	Examination & observation for other reasons	1079	93	0	71	54	34	0	0	1
230	O21	Excessive vomiting in pregnancy	0	1224	0	0	112	0	0	0	0
231	N92	Excessive, frequent and irregular menstruation	0	12819	83	0	310	20	0	0	0
232	L26	Exfoliative dermatitis	143	0	0	1	1	0	0	0	0
233	W50-W64	Exposure to animate mech. forces	294	150	277	0	0	0	0	0	0

234	W20-W49	Exposure to inanimate mechanical forces	287	414	210	0	0	0	0	0	0
235	X00-X09	Exposure to smoke,fire and flames	51	50	17	0	0	0	0	0	0
236	W87	Exposure to unspecified electric current	69	29	16	0	0	5	0	0	0
237	X09	Exposure to unspecified smoke, fire and flames	55	65	19	0	0	0	0	0	0
238	G51	Facial nerve disorders	68	66	20	23	12	4	0	0	0
239	O61	Failed induction of labour	0	3	0	0	224	0	0	0	0
240	W01	Fall on same level from slipping , tripping and stumbling	5440	2453	854	2	2	1	0	0	0
241	W00-X59	Falls	291	332	356	0	0	0	0	0	0
242	O47	False labour	0	86	0	0	493	0	0	0	0
243	P92	Feeding problems of newborn	0	0	2268	0	0	56	0	0	0
244	N81	female genital prolapse	0	1650	0	0	81	0	0	0	0
245	N97	Female infertility	0	6356	0	0	153	0	0	0	0
246	N74*	Female pelvic inflammatory disorders in diseases classified elsewhere	491	1410	0	0	0	0	0	0	0
247	R50	Fever of unknown origin	22846	21467	16202	716	678	692	4	5	0
248	K74	Fibrosis and cirrhosis of liver	920	587	0	59	18	1	0	0	0
249	K60	Fissure and fistula of anal and rectal regions	2182	1893	193	114	45	10	1	0	0
250	R14	Flatulence and related conditions	2658	2582	496	0	0	0	0	0	0
251	C82	Follicular [nodular] non-Hodgkin's lymphoma	1	1	0	52	6	0	1	0	0
252	L72	Follicular cysts of skin and subcutaneous tissue	223	160	143	13	5	1	0	0	0
253	Z09	Follow up examination after treatment for conditions other than malignant neoplasms	0	0	0	112	56	49	0	0	0
254	T18	Foreign body in alimentary tract	154	128	0	3	0	5	0	0	0
255	T16	Foreign body in ear	519	459	720	0	0	1	0	0	0
256	T17	Foreign body in respiratory tract	1	6	108	0	0	2	0	0	0
257	T15	Foreign body on external eye	70	95	63	0	0	2	0	0	0
258	S72	Fracture of femur	1331	1260	734	275	243	73	1	1	0
259	S92	Fracture of foot, except ankle	1102	1525	303	32	6	6	1	0	0
260	S52	Fracture of forearm	1592	1410	519	284	194	104	0	0	0
261	S82	Fracture of lower leg, including ankle	1960	1624	541	279	91	14	0	0	0
262	S32	Fracture of lumbar spine and pelvis	424	148	0	178	68	4	0	0	0
263	S22	Fracture of ribs(s), sternum and thoracic spine	30	10	0	64	28	0	1	1	0
264	S42	Fracture of shoulder and upper arm	1578	1400	785	275	127	82	0	0	0

265	S02	Fracture of skull and facial bones	97	56	23	64	19	13	1	0	5
266	S62	Fracture of wrist and hand level	2515	2260	774	209	95	48	0	0	0
267	R02	Gangrene, not elsewhere classified	0	29	197	34	13	3	0	0	0
268	K25	Gastric ulcer	142	157	0	83	98	0	0	0	0
269	K29	Gastritis and duodenitis	30542	24635	7488	269	443	106	1	0	0
270	K21	Gastro - oesophageal reflux disease	7009	8793	529	121	152	6	0	0	0
271	Z00	General examination and investigationof presons without complaint and reported diagnosist	252	200	244	0	1	2	0	0	0
272	R50-R69	General symptoms and signs	68084	77009	42620	61	33	37	0	0	0
273	O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	336	0	0	152	0	0	0	0
274	O13	Gestational (pregnancy - induced) hypertension without significant proteinuria	0	416	0	0	137	0	0	0	0
275	O12	Gestational (pregnancy - induced) oedema and proteinuria without hypertension	0	117	0	0	29	0	0	0	0
276	K05	Gingivitis and periodontal disease	4550	4854	2440	0	0	1	0	0	0
277	H40	Glaucoma	959	661	31	21	13	2	0	0	0
278	N08*	Glomerular disorders in diseases classified elsewhere	0	0	0	108	85	6	0	0	0
279	R81	Glycosuria	170	88	5	66	60	6	0	0	0
280	M17	Gonarthrosis [arthrosis of knee]	156	264	0	120	274	3	0	0	0
281	M10	Gout	137	66	0	0	0	0	0	0	0
282	N96	Habitual aborter	0	1056	0	0	36	0	0	0	0
283	R04	Haemorrhage from respiratory passages	140	114	99	60	22	5	0	0	1
284	O20	Haemorrhage in early pregnancy	0	392	0	0	241	0	0	0	0
285	I84	Haemorrhoids	5158	5038	408	183	44	0	0	0	0
286	L67	Hair colour and hair shaft abnormalities	740	690	3	0	0	0	0	0	0
287	R51	Headache	28145	32967	6747	81	130	58	0	0	0
288	I50	Heart failure	26	17	0	196	150	1	16	9	0
289	B65-B83	Helminthiases	8560	9133	10351	0	0	0	0	0	0
290	G81	Hemiplegia	193	104	51	19	18	18	0	0	0
291	K72	Hepatic failure, not elsewhere classified	122	61	60	114	32	5	17	6	1
292	R16	Hepatomegaly and splenomegaly, not elsewhere classified	1796	1485	19	13	15	4	2	0	0
293	K40-K46	Hernia	132	118	225	13	1	3	0	0	0
294	B00	Herpesviral [herpes simplex] infections	194	144	60	0	0	0	0	0	0

295	W50	Hit, struck, kicked, twisted, bitten or scratched by another person	183	187	148	0	0	0	0	0	0
296	B76	Hookworm diseases	193	230	417	0	0	0	0	0	0
297	H00	Hordeolum and chalazion	951	1120	704	0	0	0	0	0	0
298	B23	Human immunodeficiency virus disease resulting in other conditions	148	108	0	0	0	0	0	0	0
299	O01	Hydatidiform mole	0	170	0	0	4	0	0	0	0
300	N43	Hydrocele and spermatocele	2043	0	0	273	0	0	0	0	0
301	F90	Hyperkinetic disorders	12	5	162	0	0	0	0	0	0
302	N40	Hyperplasia of prostate	1694	0	0	313	0	0	3	0	0
303	I10-I15	Hypertensive diseases	31299	31280	21	178	128	0	15	6	0
304	I11	Hypertensive heart disease	1175	1385	0	48	71	2	0	0	0
305	L68	Hypertrichosis	27	35	22	0	0	0	0	0	0
306	L91	Hypertrophic disorders of skin	893	1244	381	1	2	0	0	0	0
307	Q54	Hypospadias	5	0	3	5	0	69	0	0	0
308	I95	Hypotension	475	667	50	6	2	0	0	0	0
309	Z28	Immunization not carried out	0	0	2350	0	0	0	0	0	0
310	L01	Impetigo	900	1116	1853	4	1	2	1	0	0
311	G80	Infantile cerebral palsy	0	20	216	39	18	178	0	0	4
312	A31	Infection due to other mycobacteria	159	87	18	0	0	0	0	0	0
313	O23	Infections of genitourinary tract in pregnancy	0	300	0	0	88	0	0	0	0
314	L00-L08	Infections of the skin and subcutaneous tissue	17928	15874	15069	0	0	0	0	0	0
315	A50-A64	Infections with a predominantly sexual mode of trasmission	347	1513	0	0	0	0	0	0	0
316	N72	Inflammatory diseases of cervix uteri	0	4881	0	0	37	0	0	0	0
317	N70-N77	Inflammatory diseases of female pelvic organs	0	12884	2	0	0	0	0	0	0
318	N71	inflammatory diseases of uterus, except cervix	0	1658	0	0	4	0	0	0	0
319	N61	Inflammatory disorders of breast	0	1669	11	0	28	12	0	0	0
320	M05-M14	Inflammatory polyarthropathies	4189	4678	309	12	8	0	0	0	0
321	J10-J18	Influenza and pneumonia	2830	2766	2384	18	12	6	0	0	0
322	J10	Influenza due to identified influenza virus	1545	2052	1314	3	2	10	0	0	0
323	J11	Infuenza, virus no identified	276	268	460	1	0	0	0	0	0
324	K40	Inguinal hernia	1836	1333	410	455	69	170	0	0	0
325	S80-S89	Injiuries to the knee and lower leg	2159	2075	1839	0	0	0	0	0	0

326	S30-S39	Injuiries to the abdomen, lower back, lumbar spine and pelvis	469	465	193	0	0	0	0	0	0
327	T00-T07	Injuries of involving multiple body regions	379	353	208	0	0	0	0	0	0
328	S90-S99	Injuries to the ankle and foot	1917	1466	1484	0	0	0	0	0	0
329	S50-S59	Injuries to the elbow and forearm	1418	1054	848	0	0	0	0	0	0
330	S00-S09	Injuries to the head	806	887	826	0	0	0	0	0	0
331	S70-S79	Injuries to the hip and thigh	172	170	124	1	0	0	0	0	0
332	S10-S19	Injuries to the neck	390	483	555	0	0	0	0	0	0
333	S40-S49	Injuries to the shoulder and upper arm	737	625	525	14	8	2	0	0	0
334	S60-S69	Injuries to the wrist and hand	2110	1724	1524	0	0	0	0	0	0
335	S96	Injury of muscle and tendon at ankle and foot level	661	696	237	1	1	0	0	0	0
336	E10	Insulin-dependent diabetes mellitus	7198	7059	106	360	294	88	7	7	0
337	A00-A09	Intestinal infectious diseases	30864	28511	24768	98	70	42	0	0	0
338	I61	Intracerebral haemorrhage	0	0	0	66	29	1	6	3	0
339	E01	Iodine-deficiency-related thyroid disorders and allied conditioins	260	346	0	3	9	0	0	0	0
340	H20	Iridocyclitis	529	329	21	3	2	0	0	0	0
341	D50	Iron deficiency anaemia	8492	23795	10754	206	596	266	1	0	4
342	K58	Irritable bowel syndrome	134	183	7	5	5	0	0	0	0
343	L24	Irritant contact dermatitis	686	669	77	0	0	0	0	0	0
344	I20-I25	Ischaemic heart diseases	5558	5185	0	58	25	0	1	0	0
345	R80	Isolated proteinuria	142	284	18	95	125	30	0	0	0
346	M08	Juvenile arthritis	0	0	412	0	0	0	0	0	0
347	M91	Juvenile osteochondrosis of hip and pelvis	0	0	1430	0	0	8	0	0	0
348	H16	Keratitis	337	301	241	2	2	0	0	0	0
349	R75	Laboratory evidence of human immunodeficiency	130	51	6	28	8	2	0	0	0
350	O68	Labour and delivery complicated by fetal stress (distress)	0	4	0	0	607	0	0	1	0
351	O69	Labour and delivery complicatied by umbilical cord complications	0	0	0	0	62	0	0	0	0
352	R62	Lack of expected normal physiological development	130	140	897	1	4	99	0	0	0
353	Y35	Legal intervention	0	0	0	259	134	11	22	5	1
354	D25	Leiomyoma of uterus	0	397	0	0	49	0	0	0	0
355	A30	Leprosy Hansen's disease	507	541	173	0	0	64	0	0	0

356	L43	Lichen planus	152	105	53	0	0	0	0	0	0
357	L28	Lichen simplex chronicus and prurigo	883	761	1	0	0	0	0	0	0
358	Z38	Liveborn infants according to place of birth	0	0	0	0	0	8985	0	0	2
359	R22	Localized swelling, mass and lump of skin and subcutaneous tissue	59	662	62	10	5	7	0	0	0
360	O63	Long labour	0	1	0	0	149	0	0	0	0
361	R53	Malaise and fatigue	11081	12094	4214	21	13	1	7	4	0
363	C01	Malignant neoplasm of base of tongue	40	28	0	14	1	0	0	0	0
364	C50	Malignant neoplasm of breast	0	119	0	0	206	0	0	3	0
365	C34	Malignant neoplasm of bronchus and lung	45	17	0	96	32	0	1	1	0
366	C53	Malignant neoplasm of cervix uteri	0	47	0	0	11	0	0	1	0
367	C18	Malignant neoplasm of colon	18	6	0	35	24	0	0	1	0
368	C04	Malignant neoplasm of floor of mouth	39	46	0	0	0	0	0	0	0
369	C23	Malignant neoplasm of gallbladder	8	31	0	83	59	3	1	0	0
370	C32	Malignant neoplasm of larynx	71	32	0	7	0	0	0	0	0
371	C22	Malignant neoplasm of liver and intrahepatic bile ducts	15	1	0	62	22	11	1	0	0
372	C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	66	44	0	0	0	0	0	0	0
373	C06	Malignant neoplasm of other and unspecified parts of mouth	73	14	0	22	2	0	0	0	0
374	C02	Malignant neoplasm of other and unspecified parts of tongue	70	48	0	22	4	0	1	0	0
375	C56	Malignant neoplasm of ovary	0	15	0	0	76	0	0	2	0
376	C05	Malignant neoplasm of palate	24	25	0	2	1	0	0	0	0
377	C61	Malignant neoplasm of prostate	44	0	0	23	0	0	0	0	0
378	C16	Malignant neoplasm of stomach	28	9	0	40	19	2	2	0	0
379	C51-C58	Malignant neoplasms of female genital organs	0	260	0	0	2	0	0	0	0
380	E40-E46	Malnutrition	871	1092	2259	0	0	0	0	0	0
381	O25	Malnutrition in pregnancy	0	2400	0	0	455	0	0	0	0
382	F30	Manic episode	489	350	47	15	5	10	0	0	0
383	H70	Mastoiditis and related conditions	383	359	136	0	0	0	0	0	0
384	O34	Maternal care for known or suspected abnormality of pelvic organs	0	0	0	5	189	0	0	0	0

385	O33	Maternal care for known or suspected disproportion	0	13	0	0	110	0	0	0	0
386	O36	Maternal care for known or suspected fetal problems	0	110	0	0	273	0	0	0	0
387	O32	Maternal care for known or suspected malpresentaion of fetus	0	69	0	0	102	0	0	0	0
388	O26	Maternal care for other conditions predominantly related to pregnancy	0	116	0	0	74	0	0	1	0
389	O30-O48	Maternal care related to fetus and amniotic cavity and possible delivery problems	0	257	0	0	54	0	0	0	0
390	O98	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	0	0	26	0	0	0	0
391	B05	Measles	0	0	116	1	1	115	0	0	3
392	O04	Medical abortion	0	579	0	0	536	0	0	0	0
393	Z03	Medical observation and evaluation for suspected diseases and conditions	190	125	63	0	0	71	0	0	0
395	N95	Menopausal and other perimenopausal disorders	0	1045	0	0	59	0	0	0	0
396	F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	0	152	0	0	0	0	0	0	0
397	F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	150	7	20	6	1	0	0	0	0
398	F10-F19	Mental and behavioural disorders due to psychoactive substance use	1890	56	58	0	0	0	0	0	0
399	F10	Mental and behavioural disorders due to use of alcohol	2244	343	0	240	32	1	2	1	0
400	F12	Mental and behavioural disorders due to use of cannabinoids	651	80	37	37	0	0	0	0	0
401	F11	Mental and behavioural disorders due to use of opioids	1564	429	33	36	11	0	0	0	0
402	F17	Mental and behavioural disorders due to use of tobacco	462	82	47	22	2	0	0	0	0
403	F70-F79	Mental retardation	460	231	563	0	0	0	0	0	0
404	E70-E90	Metabolic disorders	508	1236	45	0	0	0	0	0	0
405	G43	Migraine	1131	1633	20	16	64	0	0	0	0
406	F70	Mild mental retardation	424	196	1369	5	1	12	0	0	0

407	A19	Miliary tuberculosis	125	127	50	32	62	5	3	5	1
408	F61	Mixed and other personality disorders	71	29	0	0	0	0	0	0	0
409	F71	Moderate mental retardation	216	149	507	2	8	0	0	0	0
410	F30-F39	Mood (affective) disorders	3590	3834	183	0	0	0	0	0	0
411	V89	Motor- or nonmotor-vehicle accident, type of vehicle unspecified	0	0	0	95	14	2	1	0	0
412	V26	Motorcycle rider injured in collision with other nonmotor vehicle	59	39	11	0	0	0	0	0	0
413	V20-V29	Motorcycle rider injured in transport accident	120	21	33	0	0	0	0	0	0
414	V28	Motorcyle rider injured in noncollision transport accident	0	0	0	95	26	2	0	0	0
415	O84	Multiple delivery	0	0	0	0	118	0	0	0	0
416	O30	Multiple gestation	0	113	0	0	73	0	0	0	0
417	O30	Multiple gestation	0	265	0	0	3	0	0	0	0
418	B35-B49	Mycoses	11543	10407	5051	0	0	0	0	0	0
419	C92	Myeloid leukaemia	16	2	31	9	4	2	1	2	1
420	B87	Myiasis	22	21	19	0	0	0	0	0	0
421	M60	Myositis	147	117	125	4	3	7	0	0	0
422	L60	Nail disorders	1467	1713	656	0	0	0	0	0	0
423	J33	Nasal polyp	354	443	35	32	40	10	0	0	0
424	R11	Nausea and vomiting	11756	13574	7846	13	34	64	0	0	0
425	Z24	Need for immunizaion against certain single viral diseases	0	0	520	0	11	0	0	0	0
426	Z23	Need for immunizaion against single bacterial disease	0	3	515	0	0	0	0	0	0
427	Z27	Need for immunization against combinations of infectious diseases	325	530	6746	0	0	6528	0	0	0
428	Z26	Need for immunization against other single infectious diseases	0	92	70	0	0	0	0	0	0
429	Z29	Need for other prophylactic measures	0	0	1062	0	1	0	0	0	0
430	P24	Neonatal aspiration syndromes	0	0	10	0	0	146	0	0	13
431	P59	Neonatal jaundice from othe and unspecified causes	0	0	672	0	0	1604	0	0	10
432	N04	Nephrotic syndrome	0	0	195	13	8	141	0	0	0
433	N31	Neuromuscular dysfunction of bladder, not elsewhere classified	1	2	0	10	0	0	0	0	0
434	F40-F48	Neurotic, stress-related and somatoform disorders	2593	3109	147	0	0	0	0	0	0
435	N80-N98	Non inflammatory disorders of female genital tract	0	8258	493	0	1	0	0	0	0
436	N83	Nonimflmmatory disorders of ovary, fallopian tube and broad ligament	0	892	0	0	104	0	0	0	0

437	K50-K52	Noninfective enteritis and colitis	591	860	1118	26	6	10	0	0	0
438	E11	Non-insulin-dependent diabetes mellitus	31619	22920	12	2085	1542	25	57	39	0
439	F51	Nonorganic sleep disorders	207	199	5	0	0	0	0	0	0
440	I88	Nonspecific lymphadenitis	52	26	79	0	0	0	0	0	0
441	H65	Nonsuppurative otitis media	3838	3397	3327	1	0	13	0	0	0
442	D50-D53	Nutritional anaemias	14719	24820	12362	510	331	49	1	3	0
443	E90*	Nutritional and metabolic disorders in diseases classified elsewhere	0	0	30	0	0	14	0	0	0
444	H55	Nystagmus and other irregular eye movements	378	378	110	12	15	0	0	0	0
445	E66	Obesity	791	923	306	18	3	1	0	1	0
446	E65-E68	Obesity and other hyperalimentation	241	343	146	0	0	0	0	0	0
447	F42	Obessive - compulsive disorder	813	619	79	8	5	4	0	0	0
448	O64	Obstructed labour due to malposition an dmalpresentation of fetus	0	1	0	0	57	0	0	0	0
449	O65	Obstructed labour due to maternal pelvic abonormality	0	0	0	0	19	0	0	0	0
450	N13	Obstructive and reflux uropathy	0	0	0	113	78	43	0	0	1
451	O10-O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	0	30	0	0	58	0	0	0	0
452	I85	Oesophageal varices	0	0	0	27	10	1	0	0	0
453	K20	Oesophagitis	451	731	340	0	0	0	0	0	0
454	S91	Open wound of ankle and foot	172	144	171	3	0	1	0	0	0
455	S51	Open wound of forearm	14	11	7	2	0	0	0	0	0
456	S01	Open wound of head	113	87	3	20	1	8	0	1	0
457	S81	Open wound of lower leg	327	281	285	9	0	0	0	0	0
458	S41	Open wound of shoulder and upper arm	212	310	19	1	0	0	0	0	0
459	S61	Open wound of wrist and had	192	204	159	2	0	0	0	0	0
460	N45	Orchitis and epididymitis	806	0	23	71	0	0	0	0	0
461	F04	Organic amnesic syndrome, not induced by alcohol and other psychoactive substances	29	10	0	0	0	0	0	0	0
462	F00-F09	Organic, including symptomatic, mental disorders	325	138	0	0	0	0	0	0	0
463	M86	Osteomyelitis	201	134	236	23	8	17	0	0	0

464	M90*	Osteopathies in diseases classified elsewhere	338	263	0	2	4	0	0	0	0
465	M80	Osteoporosis with pathological fracture	540	996	239	2	2	0	0	0	0
466	M81	Osteoporosis without pathological fracture	1916	2059	0	0	7	0	0	0	0
467	H92	Otalgia and effusion of ear	3021	3113	1624	1	0	0	0	0	0
468	R82	Other abnormal findings in urine	126	484	25	91	105	12	0	0	0
469	O02	Other abnormal products of conception	0	408	0	0	135	0	0	0	0
470	N93	Other abnormal uterine and vaginal bleeding	0	2045	0	0	203	1	0	0	0
471	O05	Other abortion	0	596	0	0	572	0	0	0	0
472	M21	Other acquired deformities of limbs	366	166	163	28	14	45	0	0	0
473	I24	Other acute ischaemic heart diseases	11	8	0	43	21	4	1	0	0
474	J20-J22	Other acute lower respiratory infections	14247	16773	12493	10	12	10	1	0	0
475	B17	Other acute viral hepatitis	9	5	1	186	106	20	2	1	0
476	D64	Other anaemias	41	55	5	317	342	225	8	2	4
477	S69	Other and unsepcified injuries of wrist and hand	37	40	35	14	3	3	0	0	0
478	I95-I99	Other and unspecified disorders of the cirulatory system	1009	1269	224	6	2	0	0	0	0
479	T66-T78	Other and unspecified effects of external causes	32	44	35	0	0	0	0	0	0
480	S39	Other and unspecified injuries of abdomen, lower back and pelvis	41	39	0	12	2	0	1	0	0
481	S99	Other and unspecified injuries of ankle and foot	232	112	85	4	1	0	0	0	0
482	S59	Other and unspecified injuries of forearm	3075	74	56	1	0	1	0	0	0
483	S09	Other and unspecified injuries of head	204	195	9	19	4	2	0	0	0
484	S79	Other and unspecified injuries of hip and thigh	100	80	20	36	35	0	0	0	0
485	S89	Other and unspecified injuries of lower leg	292	123	146	5	1	1	0	0	0
486	Y59	Other and unspecified vaccines and biological substances	306	329	125	0	0	0	0	0	0
487	F41	Other anxiety disorders	1432	1529	88	38	46	2	0	0	0
488	K36	Other appendicitis	15	8	3	56	36	0	0	0	0
489	M13	Other arthritis	14731	16175	608	1	1	0	0	0	0
490	O83	Other assisted single delivery	0	0	0	0	2835	0	0	0	0
491	A30-A49	Other bacterial diseases	1237	1596	1048	0	0	0	0	0	0
492	A48	Other bacterial diseases, not elsewhere classified	0	42	130	0	0	0	0	0	0

493	A05	Other bacterial foodborne intoxications	75	30	60	2	0	1	0	0	0
494	A04	Other bacterial intestinal infections	262	194	104	0	0	6	0	0	0
495	D23	Other benign neoplasms of skin	18	19	4	0	0	0	0	0	0
496	D26	Other benign neoplasms of uterus	0	21	0	0	10	0	0	0	0
497	L13	Other bullous disorders	45	36	35	0	0	0	0	0	0
498	M71	Other bursopathies	989	915	15	0	1	0	0	0	0
499	H26	Other cataract	1923	2089	38	614	620	28	0	0	0
500	I67	Other cerebrovascular diseases	0	0	0	93	32	0	0	0	0
501	J44	Other chronic obstructive pulmonary disease	10071	7415	478	1282	622	25	101	34	0
502	O75	Other complications of labour and delivery, not elsewhere classified	0	0	0	0	496	0	0	0	0
503	Q43	Other congenital malformations of intestine	0	0	0	0	0	79	0	0	1
504	Q38	Other congenital malformations of tongue, mouth and pharynx	0	0	0	4	3	41	0	0	0
505	Q64	Other congenital malformations of urinary system	0	0	0	0	0	83	0	0	0
506	L30	Other dermatitis	2973	3440	2538	1	0	0	0	0	0
507	K31	Other disease of stomach and duodenum	176	201	2	32	19	1	0	0	0
508	K62	Other diseases of anus and rectum	759	696	47	9	12	53	0	0	0
509	K83	Other diseases of biliary tract	359	403	4	23	54	2	1	2	0
510	K92	Other diseases of digestive system	160	120	110	18	17	10	1	2	1
511	K03	Other diseases of hard tissues of teeth	843	727	220	0	0	5	0	0	0
512	H83	Other diseases of inner ear	38	93	57	4	5	0	0	0	0
513	K63	Other diseases of intestine	299	294	219	31	16	0	0	2	0
514	K55-K63	Other diseases of intestines	1127	1178	235	0	0	0	0	0	0
515	K10	Other diseases of jaws	18	15	3	0	0	0	0	0	0
516	K13	Other diseases of lip and oral mucosa	351	308	113	5	0	0	0	0	0
517	K76	Other diseases of liver	174	51	3	1261	343	24	54	17	0
518	K22	Other diseases of oesophagus	19	30	0	16	19	74	0	0	0
519	K86	Other diseases of pancreas	0	0	0	52	6	0	1	0	0
520	I31	Other diseases of pericardium	150	92	25	0	0	0	0	0	0
521	K90-K93	Other diseases of the digestive system	4159	3975	2581	0	0	0	0	0	0
522	J30-J39	Other diseases of upper respiratory tract	19573	23372	12521	71	29	17	45	18	7
523	N30-N39	Other diseases of urinary system	2884	4009	493	0	0	0	0	0	0

524	O41	Other disorders of amniotic fluid and membranes	0	0	0	0	162	157	0	0	7
525	G93	Other disorders of brain	0	0	0	84	84	16	10	8	3
526	N64	Other disorders of breast	0	45	10	0	3	0	0	0	0
527	I98*	Other disorders of circulatory system in diseases classified elsewhere	0	0	0	43	14	1	0	0	0
528	H11	Other disorders of conjunctiva	3471	3323	1219	3	1	0	0	0	0
529	H18	Other disorders of cornea	93	88	0	0	0	0	0	0	0
530	H90-H95	Other disorders of ear	1773	2010	1061	0	0	0	0	0	0
531	H93	Other disorders of ear, not elsewhere classified	3001	2619	2644	0	0	0	0	0	0
532	H69	Other disorders of Eustachian tube	109	71	0	0	0	0	0	0	0
533	H61	Other disorders of external ear	5134	5040	3123	7	6	0	0	0	0
534	H57	Other disorders of eye and adnexa	185	157	124	38	43	2	0	0	0
535	H02	Other disorders of eyelid	185	310	97	0	0	0	0	0	0
536	E87	Other disorders of fluid, electrolyte and acid-base balance	20	70	287	246	227	111	26	22	2
537	K06	Other disorders of gingiva and edentulous alveolar ridge	12	41	795	0	0	50	0	0	0
538	N25-N29	Other disorders of kidney and ureter	81	89	12	14	6	0	0	0	0
539	N28	Other disorders of kidney and ureter, not elsewhere classified	0	0	0	87	53	1	22	13	0
540	H27	Other disorders of lens	2866	2873	988	18	24	1	0	0	0
541	H74	Other disorders of middle ear and mastoid	1686	1311	2446	3	0	0	0	0	0
542	M62	Other disorders of muscle	380	431	24	1	0	0	0	0	0
543	J34	Other disorders of nose and nasal sinuses	23	15	7	113	43	3	0	0	0
544	L81	Other disorders of pigmentation	767	558	80	0	0	0	0	0	0
545	N42	Other disorders of prostate	52	0	0	3	0	0	0	0	0
546	M67	Other disorders of synvium and tendon	1316	1157	539	2	0	1	0	0	0
547	K08	Other disorders of teeth and supporting structures	35	37	8	0	0	0	0	0	0
548	L80-L99	Other disorders of the skin and subcutaneous tissue	2860	2839	1102	0	0	0	0	0	0
549	E07	Other disorders of thyroid	19	33	0	0	0	0	0	0	0
550	N39	Other disorders of urinary system	1233	2700	680	684	899	98	8	10	0
551	P81	Other disturbances of temperature regulation of newborn	0	0	85	0	0	5	0	0	0

552	M50-M54	Other dorsopathies	2161	2155	0	18	6	0	0	0	0
553	L85	Other epidermal thickening	21	16	5	0	0	0	0	0	0
554	L53	Other erythematous conditions	102	35	18	0	0	0	0	0	0
555	G25	Other extrapyramidal and movement disorders	190	134	67	1	2	0	0	0	0
556	W17	Other fall from one level to another	0	0	0	23	10	13	0	0	0
557	W18	Other fall on same level	0	0	0	66	72	18	0	0	0
558	N73	Other female pelvic inflammatory diseases	0	15882	8	0	53	0	0	0	0
559	B66	Other fluke infections	52	78	22	0	0	0	0	0	0
560	L73	Other follicular disorders	99	137	26	0	0	0	0	0	0
561	I30-I52	Other forms of heart disease	0	0	0	36	14	0	8	4	0
562	K59	Other functional intestinal disorders	8	6	559	6	19	24	0	0	0
563	R68	Other general symptoms and signs	1520	713	538	0	0	32	0	0	0
564	G44	Other headache syndromes	6816	9915	1483	13	17	3	0	0	0
565	H91	Other hearing loss	1856	1568	218	3	2	0	0	0	0
566	B83	Other helminthiases	157	132	1160	0	0	2	0	0	0
567	E03	Other hypothyroidism	2384	3492	26	362	934	4	6	7	1
568	R99	Other ill-defined and unspecified causes of mortality	24	12	1	8	11	2	7	10	2
569	H01	Other infammation of eyelid	2196	1825	1053	0	0	1	0	0	0
570	B88	Other infestations	0	4	38	0	0	0	0	0	0
571	N76	Other inflammation of vagina and vulva	0	5542	0	0	7	0	0	0	0
572	K75	Other inflammatory liver diseases	316	287	1	324	114	77	4	3	0
573	M46	Other inflammatory spondylopathies	17	33	0	3	2	0	0	0	0
574	J84	Other interstitial pulmonary diseases	65	110	114	10	40	4	1	2	0
575	M51	Other intervertebral disc disorders	1248	1488	0	66	50	1	0	0	0
576	B81	Other intestinal helminthiases, not elsewhere classified	815	1207	1457	0	0	0	0	0	0
577	M20-M25	Other joint disorder	1676	2056	38	0	0	0	0	0	0
578	M25	Other joint disorders, not elsewhere classified	1386	1353	403	60	68	24	0	0	0
579	M92	Other juvenile osteochondrosis	0	0	1205	0	0	3	0	0	0
580	R27	Other lack of coordination	1	0	0	10	1	1	0	0	0
581	L08	Other local infections of skin and subcutaneous tissue	10433	9881	8004	2	0	31	0	0	0

582	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	31	0	0	970	0	0	0	0
583	O20-O29	Other maternal disorders predominantly related to pregnancy	0	751	0	0	34	0	0	0	0
584	Z51	Other medical care	0	0	0	28	32	7	0	0	0
585	F06	Other mental disorders due to brain damage and dysfunction and to physical disease	86	14	0	0	0	0	0	0	0
586	F38	Other mood [affective] disorders	98	19	10	0	0	0	0	0	0
587	A92	Other mosquito-borne viral fevers	997	1206	1430	42	37	134	0	1	0
588	B48	Other mycoses, not elsewhere classified	136	44	0	0	0	0	0	0	0
589	F48	Other neurotic disorders	509	403	6	0	0	0	0	0	0
591	K52	Other noninfective gastroenteritis and colitis	527	397	149	17	27	13	0	0	0
592	N88	Other noninflammatory disorders of cervix uteri	152	172	0	0	2	0	0	0	0
593	N85	Other noninflammatory disorders of uterus, except cervix	0	0	0	0	164	0	0	0	0
594	N89	Other noninflammatory disorders of vagina	0	108	6	0	11	0	0	0	0
595	N90	Other noninflammatory disorders of vulva and perineum	0	906	0	0	0	0	0	0	0
596	F28	Other nonorganic psychotic disorders	39	54	7	0	0	0	0	0	0
597	L65	Other nonscarring hair loss	560	694	75	0	0	0	0	0	0
598	E04	Other nontoxic goitre	151	212	0	3	21	0	0	0	0
599	I62	Other nontraumatic intracranial haemorrhage	0	0	0	16	7	3	0	0	0
600	D53	Other nutritional anaemias	647	1365	5804	80	145	158	0	0	0
601	E63	Other nutritional deficiencies	9490	11518	6478	41	0	0	0	0	0
602	O66	Other obstructed labour	0	0	0	0	33	0	0	0	0
603	Z47	Other orthopaedic follow-up care	0	0	0	16	48	4	0	0	0
604	L44	Other papulosquamous disorders	25	25	5	0	0	0	0	0	0
605	P61	Other perinatal haematological disorders	0	0	0	0	0	12	0	0	3
606	I73	Other peripheral vascular diseases	0	0	0	15	6	0	3	1	0
607	Z98	Other postsurgical states	28	12	0	29	58	2	0	0	0

608	A63	Other predominantly sexually transmitted diseases, not elsewhere classified	54	229	40	0	0	0	0	0	0
609	A07	Other protozoal intestinal diseases	69	87	292	0	0	1	0	0	0
610	P28	Other respiratory conditions originating in the perinatal period	0	0	10	0	0	22	0	0	2
611	J98	Other respiratory disorders	0	0	674	18	13	349	2	0	1
612	H35	Other retinal disorders	216	159	29	15	21	5	0	0	0
613	I09	Other rheumatic heart dis.	27	64	0	16	34	0	0	0	0
614	M06	Other rheumatoid arthritis	2414	2491	0	14	57	0	1	1	0
615	A02	Other Salmonella infection	1	98	113	0	0	44	0	0	0
616	A41	Other septicaemia	1	141	1937	574	392	642	114	67	171
617	R23	Other skin changes	33	6	5	0	0	1	0	0	0
618	M70-M79	Other soft tissue disorders	2005	1860	1	0	0	0	0	0	0
619	M79	Other soft tissue disorders, not elsewhere classified	32	4967	298	11	15	1	0	0	0
620	Z01	Other special examinations and investigations of persons without complaint and reported diagnosis	0	0	0	58	76	9	0	0	0
621	M12	Other specific arthropathies	509	354	0	0	1	0	0	0	0
622	M24	Other specific joint derangements	48	46	11	4	2	8	0	0	0
623	E13	Other specified diabetes mellitus	7	4	0	0	0	0	0	0	0
624	M48	Other spondylopathies	0	0	0	25	36	0	0	0	0
625	H50	Other strabismus	221	234	112	0	0	0	0	0	0
626	B36	Other superficial mycoses	4576	4320	2446	0	0	3	0	0	0
627	Z48	Other surgical follow-up care	0	66	0	0	1	0	0	0	0
628	R41	Other symptoms and signs involving cognitive functions and awareness	4	10	0	5	11	0	0	0	0
629	R09	Other symptoms and signs involving the circulatory and respiratory systems	0	1990	0	0	2	0	0	0	0
630	R19	Other symptoms and signs involving the digestive system and abdomen	2	6	0	30	15	0	0	0	0
631	R39	Other symptoms and signs involving the urinary system	0	0	35	1	0	2	0	0	0
632	B25-B34	Other viral diseases	2685	3069	3226	0	0	0	0	0	0

633	B33	Other viral diseases, not elsewhere classified	1418	1824	1524	0	2	19	0	0	1
634	B08	Other viral infections characterized by skin and mucous membrane lesions,not elsewhere classified	10	10	23	0	0	0	0	0	0
635	H51	Others disorders of binocular movements	2472	1076	122	1	0	0	0	0	0
636	H60	Otitis externa	6568	5502	4232	15	11	4	0	0	0
637	H67*	Otitis media in diseases classified elsewhere	230	301	9	0	0	0	0	0	0
638	H80	Otosclerosis	257	214	3	0	0	0	0	0	0
639	Z37	Outcome of delivery	0	1351	1	0	2337	43	0	0	0
640	N94	Pain and other conditions associated with female genital organs and menstual cycle	0	6978	119	0	18	0	0	0	0
641	R30	Pain associated with micturition	2168	3253	1209	0	0	0	0	0	0
642	R07	Pain in throat and chest	1943	1384	326	68	57	3	0	1	0
643	R52	Pain, not elsewhere classified	3727	4124	1245	195	349	38	0	0	0
644	L40-L45	Papulosquamous disorders	349	281	108	0	0	0	0	0	0
645	L45*	Papulosquamous disorders in diseases classified elsewhere	64	48	16	0	0	0	0	0	0
646	K56	Paralytic ileus and intestinal obstruction without hernia	0	0	1	74	89	165	2	5	5
647	G20	Parkinson's disease	913	575	0	13	1	0	0	0	0
648	I47	Paroxysmal tachycardia	0	0	0	11	13	1	1	1	0
649	V10-V19	Pedal cyclist injured in transport accident	183	144	91	0	0	0	0	0	0
650	V12	Pedel cyclist injured in collision with two or three wheeled motor vehicle	605	398	78	7	4	0	0	0	0
651	V01	Pedestrian injured in collision with pedal cycle	194	173	133	1	0	0	0	0	0
652	V02	Pedestrian injured in collision with two or three wheeled motor vehicle	0	0	0	15	8	4	0	0	0
653	V01-V09	Pedestrian injured in transport accident	412	288	208	0	0	0	0	0	0
654	B85	Pediculosis and phthiriasis	573	1083	1345	0	0	0	0	0	0
655	B85-B89	Pediculosis, acariasis and other Infestations	14664	15002	14034	0	0	0	0	0	0
656	L10	Pemphigus	15	28	0	0	0	0	0	0	0
657	K27	Peptic ulcer, site unspecified	691	515	0	60	87	2	0	0	0
658	H72	Perforation of tympanic membrane	2372	2263	1150	97	87	3	0	0	0

659	O70	Perineal laceration during delivery	0	2	0	0	47	0	0	0	0
660	K65	Peritonitis	40	18	0	176	120	7	1	2	0
661	J36	Peritonsillar abscess	32	72	48	1	0	0	0	0	0
662	F22	Persistent delusional disorders	80	139	7	17	9	0	0	0	0
663	F34	Persistent mood [affective] disorders	413	381	19	4	1	2	0	0	0
664	Z00-Z13	Person encountering health services for examination and investigation	1725	901	186	10	18	4	0	0	0
665	F07	Personality and behavioural disorders due to brain disease, damage and dysfunction	14	8	0	0	0	0	0	0	0
666	Z53	Persons encountering health services for specific procedures, not carried out	0	0	177	0	0	0	0	0	0
667	Z30-Z39	Persons encountering health services in ciccumstances related to reprocuction	21850	25456	0	0	381	271	0	0	0
668	Z20-Z29	Persons with potential health hazards related to communicable diseases	0	0	4183	0	0	0	0	0	0
669	Z80-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status	447	1102	750	0	0	0	0	0	0
670	F84	Pervasive developmental disorders	12	9	46	0	0	0	0	0	0
671	I80	Phlebitis and thrombophlebitis	0	0	0	24	25	2	0	0	1
672	F40	Phobic anxiety disorders	226	279	22	0	0	0	0	0	0
673	L05	Pilonidal cyst	105	207	19	19	4	1	0	0	0
674	L42	Pityriasis rosea	108	92	65	0	0	0	0	0	0
675	O44	Placenta praevia	0	71	0	0	106	0	0	0	0
676	A20	Plague	79	32	6	0	0	0	0	0	0
677	B50	Plasmodium falciparum malaria	129	80	0	2	1	22	0	0	0
678	B52	Plasmodium malariae malaria	107	52	15	0	0	1	0	0	0
679	B51	Plasmodium vivax malaria	47	10	18	78	31	38	0	1	0
680	J90	Pleural effusion, not elsewhere classified	1814	1234	62	209	122	29	1	0	0
681	J62	Pneumoconiosis due to dust containing silica	3	28	21	0	0	0	0	0	0
682	J14	Pneumonia due to Haemophilus influenzae	374	289	0	0	0	0	0	0	0
683	J16	Pneumonia due to other infectious organisms, not elsewhere classified	379	291	1	15	9	5	0	0	0

684	J13	Pneumonia due to Streptococcus pneumoniae	0	0	42	0	1	6	0	0	1
685	J17*	Pneumonia in diseases classified elsewhere	373	294	0	6	1	3	0	1	0
686	J18	Pneumonia, organism unspecified	2843	2538	9582	479	304	1675	34	17	72
687	T42	Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs	0	0	0	65	16	1	0	0	0
688	T50	Poisoning by diuretics and other and unspecified drugs, medicaments and biological substances	0	0	0	1	0	53	1	0	1
689	T36	Poisoning by systemic antibiotics	0	0	22	221	166	36	7	5	0
690	M15	Polyarthrosis	4162	4739	2090	0	0	0	0	0	0
691	O40	Polyhydramnios	16	120	0	0	174	0	0	0	0
692	G60-G64	Polyneuropathies and other disorders of the peripheral nervous system	444	372	3	0	0	0	0	0	0
693	N84	Polyp of female genital tract	0	468	0	0	46	0	0	0	0
694	R35	Polyuria	112	115	6	1	4	0	0	0	0
695	I81	Portal vein thrombosis	535	0	0	31	8	0	1	0	0
696	Z39	Postpartum care and examination	0	2533	0	0	821	0	0	0	0
697	O72	Postpartum haemorrhage	0	0	0	0	32	0	0	0	0
698	N99	Postprocedural disorders of the genitourinary system, not elsewhere classified	0	78	6	0	0	0	0	0	0
699	O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	219	0	0	19	0	0	0	0
700	Z32	Pregnancy examination and test	0	56027	0	0	203	0	0	0	0
701	O00-O08	Pregnancy with abortive outcome	0	16	0	0	44	0	0	0	0
702	O42	Premature rupture of membrances	0	313	0	0	676	0	0	0	0
703	O45	Premature separation of placenta (abruption placentae)	0	1	0	0	55	0	0	0	0
704	Z96	Presence of other functional implants	0	0	0	112	142	2	0	0	0
705	O60	Pretern delivery	0	6	0	0	1378	0	0	1	42
706	Z31	Procreative management	45	1876	0	0	55	0	0	0	0
707	F73	Profound mental retardation	34	15	41	0	0	0	0	0	0
708	O48	Prolonged pregnancy	0	234	0	0	1337	0	0	0	0
709	Z40	Prophylactic surgery	0	0	0	0	114	0	0	0	0
710	E44	Protein-energy malnutrition of moderate and mild degree	12	96	2973	0	4	218	0	0	0

711	B50-B64	Protozoal disease	268	271	237	14	16	11	0	0	0
712	L29	Pruritus	15182	8947	5775	0	2	0	0	0	0
713	L40	Psoriasis	1094	823	45	4	0	1	0	0	0
714	F66	Psychological and behavioural disorders associated with sexual development and orientation	11	6	0	0	0	0	0	0	0
715	O85	Puerperal sepsis	0	0	0	0	65	0	0	1	0
716	I26	Pulmonary embolism	0	0	0	9	7	0	1	1	0
717	J81	Pulmonary oedema	0	0	0	6	23	0	0	4	0
718	D69	Purpura and other haemorrhagic conditions	0	0	227	505	338	106	6	5	0
719	L88	Pyoderma gangrenosum	0	0	1057	0	0	11	0	0	0
720	M00	Pyogenic arthritis	257	230	174	0	0	1	0	0	0
721	J86	Pyothorax	3	1	71	13	3	9	1	1	1
722	A81	Rabies	76	36	82	0	0	0	0	0	0
723	L55-L59	Radiation-related disorder of the skin and subcutaneous tissue	58	158	52	0	0	0	0	0	0
724	R21	Rash and other nonspecific skin eruption	547	592	586	6	6	3	0	0	0
725	F43	Reaction to severe stress, and adjustment disorders	769	961	323	8	33	2	0	0	0
726	M02	Reactive arthropathies	310	365	39	0	0	0	0	0	0
727	F33	Recurrent depressive disorder	691	651	44	9	10	0	0	0	0
728	N47	Redundant prepuce, phimosis and paraphimosis	439	471	593	30	2	16	0	0	0
729	N17-N19	Renal failure	0	0	3	18	12	3	0	0	1
730	P22	Respiratory distress of newborn	0	0	33	0	0	787	0	0	82
731	J96	Respiratory failure, not elsewhere classified	0	0	0	188	152	12	19	8	1
732	A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	3819	3179	250	304	196	110	37	8	0
733	A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	600	614	372	157	150	6	11	2	1
734	E45	Retarded development following protein-energy malnutrition	0	0	102	0	0	49	0	0	6
735	R33	Retention of urine	21	3	0	3	3	1	0	0	0
736	H33	Retinal detachments and breaks	126	28	0	13	5	0	0	0	0
737	L71	Rosacea	196	305	0	0	0	0	0	0	0
738	Z10	Routine general health check-up of defined suppopulation	395	2516	512	0	0	0	0	0	0
739	B06	Rubella [German measles]	0	26	0	0	0	0	0	0	0

740	N70	Salpingitis and oophoritis	146	1653	0	0	10	0	0	0	0
741	D86	Sarcoidosis	0	9	70	0	0	0	0	0	0
742	B86	Scabies	22537	23699	20238	0	0	2	0	0	0
743	F20	Schiezophrenia	1432	1369	218	119	89	13	0	0	0
744	B65	Schistosomiasis (bilharziasis)	643	1209	1525	0	0	0	0	0	0
745	F25	Schizoaffective disorders	136	60	0	8	7	0	0	0	0
746	F20-F29	Schizophrenia, schizotypal and delusional disorders	1804	1678	148	0	0	0	0	0	0
747	M41	Scoliosis	100	80	20	1	2	1	0	0	0
748	L21	Seborrhoeic dermatitis	2373	2504	1140	0	0	1	0	0	0
749	L82	Seborrhoeic keratosis	156	184	8	0	0	0	0	0	0
750	C77	Secondary and unspecified malignant neoplasm of lymph nodes	4	0	0	3	3	0	0	0	0
751	I15	Secondary hypenrtension	11	13	0	58	63	1	5	2	0
752	C79	Secondary malignant neoplasm of other sites	5	2	0	11	17	0	0	0	0
753	C78	Secondary malignant neoplasm of respiratory and digestive organs	9	5	0	17	20	0	0	0	0
754	G21	Secondary parkinsonism	184	105	0	0	0	0	0	0	0
755	H25	Senile cataract	10945	8257	0	937	1325	0	0	0	0
756	R54	Senility	971	696	0	0	0	0	0	0	0
757	I69	Sequelae of cerebrovascular disease	0	0	0	68	8	3	1	1	0
758	B90-B94	Sequelae of infectious and parasitic disease	418	434	0	0	0	0	0	0	0
759	B91	Sequelae of poliomyelitis	0	0	0	53	82	0	0	0	0
760	B90	Sequelae of tuberculosis	36	50	7	0	0	0	0	0	0
761	M05	Seropositive rheumatoid arthritis	461	763	2	1	1	0	0	0	0
762	F72	Severe mental retardation	121	87	175	2	2	0	0	0	0
763	F52	Sexual dysfunction , not caused by organic disorder or disease	593	25	0	0	0	0	0	0	0
764	A03	Shigellosis	8	18	392	0	0	43	0	0	0
765	R57	Shock, not elsewhere classified	0	0	0	55	40	27	20	14	7
766	M75	Shoulder lesions	1699	1528	402	18	13	1	0	0	0
767	O81	Single delivery by forceps and vaccum extractor	0	0	0	0	683	0	0	0	0
768	O80	Single spontaneous delivery	0	605	0	0	21420	0	0	0	5
769	G47	Sleep disorders	412	598	0	58	40	1	0	0	0
770	P05	Slow fetal growth and fetal malnutrition	0	0	748	0	0	1373	0	0	4
771	M70	Soft tissue disorders related to use, overuse and pressue	3012	2679	416	1	2	0	0	0	0
772	F45	Somatoform disorders	509	787	13	10	5	0	1	0	0

773	R40	Somnolence, stupor and coma	78	68	34	1	0	0	0	0	0
774	F81	Specific developmental disorders of scholastic skills	102	10	120	0	0	0	0	0	0
775	F60	Specific personality disorders	303	209	17	5	3	0	0	0	0
776	R47	Speech disturbances, not elsewhere classified	150	117	3	5	3	0	0	0	0
777	M45-M49	Spondylopathies	551	704	0	0	0	0	0	0	0
778	M49*	Spondylopathies in diseases classified elsewhere	58	52	44	11	10	1	0	0	0
779	M47	Spondylosis	5019	5746	829	11	26	0	0	1	0
780	O03	Spontaneous abortion	0	2690	0	0	433	0	0	0	0
781	L00	Staphylococcal scalded skin syndrome	340	260	176	0	0	1	0	0	0
782	G41	Status epilepticus	257	175	0	34	16	14	0	0	3
783	K12	Stomatitis and related lesions	8370	8704	4975	0	5	3	0	0	0
784	I64	Stroke, not specified as haemorrhage or infarction	791	527	18	225	133	8	7	4	0
785	E02	Subclinical iodine-deficiency hypothyroidism	1000	1619	0	0	1	0	0	0	0
786	L55	Sunburn	129	119	3	0	0	0	0	0	0
787	T00	Superficial injuries involving muliple body regions	217	161	185	1	0	0	0	0	0
788	S30	Superficial injury of abdomen, lower back and pelvis	320	198	94	0	0	1	0	0	0
789	S90	Superficial injury of ankle and foot	2313	1780	967	0	0	0	0	0	0
790	S50	Superficial injury of forearm	3831	1326	933	27	23	23	0	0	0
791	S00	Superficial injury of head	1255	1205	546	108	36	11	6	2	0
792	S70	Superficial injury of hip and thigh	128	95	76	0	0	0	0	0	0
793	S80	Superficial injury of lower leg	1444	1258	1384	3	1	0	0	0	0
794	S10	Superficial injury of neck	263	225	142	3	0	2	0	0	0
795	S40	Superficial injury of shoulder and upper arm	2017	2000	840	6	0	14	0	0	0
796	S20	Superficial injury of the thorax	78	54	7	29	6	1	0	0	0
797	S60	Superficial injury of wrist and hand	1439	1219	990	0	1	0	0	0	0
798	Z35	Supervision of high-risk pregnancy	0	2538	0	0	625	0	0	0	1
799	Z34	Supervision of normal preganancy	0	65010	0	0	1385	0	0	0	0
800	H66	Suppurative and unspecified otitis media	9613	9176	8210	164	190	27	0	0	0
801	R63	Symptoms and signs concerning food and fluid intake	11	7	1556	41	1	82	0	1	0

802	R40-R46	Symptoms and signs involving cognition, perception, emotional state and behaviour	2227	2223	598	0	0	0	0	0	0
803	R00-R09	Symptoms and signs involving the circulatory and respiratory systems	20591	20593	16966	0	0	17	0	0	0
804	R10-R19	Symptoms and signs involving the digestive system and abdomen	32746	35238	16944	39	36	22	0	0	0
805	R30-R39	Symptoms and signs involving the urinary system	3395	4457	792	8	6	0	1	1	0
806	R55	Syncope and collapse	29	13	1	32	26	2	4	8	0
807	M65	Synovitis and tenosysnovitis	443	323	12	4	5	2	0	0	0
808	M32	Systemic lupus erythematosus	54	30	0	0	19	0	0	0	0
809	D56	Thalassaemia	4	1	909	4	3	1185	0	0	0
810	E06	Thyroiditis	829	453	2	0	5	0	0	0	0
811	E05	Thyrotoxicosis (hyperthyroidism)	135	347	1	5	22	1	0	1	0
812	F95	Tic disorders	17	18	10	0	0	0	0	0	0
813	N44	Torsion of testis	52	0	0	34	0	1	0	0	0
814	T51	Toxic effect of alcohol	0	0	0	120	8	0	1	0	0
815	T63	Toxic effect of contact with venomous animals	16	18	4	1	1	4	0	0	0
816	T65	Toxic effect of other and unspecified substances	147	184	41	51	32	17	1	1	0
817	T60	Toxic effect of pesticides	0	0	2	9	16	4	0	0	0
818	T51-T65	Toxic effect of substances chiefly nonmedicinal as to source	26	37	35	0	0	0	0	0	0
819	A71	Trachoma	47	94	69	0	0	0	0	0	0
820	P70	Transitory disorders of carbohydrate metabolism specific to fetus and newborn	0	0	0	0	0	105	0	0	1
821	A17+	Tuberculosis of nervous system	6	9	0	42	42	3	0	0	0
822	A18	Tuberculosis of other organs	805	804	421	66	59	60	2	3	11
823	A01	Typhoid and parathyphoid fevers	5726	5873	3660	485	375	839	0	0	0
824	K42	Umbilical hernia	138	405	113	42	99	81	0	0	0
825	Q53	Undescended testicle	1	0	27	4	0	22	0	0	0
826	R69	Unknown and unspecified causes of morbidity	499	574	396	46	37	0	0	0	0
827	O06	Unspecified abortion	0	867	0	0	190	0	0	0	0
828	J22	Unspecified acute lower respiratory infection	5099	6064	17188	569	561	922	18	7	2
829	A93	Unspecified arthropod-borne viral fever	3137	3715	1526	39	9	16	0	0	0
830	J42	Unspecified chronic bronchitis	285	374	82	4	0	2	0	0	0

831	L25	Unspecified contact dermatitis	2558	2246	1074	26	26	0	0	0	0
832	N26	Unspecified contracted kidney	405	225	0	1	1	0	0	0	0
833	F03	Unspecified dementia	555	480	30	25	13	0	0	0	0
834	E14	Unspecified diabetes mellitus	773	763	3	105	66	0	0	0	0
835	W19	Unspecified fall	52	19	0	102	107	34	0	0	0
836	R31	Unspecified haematuria	125	96	78	7	3	11	7	1	0
837	K46	Unspecified hernia of abdominal cavity	23	14	0	69	23	11	0	0	0
838	B82	Unspecified intestinal parasitism	2159	2683	4156	0	0	10	0	0	0
839	R17	Unspecified jaundice	300	217	73	300	72	26	22	4	0
840	N63	Unspecified lump in breast	0	1356	4	4	36	5	0	0	0
841	B54	Unspecified malaria	7	11	14	98	61	28	0	1	0
842	F79	Unspecified mental retardation	223	166	598	14	11	39	0	0	4
843	F39	Unspecified mood (affective) disorder	109	60	13	0	0	0	0	0	0
844	T07	Unspecified multiple injuries	73	74	95	0	0	0	0	0	0
845	N05	Unspecified nephritic syndrome	208	171	220	5	10	4	0	0	0
846	F29	Unspecified nonorganic psychosis	1382	1117	132	58	41	1	0	0	0
847	B89	Unspecified parasitic disease	80	90	138	0	0	0	0	0	0
848	E46	Unspecified protein-energy malnutrition	185	143	846	0	2	49	0	0	0
849	B64	Unspecified protozoal disease	115	143	226	0	0	0	0	0	0
850	N23	Unspecified renal colic	1376	1101	295	1	3	0	0	0	0
851	E43	Unspecified severe protein-energy malnutritiion	0	0	88	0	0	46	0	0	5
852	A64	Unspecified sexually transmitted disease	80	274	0	0	0	0	0	0	0
853	V99	Unspecified transport accident	682	237	74	28	3	7	0	0	0
854	R32	Unspecified urinary incontinence	30	74	14	2	1	0	0	0	0
855	A86	Unspecified viral encephalitis	73	71	4	0	2	2	0	0	0
856	B19	Unspecified viral hepatitis	168	206	438	59	42	82	5	0	1
857	B09	Unspecified viral infection characterized by skin and mucous membrane lesions	38	92	124	0	0	0	0	0	0
858	R36	Urethral discharge	123	145	0	1	0	0	0	0	0
859	N35	Urethral stricture	0	7	0	75	66	7	0	2	0
860	N34	Urethritis and urethral syndrome	191	636	7	15	10	0	0	0	0
861	N20-N23	Urolithiasis	614	760	142	52	32	0	0	0	0
862	L50	Urticaria	6193	6287	3655	0	2	17	0	0	0
863	L50-L54	Urticaria and erythema	5702	5877	3428	0	0	0	0	0	0
864	B01	Varicella [chickenpox]	70	36	270	0	0	3	0	0	0
865	I83	Varicose veins of lower	408	278	12	4	15	6	0	0	0

		extremities									
866	J30	Vasomotor and allergic rhinitis	4770	5008	2485	7	5	1	0	0	0
867	K43	Ventral hernia	236	150	0	72	98	9	0	1	0
868	A08	Viral and other specified intestinal infections	14	19	6	4	2	1	0	0	0
869	B30	Viral conjunctivitis	3420	3171	2068	0	0	0	0	0	0
870	B34	Viral infection of unspecified site	2792	2849	8031	193	198	261	0	0	0
871	J12	Viral pneumonia, not elsewhere classified	339	445	184	53	47	70	17	11	14
872	B07	Viral warts	872	659	533	3	0	0	0	0	0
873	H53	Visual disturbances	55	71	15	0	0	0	0	0	0
874	H53-H54	Visual disturbances and blindness	833	741	128	0	0	0	0	0	0
875	E50	Vitamin A deficiency	219	233	265	0	0	0	0	0	0
876	D51	Vitamin B 12 deficiency anaemia	780	586	284	20	10	1	0	0	0
877	E55	Vitamin D deficiency	1913	1796	482	239	271	49	0	0	1
878	L80	Vitiligo	1387	1412	246	1	1	0	0	0	0
879	E86	Volume depletion	0	0	0	82	72	222	0	0	0
880	B02	Zoster [herpes zoster]	177	104	16	10	11	0	0	0	0

Note: The above Morbidity/Mortality Reports received from Server, 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 Non-Communicable Diseases reported from some of the hospitals / institutions in Delhi for the year 2018.

Sl.No.	Name of Disease	OPD + IPD			Death Cases		
		Male	Female	Total (M+F)	Male	Female	Total (M+F)
1	Hypertension	58072	39725	97797	9	5	14
2	Ischemic Heart Diseases	31887	13547	45434	11	6	17
3	Cerebro Vascular Accident	6909	4433	11342	2	2	4
4	Other Neurological Disorders	8902	5703	14605	0	0	0
5	Diabetic Mellitus Type-I	9956	7963	17919	1	4	5
6	Diabetic Mellitus Type-II	42994	33024	76018	18	12	30
7	Bronchitis	11802	5981	17783	0	0	0
8	Emphysemas	4126	3319	7445	0	0	0
9	Asthma	18585	12363	30948	35	20	55
10	Common Mental Disorder	6961	2159	9120	0	0	0
11	Severe Mental Disorder	1344	860	2204	0	0	0
12	Accidental	30046	19136	49182	3	1	4
13	Cancer	34867	31910	66777	6	2	8
14	Snake Bite	83	48	131	0	0	0
15	Rheumatic Fever	68	53	121	3	0	3
16	Congenital Heart Disease	1328	766	2094	65	35	100
17	Other Cardio Vascular Disease	5263	3425	8688	221	192	413
18	Chronic Neurological Disorder	845	539	1384	54	40	94
19	Cervix Cancer	59	505	564	0	12	12

20	Breast Cancer	80	2505	2585	0	29	29
21	Lung Cancer	1092	393	1485	70	22	92
22	Oral Cancer	873	216	1089	13	7	20
23	Acute Renal Failure	1267	558	1825	72	48	120
24	Chronic Renale Failure	23473	12044	35517	140	105	245
25	Obesity	227	322	549	8	6	14
26	Road Traffic Accident	4520	1981	6501	441	135	576

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 2018.

Sl. No.	Disease Name	OPD			IPD			Death		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Acute Diarrhoeal Diseases	287673	259514	547187	34521	30677	65198	1055	646	1701
2	Acute Respiratory infection	188346	172960	361306	7656	5929	13585	163	100	263
3	AIDS (as reported to NACO)	23	5	28	75	23	98	4	1	5
4	All other diseases treated in institution excluding above mentioned diseases**	666	781	1447	5005	6740	11745	59	35	94
5	Chicken Pox	80	57	137	86	45	131	0	0	0
6	Cholera	14	8	22	55	40	95	0	0	0
7	Diphtheria	0	0	0	512	439	951	83	73	156
8	Encephalitis	1	1	2	234	139	373	13	10	23
9	Enteric Fever	10856	9932	20788	3198	2628	5826	12	8	20
10	Gonococcal infection	1	0	1	20	4	24	4	0	4
11	Japnese Encephalities	0	0	0	0	0	0	0	0	0
12	Kala Azar	0	0	0	4	0	4	0	0	0
13	Measles	129	72	201	656	476	1132	8	4	12
14	Meningococcal Meningitis	0	0	0	16	29	45	2	1	3
15	Other STD Diseases	2	0	2	50	11	61	4	3	7
16	Pneumonia	10973	8875	19848	5296	3715	9011	361	263	624
17	Pulmonary Tuberculosis	6542	5418	11960	940	762	1702	53	24	77
18	Rabies***	0	0	0	84	24	108	11	2	13
19	Swine Flu	0	0	0	43	35	78	0	0	0
20	Syphillis	25	20	45	32	13	45	0	0	0
21	Tetanus other than Neonatal	2	0	2	32	9	41	13	2	15
22	Viral Hepatitis -A	5017	3758	8775	574	376	950	3	3	6
23	Viral Hepatitis -B	23	6	29	559	317	876	63	30	93
24	Viral Hepatitis -C,D,E	81	39	120	859	534	1393	45	36	81
25	Viral Meningitis	12	13	25	138	69	207	10	2	12
26	Whooping Cough	3	0	3	17	18	35	1	1	2

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. Inspite of this, there are certain constraints & challenges faced by the state. There is inequitable distribution of health facilities as a result of which 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:-

A. Reproductive, Maternal, Newborn, Child and Adolescent Health

1. Immunization & Intensified Pulse Polio Program
2. National Iodine Deficiency Disorder Control Program

B. National Urban Health Mission (NUHM)

C. Communicable Disease Programme

1. Integrated Disease Surveillance Project
2. National Leprosy Eradication Program
3. National Vector Borne Disease Control Program
4. Revised National Tuberculosis Control Program

D. Non-Communicable Disease Programme

1. National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke,
2. National Program for Control of Blindness
3. National Mental Health Program
4. National Programme for Health Care of the Elderly
5. National Programme for Prevention and Control of Deafness
6. National Tobacco Control Programme
7. National Programme for Palliative Care
8. 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 other Key Initiatives and achievements:

Coverage of unserved areas:

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 to provide comprehensive primary health care services to people living in vulnerable areas.

HMIS / RCH and State MIS Portal:

A Dedicated web portal for capturing all Public health / indicator based information from the end source and generates reports /trends to assist in planning and monitoring activities. 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 complicated processes to streamline them and facilitate monitoring on indicators, performance and outputs. Some of these Modules are Payroll Module for contractual employees, 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.

ASHA Scheme:

The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). At present State has 5781 ASHAs in place. These ASHAs have been trained in knowledge and skills required for mobilizing and facilitating the community members to access the available health care services. They also provide home based care for mothers and newborns, identify and help the sick individuals for prompt referral to higher centers. They also help in field level implementation of National Health Programs, facilitate checkup of senior citizens, cataract surgeries etc.

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

Quality Assurance Program is being implemented in all health facilities. State and district level institutional structures have been formed. Quality teams have been formed in all health facilities (hospitals and dispensaries) and members have been trained. Infection Control Committees are functional in all hospitals. SOPs for hospital departments have been formalized and disseminated.

Four hospitals are State Level Accredited out of which two have been accredited at National Level. Result is awaited for the remaining two. Five hospitals have achieved entry level NABH Accreditation.

Kayakalp Program for improving the facility upkeep, appearance, cleanliness, sanitation/ hygiene and infection control practices in health facilities is being implemented in all GNCTD and MCD health facilities. In 2018-19, 40 hospitals and 362 primary healthcare facilities participated in the Kayakalp program. Health facilities adhering to the standards and achieving high level of performance are rewarded with recognition and monetary incentives.

An Online QA and Kayakalp Application has been developed and made live for realtime monitoring and ongoing assessment of quality parameters as per the detailed GOI checklists.

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.

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

Integrated Disease Surveillance Project

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 these benefits as to 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 enable every citizen to realize his birthright to health and longevity.

Vision

A society in which all people live long, healthy live.

ORGANISATIONAL STRUCTURE

OBJECTIVE

- Prevents epidemics and the spread of disease
- Promotes and encourages healthy behaviors
- Assures the quality and accessibility of health services
- Develop policies and plans that support individual and community health efforts
- 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

MALARIA DAY

World Malaria day is celebrated on 25th April, every year. WMD gives the opportunity to promote and make people learn about Malaria and its elimination across the country. The theme for this year was "ready to beat Malaria" in view of Malaria Elimination Program. As India is under Malaria Elimination phase and committed to achieve the target by 2030 and Delhi is under Category 1 (API<1) with the target to eliminate malaria by 2020.

State NVBDCP unit organized an intersectoral meeting cum technical session at the State Head office. This meeting cum technical session was attended by Municipal Health Officers, Deputy Health Officers from all 03 DMCs and District Surveillance Officers (DSOs) of all 11 districts.

National Dengue Day: Delhi State has observed 16th May 2018 as National Dengue Day and following activities have been carried out at State and District level.

Visited High Risk Areas

State team visited Kishan Kunj Pusta JJ cluster, Geeta Colony to create awareness regarding prevention and control of VBDs. People made aware regarding potential mosquito breeding sites in their houses. Health talk was given and IEC material distributed.

Community have been informed regarding health facilities available at their vicinity and free treatment and diagnosis facilities can be avail from there.

Visited Schools

Team visited to nearby area and Friends Public School to create awareness among students. Students are advised to wear full clothing and use of mosquito repellent on uncovered body part, use of Bed net and weekly cleaning of coolers. They are also informed about possible mosquito breeding sites in their schools premises and houses.

Principal has been informed to designate Nodal teacher in the school, who will looking after the vector control related activities. Teachers informed to sensitize students in Morning assembly.

Talk on DD News

Dr. S.M. Raheja, ADGHS participated as an expert panel in the DD News (Health TV) on 16.05.2018 for awareness generation on vector borne diseases (Youtube link- *https://youtu.be/89I5Yp6C Lgu*). DD News broadcasted this message 15 times. He informed people about prevention, control and management of Dengue diseases. He also spoke about role of community as they can play an important role in containment of Vector Borne Diseases, community participation and empowerment is one of the most important elements of the prevention and control of vector borne diseases.

IEC & BCC ACTIVITIES

(District level)

District Surveillance Officers (IDSP) delivered health talk for Dengue prevention and control. Sensitisation activities were carried out at OPDs, registration counters etc for patients and staff. Awareness message regarding pre transmission preparedness was circulated among all doctors and staff.

Pamphlets regarding do's and don'ts to prevent Dengue and other vector borne diseases were also circulated.

Students were also sensitized regarding prevention and control of Dengue and other Vector Borne Diseases.

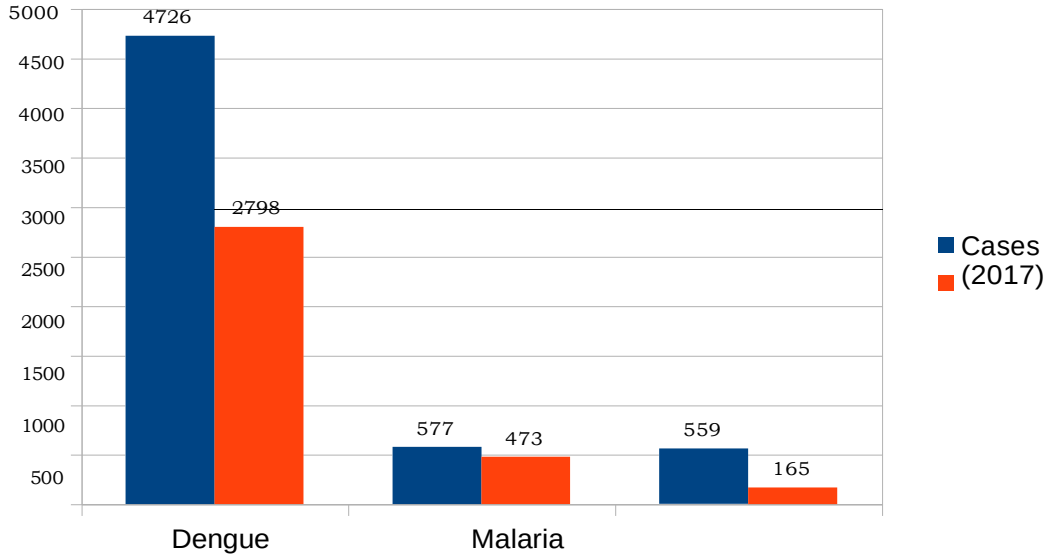
Drawing and poster competition was also organized at school level.

Status of Dengue/Chikungunya/Malaria Cases (31.12.2018)

Disease	Cases (2017)	Cases (2018)
Dengue	4726	2798
Malaria	577	473
Chikungunya	559	165

There is a reduction of Dengue/Chikungunya/Malaria cases in year 2018 with compared to cases reported during the year 2017. After analysing the previous year's data and the trend of these diseases. Delhi Govt. adopted a proactive approach this year and intensified the activities as early as first week of January 2018 for containment of vector borne diseases in Delhi.

Comparison of Data of Dengue/ Chikungunya/ Malaria (2017 & 2018)



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.

Status of Dengue Cases in Delhi in 2018:

There is a reduction in the dengue cases this year with compared to cases reported during the year 2017

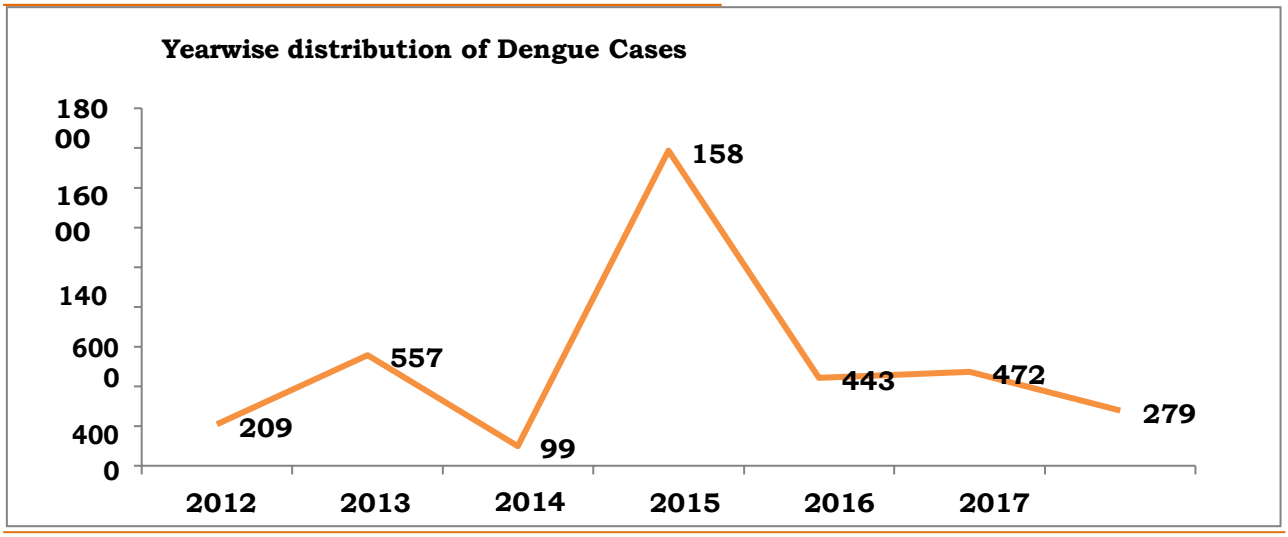
- As per report dated 31.12.2018 there have been 2798 cases of Dengue reported from Delhi. Dengue cases referred from other states have been 3566. Therefore, total dengue cases till 31.12.2018 have been 6364.
- Total 04 Deaths reported in Delhi due to Dengue.
- All India dengue cases up to 25th November 2018 have been 89974 and 144 deaths have occurred due to dengue, all over India.

Month and year wise Situation of Dengue Cases from 2012 to 2018 (up to 31.12.2018)

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	2	10	8	19	58	374	1114	1062	141	**2798**	**4**

Disease Trend

Yearwise Distribution of Dengue Cases



CHIKUNGUNYA

Chikungunya is a viral disease transmitted to human 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).

Status of Chikungunya In Delhi In 2018:

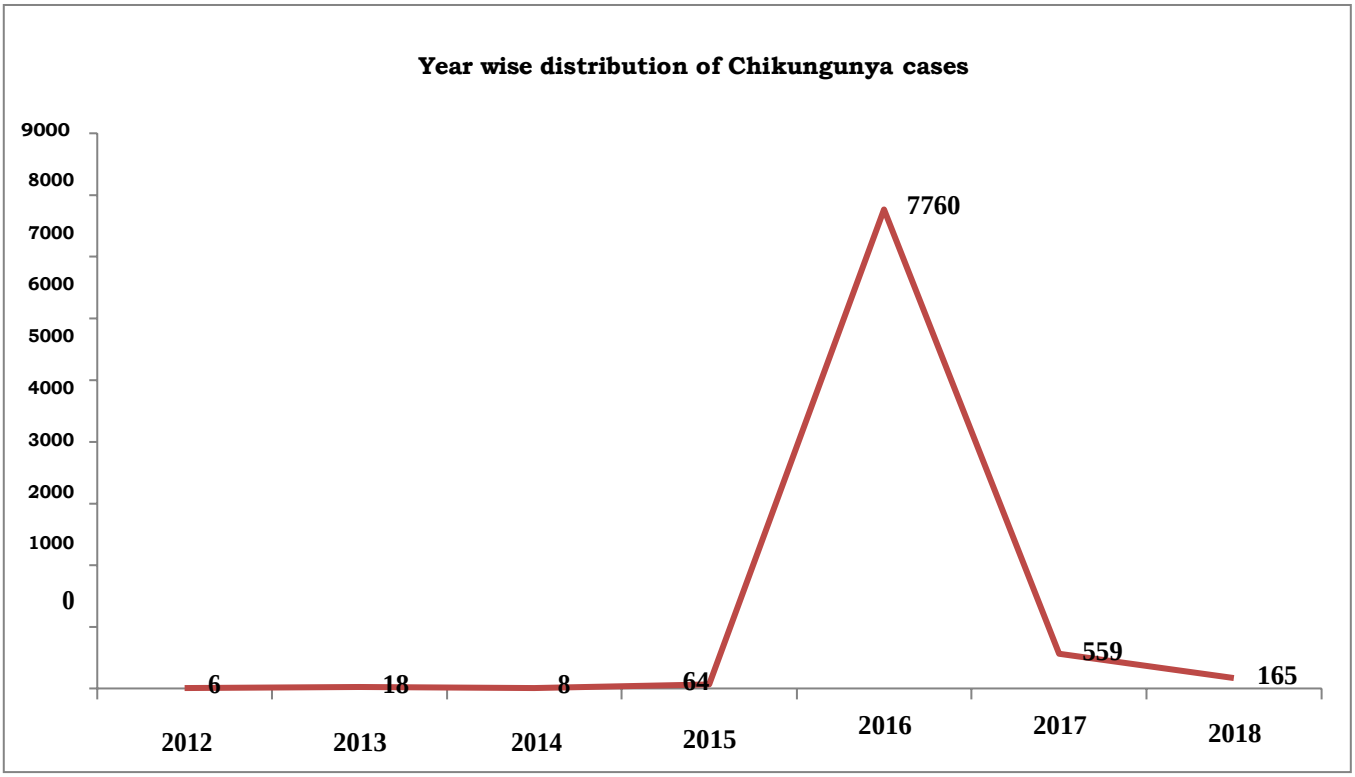
There is a reduction in chikungunya cases this year (2018) as compared to last year (2017).

- **Total chikungunya cases in Delhi as reported on 31.12.2018 are 165**. 142 cases reported from outside Delhi, making a total of 307 cases of Chikungunya, reported in Delhi.
- All India figure for Chikungunya is 47208 (Suspected cases) and 8499 (Confirmed cases)
- No death has been reported due to Chikungunya in Delhi this year

Month and year wise Situation of Chikungunya Cases from 2012 to 2018 (up to 31.12.2018)

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	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	1	9	3	19	9	35	54	28	4	165

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.

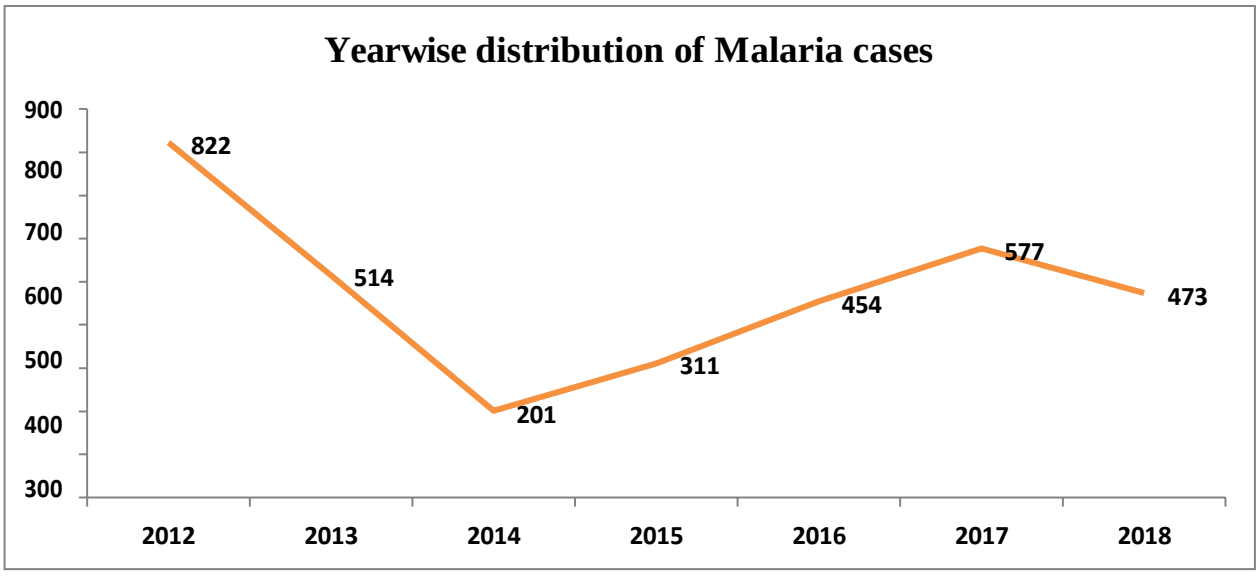
Status of Malaria In 2018:

Total 473 Malaria cases 421 cases have been referred from outside Delhi, making total cases reported in Delhi to 894

Month and year wise Situation of Malaria Cases from 2012 to 2018 (up to 31.12.2018)

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	1	17	25	42	82	138	130	33	2	**473**

Disease Trend



IEC Activities

Advertisement regarding prevention and control of Vector Borne Diseases (Dengue, Chikungunya and Malaria), published in leading newspapers of English, Hindi, Urdu and Punjabi Languages, in order to create awareness in the community, on weekly basis as per following media plan

A comprehensive media plan in the form of outdoor and electronic media has been implemented by Department of Health, in coordination with DIP (Shabdaarth) with following details

- Metro train inside panel - 1354 + 220 free
- Bus q shelters - 100 + 25 free
- Public utility - 50
- Display Board (bill board) - 15
- Hoardings at metro stations - 17+ 2 free
- LED /Animation Display screen at ITO and Delhi Cantt

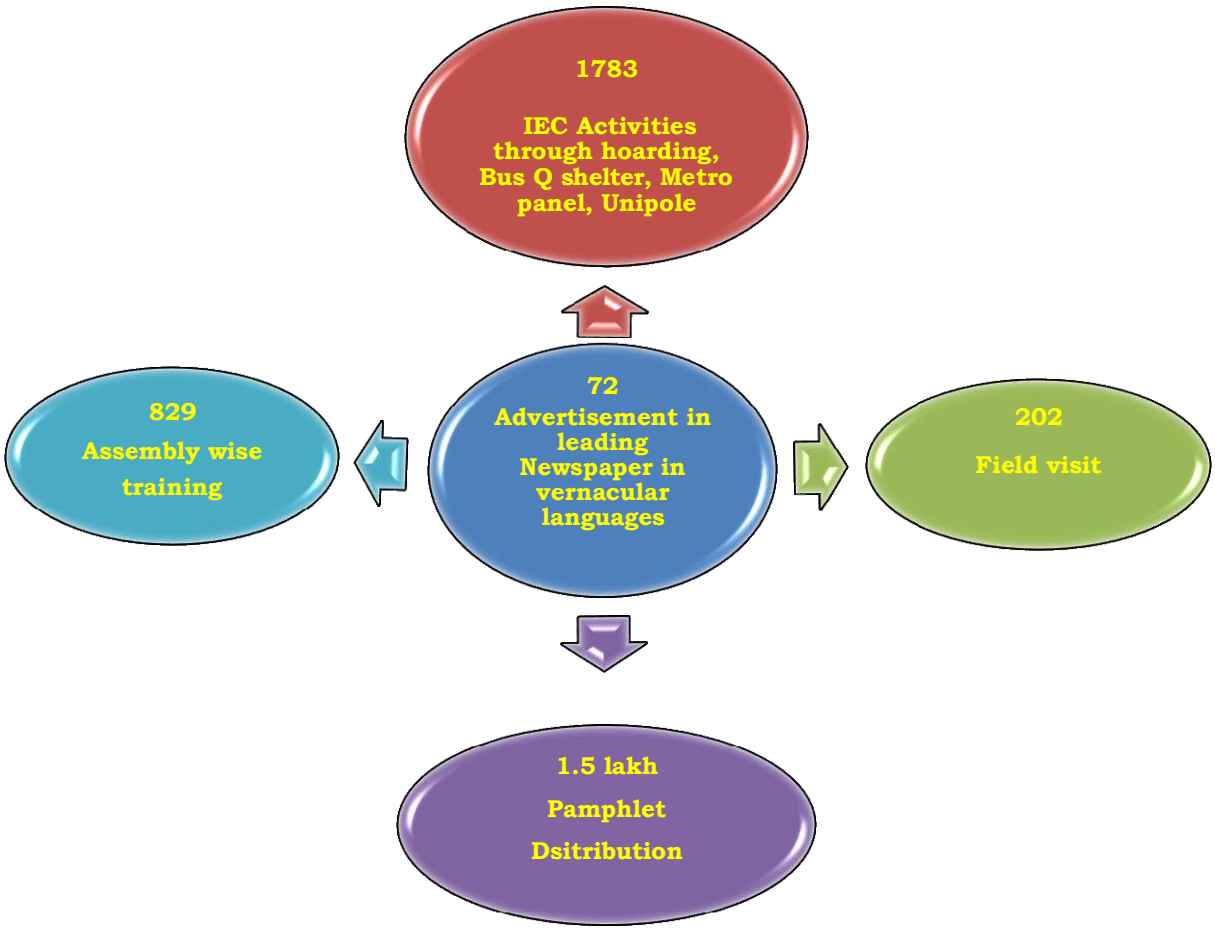
Total: 1783

Date	Newspapers	
22.06.2018	English	Times of India, Millennium post
	Hindi	Hindustan, Amar Ujala
	Urdu	Hamara Samaj
	Punjabi	Jan Ekta
17.07.2018	English	Times of India, The Hindu
	Hindi	Hindustan, Nav Bharat Times
	Urdu	Hamara Samaj
	Punjabi	Chardikala
22.07.2018	English	The Hindustan Times, The Pioneer, Indian Express
	Hindi	Navodaya Times , Rashtriya Sahara, Amar Ujala
	Urdu	Pratap
	Punjabi	Educator
29.07.2018	English	The Economic Times
	Hindi	Punjab Kesari, Amrit India
	Urdu	Tassir
	Punjabi	Jan Soch

05.08.2018	English	The Pioneer
	Hindi	Aaj Samaj , Rashtriya Sahara, Amrit India
	Urdu	--
	Punjabi	Jan Ekta
12.08.2018	English	Millennium Post
	Hindi	Virat Vaibhav
	Urdu	Roznama Khabren
	Punjabi	Educator
19.08.2018	English	Mail Today
	Hindi	Desh Bandu , Hari Bhumi
	Urdu	Roznama, Rashtriya Sahara
	Punjabi	Qaumi Patrika
26.08.2018	English	--
	Hindi	Naya India
	Urdu	Siyasat ki Jung
	Punjabi	Haqraj
02.09.2018	English	Times of India, The Hindu
	Hindi	Hindustan, Nav Bharat Times
	Urdu	Hamara Maqsad
	Punjabi	Chardikala
09.09.2018	English	The Hindustan Times, Indian Express
	Hindi	Rashtriya Sahara, Amar Ujala
	Urdu	Pratap
	Punjabi	Educator
16.09.2018	English	The Pioneer, The Economic Times
	Hindi	Punjab Kesari, Amrit Varsha
	Urdu	Hamara Samaj
	Punjabi	Jan Soch
23.09.2018	English	Mail Today, The Pioneer
	Hindi	Amar Ujala, Aaj Samaj
	Urdu	--
	Punjabi	Jan Ekta
30.09.2018	English	The Hindustan Times, Millennium Post
	Hindi	Pioneer, Hari Bhoomi
	Urdu	Roznama Khabrein
	Punjabi	Educator
	Total	**72 Advertisements over 13 weeks**

State HQ has **adequate quantity of pamphlets** on prevention and control of vector Borne Disease (Dengue, Chikungunya and Malaria). All Hospitals/Dispensaries/CDMO offices have been issued pamphlets as per their requirement for further distribution at community level and at the OPD of hospitals/ Dispensaries.

HIGHLIGHTS


1783
IEC Activities through hoarding, Bus Q shelter, Metro panel, Unipole
829
Assembly wise training
72
Advertisement in leading Newspaper in vernacular languages
202
Field visit
1.5 lakh
Pamphlet
Dsitribution

Coordination with other stakeholder

Cross Border	Nursing Home Cell, DGHS	D.O.Lettes
• Cross border coordination with Chief Medical Officers and Civil Surgeon of Neighbouring districts, since People from other States visit Delhi for their health care needs on daily basis. There is continuous in and out migration of people on large scales for various purposes (seeking treatment, for jobs, business etc). • This renders people of Delhi, exposed to risk of various communicable diseases and also imposes a huge burden on Health care delivery system. Therefore, it is necessary to establish good intersectoral coordination with neighbouring States/ Districts. • Advisory on prevention and control of VBD and preparedness of hospitals has also been shared.	• Coordination with Nursing Home cell, DGHS to direct all Pvt. Hospitals, Nursing homes and other health facilities to notify all Confirmed & suspected cases of Dengue, Chikungunya and Malaria with complete detail to Nodal Agency for reporting (SDMC) on daily basis during peak season. • Issued an Advisory to all Private Hospitals and Nursing Homes to increase the bed strength up to 10- 20% of their approved bed strength on a temporary basis for 6 months and not to deny treatment/ admission to any Dengue/ Chikungunya patient requiring indoor care.	• 89 D.O.lettersregarding measures tobe taken by various agencies, offices, departments, institutes for prevention and control of Dengue, Chikungunya and other NVBDs, issued by ADGHS, PH-IV. Government/Public/Private institutions etc. Letters had been sent to Local Bodies, Revenue Department, Sentinel Hospitals, DMRC, DDA, PWD, Railway, ISBT, RWA, Delhi Tourism, Education, DUSIB, Universities etc. • 39 D.O. letters sent by worthy Secretary Health, GNCTD to all local bodies, DMRC, DDA, PWD, Railway, ISBT, RWA, Delhi Tourism, Education, DUSIB, Universities, neighbouring districts etc regarding prevention and control of vector borne diseases.

NCDC and AIIMS	Sentinel Surveillance Hospitals	School Health Scheme
• Coordination with NCDC and AIIMS regarding circulating strain, in 2017, serotype 1 and 3 were prevalent in Delhi. This year also serotype 3 is expected. Further confirmation of this has been obtained in the peak dengue season (July/ August 2018) from NCDC, DEN-3 is the circulating for the year 2018 also. Communication has been sent to neighbouring states also on this issue	• Coordination with Sentinel Surveillance Hospitals to notify and affected areas.	• Coordination with School Health Scheme to issue a circular to each school regarding Dengue Awareness Campaign in all the Schools, for spreading messages in the community through school children. Awareness sessions on prevention of vector borne diseases (Dengue/ Chikungunya/ Malaria) may be taken up during Morning Assembly/Parents Teachers Meetings and routine medical screening of children.

Coordination with Education Department

- Directorate of Education involved in awareness creation measures, as students act as Ambassadors to effectively spread the information for prevention and control of vector borne diseases, therefore, they were involved in awareness activities. D.O letter sent to all Schools to carry out various activities with respect to prevention and control of vector borne diseases.

- All Schools directed to designate Nodal officers for vector control related activities in the School premises. All Schools took active participation with great enthusiasm in the awareness of vector borne diseases. School also shared their Action Taken Report.

- Awareness by means of Morning assembly, sensitization sessions, School rally, Marathons ,quiz competitions, drawing competitions, slogan writing competitions etc, by teams working under school health scheme is a continuous activity throughout the year.

Awareness Generation in Schools through Morning assemblies, quiz competitions

Mapping Of High Risk Areas

On the basis of last year (2017) report of dengue provided by SDMC, high risk areas evaluated and zone wise
mapping done.

Zone wise List of High Risk Areas

South Delhi Municipal Corporation			
West	**Central**	**Najafgarh**	**South**
Milap Nagar	Shaheen Bagh	Najafgarh	Vasant Vihar
Mohan Garden	Dariya Ganj	Palam	Safdarjung Enclave
Subhash Nagar	Andrews Ganj	Raj Nagar	Hauz khas
Mahavir Nagar	Sidharth Nagar	Sagar Pur	Greater Kailash
Janak Puri	Zakir Nagar	Bijwasan	Vasant Kunj
Pratap Nagar	Badarpur	Dabri	Lado Sarai
	Pul Parhladpur		

North Delhi Municipal Corporation					
Karol Bagh	**Civil Line**	**Chandni Chowk**	**Narela**	**Rohini**	**Keshavpuram**
Karol Bagh	Burari	Kudsiya park	Narela	Rithala	Saraswati Vihar
Rajender Nagar	Kamal Pur	Chandni Chowk	Bakhtawarpur	Rohini-E	Rani Bagh
	Mukund pur	Delhi Gate	Alipur	Mangolpuri	Paschim Vihar
	GTB Nagar		Rohini	Rohini G	Kohat Enclave
	Sarai Pipal Thala		Nangloi	Rohini-H	
	Adarsh Nagar		Nilothi		

East Delhi Municipal Corporation	
Shahdara North	**Shahdara South**
Ram Nagar	Mayur Vihar-I
Janta Colony	Gharoli
Khajoori Khas	Kondli
Gokal Puri	Mandawali
	Patparganj
	Pandav Nagar
	Anarkali
	Vinod Nagar

Initiative in 2019

Workshop on prevention and control of vector borne diseases was organized by Public Health Department, SDMC under inspiration of Commissioner, SDMC. Based on the recommendations of the workshop, Action plan for year 2019-20 has been prepared . Key delibrations during the workshop were made by Public Health experts and from inter sectoral partner departments. Addl. DHGS, Public Health-IV participated in the workshop and detailed presentation on current status of Vector borne diseases in Delhi, was given.

Nipah Virus

Nipah Virus (NIV), a recently emerged, Zoonotic Paramyxovirus, implicated as the cause of a highly fatal, febrile human encephalitis in Malaysia and Singapore in 1999 and in Bangladesh in 2001, 2003, 2004 and 2007. Outbreaks in India have been reported from West Bengal in districts bordering Bangladesh in 2001 and recently in April 2007. According to the World Health Organisation (WHO), the virus's natural hosts are considered to be fruit bats although it has been found to have been transmitted to humans from pigs. In later outbreaks in Bangladesh, people were found to have been infected after consuming date palm sap that was contaminated by virus-carrying fruit bats. The virus can be transmitted from humans to humans as well.

This year also the outbreak of the NIV in Kerala has been unexpectedly jolting the health officials in the state in the Month of May 2018. The outbreak has been localized in 2

districts (Kozhikode and Mallappuram) of Kerala. A total of 14 fatalities have been recorded, 13 of which have been confirmed for NIV.

In view of this State (Delhi) health authorities are also vigilant and strengthen surveillance for Acute Encephalitis in the state constantly until 21 days from the last reported case of Nipah. The guidelines for Nipah for health care professional, infection prevention and control have been circulated to each health facilities to aware everyone about the deadly disease. Delhi Govt. issued and advisory for genereal public, published in all leading newspapers in vernacular language to aware community and to avoid travel to affected areas.

Fortunately no cases of Nipah virus have been reported in Delhi but all the preventive measures and surveillance activities have been geared up to tackle any crisis.

Cholera

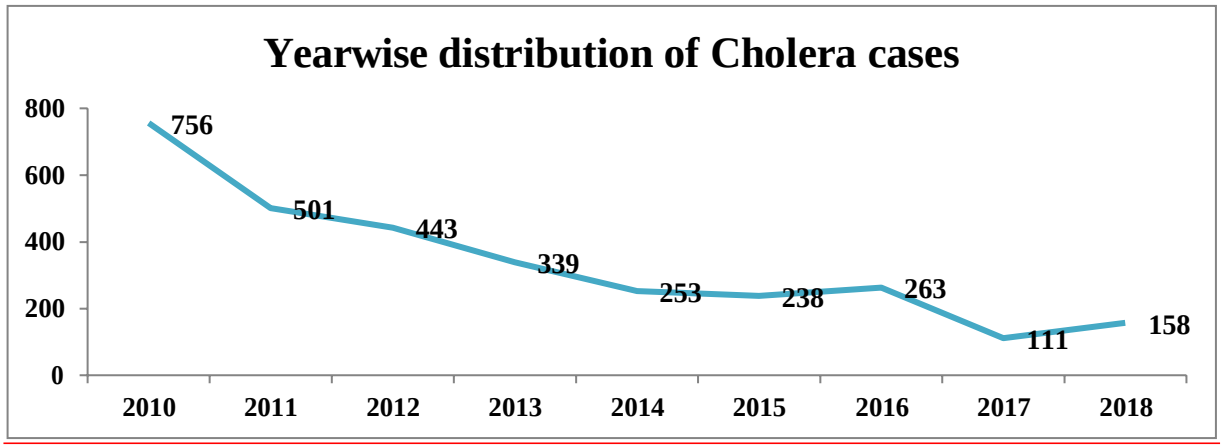
Cholera is an Acute Diarrhoeal Infection caused by ingestion of food or water contaminated with the bacterium *Vibrio Cholerae*. Cholera remains a global threat to public health and an indicator of inequity and lack of social development. Researchers have estimated that every year, there are roughly 1.3 to 4.0 million cases, and 21000 to 143000 deaths worldwide due to cholera

Delhi has recorded 158 confirmed cases till (05.12.2018). Mostly cases are being reported from North (Azad Pur, Lal Bagh) & East district. The worst affected areas include unauthorised resettlement colonies with poor sanitation facilities and lack of safe drinking water. A multifaceted approach is key to control cholera, and to reduce deaths. A combination of surveillance, access to safe water, adequate sanitation and basic hygiene, social mobilisation and treatment is essential.

Month and yearwise distribution of cholera cases (05.12.2018)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2010	3	0	0	14	62	62	136	240	170	55	7	7	756
2011	4	2	0	15	65	54	81	83	115	37	31	14	501
2012	1	0	0	21	52	66	51	133	90	14	12	3	443
2013	1	0	4	14	7	33	55	99	70	36	14	6	339
2014	2	0	0	2	11	45	54	19	54	37	28	1	253
2015	0	0	1	3	3	8	36	34	70	49	25	9	238
2016	1	0	6	10	34	52	43	34	42	32	8	1	263
2017	1	0	0	3	2	5	22	10	25	19	18	6	111
2018	**1**	**0**	**2**	**4**	**23**	**15**	**44**	**30**	**23**	**09**	**06**	**01***	**158***

Disease Trend of Cholera



After analyzing the data of last 06 year of Cholera cases reported from Lal Bagh area, it came to know that Lal bagh area is endemic for Cholera cases, as sporadic cases are being reported from that particular area. Delhi through Integrated Diseases Surveillance Programme reported 02 Cholera outbreak in 2016.

To investigate the Cholera outbreak in Lal Bagh area, team comprising of State Microbiologist, District PHNO, Officials from MCD, District Data Manager, District Data Entry Operator, ANMs from MCW Centre, Azadpur, Delhi visited the site on 06.08.2018.

Outbreak Location

North District of Delhi is one of the 11 districts in Delhi. The district is further divided into 06 MCD Zones: Keshav Puram, Civil Line, Mukharjee Nagar, Karol Bagh, Rohini and Narela. Lal Bagh is covered under MCD Zone of Keshav Puram. Lab bagh is unauthorised resettlement colony with multiple pockets of high risk areas consisting of urban slums, migratory and underserved population.

Figure 1: Cholera outbreak location, North-District, Delhi July 2018.

Observations:

a) Lal Bagh is a resettlement colony where the plot sizes are 12 square yards.
b) Most of the population is migratory and laborers.
c) Hygienic conditions are very poor.
d) DJB water supply is very low and erratic.
e) Large number of unauthorized water connections.
f) Most of the pipelines are passing through the drains and Naalas.
g) The drains are over flowing and filthy.
h) No proper drainage system in the area.
i) Area is overpopulated and highly congested.
j) Most of the population use underground water for drinking purpose.
k) Surrounding of Lal Bagh area is dirty and garbage is thrown on the road.
l) Open defecation is a regular practice among children.
m) Hygienic status and personal habits of family members were very poor.
n) Waste disposal of municipality is inadequate and improper.

o) The community latrines were very filthy and dirty without proper and adequate water supply arrangement.
p) The nuisance of flies could be seen everywhere.
q) People are unaware and uneducated regarding the unhygienic and infective practices.
r) Narrow lanes and multistoried houses with dampness all around.

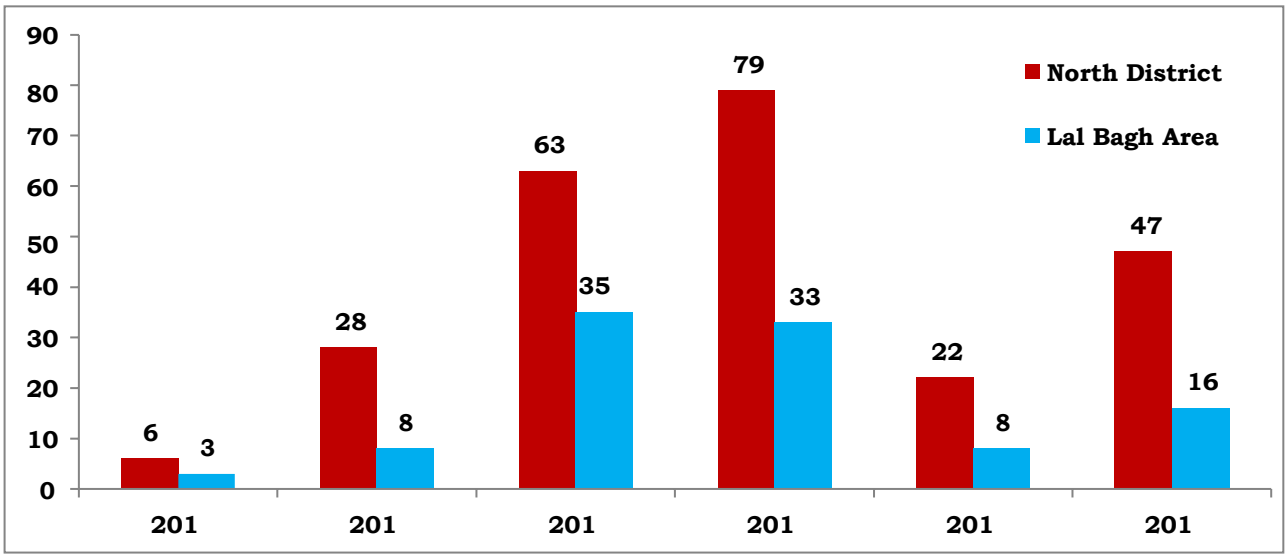
Disease Trend

Data of last 6 years of North District shows that the cases of Cholera are start reporting in the month of May (starting of monsoon) to October (end of monsoon) but highest number of cases are reported in the months of July to Septembet (As shown in Table: 01).

Table: 01 Month and year wise distribution of Cholera Cases in North District

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2013	0	0	0	0	0	0	0	0	4	0	1	1	**6**
2014	1	0	1	1	2	1	0	3	7	2	8	2	**28**
2015	0	0	0	1	0	1	4	14	23	15	4	1	**63**
2016	1	0	0	3	22	17	12	8	15	1		0	**79**
2017	0	0	0	0	1	1	5	1	8	2	1	3	**22**
2018	0	0	1	6	11	4	21	4					**47**

Graph: 01 Comparison of Cholera cases reported from North district and Lal Bagh Area



This year highest number of Cholera cases (21) is reported in the month of July from North District, out of which 16 cases are from Lal Bagh Area, which indicates that approx. 75 % of cases reported from Lal Bagh area. Year wise percentage of cholera cases reported from lal bagh area with total number of cases reported from North (As shown in Table: 02). Average

percentage of cases reported from Lal Bagh area in last 6 years is Approx. 38%, it shows that out of total burden of disease in North Delhi, 38 % cases reported from Lal Bagh.

Table: 02 Percentage of Cholera Cases reported in Lal Bagh areas with total number of cases reported from North District.

S. No.	Year	Cholera cases reported from North District	Cases reported from Lal Bagh Area
1	2013	06	03 (50%)
2	2014	28	08 (27%)
3	2015	63	35 (55%)
4	2016	79	33 (41%)
5	2017	22	08 (36%)
6	2018	47	16 (34%)

After analysis of line list provided by the MVIDH, most of the cases were being reported from the Lal Bagh area.

Field Investigation

Initially the Team visited MCW Centre Lal bagh, Azadpur, where it interacted with the MOI/c and the ANM of that area & traced the location of cholera cases. Cases were spotted in spot map and majority of the cases were from A,C & D block.

More cases are clustered in A (12 Gajj plots), C & D block where all 16 cases were traced. While interacting with MCD official, the team was informed that most of the cases are clustered in C block which is unauthorized and Jhuggi Jhopdi cluster. No sewer/water supply system is available. Infrequent cases are seen from other blocks too.

Figure 2: Spot Map, Lal Bagh, Azad Pur, Delhi July 2018

Affected Age Group

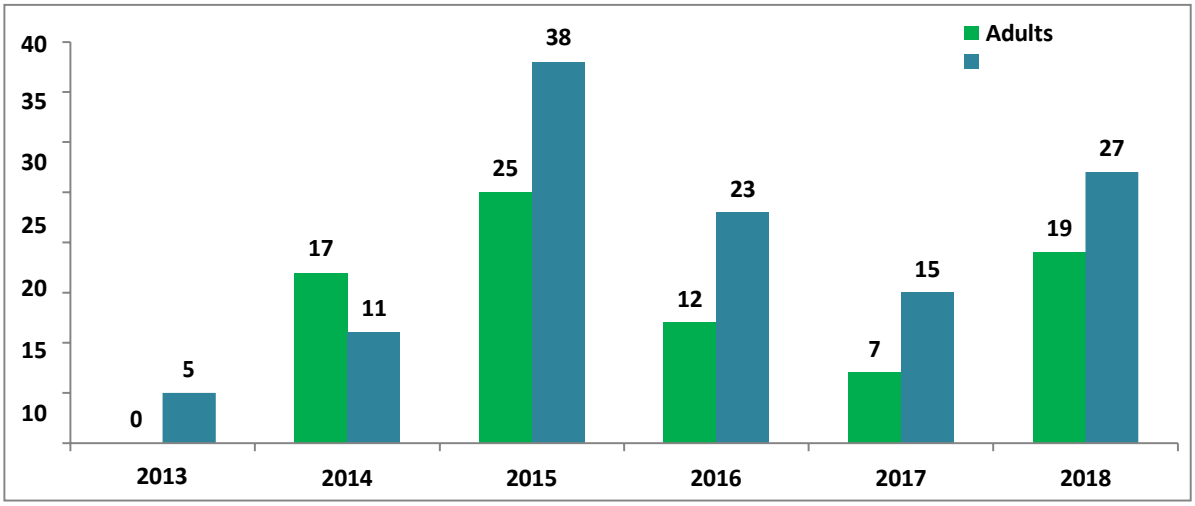
On the basis of data provided by the hospital and during field investigation it has been observed that mostly children of age group from 01 month to 15 year are the cases of Cholera. Due to lack of proper sanitation and toilet system in the colony, open defecation

was also observed among children. Cases are high in the children as comparison with Adults.

Table: 04 Year wise percentage of cholera cases reported in Adults & Childrens

Graph: 02 Year wise cases of cholera reported in Adults & Children

	2013	2014	2015	2016	2017	2018
Cases	05	28	63	35	22	46
Adults						
Male	0	13	10	09	04	13
Female	0	04	15	03	03	06
Total	0	17	25	12	07	19
Children (Age between 1 month to 15 yrs)						
Male	02	07	24	16	04	08
Female	03	04	14	07	11	19
Total	**05**	**11**	**38**	**23**	**15**	**27**



After analysis of data of last 06 year, it has been observed that mostly children are affected from Cholera. 60 % children are infected due to cholera in past 6 years.

During investigation, it is also observed that drains and naalas are very filthy and water pipelines are going through them, which may be the major source of contamination of drinking water due to negative pressure. People of the area informed that they consume water supplied by

local vendor or from DJB water supply. Some Hand pumps were also seen in the area but not used for drinking purpose.

Preventive measures taken:

- Chlorine tablets distributed in the area.
- ORS distribution through MCD & ANM.
- Health Education given in the areas with the distribution of IEC.
- Community are informed that boiled water must be use for drinking purpose.
- Advised community to avoid open defecation.
- Consume fresh and healthy food.

Recommendations

Water and sanitation interventions:

The long-term solution for cholera control lies in economic development and universal access to safe drinking water and adequate sanitation.

Actions targeting environmental conditions include the implementation of adapted long-term sustainable WASH solutions to ensure use of safe water, basic sanitation and good hygiene practices to populations most at risk of cholera. In addition to cholera, such interventions prevent a wide range of other water-borne illnesses, as well as contributing to achieving goals related to poverty, malnutrition, and education.

Hygiene promotion and social mobilization:

Health education campaigns, adapted to local culture and beliefs, should promote the adoption of appropriate hygiene practices such as hand-washing with soap, safe preparation and storage of food and safe disposal of the faeces of children. Funeral practices for individuals who die from cholera must be adapted to prevent infection among attendees.

Further, awareness campaigns should be organised during outbreaks, and information should be provided to the community about the potential risks and symptoms of cholera, precautions to take to avoid cholera, when and where to report cases and to seek immediate treatment when symptoms appear. The location of appropriate
treatment sites should also be shared. Community engagement is key to long term changes in behaviour and to the control of cholera.

Seasonal Influenza (H1N1):

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

Clinical Presentation:

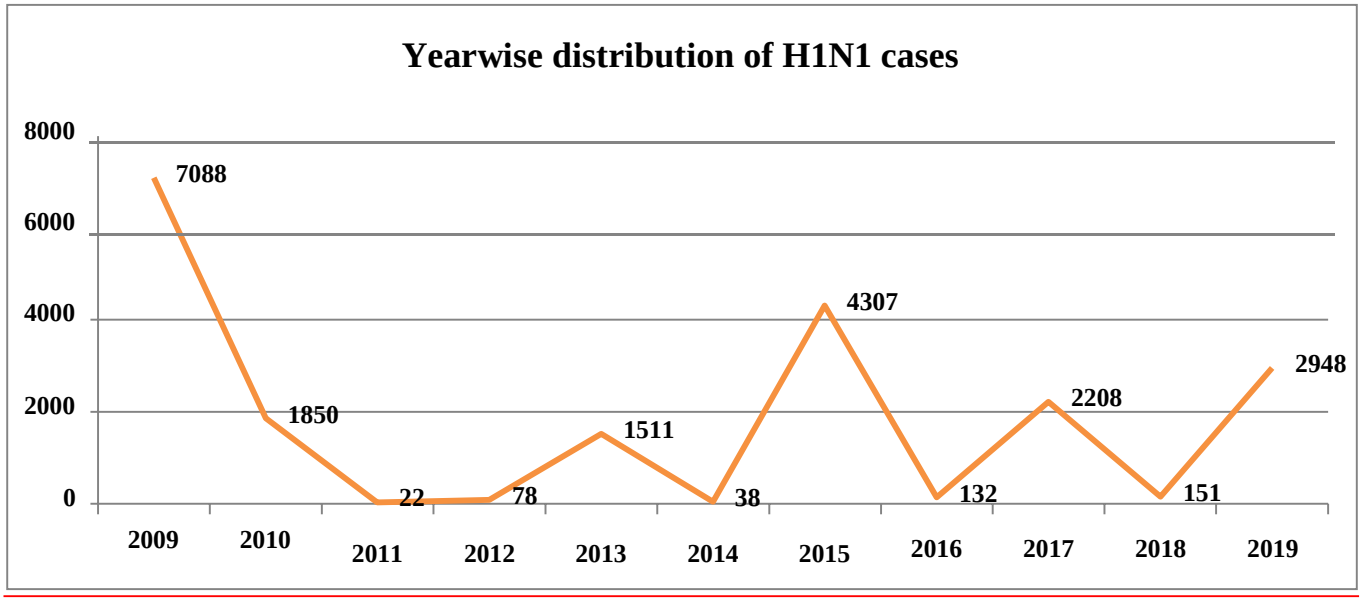
The course of illness may vary. Severity varies from a febrile symptoms mimicking common cold to severe prostration without major respiratory signs and symptoms, especially in the elderly.

Fever and systemic symptoms typically last 3 days, occasionally 5-8 days, which gradually diminish. Cough may persist for more than 2 weeeks. Second fevr spikes are rare. Full recovery may occasionally take several weeks longer, especially in the elderly. Usually symptoms are body ache, cough, running nose, head ache. Less commonlty symptoms like diarrhoea, abdominal pain etc. may occur.

Month wise distribution of Seasonal Influenza H1N1 cases 2009-2019 (31st March)

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Jan	0	288	1	1	39	1	439	69	3	14	611
Feb	0	40	3	3	908	7	2452	38	9	8	1929
Mar	0	9	6	2	534	1	1346	17	7	10	408
Apr	0	2	1	4	17	5	30	3	14	8	0
May	0	1	7	3	6	8	1	0	92	2	0
Jun	55	3	2	1	3	2	2	0	56	1	0
July	103	73	2	2	1	0	0	3	377	0	0
Aug	502	850	0	6	1	2	4	1	1294	5	0
Sep	989	561	0	39	1	0	0	0	333	23	0
Oct	437	21	0	10	0	0	9	0	18	17	0
Nov	666	1	0	3	0	0	6	1	4	6	0
Dec	4336	1	0	4	1	12	18	0	1	57	0
Total	**7088**	**1850**	**22**	**78**	**1511**	**38**	**4307**	**132**	**2208**	**151**	**2948**

Yearwise distribution of H1N1 (Swine flu)



Action Taken For Influenza A H1n1 For 2018-19

- 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.

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.

Advisory on Swine flu in English and Hindi has been published in all leading newspaper for awareness generation in community in 2018 and same has been uploaded on website also. This year also advisory has been sent to DIP to be published in leading newspaper for awareness generation.

State also has adequate stock of drug Oseltamivir 30 mg. (29800) & Oseltamivir 75 mg. (65100) along with all other logistics (PPE kits, N95 mask etc).

- (04 Govt. & 11 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.) had been designated as Nodal Hospitals for management and treatment of Influenza A H1N1. Nodal Officers are designated in each of these hospitals. All hospitals have dedicated beds for H1N1 patient isolation, 12 hospitals have ICU and ventilator facility for management of severe cases. In addition to this, all Delhi Govt. Sentinel Surveillance hospitals has been designated as Nodal hospitals and directed to treat and admit seasonal influenza (H1N1) cases in pursuance of review meeting held on 06.03.2018 under the Chairmanship of worthy Principal Secretary (H&FW), GNCTD.
- In view of public interest, Capping of H1N1 test (RT-PCR) was done last year at Rs. 4500/- for all Pvt. Hospital/labs and same has been continued for this year also.
- 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.
- All health facilities have also been directed to report all confirm cases of H1N1 with complete line listing so that surveillance or awareness activities could be initiated. They have also been directed to sensitize the staff designated for swine flu ward or OPD.

Zika Virus

As all we aware that in the past three months , outbreak of Zika virus disease have been reported from State of Rajasthan (Jaipur), Gujarat (Ahmadabad) and Madhya Pradesh (Bhopal, Vidisha, Sehore,Hoshangabad, Sagar and Raisen). Whereas outnreaks in
Rajasthan and Gujarat have been contained, its appears that the outbreak being reported from various districts in Madhya Pradesh is Still evolving.

In view of above Delhi also prepared in respect of Disease Surveillance, preparedness of laboratories and vector management (Aedes mosquitoes). All District Surveillance officers and Municipal Corporation of Delhi are directed to keep vigil on the Zika virus disease and Surveillance for Zika Virus Infection should be enhanced.

Workshops and awareness programmes are also being conducted to increase awareness in

the community. Sensitization programmes of Clinicians, Obstetricians, Paediatrician and Neurologists about Zika virus disease and its possible link with adverse pregnancy outcome are also being planned. Non Goverment organization such as Delhi Medical Association, professional bodies may also be involved to sensitize clinicians in both the sectors (Government & Private) about Zika Virus.

Diptheria

In the month of September 2018, there was sudden upsurge in deaths due to diphtheria at a Maharishi Valmiki Hospital (MVIDH) in North Delhi. State IDSP unit visited the MVID Hospital on dated 21.09.2018 to investigate the factual situation. As per information received from Senior Official from MVIDH, it stated that in MVIDH every year a number of patients suffering from diphtheria are admitted especially from outside Delhi & majority from western UP. Most of the children are unimmunized.
These children usually report after 6-7 days from the onset of the disease. At the time it becomes difficult to treat them as the toxin is already fixed on the muscles.

In September 2018 from Ist September to 20th September 85 patients were admitted & out of them 11 died. Out of 11 patients 10 are from outside Delhi & one from Delhi. All the 11 were Unimmunized. All the 11 were treated & received all drugs including ADS. There is difficulty in availability of ADS from CRI, Kasauli due to the lab which is being upgraded.

Team sensitized Dr. N.C. Sharma to share daily & weekly report in L Form (Laboratory) as per guideline under IDSP with district North Delhi, as MVIDH is the reporting unit under IDSP unit North Delhi district, so that data can be utilized for timely and effective public health action. As per report received from IDSP unit from North district on 24.09.2018 total 128 lab confirmed cases of Diphtheria have been reported by MVIDH. Out of total 128 cases reported 11 cases are of Delhi, rest 117 cases are of outside of Delhi. Concerned SSOs have been informed. Dr. Sushil Gupta (MS MVIDH) and sensitized him for regular and consistent reporting under L form of IDSP unit North Delhi District.

Hand Foot and Mouth Disease

Complaint recieved from the residential quarter of Zoo in the month of November 2018 regarding one case of hand foot and mouth disease. Zoo Biologist informed that patient developed fever on 07th December 2018 in School and was given paracetamol in the School clinic. On next day mother of patient noticed rashes on buttocks and hands of the patient. The same day he developed soreness in his mouth and difficulty in eating. The fever lasted for 1 and ½ day, the patient was under the treatment of CGHS, Pandara Park. On Tuesday 11.12.2018 the school doctor suspected HFMD and referred to RML hsopital where ? HFMD was diagnosed.

District Surveillance Officer visited the home of the patient on 19.12.2018 and found that child was well and eating and talking normally and no other family members had any symptom of HFMD.

The School authority DPS Mathura Road was also contacted telephonically and the clinic in charge and class teacher were told to be vigilent abouth any more cases with fever and rashes. Such cases to be immediately reported to District Surveillance Unit, Southeast. All residentials of staff Quarter have also been informed to be vigil on any case of fever and rash.

Yamuna Flood

In the month of August 2018 the water level of Yamuna hit a peak of 206.5 metres (Danger level) after a gap of 5 years due to heavy rain fall in the Capital and water discharged (5000cusecs) from hathini kund barage, Haryana. With Yamuna water receding, the Challenge is to prevent the

outbreak of enteric and water borne diseases such as cholera, diarrhoea and typhoid as well as threat of vector borne diseases (Dengue, Chikungunya and Malaria etc). This happens because flood water enters and pollutes other water sources and also become breeding sites for moquitoes.

State IDSP and Public Health team visited flood affected area near Yamuna bank of ITO and Rajghat to sensitize the people regarding prevention and control of vector borne diseases on 02.08.2018. Coordination done with all the concerned stake holders (DUSIB, DJB, MCD, Mobile Health Scheme etc) to provide all the necessary relief.

Fogging and antilarval measures were taken by Local bodies at flood affected areas. Sprinkling of bleeching powder, distribution of ORS pouches at the relief camps are being undertaken to prevent any such outbreaks. Medical teams were also taking rounds of the campsites, where people evacuated from the flood plains were staying. Ambulance have also been kept ready.

Coordination done with Delhi Jal Board to provide safe drinking water for prevention of water borne diseases, and DUSIB for provding safe sanitation. District Surveillance Officers also visited the affected areas to providing health education to the people resides there.

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-1and 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 192 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.

Demographic Profile

Population	Total	Urban	Rural	Tribal
	184 Lakhs	98%	2%	0
Districts	25	-	-	-

Infrastructure-

State TB Training & Demonstration Centre **(STDC)**	1
District TB Centres **(DTCs)**	25 Chest Clinics
TB Units **(TU)**	38
Designated Microscopy Centres **(DMCs)**	192
Intermediate Reference Laboratory **(IRL) (please mention names)**	Two –1. IRL –New Delhi TB Centre 2. IRL AIIMS MEDICINE DEPARTMENT
Culture & Drug Sensitivity **(C&DST) Labs (excluding IRL) (please mention names)**	NRL NITRD MEHRAULI (Culture & DST Lab for 4 Districts of Delhi)
Liquid Culture Laboratories for **2nd line DST (please mention names)**	IRL –New Delhi TB Centre IRL-AIIMS MEDICINE DEPARTMENT

	NRL NITRD MEHRAULI
Cartridge Based Nucleic Acid Amplification Testing **(CBNAAT) Labs**	**32/32** (Covering all 25 Chest Clinics)
Nodal Drug Resistant TB Centre **(DRTBC)** (MDR TB Wards)	Nodal DR – TB Centers : 41) DRTB Centre RBIPMT 2) DRTB Centre LN Hospital 3) DRTB Centre AIIMS 4) DRTB Centre NITRD
District Drug Resistant TB Centre **(DDRTBC)** (MDR TB Wards)	District DR-TB Centers : 25 (All 25 Chest Clinics have District DRTB Centers) (MDR TB Wards-2- at CC Patparganj & Nehru Nagar)

Status of human resources-

- State level posts- Out of **29** sanctioned, **13** posts are filled up (45 %)
- District level posts- Out of **699** sanctioned, **502** posts are filled up (72 %)

PERFORMANCE OF DELHI STATE RNTCP

Year	Population in lakhs	Suspect Examination Rate	Annualized Total TB Case Notification Rate			Treatment Success rate (Public Health)	
			Public	Private	Total	New cases	Re-treatment cases
2015	176	262	314	23	337	92%	77%
2016	180	268	309	39	348	93%	81%
2017	182	250	334	28	362	92%	79%
2018	184	342	414	84	498	91%	78%
1st Q 2019	184	266	442	123	565	90%	78%

TB Notification

Year	**Target for Public Sector**	**Number Notified by Public Sector**	**Percentage Achievement Public Sector**	**Target for Private Sector**	**Number Notified by Private Sector**	**% Achievement for Private Sector**	**Total (Public + Private) Target**	**Total (Public + Private) Achievement**	**Percentage Achievement for Total**
2015		55260			4049				
2016		55657			7049				
2017	55000	60772	110%	35000	5121	15%	90000	65893	73%
2018	56759	76182	134%	49988	15561	31%	106747	91743	86%
1st Q 2019	21200	20366	96%	6300	5660	90%	27500	26026	95%

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

Quarter	Patients Notified	Number Initiated on Treatment	Remark
2017	60772	53027	Patients from neighbouring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.
2018	76182	48980	Patients from neighbouring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.
1Q 2019	26026	16917	Patients from neighbouring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.

Private Sector Notification

Number of Private Health Facilities Registered (Single+ Laboratory + Hospital/nursing home**): 7224**

Status of Universal DST Implementation:

	Public Sector			Private Sector		
Year	TB Patients Notified	Patients with Known Rifampicin Sensitivity status	%	TB Patients Notified	Patients with Known Rifampicin Sensitivity status	%
2018	76182	22084	29%	15561	45	0.3%
1Q 2019	20366	12222	60%	5660	283	5%

Active TB case finding: -

Year	Population Mapped	Number Screened	Presumptive TB Cases Tested	Diagnosed As TB
2017	1870443	453037	5874	672
2018* ACF done in the month of Sep 2018	15000	4865	1502	318
1Q 2019	28000	8500	291	29

Year	Number of Patients received Incentives under NIKSHAY Poshan Yojana through DBT PFMS	Amount Paid under NIKSHAY Poshan Yojana through DBT PFMS
Qtr 3,2018	2735	2738000
Qtr 4,2018	4680	5282000
Qtr 1,2019	9730	15418500

Programmatic Management of Drug Resistant TB (PMDT) Implementation Status:

Year	No of presumptive DR-TB tested	No of DR-TB patients diagnosed	No of DR-TB patients put on treatment	Treatment Success Rate
2013	11688	1456	1281	53%
2014	11504	1338	1572	54%
2015	13386	1279	1566	49%
2016	15876	1335	1564	54%
2017	11760	1803	1699	55%
2018	21780	1948	2801	55%
1st Q 2019	6542	619	549	65%

TB, HIV Collaboration-

	2013	2014	2015	2016	2017	2018	Q1 2019
No. (%) of DMC collocated with ICTC	56	56	56	56	56	56	56
Proportion of registered TB patients with known HIV Status	75%	78%	84%	84%	90%	91%	91%
Proportion of HIV-TB patients given CPT	100%	100%	100%	100%	100%	100%	100%
Proportion of HIV-TB patients given ART	100%	100%	100%	100%	100%	100%	100%
No. (%) of HIV-TB patients diagnosed using CBNAAT	20%	30%	35%	35%	35%	38%	46%

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, keratometres 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
- Procurring MDMOUs
- Active involvement of NGOs , panchayats, & community

Achievments 2018-19

The 33rd Eye Donation Fortnight was conducted in all the Districts of Delhi and at the State level involving various deptts of the Health System.

While the Eye Banks organised special campaigns for creating awareness during the fortnight, at the District and State Level activities incorporating the message for Eye Donation after Demise were carried out. (PPT and Report attached).

A plantation drive along with Health talk were given at the underserved areas by Mobile Health Scheme teams symbolising the spirit of Eye Donation after demise as a new beginning.

MHS Team carrying out plantation in Arya Vidyalaya and Loni Road as a symbolic gesture for Eye Donation Fortnight followed by a motivational talk.

A State level Slogan Writing Contest on Eye Donation was organised which received more than 100 Entries and first three winners were awarded trophies and 7 consolation prizes were also distributed.

It was also aimed to create awareness among the people through Social Media and a facebook page was created which saw a fair amount of outreach among social media users.

Motivational talks were given at gatherings by our field personnel and pledges were encouraged.

Motivational meeting was also organised at the State Office which was a two-way dialogue to analyse the existing block in the minds of the people regarding eye donation after demise or any sort of organ donation. While a section admitted of not giving a thought about it earlier and were willing

to pledge their organs, another section admitted in difficulty in committing one's organs without understanding in details the implications and workings of the human body. Another section also brought forth the notion that the right to a person's body lies with the family and that it is mainly the family's decision about it.

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.

Directorate of ISM & Homeopathy was established in September 1996 and has ISM Wing functioning from A&U Tibbia Colege Campus and Homoeopathic Wing is functioning.

Functioning of the Directorate:

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

The Directorate is also conducting re-orientation training programmes in Ayurveda/Unani/Homoeopathy for practitioners and also gives grant-in-aid to Delhi Bhartiya Chikitsa Parishad, Board of Homoeopathy System of Medicine, Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Dilli Homoeopathic Anusandhana Parishad, Jamia Hamdard and Examining Body of paramedical courses which are the autonomous bodies under the Govt. of Delhi. The Directorate is also providing financial assistance to some NGOs working in the field of Ayurveda, Unani, yoga, and Homoeopathy etc. A Drug Control Department for Ayurveda and Unani Systems of medicine is also functioning at 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 (31.03.2019)

Homoeopathic Dispensaries	-	105
Ayurvedic Dispensaries	-	44
Unani Dispensaries	-	22

Performance of the Ayush Dispensaries

Number of AYUSH dispensaries of GNCT of Delhi:

Sl. No.	Health Outlets	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
1	Homoeopathic Dispensaries	78	80	87	92	92	95	100	101	101	103	104	105
2	Ayurvedic Dispensaries	25	26	27	32	32	33	35	36	39	40	44	44
3	Unani Dispensaries	10	10	11	15	15	16	17	18	19	20	21	22

Annual OPD Attendance of Delhi Government AYUSH Dispensaries during (2018-19) and previous years.

Year	OPD	Ayurvedic Dispensaries	Unani Dispensaries	Homoeopathic Dispensaries	Total
	New	313074	200980	691539	1205593
	Old	354974	191009	1122994	1668977
2018-19	Total	668048	391989	1814533	2874570
	New	370288	292013	782010	1444311
2017-18	Old	385177	266534	1305312	1957023
	New	370638	237261	784907	1392806
	Old	375533	213750	1410935	2000218
2016-17	Total	746171	451011	2195842	3393024
	New	384078	282667	828637	1495382
	Old	394215	201110	1485335	2080660
2015 -16	Total	778293	483777	2313972	3576042
	New	328503	237181	761276	1326960
	Old	328524	191244	1408495	1928263
2014-15	Total	657027	428425	2169771	3255223
	New	300520	206492	694507	1201519
	Old	292420	168948	1230712	1692080
2013-14	Total	592940	375440	1925219	2893599
	New	269770	152985	662212	1084967
	Old	269234	125368	1148246	1542848
2012-13	Total	539004	278353	1810458	2427815

Budget of Ayush Dispensaries during 2018-19:

S.No.	Dispensaries	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs
1	Ayurvedic Dispensaries	6818	5837
2	Unani Dispensaries	6818	5837
3	Homoeopathic Dispensaries	3267	3093.07

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. Deen Dayal Upadhyay Hospital, Hari Nagar
9. Deep Chand Bhandhu Hospital, Kokiwala Bagh, Ashok Vihar
10. Dr. Hedgewar Arogya Sansthan, Karkardooma
11. Dr. N.C.Joshi Memorial Hospital, Karol Bagh
12. GB Pant Hospital, Jawahar Lal Nehru Marg, New Delhi
13. Guru Gobind Singh Government Hospital, Raghubir Nagar
14. Guru Nanak Eye Centre, Maharaja Ranjeet Singh Marg
15. Guru Teg Bahadur Hospital, Shahdara
16. Jag Pravesh Chandra Hospital, Shastri Park
17. Janak Puri Super Speciality Hospital, Janak Puri
18. Lal Bahadur Shastri Hospital, Khichripur
19. Lok Nayak Hospital, Jawahar Lal Nehru Marg
20. Maharishi Valmiki Hospital, Pooth Khurd
21. Pt. Madan Mohan Malviya Hospital, Malviya Nagar
22. Sewa Kutir Hospital, Kingsway Camp (linked to AAAG Hospital)
23. Rao Tula Ram Memorial Hospital, Jaffarpur
24. Sanjay Gandhi Memorial Hospital, Mangol Puri
25. Sardar Vallabh Bhai Patel Hospital, Patel Nagar
26. Satyavadi Raja Harish Chander Hospital, Narela
27. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasir Pur
28. Sushruta Trauma Centre, Bela Road

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

1. Delhi State Cancer Institute, GTBH Complex, Dilshad Garden
2. Institute of Human Behaviour & Allied Sciences, Dilshad Garden
3. Institute of Liver & Biliary Sciences, Vasant Kunj
4. Maulana Azad Institute of Dental Sciences, LNH-MAMC Complex
5. Chacha Nehru Bal Chiktisalaya,Geeta Colony
6. Rajiv Gandhi Super Speciality Hospital, Tahir Pur

AYUSH

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

BRIEF DESCRIPTION OF HOSPITAL PERFORMANCE DURING 2018-19

1. ACHARYA SHREE BHIKSHU GOVERNMENT HOSPITAL

This hospital situated in Moti Nagar in West Delhi is one of the 7 colony hospitals taken over by Delhi Government from MCD on 1.10.1996 for up gradation to a 100 bedded Multispecialty Hospital. This Colony Hospital at Moti Nagar is spread over 4.77 acres of Land. With the naming of the Hospital after the Jain Muni Acharyshree Bhikshu on 15.01.2005, this Moti Nagar Colony Hospital is now known 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 2018-19 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
2018-19	150	180	539579	326573	186212	5463	10917	1810	106207

2. ARUNA ASAF ALI GOVERNMENT HOSPITAL

Aruna Asaf Ali Govt. Hospital (Civil Hospital) is presently having three functional units. The main hospital complex is situated at 5, Rajpur Road with second functional unit at Subzi Mandi Mortuary. The hospital also manages services at Poor House Hospital at Sewa Kutir, Kingsway Camp and a hospital under Social Welfare Department. The main hospital complex is having 100 beds. At present, the hospital is providing services in the General Surgery, General Medicines, Peadiatrics, Orthopedic Surgery, Gynecology, Dental Specialties.

The Brief Performance Statistics of the Hospital during 2018-19 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
2018-19	100	161	230962	143893	62665	9334	10580	1868	2393

Major Achievements during the Year 2018-19.

- New Emergency Medical Room has been created for better triaging and attending Emerge.

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 2018-19 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
2018-19	30	30	68251	42655	0	0	1416	1381	53

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 2018-19 and Previous Years is as under:

Year	No. of Beds	No. of Patients (OPD)	IPD	No. of Surgeries	Emergency	MLC	IPD	Major	Minor
	Sanctioned	Functional	New	Old					
2012-13	300	300	128095	100880	0	0	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
2018-19	240	240	189972	149408	0	0	4909	0	8016

5. DR. BABA SAHEB AMBEDKAR HOSPITAL

Dr. Baba Saheb Ambedkar Hospital, Rohini is a 500-bedded Multi Specialty Hospital with provision of super specialties in future. This hospital is the biggest hospital in North-West Delhi catering to the population of around 10 lakhs. This hospital was started in August 1999 under Directorate of Health Services but is now working directly under Department of Health and Family Welfare, Govt. of NCT, Delhi since 01.08.2003. At present the hospital is having 500 sanctioned beds.

The Brief Performance Statistics of the Hospital during 2018-19 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

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
2016-17	500	550	1144823	384416	311822	18162	65768	9188	81013
2017-18	500	500	1173202	328111	362269	19666	71266	9839	94404
2018-19	500	500	866714	323587	352300	20077	75893	10176	101251

Major Achievements during the Year 2018-19.

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 the 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. The Blood Bank is supporting four linked blood storage centres at neighboring 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 2018-19 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
2018-19	150	100	424560	297205	316994	18100	14243	1102	13139

Major Achievements during the Year 2018-19.

1. Up-gradation of NICU/SNCU from 8 beds to 12 beds with fully developed level II Nursery care with Ventilator / CPAP facilities.
2. 296 preterm babies delivered during 2017-18, out of which 34 babies born with a weight less than 1.5 kg were recovered without complication.

3. Fully equipped daily centre (Infant & Young Child Feeding Centre) between 9.00 A.M. to 4.00 PM in pediatric OPD Block.
4. Eight bedded Kangroo Mother Care started in Post Natal Ward a daily counseling by trained Staff Nurse/Doctors.
5. ETP plant is functional and water tank 2 lac litre capacity is installed and water is utilized by Horticulture.
6. Renovation work for Civil & Electrical in Labour Room with provision of Central Air Condition is completed and became functional.
7. Construction of waiting area on ground floor near ward 1 for patient's relatives (admitted in Gynae, Pediatrics ward and Labour Room) is completed and has become functional.
8. Dr. Sumita Mehta has been felicitated on state level for PPICUD coverage in March, 2018.
9. Smt. Seema Singh N/S, Smt Usha Singh S/N Sh. P.N. Naikya Refractionist, Sh. Pradeep Kumar Dresser, Sh. Ishwar Singh Solanky O.T. Technician have been awarded with State Award for the year 2013-14
10. One Stop Centre for rape victims is started in ward 1 BJRMH, De-addiction (OST) Centre is also being run.
11. A Centre for counseling of Domestic Violence Victims is set up with the help of NGO near A & E Department.
12. Renovation work of Chest Clinic in the final stages of completion.

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 2018-19 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
2018-19	325	325	437350	242832	214181	4092	16949	3216	25778

Major Achievements during the Year 2018-19.

1. Dialysis centre started.
2. Initiatives were taken for accreditation at priority level for NABH,

3. Appointment of hospital managers due in March 2019 as per Govt. directive.
4. Tender on basis of CPRT was initiated & awarded.

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 2018-19 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
2018-19	270	270	24389	182012	1862	0	7891	0	0

Major Achievements during the Year 2018-19.

1. NDTB Centre (New Delhi Tuberculosis Centre) is a Framework for TB care in Prisons. Active Surveillance of the Tuberculosis patients is being done in close assistance of the NDTB Centre. It has statted project for identification of asymptomatic T.B. patients-by CBNAT. They have already completed work in CJ-03 and presently doing work in CJ-08. 2499 Inmates were screened at CJ-08 and 11 patients were found positive for Tuberculosis.
2. One ART centre is also being run with the assistance of NACO/DSACS. Screening of all the inmates for HIV started in all jails CJ-1 to CJ-10. Once found positive, inmates are sent to newly started centre at Central Jail Tihar for confirmation and retroviral therapy. Referral to outside hospital for ART treatment from Tihar Complex has completely stopped. A total of 5896 inmates have been screened till date and 174 cases were found positive. 148 patients are taking regular treatment from ART Centre.
3. Physiotherapy Services started in CJ-1 to CJ-10 with posting of two physiotherapists from H & FW Department. SRPM (NGO) is providing Physiotherapy Services in CJ-04.
4. Oral substitution Therapy (OST) started in CJH. 15 patients at CJH are on OST.

5. Other De-addiction programmes like Alcoholic Anonymous are also being run under close supervision of senior specialists.
6. De-addiction activities at Central Jail Hospital are being taken care of by the Specialist Doctors.
7. Overall strength of Medical & Paramedical staff has improved with recruitment of residents and engagement of retired employees as consultant.
8. Active Surveillance of the Tuberculosis patients is being done in close assistance of the NDTB Centre. This project was started for identification of asymptomatic T.B. patients by CBNAAT. They have already completed work in CJ-03 and CJ-8/9. Presently work is being done in CJ-04.
9. **Isolation Ward:**
   Civil work for isolation ward for TB patients and other infective patients in CJH has been completed. The patients have also been shifted in this ward.
10. **Casualty:**
    Old casualty has been marked exclusively for Psychiatry Patients and addicted patients on withdrawal symptoms, while 06 bedded new casualties for non psychiatry patients has been made. All civil works have been finished and it has started functioning properly.
11. **Behavioral therapy ward:**
    Bed strength of 20 bedded B.T. Wards has been increased to 40 beds.
12. **Psychological First Aid Services:**
    PFA is being run successfully with the help of counselors of NHFI. About 7000 inmates have been screened for presence of mental disorders.
13. **Human Resources:**
    Overall strength of Medical & Paramedical staff has improved with recruitment of residents and engagement of retired employees as consultant.
14. Polio Camp held on 10.03.2019 and 20 children were given polio drops in Central Jail No. 06.

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.
  - Training of all categories of staff.
  - 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 2018-19 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
2018-19	221	210	137431	276888	11884	201	17098	20161	3946

Major Achievements during the Year 2018-19.

- Renewal of NABH accreditation in Sept. 2018.
- About 50 research papers have been published from CNBC in year 2018 and nine extramural projects are currently running in the Institute.
- CNBC has got Possession of 9480 square meter of land from DDA for the construction of new super specialty block with OPDs, super specialty OTs and wards and expansion of present services.
- Establishment of Maldi TOF (1st in Delhi Govt.)
- Construction of Vertical Garden.
- Bio Green Toilet.
- Construction of composed pit.
- UDID Facility (Disability Certificte Center)
- NBE Fellowship started in Peadiatric Nephrology.
- An institutional Ethics Committee has been constituted as per National ICMR guidelines and registered in 2018, under Central Drugs Control Standard Organization, Ministry of Health & Family Welfare and Government of India with the No. ECR/1059/Inst/DL/2018.
- Increase in number of seats of DNB Peadiatrics from 5 to 10 and in Peadiatrics and from 3 to 5 in Pediatrics Surgery.
- Organized many public awareness talks on Cancer Awareness, infection prevention, hand hygiene, kidney diseases prevention, breast feeding and lactation, Thallesemia has been conducted etc.
- Organised many CMEs and conferences on various topics like Quality Improvement Workshop for maternal and Neonatal Health along with Health Mission and Govt. of India in collaboration with NQOCN.
  CME “PEDS-SEPSIS 2018” on Paediatric and Neonatal Sepsis.
  Research Methodology Workshop for faculty and PG students.
  CME “Reflux Nephropathy-Removing the Misconceptions” during World Kidney Day.

Two important publication

- Antibiotic Policy 2018.
- Calander for 2019.

10. CHAUDHARY BRAHM PRAKASH AYURVEDIC CHARAK SANSTHAN

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

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

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

Emergency Lab provides 24 hours services throughout the year for all emergency investigations. The hospital has two Panchakarma Units one for male and another for female which are providing Special Ayurvedic Treatment to the Chronic Patients of Paralysis, Joint Disorders, Disc. Related Ailments, Migraine, Skin Disorders like Psoriasis, Eczema, Acne, Chronic Sinusitis etc. Kshar Sutra Unit is providing specialty treatment to the patients of Anorectal Disorders like Hemorrhoids, Fistula & Fissures. Leech application unit is providing specialty treatment to the patients of DVT, Psoriasis, Diabetic Ulcers/Foot, Varicose Ulcers etc. Ambulance Facility with BLS and AC is available to transfer patients to other hospitals or meet any Exigency/Disaster Situation.

The brief performance statistics of the hospital during 2018-19 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
2018-19	210	210	156533	227230	0	0	8990	49	5210

Major Achievements during the Year 2018-19.

1. Started Geriatric OPD & Marma OPD.
2. The Panchkarma Training Program was organized by CBPACS for 05 batches of Medical Officers (Ayurveda), Department of AYUSH, govt. of Haryana during 11.02.2019 to 29.03.2019.

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 2018-19 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
2018-19	640	640	872589	472718	493964	13856	70686	15670	42734

Major Achievements during the Year 2018-19.

D.D.U. Hospital is the biggest and only tertiary care hospital in West Delhi providing services to the people living in West Delhi and 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 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 Hon'ble 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 alongwith the existing thirty-two bedded day care set up. All facilities including medicines are provided free to all the patients. While the OPD and all support services for all the patients are available from 7.00 AM to 5.00 PM on all working days the emergency services are available on round-the-clock basis.

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

The brief performance statistics of the hospital during 2018-19 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
2018-19	150	223	18519	455449	14436	0	12295	902	8584

Major Achievements during the Year 2018-19.

1. Completion of construction work for Nuclear Medicine Ward (with 07 Beds).
2. Extension of Pvt./Semi Pvt. Ward (24 No. Beds).
3. Creation of 10 Nos. Faculty rooms over LINAC Block are the major work executed by Engineering Wing during 2018-19.

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 2018-19 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
2018-19	50	50	22836	41633	0	0	232	0	0

Major Achievements during the Year 2018-19.

- A total of 64,469 patients attended various OPDs in the hospital and 232 patients were admitted in the IPD for treatment of chronic illnesses. Approximately 10,000 various lab

investigations were performed during this period.

- Swachhta Hi Sewa Campaign from 15th September 2018 to 2nd October 2018. Poster preparation on Swachhta by interns and display of posters in OPD Health education to patients attending OPD by interns daily and to patients admitted in IPD by House Physicians daily during campaign.

- Swachhta Pakhwara under the auspices of the Ministry of Ayush, Govt of india from 16th October to 30th October 2018. Health education to patients attending OPD by interns and to patients admitted in IPD by House Physicians.

Academic activities and achievements

- Formation of book bank for students.
- Organized poster competition on World Health Day on 7th April 18 for BHMS IV year students at Dr. B.R. Sur Homoeopathic Medical College & Hospital.
- Orientation program on Opportunities after BHMS for the passed out batch of interns (2017-18 batch) was organized in Dr. B.R. Sur Homoeopathic Medical College Hospital & Research Centre on 10th May 2018.
- Workshop on Acute Flaccid Paralysis and Measles Surveillance was organized in Dr. B, R. Sur Homoeopathic Medical College, Hospital & Research Centre on 14th May 2018 by National Public Health Surveillance Project, Delhi Unit.
- Seminar on Biomedical Waste Management (Amendment) 2018, Post Exposure Prophylaxis, Hand Hygiene on 15th May 2018 at Dr. B.R. Sur Homoeopathic Medical College & Hospital for BHMS Interns 2018-19.
- Workshop on Acute Flaccid Paralysis and Measles Surveillance was organized in Dr. B.R. Sur Homeopathic Medical College, Hospital & Research Centre on 14th May 2018 by National Public Health Surveillance Project, Delhi Unit.
- CME on topic "How to approach Respiratory Diseases" on 21 October 2018 organised by Indian Institute of Homeopathic Physicians (IIHP) in collaboration with NHMC alumni association at Dr. B. R. Sur Homeopathic Medical College & Hospital.
- Training programme on Latest Lab Investigations & their importance in the diagnosis of disease & updating the knowledge of service rules organized by Homeopathic Wing. Directorate of Ayush, Govt. of NCT of Delhi at Dr. B.R. Sur Homeopathic Medical College, Hospital & Research Centre on 10-01-2018.

Social Welfare activities and achievements

Other than organizing various camps in the villages adopted by the institute following activities have been performed:

- General check up and Anthropometry of 1400 students of Sadhu Vasvani School, Ananda Niketan was done on 5th, 6th July 2018.
- Thyroid examination of 60 school students was done at Thyroid Clinic on 1/08/2018.
- World Heart Day was celebrated on 29th September 2018.
- Participated in Inauguration of 69th TB seal sale Campaign at Raj Niwas on 10/10/2018.
- Participation at MTNL perfect health mela and demonstration of Disaster Management drills from 23rd – 27th October 2018.
- 314 children of GGSS School, Sector IV, R.K. Puram, underwent Anthropometry, Pubertal

Staging, Thyroid Function Tests & Urinary Iodine on 26th and 27th December their menstrual history and personal history was also taken.

- Free Homeopathic Camp was organized at Hudco Place Extension on 10th March 2019.
- Seminar on Diagnostic Imaging & its Interpretation for the interns was organized in Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre on 3rd June 2018.
- Seminar on ECG Interpretation for the interns was organized in Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre.
- Orientation on Diagnostic Imaging for the BHMS students was organized in Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre on 24th August 2018 as a part of Celebration of Founders Day.

Administrative activities and achievements

- Haematology analyzer purchased for pathology lab.
- Physiotherapy unit has been equipped with traction treatment table, Wax Bath, Short Term Diathermy, Ultrasound Therapy, Muscle Stimulator etc.
- Defibrator purchased.
- Atomic Energy Regulatory Board (AERB) certificate obtained.
- All academic departments and labs are equipped according to CCH norms.
- Purchase of Homeopathic Software-Radar and MAC.

Seminars/Workshops/Training/Skill Development

- Seminar on Biomedical waste management (amendment) 2018 Standard Cleaning Practices, Infection Control 9th April 2018 at Dr. B.R. Sur Homeopathic Medical College & Hospital for staff nurses, paramedical staff, sanitation staff.
- Seminar on Biomedical waste management (amendment) 2018, on 4th August 2018 for CATS ambulance paramedical staff at Dr B.R. Sur Homeopathic Medical College & Hospital.
- Seminar on Laboratory Safety and Good Laboratory Practices held on 24th September 2018 at Dr. B.R. Sur Homeopathic Medical College & Hospital for Doctors, Laboratory Staff and Nursing Orderlies.
- 6th Padmashri Dr. K G Saxena Memorial Seminar on Health Mind-Heal the skin, Homeopathy and Dermatology on 22nd July 2018 at Dr. B.R.Sur Homeopathic Medical College and Hospital.

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 November 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 2018-19 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
`2018-19	200	231	345282	236376	193911	7238	16398	3449	9092

Major Achievements during the Year 2018-19.

1. Prestigious NABH Safe-I certification awarded to this hospital on June 2018 for excellence in related field.
2. Injection ARS, Injection ARV (dog bite) has been started 24x7 at main casualty.
3. Good Samaritan Services started for Road Traffic Accidents patients.
4. There is a proud moment for DHAS regarding participation in transparency audit of Sou Motu disclosure on website which was at all India level conducted by CIC.DHAS scored 99% with a Grade.

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 2018-19 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
2018-19	100	60	155907	120670	35025	0	2024	785	1990

Major Achievements during the Year 2018-19.

Medicine Department:

a. One OPD room has been added and number of OPD patients has increased in both IPD and OPD and waiting time of patients has decreased.
b. Camp for Screening of Diabetes and Hypertensive Patients and prompt funduscopy, HBA1C is being conducted regularly.

Ortho Department:

Introduced injection platelets Rich Plasma (PRP) invarious Musculo Skeleton Disorders.

Eye Department:

a. Glaucoma Services has started with ophthalmic non contact monometer.
b. Spectacles for near vision are being distributed to elderly patients free of cost.
c. Started Small Incisioin Cataract Surgery (SICS) and Phaco Services.

Pediatric Department:

a. Diagnostic facility has been improved with facility of DAK.
b. Fractional IPV has been started in this hospital along with MR Vaccine under the immunization programme.

Pathology Department:

a. There is 30% increase in no. of lab samplesreceived and reported.
b. New services have been added like

1. Thyroid Function Test,
2. HCV,
3. Serumelectrolyte,
4. Lonic Calcium,
5. Body Fluid Analysis,
6. Reticulocyte Count.

Radiology Department: Computer radiography system has been procured and started.

Dental Department:

a. The no. of patients in dental OPD have increased by 30-40 percent per day.
b. Orthodontic treatment (braces) will be starting shortly.
c. Composite Restorations are being dome now inthe department which is superior to earlier GIC restorations.
d. Rotary Endodontics (RCT) has started.

General Surgery Department:

a. Laparoscopy surgeries has started in this hospital now more than 100 laparoscopy surgeries have been
b. performed including routine (Laparoscopic cholecystectomy) as well as advance laparoscopic surgeries
c. (Laparoscopic appendectomy, IPOM & TEA).

ENT Department :

a. All major and minor ENT Surgeries are being conducted under local anaesthesia like tympanoplasty, Myringoplasty, MRM, Stepedectomy, Nasal surgeries like, septoplasty, rhnioplasty functional endoscopic, sinus fascial plastic surgery, throat surgery like tonsillectomy surgery, submandibular gland surgery, superficial parotidectomy.

Future proposals:

a. Planning is being made for establishment of TB Clinic,DOT centre and to set up Asthma clinic and ART clinic in Paediatric ward.
b. The hospital is in the process of converting semi permanent structure to permanent structure for multispeciality,multistory 100 bedded hospital.
c. In PPP model the hospital is going to have one ultra sound machine and digital X ray Machine shortly.
d. Due to very good Post op care there is minimal infection rate in the ward.

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 2018-19 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
2018-19	758	735	124007	852363	25281	0	31533	4407	164

Major Achievements during the Year 2018-19.

1. Ward-12 (ICU of Neurology Department) is under renovation.

2. The Competent Authority, GIPMER has given its approval for making inter-connecting corridors between Block-B and Block 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.
3. Replacement of old/outlived 250 KVA & 320 KVA DG sets with 500 KVA DG set at Sub-station ! in GIPMER.

Future Proposals:

1. Computerization of hospital,HIMS & PACs to be installed.
2. Proposal for construction of Advance Research and clinical care centre in the institute.
3. Provision for construction of telemedicine centre.

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. Hospital is providing following patient care facilities round the Clock along with routine OPD services of Medicine, Surgery. Ortho, eye, ENT, Paeds., Obs and Gynae, Physiotherapy etc.

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 2018-19 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
2018-19	100	200	274790	212761	151723	4352	21226	3884	10207

Major Achievements during the Year 2018-19.

1. SOPs made for most of the services under Quality care for patients.
2. Patient feedback taken regularly and monitored.
3. Prescription audit conducted regularly.
4. Employee of the month scheme has been implemented to motivate the staff.
5. Improvement in facilities for the patients.

6. OST Centre fully functional.
7. Weeding out of old record policy has been initiated.
8. Kayakalp Programme Re-assessment for the year 2018-19 has been done at hospital level.
9. Prescription Audit is being conducted regularly for taking corrective measures.
10. Up-gradation of labour room as per GOI Norms is under process.
11. Separate septic room and separate HDU-Sanction has already issued to PWD.
12. Demand for Equipments is under active process.
13. Disrict Early Intervention Centre (DEIC) work is under process.
14. Idea box for suggestion/ideas for improvement of hospital services has been installed outside the MS office.
15. Disposal of Condemned items three lots already disposed off through public auction after taking approval from ED.
16. Efforts are made actively by hospital for 100% availability of the drugs.
17. Hospital has been awarded "Skoch Order of Merit Award" in Quality Assurance in March 2018.
18. Hospital has received Pre-Accreditation on Entry Level Certificate from NABH in February 2018 for one year.
19. Hospital has received NQAS National Level Certification in may 2018 for 3 years.
20. Hospital has been awarded Silver Award Bio-Medical Waste Management and Bronze Award of Quality Assurance from Skock Group in February, 2019.
21. The cabinet has sanctioned 472 beds, new project for this hospital which is under active process. Recently hospital has also received approval & expenditure sanctioned for the above said project.

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 Prabandhak 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 2018-19 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
2018-19	212	212	155160	153738	7953	359	13795	11792	1517

19. GURU TEG BAHADUR HOSPITAL

Guru Teg Bahadur Hospital is the prestigious and largest hospital situated in Dilshad Garden area of Trans-Yamuna (East Delhi) with 1512 sanctioned beds. The hospital started functioning in 1985 with 350 beds. The hospital is tertiary care teaching hospital associated with University College of Medical Science. The hospital serves as a training center for undergraduate and post-graduate medical students. The hospital also runs 3½ Years Diploma in Nursing and Midwifery course in its School of Nursing. The hospital provides round the clock Emergency Service in common clinical disciplines including Neurosurgery Facilities for road side accident and other trauma victims, Burn Care Facilities, Thalassemia Day Care Center, CT-Scan, Hemo-dialysis and Peritoneal Dialysis besides OPD/IPD services in broad basic specialties.

G.T.B. Hospital runs a fully equipped regional Blood Bank Centre which apart from fulfilling the needs of this area as a Blood Bank also has facilities for providing various fractionated blood components. OPD and IPD registration, Blood Sample Collection Centres, Admission and Enquiry, Lab. Investigation Services and Medical Record Data have already been computerized and integrated through LAN.

The brief performance statistics of the hospital during 2018-19 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
2018-19	1512	1448	1241050	918163	402416	34385	110231	15432	65256

Major Achievements during the Year 2018-19.

1. Blood Bank is critical part of this institution and caters not only to GTBH and adjoining Hospital. Blood bank has been certified with NABH (SAFE-1) certificate from NABH.
2. Paediatrics Department has been expanded with starting of new OPD Block. The Nursery care of inborn and outborn babies is upgraded.
3. New Walk-in Casualty has been started for walking patient who are attending GTB Hospital for minor ailments where as main casualty is specifically dedicated for trauma and sick patient to provide prompt care within golden hour. Walk-in Casualty and main casualty 54 have been well equipped within the patient life support system. Walk-in Casualty has adequate bed which can be utilized in case of disaster.
4. Separate registration counter for walk-in casualty, main casualty and anti rabies clinic have been started. A new triage room and accident emergency ICU has been identified and is going under renovation.
5. New dedicated Anti Rabies Clinic has been started.
6. Pharmacy has been made patient friendly with plenty of waiting space and adopting token system. Expansion and internal structural modification of pharmacy has been done.
7. Kitchen Servicers: PNG pipe line has been installed in kitchen and functional leading to creation of “Green Kitchen”. The monitoring of food quality has been improved. Kitchen waste is being disposed off in environmentally friendly manner.
8. The access to emergency has been rationalized with making separate entry and exit. This has vastly improved the receiving mechanism for sick patient in emergency.
9. The Orthopedic Emergency had been relocated near the main emergency area for better patient care. It has been furnished as per requirements of the department.
10. The emergency laboratory has been relocated near the main emergency to make access easy for sample collection.
11. There is round the clock on the spot grievance redressal system linked to 1031 helpline. One Nursing officer is dedicated for this task and many grievances sorted on the same time.
12. Round the clock coverage of the A&E by senior doctors.
13. Creation of Trauma Nurse Coordinators for better Trauma Management.
14. Changed the leadership of some of the key departments to place the appropriate leaders with appropriate mind-set at eh helm of affairs.
15. Started Extra OT for Gyne/Obs. To deal with large number of emergency cesareans and long waiting for emergency LSCS.
16. Sorted out the problem of trespassing from Gate no. 8 and 7.
17. OPD Re-distributed to improve congestion.
18. Dengue management.
19. Got fresh stretchers for quality care in A&E as well as OPD.
20. Condemnation process continued and the internal process completed.

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 2018-19 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
2018-19	500	297	87410	503285	44615	0	4356	41	39

Major Achievements during the Year 2018-19.

1. IHBAS won the health care excellence award by AHPI in the category of Patient friendly hospital in February, 2019.

2. Role in formulating the National Disaster Management Guidelines.
3. Resource Centre for Tobacco Control (RCTC).
4. Identified Centre of excellence in the field of Mental Health.
5. Community services.
6. Providing technical expertise and specialist medical intervention for reform of Government Run Home for mentally retarded (Asha Kiran).
7. A referral centre for viral load under NACO.

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 2018-19 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
2018-19	549	234	41342	67699	8273	13	8273	1078	325

Major Achievements during the Year 2018-19.

- Best Abstract Award in "AASLD" conference
- Best Poster Award in EASL conference
- Young investigator award and best abstract award in AASLD 2018
- First prize in APASL transplant quiz (first prize) with honorary membership
- Young Investigator Award, AASLD 2018 and 1st Prize Presidential, ISGCON 2018)
- DST Young Women Scientist Award-2018
- Organized APASL 2018, Largest Pan-Asia Liver Congress.
- Community Outreach Programme
- Trained 14 International Trainee and 30 National Trainee at ILBS, 50 International Faculty Visited during year 2018-2019.
- Organized AARC 2018 – Update (Largest Pan-Asia Research Project)

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 2018-19 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
2018-19	210	210	686367	489470	374531	12683	19993	2156	26933

Major Achievements during the Year 2018-19.

1. Central Air conditioning of Medicine OPD, Ortho OPD, Dental, Surgery, Eye, ENT and Skin OPD achieved.
2. CSSD renovation completed.
3. Laundry renovation completed
4. Quality of Health care Improved by Implementing safe-I practices.
5. Laqshaya scheme for improvement of Labour Room & obstetric O.T. implemented.
6. Kaya Lalp programme is being implanted and there is marked improvement in scoring.
7. Colour coded bed sheets specific to the day implemented.
8. CR system for X-rays implemented.
9. New Biochemistry Analyser installed.
10. Herbal Garden created.
11. MRD strengthened by installing new compacter system.
12. Bio Medical waste storage area renovation completed.
13. Hospital infection control Manual & Atibiotic Policy is being implemented.

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 2018-19 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
2018-19	300	100	47821	326175	0	0	3577	0	0

Major Achievements during the Year 2018-19.

1. No. of cases done in cathlab from 01.04.2018 to 31.03.2019.
    - Angio(CAG)=245
    - Angioplasty(PTCA)=39
    - CAG+PTCA+Stent=237
    - Pacemaker(PPI)=27
2. Medical Gas pipe line system installation process in completion phase.
3. Estimation of drug levels like Levetircetam, Carbamazepine and Phenytoin has been started by lab.
4. Opening of Blood Storage Center.
5. Starting of Histopathology Section.
6. Dialysis has been stared in September, 2018.
7. Upgradation of Radiology Department through installation of MRI, CT Scan, File has been returned back by Department. of H&FW for feasibility of MRI & CT under PPP mode.
8. OT services installation in under process.
9. We have been working to upgrade rehabilitation center to achieved state of art facilities. Under which:- Plan for installing new advanced neurology rehabilitation equipment.
10. Many Workshops conducted like Stroke day (29.10.2018), Dengue awareness activity on the eve of "Doctors Day" (02.07.2018), Organization of Complex Cardiac intervention (13.07.2018), Rationale use of blood and blood products & Workup of Transfusion Reactions (31.01.2019), and Critical Care Management.
11. Physician Research Project (PRP) Started on Vital Station in Cardiology OPD.
12. NABH Assessment in progress of acquired NABH entry level certificate.

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 2018-19 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
2018-19	105	193	495071	248022	409458	20649	30807	3955	56518

25. LOK NAYAK HOSPITAL

Lok Nayak Hospital is a premier public hospital under Govt. of NCT of Delhi with present operational beds 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 2018-19 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
2018-19	1837	2053	912077	997883	310526	11429	111353	19500	22844

Major Achievements during the Year 2018-19.

- Smooth and efficient functioning of huge OPD 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.
- Referral of EWS category patients to private Identified Hospitals through the counseling services of patient Welfare Officers (PWOs), posted in Main OPD.
- Installation of Automated External Defibrillators (AEDS)–a life saving equipment, at various floors of Main OPD-Block for the benefit of patients and hospital staff since January 2018.
- Starting of 03 New Special Clinics during morning hours in Dermatology OPD.

(Monday – Contact Dermatitis, Wed – Connective Tissue Diseases & Thur-Psoriasis)
Starting of 03 New Afternoon Clinics in ENT OPD.
(Mon-Voice & Laryngology, Wed-Rhinology & Fri-Vitiligo & Audiology) for the benefit of OPD patients visiting this hospital.

ENT:

- Around 52 Patients with bilateral severe to profound hearing loss underwent free vochlear implantation under Arogya Nidhi Scheme of Delhi Government.
- 7 Prelingual C I patients have very good speech-discrimination auditority.
- 35 post lingual C I in age group of 3-8 years speak in small sentence and go to normal play schools and 10 go to Angarwaries.
- Objective Voice analysis has been performed on 10 patients of Thyroidectomy having occurrence of to external branch of Superior Laryngcal Nerve for batter voice management.
- Demonstration of fluent speech by en-stammering patients in the group therapy sessions of stutterers.

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.

Other Achievements:

- Dietary counseling imparted to 10399 Patients on OPD basis & 11726 IPD.

- Maintaining Solid Waste Management. Dietary Department inspection by NET was successfully conducted.
- As per food safety guidelines food & water samples testing from FSSAI approved lab has been implemented.
- Dietary Main Kitchen Department participated in International Yoga day by providing Nutritious & Healthy Food Drinks like Sprout Salad/Bael Sharbat/Sattu drinks.
- Conducted "World Breast Feeding Week" awareness programme in Peadiatric and ANC OPD.
- Conducted Public Awareness Programme for National Nutrition Week from 1st September, 2018 to 7th Sept, 2018 in Medicine OPD. This includes puppet show, diet exhibition & display, skit etc.
- Planned diets for leprosy home, Social Welfare, Delhi Gate.
- "Extended Meal Services for patients attendants and staff of LNH Complex" is going on in that service providing Combo Meal @Rs.10/- to around 200 persons on all working days.
- Commissioning of PNG started on 28.01.2019.
- Successful Kaya-Kalp Round.

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 2018-19 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
2018-19	150	190	322699	176907	137498	5953	10598	1920	11719

Major Achievements during the Year 2018-19.

1. Completion of unfinished work of previous year.
2. Medical gas pipe line installation in new block under process.
3. OPD started in new MCH Block.
4. Strict implementation of Swatch Bharat Abhiyan is under process.
5. Finalization of tender for hiring of Office vehicle.
6. Step has been taken to strengthening Bio-Medical Waste Management like health check-up of staff and water testing of ETP on regular basis.

7. Direct Cash transfer in JSY Scheme.
8. Finalized of Tender for various items purchased through GeM.
9. Up gradation of different clinical services improved.
10. ICU Services and Maternity Services improved.
11. Laundry services strengthened.
12. Mess Service has been improved.
13. Purchase of ultrasound system.
14. Purchase of computerized radiography system.
15. Causality Services improved.

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 2018-19 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
2018-19	10	10	238890	201337	0	0	0	129	1776

Major Achievements during the Year 2018-19.

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. Yudhvir Singh, a great freedom fighter, social worker and pioneer Homoeopath of India. The foundation stone of the college building was laid by Dr. Sushila Nayyar, Hon'ble Minister of Health and Family Welfare on August 22, 1963. The O.P.D. Wing was inaugurated by the Hon' ble Prime Minister, late Shri Lal Bahadur Shastri on May 6, 1964. Classes in the college were started from 1967 for Diploma in Homoeopathic Medicine and Surgery (DHMS) Course, upgraded to Bachelor in Homoeopathic System of Medicine and Surgery (BHMS) Course under Board of Homoeopathic System of Medicine. On September 1, 1972 this institution was handed over by Dr. Yudhvir Singh Charitable Trust to Delhi Administration.

The college affiliated to Delhi University in 1992 and the college imparts 5½ year of course in Bachelor of Homoeopathic System of Medicine and Surgery. The admission capacity of 100 students per year.

The brief performance statistics of the hospital during 2018-19 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
2018-19	100	100	71157	94279	-	-	2717	0	96

Major Achievements during the Year 2018-19.

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 2018-19:

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
2018-19	100	103	399054	269286	252670	119	13611	1650	2579

Major Achievements during the Year 2018-19.

1. Total 4445 patients benefited 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 Chils Health Programme (RCH), National Anti Malaria Programme (NAMP), National Leprosy Eradication Programme (NLEP), Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Diseases Control Programme (NVBDCP), National AIDS Control Programme (NACP).

2. Pt. Madam 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 referrals strengthened.
5. Hospital has running 5 bedded Juvenile Deaddication Centre.
6. Hospital has started Dialysis Centre and New Operation Theatre.

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 September 2008.

The brief performance statistics of the hospital during 2018-19 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
Year	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	650	0	32910	32397	0	0	0	0	0
2013-14	650	0	8188	23748	0	0	0	0	0
2014-15	650	0	13748	24345	0	0	0	0	0
2015-16	650	NON FUNCTIONAL							
2016-17	650	60	32304	62150	1149	0	2515	1753	30
2017-18	650	64	78317	83290	5000	0	4839	3600	4010
2018-19	250	104	85922	146189	9654	0	6734	5117	3191

Major Achievements during the Year 2018-19.

1. Workshops were conducted during this period for multiple times by Dr. Praveen Singh on the subject such, as operation CTO, CRT-D, CRT-P ICD and device closures procedures (ASD & USD).
2. As month progressed, As case of implanting CAG and ever P to A have improvised a lot, more and more patients have undergone the procedures by radial rote instead of femoral punctures, this change has brought patient satisfaction to a significantly higher level. All the credit and honor goes to our respected Dr. Praveen Singh and Dr. Gaurav Singhal for the initiative taken so far.

31. RAO TULA RAM MEMORIAL HOSPITAL

Rao Tula Ram Memorial Hospital is situated in Jaffarpur 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 2018-19 and previous years is as under:

Year / 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
2018-19	100	130	340047	163437	148799	6641	12984	1350	1949

Major Achievements during the Year 2018-19.

1. Project for addition of 270 beds in RTRM Hospital is underway. Preliminary Estimates of Rs. 86.31 Crore has been approved by Finance Department.
2. For pregnant women, Ultrasound Examination is arranged with private diagnostic centers under JSSK at DGEHS rates.
3. Under DAK, surgeries and special investigations are being provided by RTRMH to Delhi residents in Pvt. Empanelled Hospitals.
4. Regular CMEs are being organized.
5. EWS scheme is available for free treatment and diagnostic services in private empanelled hospitals for eligible residents of Delhi.
6. Good Samaritan scheme is functional in this hospital.
7. New Block for Obs. & Gynae OPD and Pharmacy have been started.
8. This hospital won 2nd prize for 2017-18 among GNCTD hospitals in "KAYAKALP".

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 2018-19 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
2018-19	300	300	430895	123965	379843	23080	44398	4810	33281

Major Achievements during the Year 2018-19.

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 bins have been placed inside and outside building to prevent form littering.
3. Training of staff for Bio Medical Waste and Infection Control have been taken and periodicity of same have been fixed.

NABH:-

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

- The assistance scheme under Delhi Arogya Kosh (DAK) is being effectively implemented by providing free High end Diagnostic Tests & Free Surgery as per approved list and a large number of cases as per requirement are being referred under the scheme to put the approved pvt. Hospital.
- 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 date and efforts are on to make available 100% drugs all the time.
- Four new Posts of Hospital Managers are sanctioned and filled accordingly.

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 2018-19 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
2018-19	50	50	385011	157395	98755	0	3496	618	12702

Major Achievements during the Year 2018-19.

1. Process initiated to start Polyclinic at Ranjeet Nagar under administrative control of this hospital.
2. Anaesthesia workstation has been procured, OT functional.
3. Separate window for males has been started under family planning.
4. Procured three new photocopier/printer.
5. To carried out repair/maintenance by PWD as per requirement of the hospital.
6. Procure New fully automatic Analyser for Bio Chemistry Department to upgrade lab services.
7. Ward has been upgraded by installing centralized Air conditioner.
8. Cubical/curtains has been installed in the wards.

34. SATYAWADI RAJA HARISH CHANDER HOSPITAL

Satyawadi Raja Harish Chander Hospital with 200 functional beds is situated in the Narela Sub City 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 2018-19 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
2018-19	200	200	485828	201862	93382	6216	10231	756	17382

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 2018-19 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
2018-19	60	-	4311	1393	1253	152	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 2018-2019 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
2018-19	106	106	189282	89156	72951	9	16737	1364	797

Major achievements During 2018-19/Any other relevant information:-

1. NSV Camp held from 18.03.2019 to 25.03.2019 with 08 NSVs.
2. Hospital was assessed for KAYAKALP Award External Assessment (National Level) on 26.02.2019 to 27.02.2019.
3. Hospital was awarded for commendable contribution & co-operations in male & female sterilizations during the year 2018-19 by IDHS-SWD.

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 2018-19 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
2018-19	49	0	0	17967	15545	3221	4087	1127	1661

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 2018-19 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
2018-19	200	192	401532	277276	146585	6845	8863	758	9820

Major Achievements during the Year 2018-19.

1. Round the Clock OT services of Ortho. ENT, General Surgery & Gyane. become functional w.e.f. 07.06.2018.
2. De-addiction ward at new site has been shifted after completion of construction works.
3. 06 bedded post operative unit has been set up in each ward i.e. Male & Female.
4. 10 bedded Dialysis unit has been set up in PPP mode.
5. Allotment of Hostel facilities is being initiated and the Resident Doctors are allotted accommodation as per their needs.
6. Labour Room alongwith C-Section & Maternity services has been started w.e.f. 09.07.2018.
7. 04 bedded Nursery (NICU) has been started w.e.f. 09.08.2018.
8. ICU has been strengthened from 04 to 06 beds.
9. As per decision taken by Delhi Govt. the proposal for expansion of hospital from 200 to 400 beds has been approved and E/S has been conveyed to PWD.
10. The A.R. Department has recommended for creation of additional 166 posts (including 43 posts for De-addiction ward). The file is under submission to Finance Deptt. For approval.

11. Tenders for providing services of Securities, Nursing Orderlies and data entry operators in the hospital on outsourcing basis have been finalized.
12. Specialized Ortho replacement surgery and bone tumor surgery have also been started.
13. As per direction of Department of Health & Family Welfare, four managers i.e. for Equipment & Store, Facilities management (outsourced works), Caretaking work and patient facilitation have been appointed in the hospital on contract basis w.e.f. 12.02.2019.
14. A meeting of Rogi Kalyan Samiti was held on 01.03.2019.

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 2018-19 are as under:

a) Induction of new fleet of 110 Basic Life Support (BLS) and 31 Advanced Life Support (ALS) 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. Total No. of calls were attended 3,72,643 and total no. of Patient shifted 2,47,102 during this period (April 2018 to March 2019)

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. Operation of Ambulances running smoothly.

e) First Responder Vehince 16 launch in February 2019 for providing service in East Delhi.

CHAPTER 11

Directorate of Family Welfare

Directorate of Family Welfare (DFW) is responsible for planning, Co-ordinating, monitoring, supervising and evaluating activities with other agencies of Delhi Government including NGO's in the following primary health care activities:

1. To facilitate provision of antenatal and Natal Services to pregnant women.
2. To facilitate implementation of Post Partum Program.
3. To facilitate provision of family planning services (Basket of Contraceptives, female/male sterilization, Counseling etc.)
4. Implementation of UIP (Universal Immunization Program).
5. Surveillance of VPD (Vaccine Preventable Diseases) Services.
6. Implementation of PC & PNDT (Pre Conception & Pre Natal Diagnostic Techniques Act 1994 Prevention of Sex Selection) and MTP (Medical Termination of Pregnancy) Act.
7. Co-ordination and execution of IEC activities through Mass Education Media.
8. Procurement of vaccines, stocking, maintaining cold chain, disbursing vaccines and family welfare logistics to all health providing agencies in the state.
9. To facilitate provision of Adolescent Health Services in the state of Delhi.
10. Capacity Building to update knowledge & skills of various categories of health functionaries by providing RCH trainings by the H&FW Training Centre

1. Child Health & Essential Immunization Program:

Directorate of Family Welfare under its RCH Program Unit is engaged in delivery of immunization services through more than 600 health delivery points. The immunization program aims to protect the children against more than 12 diseases namely Tuberculosis, Poliomyelitis, Hepatitis-B, Diphtheria, Pertussis, Tetanus, Hip related diseases (Meningitis, Pneumonia and Septicaemia), Measles, Mumps, Rubella and Typhoid as reported on HMIS portal by all public health facilities & some private facilities.

Code	Parameters	Grand Total (2018-19)
4.1.1.a	Live Birth - Male	142319
4.1.1.b	Live Birth - Female	130607
4.1.3	Still Birth	4825
4.4.2	Number of newborns having weight less than 2.5 kg	56188
4.4.3	Number of Newborns breast fed within 1 hour of birth	196147
9.1.1	Child immunisation - Vitamin K1 (Birth Dose)	179241
9.1.2	Child immunisation - BCG	284590
9.1.3	Child immunisation - DPT1	13750
9.1.4	Child immunisation - DPT2	9305
9.1.5	Child immunisation - DPT3	8095

9.1.6	Child immunisation - Pentavalent 1	308343
9.1.7	Child immunisation - Pentavalent 2	292884
9.1.8	Child immunisation - Pentavalent 3	287588
9.1.9	Child immunisation - OPV 0 (Birth Dose)	242567
9.1.10	Child immunisation - OPV1	316230
9.1.11	Child immunisation - OPV2	296117
9.1.12	Child immunisation - OPV3	288932
9.1.13	Child immunisation - Hepatitis-B0 (Birth Dose)	224102
9.1.17	Child immunisation - Inactivated Polio Vaccine 1(IPV 1)	298826
9.1.18	Child immunisation - Inactivated Polio Vaccine 2(IPV 2)	278776
9.2.4.a	Children aged between 9 and 11 months fully immunized- Male	156735
9.2.4.b	Children aged between 9 and 11 months fully immunized - Female	137942
9.4.4	Child immunisation - OPV Booster	302596
9.5.1	Child immunisation - Typhoid	253289
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	191687
9.5.3	Children more than 10 years received TT10	61013
9.5.4	Children more than 16 years received TT16	22742
9.7.2	Immunisation sessions held	135336

2. Family Planning Section:

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 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

Family Planning Services:

In terms of FP services, plethora of services are provided through primary, secondary and tertiary care facilities. The details and performance figures (2018-19) are as follows:

Temporary methods:-Condoms, Oral pills and IUCD services are provided at all health facilities and are available to the masses at nearest dispensary.

Limiting methods of Contraception:

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 through PFMS portal.

Family Planning Coverage for F.Y 2018-19

(Source: HMIS as on 12.06.2019)

Quarter	Patients Notified	Number Initiated on Treatment	Remark
2017	60772	53027	Patients from neighbouring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.
2018	76182	48980	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.
1Q 2019	26026	16917	Patients from neighboring States are diagnosed at tertiary care hospitals in Delhi and then referred to their respective place of residence.

3. Health & Family Welfare Training Centre (HFWTC):

Conduct training of Medical Officers and nursing personnel for RMNCHA activities. Details of trainings conducted during 2018-19 are as follows;

Trainings Conducted		
Number of Doctors trained in		
1.	Basic Emergency Obstetric Care (BEmOC)	**7**
2.	Laparoscopic Sterilization (for Specialists) 1 MO + 1 OT Tech + 1 Staff Nurse (Team)	**3**
3.	Intrauterine Device (IUD)	**29**
4.	Blood Storage	**NA**
5.	Reproductive Tract Infections/Sexually transmitted infections (RTI/STI)	**NA**
6.	Sick Newborn Care Unit (SNCU) training	**68**
7.	Immunization	**34**
8.	Infant & Young Child Feeding (IYCF) (MIXED BATCH)	**144**
9.	Navjaat Shishu Swasthya Karyakram (NSSK)	**17**
10.	Newer Contraceptives(Mixed Batch) 46 MOs+ 83NP	**514**
11.	Cold Chain Handlers (Mixed batch) 107 MO + 421 N.P	**396**
Number of GNM/ ANM/ LHV trained in		
1.	Skill Birth Attendants	**7**
2.	Intrauterine Device (IUD)	**106**
3.	Facility Based Newborn Care (FBNC - Trg. &Observer ship) (7MO+21N.P)	**24**

4.	Immunization	**491**
5.	IYCF -Mixed batch	**144**
6.	Orientation training for LRHS Students(ANM)	**39**
7.	Navjaat Shishu Swasthya Karyakram(NSSK)	**157**
8.	IPC - BRIDGE - Immunization	**19348**
9.	FP- LMIS Training (221 MOs + 92 NP)	**979**

4. Accounts Section:

S.NO.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" Plan	Budget Estimate 2018-19	Modified Revised Estimate 2018-19	Total Expenditure 2018-19
			(Rs.)	(Rs.)	(Rs.)
1	Directorate Of Family Welfare inclusive of TQM & System Reforms	2211-00-001-91-00-21 Supplies & Materials	2000000	2000000	419930
		2211-00-001-91-00-26 Advertise,emt & Publicity	3000000	3000000	1722154
		2211-00-001-91-00-50	2000000	2000000	1440000
		Other Charges			
2	Directorate of Family Welfare (CSS)	2211-00-001-90 00 01 Slaries	58000000	42500000	41533013
		2211-00-001-90 00 03 OTA	100000	0	0
		2211-00-001-90 00 06 Medical Treatment	500000	0	0
		2211-00-001-90 00 11 Domestic Travel Expenses	1400000	0	0
3	Sub Centre (CSS)	2211-00-101-78-00-31 Grants-in-aid-General	30000000	19000000	4093000
4	Rural Family Welfare Services	2211-00-101-76-00-31 Grants-in-aid-General	58000000	41800000	0
5	Urban Family Welfare Centres (CSS)	2211-00-102-80 00 01 Slaries	25000000	18700000	18113656
		2211-00-102-80 00 03 OTA	180000	0	0
		2211-00-102-80 00 06 Medical Treatment	800000	0	0
		2211-00-102-80 00 11 Domestic Travel Expenses	1500000	0	0
		2211-00-102-80 00 13 Office Expenses	2300000	0	0
		2211-00-102-80-00-31 Grants-in-aid-General	190220000	181200000	16447295

6	Revamping of Urban Family Welfare Centres (CSS)	2211-00-102-78-00-31 Grants-in-aid-General	35,000,000	35,000,000	18736920
7	Expenditure on Post-Partum units in Hospitals	2211-00-102-76-00-01 Salaries	30000000	30000000	29520433
		2211-00-102-76-00-03 OTA	100000	0	0
		2211-00-102-76-00-06 Medical Treatment	2500000	2000000	1878720
		2211-00-102-76-00-11 Domestic Travel Expenses	1000000	200000	114132
		2211-00-102-76-00-13 Office Expenses	5500000	3400000	2681704
		2211-00-102-76-00-28 Professional Sevices	1151000	500000	31900
8	Grants for expenditure on Post Partum units in Hospital	2211-00-102-75-00-31 Grants-in-aid-General	59749000	72500000	9580000
9	Spl Immunization Prog incl MMR	2211-00-103-80-00-21 Supplies & Materials	51400000	3500000	3453113
		2211-00-103-80-00-28 Professional Services	2000000	2000000	0
10	Pulse Polio Immunisation	2211-00-103-75-00-21 Supplies & Materials	500000	500000	0
11	Grant-in-aid to State Health Society	2211 00 800 95 00 31 Grant in aid General	0	0	0
		2211 00 800 95 00 36 Grant in aid Salaries	890000000	1500000000	1500000000
12	Health & Family Welfare Training Centres (CSS)	2211-00-003- 78 00 01 Slaries	3200000	0	0
		2211-00-003-78 00 03 OTA	100000	0	0
		2211-00-003-78 00 06 Medical Treatment	300000	0	0
		2211-00-003-78 00 13 Office Expenses	400000	100000	28371
Total			**1457900000**	**1959900000**	**1649794341**

5. Adolescent Health Section:

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 Rashtriya Kishor Swasthya Karyakram (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 28 facilities in Northeast, Northwest, West, New Delhi & Shahdara District including the clinic established at the community based centre run by Maulana Azad Medical College (at 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 12903 adolescents were catered to through the 26 DISHA Clinics during the F.Y. 2017-18 whereas nearly 12573 adolescents were catered through DISHA Clinics during the F.Y. 2018-19.

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	2018-19
Overall compliance	16.0%	49.0%	57.3%	63.1%

National De-worming Day, February 2019

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 anganwadi centres. The campaign involved administration of Albendezole to all children & adolescents (3-19 years of age). February, 2019 NDD campaign was launched by Hon'ble Minister of Health & family Welfare, Delhi at Govt. Co-Ed Sarvodaya School A-2 Block, Paschim Vihar. Coverage during the campaigns is as under:

NDD Campaign Held	Target	Children administered Albendazole during the campaign	Coverage (%)
August, 2018	38,86,911	30,54,892	78.60
February, 2019	43,50,000	31,50,611	72.42

Celebration of Adolescent Health Day:

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

The activity was conducted at 100 venues - DISHA Clinics & outreach venues including Anganwadi Centres across Delhi.

Menstrual Hygiene Scheme

Scheme to ensure easy accessibility of the products to manage menstruation in a healthier manner at a subsidized cost of Rs. Six (for a pack of six sanitary napkins per month) to all non school going adolescent girls will be rolled out in the first week of April, 2019. The scheme also involves educating all adolescent girls about the ways to manage menstruation in a healthier manner and to dispel various taboos, myths and misconception related to menstruation safe besides making them aware about the environment friendly disposal of sanitary napkins after use. All preparations including the procurement of sanitary napkins, supply of the same to all Districts and allocation of funds to carry out awareness generation and educational activities has already been completed. **The scheme has been christened as "UDAAN".**

6. Maternal Health Section :

Total Population	:	1.7 crore (Census 2011)
Crude Birth Rate of the State(CBR)	:	19.36 per 1000 population (CRS 2017)
Annual expected Number of Deliveries	:	3.65 lacs (approx - HMIS)
Incase of HPS, annual expected number of deliveries of SC/ST & BPL population	:	51000

As per PIP 2018-19 target for:

1. Institutional delivery : Rural 1000; Urban : 18000.
2. Home delivery : 400.
3. Total number of districts : 11
4. Persentage of ST population in the state / UTs : Nil.
5. Persentage of SC population in the state / UTs : 15.5 %.

Year		Home Deliveries (No. of BPL mothers paid JSY incentives) (a)			Inst. Deliveries (No. of mothers paid JSY incentives) (b)			Total JSY Beneficiaries (a+b)			Expenditure (Rs. In Lac)	Incentive to ASHA (Rs. in Lac)	Administrative Expenses
2018-19		Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total			
Qtr 1	Apr - Jun 2018	0	12	12	0	2136	2136	0	2148	2148	673000	371070	4537
Qtr2	July - Sep, 2018	0	0	0	0	2535	2535	0	2535	2535	623940	131700	38968
Qtr3	Oct - Dec, 2018	0	4	4	13	2396	2409	13	2400	2413	1674348	1819139	7439
Qtr 4	Jan - Mar 2019	0	7	7	13	3480	3493	13	3487	3500	1912519	637400	420
Annual Report: Current FY 2018-19	**April 2018 to March 2019**	0	23	23	26	10547	10573	26	10570	10596	4883807	2959309	51364

Maternal Death Review reporting					
Month & Year: Annual 2018-19					
		Health Facility	**Home**	**Transit**	**Total**
1	Number of Maternal Deaths reported during the reporting month	**600**	**5**	**5**	**610**
2	Cumulative number of Maternal Deaths from April 2018 to reporting month	**610**			
3	Number of Maternal Deaths reviewed during the reporting year by District MDR Committee of CMO	**230**			
4	Cumulative number of Maternal Deaths reviewed from April 2018 to the reporting month by District MDR Committee of CMO	**230**			
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)	No of MDs not reviewed (a-b)	% of MDs not reviewed {(a-b) /a x100}
		610	**230**	**380**	**62.3**
6	Number of Maternal Deaths reviewed during the reporting Year by District Magistrate	**2**			
7	Cumulative number of Maternal Deaths reviewed from April 2018 to the reporting month by District Magistrate	**2**			
8	Causes of MDs (Number and percentage) for the reporting quarter	**Number**		**Percentage**	
	Haemorrhage	**80**		13.11	
	Sepsis	**104**		17.05	
	Abortion	**4**		0.66	
	Obstructed Labour	**3**		0.49	
	Hypertensive disorders in pregnancy*	**96**		15.74	
	others	**323**		52.95	
	Total***	**610**		100	
9	How many pregnant women had severe anaemia	**77**			

	How many pregnant women had Moderate anaemia (tested Hb 7-9.9gm/dl) in numbers (d)	**105**	
	Number of Maternal Deaths in which anaemia has been identified as a cause (direct / associated) by Hb testing (c+d)	**182**	
	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)	**29.84**	
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(%)	16 MDSR meeting held this year at CDMO level.	
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 nos. of deaths (identified by States)**

7. IMPLEMENTATION STATUS OF JANANI SHISHU SURAKSHA KARYAKARAM (JSSK): 2018-19

Sno.	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**	289657	181044	194954	13778
2.	**Total No. of sick infant who availed the free entitlements the reporting month in the State**	42146		25985	699

E) SERVICE UTILISATION: REFERRAL TRANSPORT (RT)

S No.	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	47318	---------	------- --	---------
	ii.	Transfer to higher level facility for complications	7221	---------	------- --	---------
	ii i.	Drop back home	24776	---------	------- --	---------
2.	No. of sick infant who used RT services for:					
	i.	Home to health institution	--	---------	------- --	---------
	ii.	Transfer to higher level facility for complications	631	---------	------- --	---------
	iii.	Drop back home	--	---------	------- --	---------

8. MTP Section:

Comprehensive Abortion Care Report

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 faciliti es in the State	Total no. of DPs in state	DPs offering CAC services	Total Health Facilities offering CAC services(D Ps + non DPs	Provi ding MTPs up to 8 weeks only	Providin g MTPs up to 12 weeks only	Providing CAC services up to 20 weeks	Up to 12 weeks				12-20 weeks	OCP/Inj. contracept ive	IUCD	Steri lizat ion	others
								MVA	MMA	EVA	others					
Medical colleges	9	9	9	9		9	9	163	513	656	83	459	164	448	448	566
District Hospitals including Women and Children Hospitals	28	23	23	23		23	23	348	337	932	27	226	96	478	512	379
Sub Divisional Hospitals	7	4	5	5		5	5	0	4	397	35	9	4	153	213	89
CHCs (FRUs) & Other sub district level Hospitals	0	0	0	0		0	0	4	52	89	0	4	3	85	13	19
24 x 7 PHCs, Non FRU CHCs	23	23	4	4	4			0	9	16	0		0	16		8
Other PHCs	0	0	0	0	0			0	0	0	0		0	0		0
Total (Public)	67	59	41	41	4	37	37	515	915	2090	145	698	267	1180	1186	1061
Approved NGO & Private clinics and hospitals	773			773	0	564	301	6077	13019	11284	687	1180	7340	2827	1319	6986
Total(Pvt+ Public)	840	59	41	814	4	601	338	6592	13934	13374	832	1878	7607	4007	2505	8047

9. PNDT Centre:

1	**Total Number of facilities registered in State/ UT/ District (Pvt. + Govt.) as:**	**1598**
	a. Genetic Counseling Centres	2
	b. Genetic Laboratories	5
	c. Genetic Clinics	8
	d. Ultrasound Clinics/Imaging Centres	1045
	e. Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	496
	f. Mobile Clinics	0
	g. Other bodies like IVF centres/Infertility cure centres etc using equipments/techniques capableof making sex selection before or after conception	42
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):**	**82**
	a. Genetic Counseling Centres	0
	b. Genetic Laboratories	0
	c. Genetic Clinics	0
	d. Ultrasound Clinics/Imaging Centres	62
	e. Jointly as Genetic Counseling Centre/Genetic Laboratory/ Genetic Clinic/ ultrasound clinics/Imaging Centres or any combination thereof	19
	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.	1
3	Number of applications for registration rejected, for:	**213**
4	Number of renewals for registration in respect of:	1995
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.	9567
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:	824
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: -	**499**
8	I. Any other recent initivatesDates of the meeting of the State/ UT Supervisory Board constituted under section 16A of the Act (at least once in 4 months).	**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.	**9 SAA meeting for appeal hearing**
	III. Date of the meetings of each Advisory Committee (the intervening period between meeting of Advisory Committee should not exceed 60 days).	**10.08.2018 (last Meeting) SAC (Now under Reconstitution) 58 DAC Meeting**
9	Action taken to publish list of members of the State Supervisory Board, Appropriate Authorities and Advisory Committee through:	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.	329
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)	1433
12	**Details of cases filed against violators of the Act/Rules for:**	105
	I. Non registration.	62
	II. Non-maintenance of records.	26
	III. Communication of sex of foetus.	10
	IV. Advertisement about facilities for pre-conception/ pre-natal sex selection.	10
	V. Number of cases decided/closed,	58
	VI. Number of ultrasound machines/image scanners sealed/ seized for:-	198
	a. Non-registration of clinic/center	6
	b. Other violations of the Act/Rules.	32
	VII. Number of ultrasound machines/ image scanners released.	6
13	**Number of complaints received by the Appropriate Authorities under the Act and details of action taken pursuant thereto.**	186
14	**Number and nature of the awareness campaigns conducted and results flowing there from.**	261
15	**Number of complaints received in the courts in the State/UT (by Appropriate Authorities/ others).**	34
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.**	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.**	4

CHAPTER 12

DELHI STATE AIDS CONTROL SOCIETY

Delhi State AIDS Control Society, a society formed by Delhi Government implements the National AIDS Control Programme, a centrally sponsored programme in Delhi. The society became functional from 1stNovember, 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 activities under National AIDS Control Programme through various Govt. departments/ institutes/ hospitals and Non-Government organizations in Delhi.

The services under the National AIDS Control Programme provided through various health facilities in Delhi are depicted in Table 1.

Table 1: Facilities /services under National AIDS Control Programme in Delhi.

Service/Facilities	**Number of facilities (as on 31stMarch 2019)**
Integrated Counseling & Testing Centres (ICTC)	89 Standalone+1 Mobile ICTC + 415 F-ICTCs in Govt. facilities and 247 F-ICTCs in Pvt. Hospitals in PPP mode under Swetna Project.
Targeted Intervention (TI) Projects for High Risk Group Population	78 (31 FSW, 11 MSM, 6 TG, 13 IDUs, 4 Truckers and13 Migrant projects)
OST Centres	8 OST Centre run by DSACS directly (BJRM, DDUH, GGSGH, JPCH, SGMH, LHMC,Chandni Chowk& Tihar Prisons), 3 OST Centres through NGO (Sharan: Jahangirpuri, Yamuna Bazar, Nabi Karim;
STI Clinics	28 DSRC+1 Apex RegionalSTD Centre (Safdarjung Hospital) & 1 State Referral Centre (GTBH), Regional STD centre (MAMC)
Treatment Facilities	10 ART Centre (at LNH, GTBH, DDUH, BSAH, RML, SJH, KSCH, NITRD, AIIMS, Tihar Prison)+ 2 FIART Centre (DCBH, LBSH), 1 Centre of Excellence at MAMC and 1 Pediatric Centre of Excellence at KSCH
Blood Banks	20 NACO supported Blood Banks
National/State Reference Laboratories and other Laboratories	Two National Reference Laboratories(NCDC, AIIMS), Four State Reference Laboratories(LHMC,MAMC,SJH,UCMS) Two Viral Load Testing Laboratories (AIIMS, IHBAS) CD4 Testing facility (AIIMS, BSAH, DDUH, GTBH MAMC, NCDC, RML, SJH) One DNAPCR Laboratory under Early Infant Diagnosis (EID) at AIIMS.
Red Ribbon Clubs	86 (in Colleges)

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 these receiving Antiretroviral Therapy will have viral load suppression.

2. Basic Services Division:

Basic Services Division provides HIV Counseling and testing services for HIV infection, and awareness, prevention, Presumptive/syndromic management of the existing sexually transmitted infections/reproductive tract infections.

HIV Counseling and Testing Services:

HIV Counseling and testing services is the critical first step in detecting and linking people with HIV to access treatment cascade and care. The goal of these services is to identify as many people living with HIV, as early as possible (after acquiring the HIV infection), and linking them appropriately and in a

timely manner to prevention, care and treatment services.Integrated Counseling and Testing Centres (ICTCs) under Basic Services Division provide the following services:

i. Counselling and Testing of clients and linkage of detected positives to ART Centres
ii. Prevention of Parent-To-Child Transmission of HIV (PPTCT) and elimination of Mother-To-Child Transmission of syphilis EMTCT and Early Infant Diagnosis
iii. HIV/Tuberculosis collaborative activities

As on 31/3/2019, 90 Stand Alone ICTCs (including one mobile ICTC), 415 Govt. FICTCs and 247 Pvt. ICTCs were functioning in Delhi.

Enrolment of Facilities as FICTCs: 200 new Govt. facilities and 141 new private sites have been enrolled as FICTC for HIV screening from April 2018 to March 2019.

An assessment of PPTCT Program for validation of Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis under National AIDS Control Program (NACP) IV was carried out in two District of Delhi i.e. New Delhi District and North East district in January 2019.

Trainings of 13 batches of Centre Data Entry Operators (CDEOs) were organized for FICTC SIMS reporting and total 341 CDEOs have been trained till March 2019. This activity has resulted into increased number of FICTCs reported in SIMS from 82 FICTC reporting units in March 2018 to 117 reporting units in March 2019.Training of ESI staff, CRPF staff and CISF staff was organized on HIV counseling and testing services.

The performance of the Basic Services Division in regard HIV testing, HIV-TB cross-referrals and STI-ICTC cross referrals is depicted in Table 2.

Table 2: Performance of ICTCs and PPTCTs from 1stApril 2018 to 31stMarch 2019

A. HIV testing at ICTC/PPTCT

S. No.	Indicator	Client group			Total
		General Clients (includes HRGs)	ANC Clients		
			(Tested at ICTCs/ Govt. FICTCs)	(Under Svetana project)	
1	No. of HIV Tests	454097	264023	20557	**738677**
2	Annual Target Tests	413337	270000	30000	**713337**
3	Achievement(% of Annual target)	109.9%	97.8%	68.6%	**103.6%**
4	HIV+ve Detected	6478	301	10* (reactive)	**6779***
5	HIV Positivity	1.42%	0.11%	0.04%(reactive)	0.91%
6	No. registered at ART Centres out of detected during the year (%)	5374 (83.3%)	293 (97.3%)	10 (100.0%)	**5667 (83.6%)**
7	Initiated on ART out of detections during the year (%)	3785 (70.4%)	292 (99.6%)	10 (100.0%)	**4077 (71.9%)**

* These10 cases are included in the 301 confirmed at ICTC

B. HIV -TB and STI-ICTC Cross referrals

S.No.	Indicator	ICTC to RNTCP	RNTCP to ICTC
1	Numbers referred	10160	42997
2	Annual Target	50908	61244
3	Achievement (% of Annual target)	20%	70%
4	Numbers detected with TB (%)	328 (3.22%)	NA
5	No. detected/treated for TB (% detection/% treated)	328/318	-
6	No detected with HIV (%)/registered/started on ART	NA	590(1.37%)/444/424

DSRC (STI)-ICTC cross referrals

S. No.	Indicator	DSRC-ICTC	ICTC-DSRC
1	Numbers referred	55808	20257
2	Numbers Actually reached	46339	
2	Annual Target	26669	24800
3	Achievement(% of Annual target)	173.8%	81.7%
5	Numbers detected with HIV (%)	171(0.37%)	NA
6	Numbers registered at ART out of detected during the year (%)	147 (86.00%)	NA
7	Numbers initiated on ART(% of registered)	123 (83.6%)	NA
8	Numbers detected with STI (%)	NA	313 (1.54%)
9	Treated for STI (% Out of diagnosed STI)	NA	258 (82.4%)

A HIV- TB Coordination meeting to discuss the progress of HIV TB activities in Delhi, with participation from STO and DTOs besides DSACS Program officers was organized at DSACS on 21st January 2019.

Sexually Transmitted Infection (STI) Component: The objective of the component is to prevent new HIV infections by prevention, presumptive/syndromic management of the existing STI 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 medicine kits forsyndromic management to DSRCs and TIs, suitable linkages to prevent further infections and counseling &testing of pregnant women for Syphilis.The medicines for treatment of sexually transmitted infections are procured by NACO and supplied to health facilities (to DSRC and TIs) through DSACS.

During the year, a total 1,11,807 clients visited, counseled & availed STI services as compared to annual target of 126653.

Table 3: Performance of STI Division from 1st April 2018 to 31stMarch 2019

S No.	Indicator	Achievement
1.	No of individuals with STI symptoms	57109 (100.0%) Male :9735Female : 47374
2.	No of STI cases without symptoms	25607
3.	No of follow ups	29091
4.	No of RPR/ VDRL test conducted	56760
5.	No of RPR/VDRL found positive	670 (1.18%)
6.	No of partners notified	45584
7.	No of partners managed	22704
8.	No of clients referred to ICTC	55808
9.	No of clients found HIV Positive	171 (0.31%)

Table4: Syndromic diagnosis amongst new STI cases

S. No	Syndrome	Male		Female		Total	
		No of cases	Column %	No of cases	Column %	No of cases	Column %
1.	Vaginal Cervical Discharge(VCD)	NA	NA	29360	51	29360	62.0
2.	Lower Abdominal Pain (LAP)	NA	NA	27712	48	27712	58.5
3.	Genital Warts	1059	10.9	823	1.4	1882	1.7
4.	Genital Ulcer(Herpetic)	914	9.4	769	1.3	1683	1.6
5.	Genital Ulcer(Nonherpetic)	553	5.7	338	0.5	891	0.7
6.	Urethral Discharge (UD)	799	8.2	0	0.0	799	1.4
7.	Inguinal Bubo (IB)	132	1.4	317	0.7	449	0.8
8.	Anorectal Discharge (ARD)	57	0.6	49	0.1	106	0.2
9.	Painful Scrotal Swelling(PSS)	74	0.8	NA	NA	74	0.1
10.	Other STIs	4485	46.1	2460	4.3	6945	12.2
	Total	**9735**	**100.0**	**47374**	**100.0**	**57109**	**100.0**

3. LABORATORY SERVICES DIVISION

The activities being carried out by the Lab Services division include:

- 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) :89 standalone ICTC, 1 Mobile van and 3 FICTC centers are linked to four State Reference Laboratories in Departments of Microbiology of 4 Medical Colleges of Delhi viz. Maulana Azad Medical College, Lady Hardinge Medical College, Safdarjung Hospital and University College of Medical Sciences & Guru TegBahadur Hospital under External Quality Assurance Scheme (EQAS) program. Beside,2 National Reference Laboratories are functioning in Departments of Microbiology at National Centre for Disease Control and All India Institute of Medical Sciences.

As part of External Quality Assurance Scheme, State Reference Laboratories send coded samples (panels) to the linked ICTC/PPTCTCs for testing twice in a year and these centresreport the result to the SRL within seven days of receiving the coded samples, to check the level of concordance.

Since 2010, all SRLs have regularly conducted EQAS Activities for their linked centers. All linked ICTC/PPTCT Centers have reported with more than 90% participation in quarterly Re-testing and Bi- annual proficiency panel testing 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 2018-19.The Linked ICTC/PPTCT centres participate in EQAS 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.

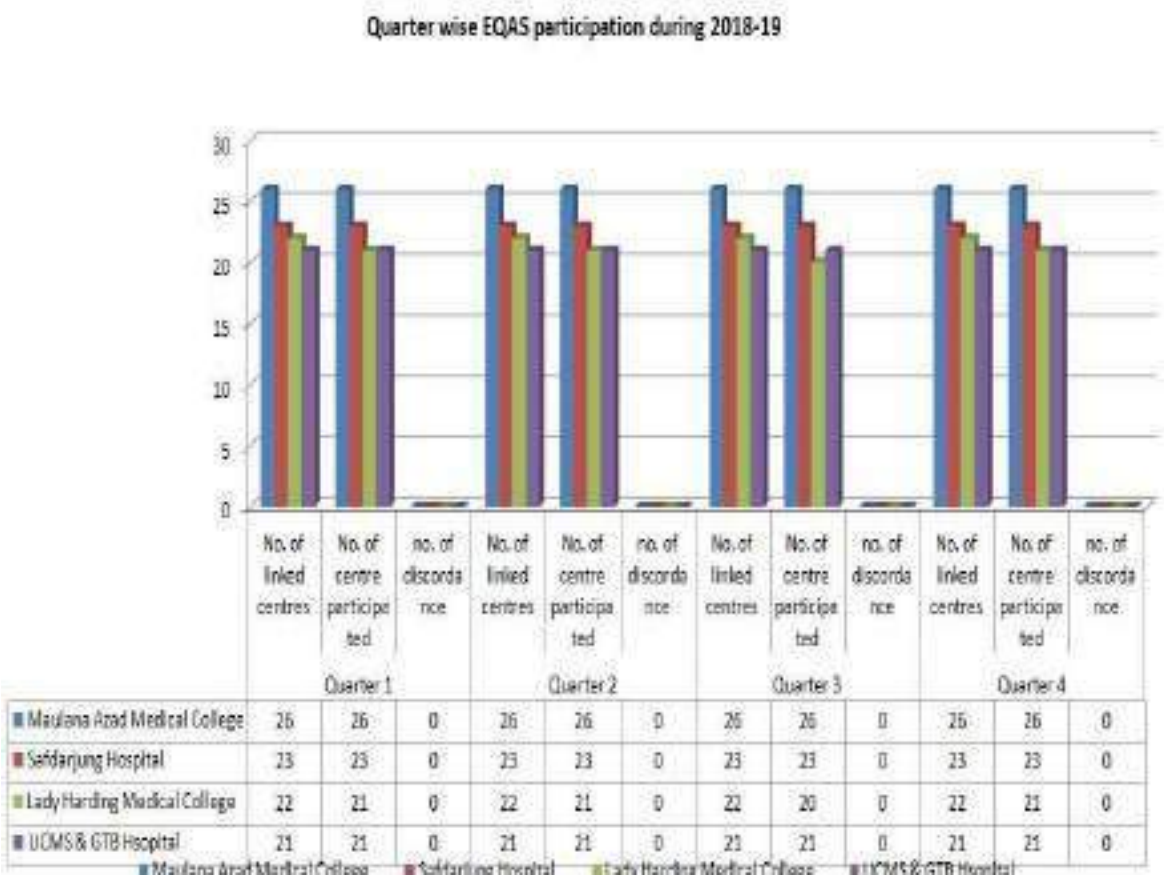
The participation in the EQAS scheme during 2018-19 of the centers in the Quarter1, Quarter2, Quarter3 and Quarter 4 was 98.91%, 98.91%, 97.82% and 98.91% respectively by ICTC/PPTCTs and mobile van in retesting activities with 100% concordanceamongst total 92 centresparticipating in the activity.

At present CD4 testingis being done at 8 centres (7 ART Centres viz. AIIMS, BSAH, DDUH, GTBH, MAMC-LNH, RMLH, SJH and at NCDC). During the year 60610 number of CD4 tests were carried out under the programme.

During the year, Twonew Viral Load Testing machines were installed at IHBAS and AIIMS laboratories, replacing the old ones. Viral loadtetsing for ART centres except AIIMS and GTBH ART

centreswas outsourced through Metropolis. Total 7062 Viral Loads tests of ART patients have been conducted till 31/3/2019.

Figure 1: Quarterly EQAS retesting participation of ICTC/PPTCT Centers from April 2018 – March 2019.



4. TARGETED INTERVENTION (TI) DIVISION

Seventy Eight (78) Targeted Intervention (TI) Projects were being implemented in partnership with Non Government Organizations (NGOs) and Community Based Organizations (CBOs) amongst High Risk Group (HRGs) as on 31stMAcrh 2019. TI is a peer led 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.

Table5: Performance of TI projects from April 2018 to March 2019

S. No.	Typology	No. of TIs	Mapping estimates (2014)	Coverage	Population coverage % to Estimates	Total HIV testscarried out
1	FSW	31	45466	47315	104	71665
2	MSM	11	18145	14928	82	23953
3	TG	6	7173	7428	104	10966
4	IDU	13	12698	12584	99	19165
5	Migrant	13	277822	250464	90	62517
6	Trucker	4	60000	55349	92	8613

Table 6: Performance of Clinics in TI projects from April 2018to March 2019.

Year	No of TIs	No. of RMCs donein core groups	Treated for STI in core groups	No. of HIV testing done	No. of HIV +ve detected	Linked to ART	Current cumulative HIV +ve Active Registrations
2018-19	78	220454	4471	196879	634	474	2004
2017-18	79	217318	7088	149458	561	449	2178
2016-17	81	210483	3724	93804	440	330	1803

Health camps are organized for migrants and truckers under the TI interventions and the details of the attendees in these camps from April 2018 to March 2019 is depicted in Table 7.

Table7: Details of the attendees in Health Camps in migrant TIs from April 2018 to March 2019.

Year	Health camps in Migrant TI	Attendees in health camps	Total satellite clinics in truckers TI at CSI SGTN TI	Attendees in satellite clinics
2018-19	3404	110093	288	17915
2017-18	3376	91593	284	15228
2016-17	3305	91495	290	13146

Opioid Substitution Therapy (OST): Opioid Substitution Therapy (OST) has been recognized worldwide as an effective treatment for Opioid dependence and harm reduction strategy and anessential comprehensive packages of servicesfor IDUs. One OST center was started in Tihar Jail Complex during the year. One OST centre run by SPYM was closed in November 2019.Eleven OST centre are now functioning under DSACS (Performance as depicted in Table 8.

Table 8: Performance of Opioid Substitution Therapy (OST) Centres FY 2018-19

S No.	Centre	Started in	Cum.OST uptake till 31/3/ 2019	Average Expected client load	Average active client load	Retention rate as on 31/3/2019
1.	DDU Hospital	Mar-13	844	181	120	66
2.	BJRM Hospital	Dec-12	414	333	117	35
3.	JPCH Hospital	Oct-12	541	244	106	43
4.	SGM Hospital	Nov-12	470	197	177	90
5.	Chandani Chowk	Mar-15	287	114	96	84
6.	GGSGHospital	Jun-15	444	223	196	88
7.	LHMC	Aug-15	227	151	116	77
8.	Kotla,Mubarakpur (SPYM-NGO)	Sep-07	1014	619	433	70
9.	Yamuna Bazar (SHARAN– NGO)	Sep-04	1395	506	298	59
10.	Jahangirpuri (SHARAN–NGO)	Sep-07	973	321	284	88
11.	Nabi Karim (SHARAN–NGO)	Sep-09	928	330	324	98
12.	Tihar Jail	Oct -18	147	45	45	100
		TOTAL	**7684**	**3264**	**2312**	**71**

* Percentage is for total monthly average active client load out of total Monthly Expected client load

Interventionfor persons in custody of state: The interventions for providing HIV related services for the persons in custody of state have been brought under ambit of NACP in 2018-19. Such persons are kept by the state in prisons, state run children and women homes, SwadharGrih and closed settings etc.

HIV Prevention and Control activities at Tiharinclude :

a. ICTC Services :One ICTC centre in Tihar Jail No.3 , community based HIV Screening started in July 2018. 3206 HIV testing were carried out during in 2018-19 in Jail with 197 detected to be HIV positive and 178 linked with ART

b. STI Services : One centre functioning in Tihar Jail No.3, with 267STI cases treated in 2018-19.

c. OST Services OST centre functional in CJH Jail no. 3, with total registration/OST uptake- 147.

d. ART Services ART centrebecame functional from August 2018 in Jail Hospitakl and 178 HIV positive inmates linked with ART during FY 2018-19.

HIV services for the Swadhar Home at MahilaDakshata Samiti,Kidwai Nagar, West New Delhi and All India Women's Conference, Bhagwan Das Road, New Delhi have been made available through TI NGOs, with performance as under :

No. of inmates counseled & tested for HIV	:	38
No. of inmates found HIV positive	:	2
No. of inmates HIV positive linked to ART	:	1

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 10 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 67021 PLHIVs have been cumulatively registered at all its ART/FIART centers since inception. As on 31st March 2019 and 30758 PLHIVs are on regular antiretroviral treatment.

Figure 2: Current status of 90-90-90 targets in Delhi 2018-19

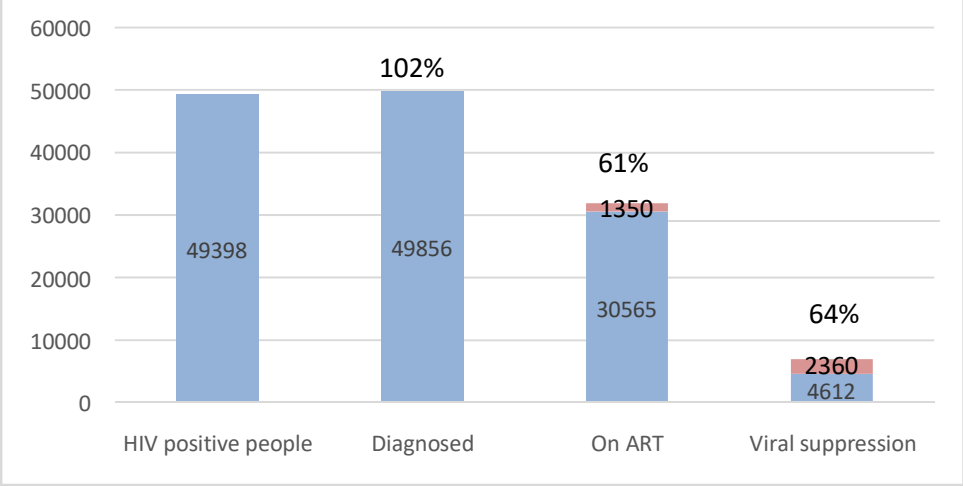


Table 9: Performance of CST component from April 2018 to March 2019.

S.No.	Indicator	Target (2018-19)	Achievement (2018-19)	Achievement in % of target
1	New PLHIV registered at ART Centre	6784	5786	85

2	Undergone Baseline CD4 Testing	5786	5307	92
3	Started on ART	5786	4802	83
4	Retained in Care	4802	4121	86
5	Pregnant women initiated on ART	306	292	95
6	Opportunistic Infections treated	3000	2548	85
7	Total CD4 tests done (New & Old PLHIV Patients)	65000	60610	93

Table 10: ART Centre wise cumulative performance till March 2019

S.No.	Name of ARTC	Number Ever Registered	Number in Active Care	Number Ever Started on ART	Alive on 1st Line ART	Alive on 2nd Line ART	Deaths Pre ART	Deaths on ART	LFU Pre ART	LFU on ART
1	AIIMS	9651	4872	6454	4616	269	225	696	497	693
2	BSA	9079	3873	6162	3796	156	437	916	1651	1391
3	DCBH	1530	1338	1116	985	34	10	40	51	91
4	DDUH	7037	3207	4613	3147	119	176	433	1101	897
5	GTBH	10425	4268	6803	4213	101	502	1144	1833	1403
6	KSCH	1088	719	911	699	36	71	112	40	79
7	LBSH	1179	944	1025	845	6	23	55	32	125
8	LNH	8047	3250	5245	3109	433	376	1008	848	1097
9	NITRD	2514	1549	2031	1431	26	96	415	68	174
10	RMLH	9316	4351	6457	4305	340	244	905	465	1154
11	Safdarjung	6938	3542	4867	3419	198	227	510	808	910
12	Tihar Jail	217	217	215	193	0	0	0	0	5
	Total	**67021**	**32130**	**45899**	**30758**	**1718**	**2387**	**6234**	**7394**	**8019**

6. BLOOD TRANSFUSION SAFETY

Seventy one (71) Blood Banks were functioning in Delhi as on 31st March, 2019. Out of these, 20 Blood Banks are NACO supported Blood Banks. NACO supported blood banks gets support in the form of provision of additional manpower, testing kits, blood collection bags and financial assistance for organization of voluntary blood donation camps.

From April 2018 to March 2019, the total blood collection in Delhi has been 596853 units. Voluntary Blood Donation in NACO Supported Blood Banks & Voluntary Organization Blood Banks was 48.7% of the total collection and Blood Component Separation was 78% of total collection.

Table 11: Performance of Blood banks in Delhi from April 2018 to March 2019.

S. No.	Quarter	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No. of Camps	Replacement Collection	Total Collection
1	Apr-Jun. 2018	34599	32039	66638	658	76728	143366
2	Jul-Sep. 2018	34306	37217	71523	622	77591	149114
3	Oct –Dec. 2018	36964	39068	76032	627	77743	153775
4	Jan –Mar. 2019	35428	38686	74114	634	76484	150598
	Total	**141297**	**147010**	**288307**	**2541**	**308546**	**596853**

7. Information Education Communication & Mainstreaming Division:

IEC & Mainstreaming division is responsible for carrying out various IEC activities and co-ordinating with other government departments, private sector etc. for welfare of PLHIV and mainstreaming the HIV control activities.

EventsOrganized:

i. Folk Media workshop organized from 27th -29th June 2018 at Jaipur, Rajasthan. 6 folk troupes were trained during the workshop.

ii. Folk Media Campaign was organized for Awareness on HIV/AIDS & Voluntary Blood Donation. Total 52 Folk shows were performed during the campaign.

iii. International Youth Day celebration in the month of August 2018. Poster making competition and sensitization programme was organized at Hindu College, Swami Shradhanand College & HMR Institute of Technology.

iv. World AIDS Day 2018(1st December 2018), around 1000 participants from RRC, NGOs and different Networks participated in the event.

EventsParticipated:

i. World Blood Donor Day on 14th June 2018. Five Folk performances organized during blood donation camps. A month long VBD camps were organized in the month of June 2018. Promotional IEC Material for VBD were distributed to all NACO supported Blood Bank.

ii. Govt. Achievement Schemes & Expo-2018 from 27th-29thJuly 2018 at Pragati Maidan New Delhi. DSACS participated with Counseling & Testing Facility, Nukkad-Nakad Shows, free distribution of Condom and IEC materials.

iii. Perfect Health Mela from 23rd-27thOctober 2018 at Talkatora Stadium. DSACS participated with Counseling & Testing Facility, Nukkad-Nakad Shows, free distribution of Condom and IEC materials.

iv. Meri Dilli Utsav from 2nd-4th November 2018 at Dilli Haat, Pitmpura, New Delhi. DSACS participated with Counseling & Testing Facility, Nukkad-Nakad Shows, free distribution of Condom and IEC materials.

v. National Eat Right Mela 2018 from 14th -16th December 2018 at IGNCA, Janpath. DSACS participated with HIV Counselling & Testing facility and Voluntary Blood Donation Camp. Also participated in Yoga, Walkathon & Cyclothon organized during the event.

vi. Khadi Utsavam India 2018 from 20th-31st December 2018 at Dwarka, Sec-13 Ground, DSACS participated with HIV counselling & testing facility and Folk performances were also deputed for HIV/AIDS awareness.

vii. Swastha Bharat Yatra from 27th–29th January 2019. HIV/AIDS awareness and VBD motivational talks were organised and IEC material were also distributed.

viii. Five College festivals i.e AIIMS, HMR Institute of Technology & Acharya Narendra Dev College, Banarsidas Chandiwala Institute of Information Technology & University College of Medical Sciences (UCMS). Painting Competition, sensitization programmes, Slogan Writing etc on HIV/AIDS were organized during the programme.

ix. Participated in celebration of International Day against Drug abuse and illicit trafficking at Rajdhani College, around 300 Cadets of NCC participated from different college and sensitized on HIV/AIDS.

Mainstreaming:

i. State Consultation Meeting on HIV-AIDS Prevention and Control Act 2017 held on 12th October 2018.

ii. 838 Front line workers (459 ASHA and 379 ANM) trained in 2018-19.

iii. Awareness sessions for 650 womenConstables organizedat Dwarka Police Training College on 23rd January 2019.

iv. Awareness sessions for 1610 NCC cadets conducted on World Blood Donors Day (14th June 2018).
v. Draft State Rules on HIV Prevention and Control Act prepared and submitted to Delhi Govt. for approval.
vi. Training of 176 participants from Jan Shikshan Sansthan conducted in the Month of January 2019.
vii. Trainings of 2094 Industry workers (454 in Tata Steel, 620 in Sheetla Enterprises, 490 for DMRC, 25 for Delhi Plastics, 30 for Arjun Export and 19 for Maa Durga Polymer, 25 SA Entreprises, 269 for SamapatjiPallonji, 40 for Colour Mode, 92 for Janganath, 30 for Jagdamba Steels) conducted during April 18-March 2019.
viii. Training of 3416 DTC driver and conductors conducted during April 18- March 2019.
ix. Awareness session organized for 75 Hotel staff at Crown Plaza, Rohini on 1st December 2019.

'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 financial assistance to the beneficiaries under the scheme was doubled w.e.f. 4/8/2018, vide cabinet decision number 2606.

Table 12: Financial Assistance Scheme for PLHIV as on 31st March 2019

Category	Assistance per beneficiary (in Rs.)	Number of beneficiaries
i. People/Children living with HIV/AIDS on ART	2000/-	4043
ii. Orphan Children infected with HIV/AIDS	4100/-	
iii. Destitute Children infected with HIV/AIDS in institutional care	4100/-	66
iv. Orphan children affected by HIV/AIDS	3500/-	24
	Total	**4133**
Cumulative number of beneficiaries till 31st March 2019	: 3868	
Beneficiaries Expired till 31st March 2019	: 174	
Migrated/transfer out of Delhi/FAS surrender	: 83	
Not eligible being orphan children affected (>18 years)	: 04	
Not eligible in income criteria (> 1 lac/annum)	: 51	
Not submitted claimLife /income certificates/		
Not regular/Inactive Aadhaar status etc.	: 389	
Number of beneficiaries on 31-03-2019	**: 4133**	
Active beneficiaries on 31-03-2019	**: 3432**	

Budgetary Position And Utilization of Funds (April 2018- March 2019)

(Figures in Rs. lakhs)

Components	Sanctioned Budget 2018-19	Amount received*	Expenditu-re for 2018-19	Pending Advances issued in year	Total Utilization	Utilization (%)
NACO, GOI						
Global Fund (GFATMR-II)	502.24	709.91	596.14	2.11	598.25	119.12
New Domestic Budge--tarySupport Fund	812.69	815.92	492.93	54.59	547.52	67.37
GFATMR-IV	393.08	526.26	356.43	56.60	413.03	105.08
Pool Fund(TI)	1943.91	1950.90	1461.14	169.26	1630.40	83.87
Total	**3651.92**	**4002.99**	**29.6.64**	**282.56**	**3189.20**	**87.33**
Govtof NCT of Delhi						
Financial Assistance Schemefor PLHIVs	**520.00**	**757.08**	**484.66**	**0.0**	**484.68**	**93.08**
Remuneration to DSACS Employees	**280.00**	**298.50**	**189.58**	**0.0**	**189.58**	**67.70**

*including Opening Balance+ Inter Unit Transfer

Chapter 13

DRUGS CONTROL DEPARTMENT

The Drugs Control is an independent department under the Health & Family Welfare Deptt. GNCT of Delhi and is Department, GNCT of Delhi located at F-17, Karkadooma, Delhi-110032.

1. The Department has taken step to strengthen and modernize the Drug Testing Laboratory located at Lawrence Road, Delhi to conform the international standards and NABL accreditation. The project is being undertaken by PWD for renovation of the building.

2. The Department has taken step to renovate the space provided for Drugs Control Department, at F-17, Karkardooma, Delhi.

3. The Department has adopted zero tolerance towards pharmaceutical drug abuse and taking stringent action against defaulters. The Department had already cancelled licenses of medical Stores, who were found indulging in unethical stocking/selling habit forming drugs.

4. The Department is regularly keeping a watch on the quality of drugs & cosmetics moving in the market by way of regularly collecting samples of medicines from various manufacturers and sales outlets of drugs and cosmetics. From 1st April, 2018 to 30th March, 2019, the department had tested 725 samples of drugs and 22 samples of cosmetics. Out of which, 13 samples of drugs and 05 samples of cosmetics were declared as not of standard quality samples. Nine (09) samples of drugs which were collected by this Drugs Inspectors of this Department, declared as spurious. Moreover, the Department has launched prosecutions in 03 cases during the period of 1st April 2018 to 30th March, 2019 where the nature of contraventions was serious.

5. The Department is also keeping a watch on the activities of various wholesale/retail outlets by regularly conducting surprise checks. During the period of 1st April 2018 to 30th March, 2019 the Department has observed contraventions in 330 cases out of 1139 firms inspected for which action has been initiated against erring firms by way of cancellation/suspension of their licenses. During the period of 1st April 2018 to 30th March, 2019 the Department has cancelled 2 licences and suspended 237 licences.

6. The efforts are been made to fill up the vacant posts of Drugs Inspectors through U.P.S.C. The Department has already taken steps for advertisement of 07 more posts of Drugs Inspectors through U.P.S.C. vide Advertisement No. 07/2018, which are likely to be filled by the end of this year.

7. The Department has initiated an educational programme wherein all Drugs Inspectors/Assistant Drugs Controllers/Licensing Authorities make power point presentations on different topics related to the working of the Department to upgrade their knowledge w.e.f. 30.10.2018 and the same is now continuing.

8. The Department has also organized one day awareness programme on **"Accreditation of Medical Devices Certification Bodies"** in association with National Accreditation Board for Certification Bodies (NABCB)/Quality council of India (QCI) on 02.02.2019 at Indian Habitat Centre. Lodhi Road, New Delhi where all the stakeholders of Medical Device Industry/ Trade including Officers of the Department interacted on various issued related to Medical Devices.

9. The Department has also participated in "Perfect Health Mela" from 23.10.2018 to 27.10.2018 at Talkatora Stadium, New Delhi in which officers of this Department sensitized the general public/consumers about Prescription drugs, MRP of medicines, Expiry date and Do's & Don't for the consumers.

10. Based on the recommendations of the Ministry of Health & Family Welfare, Government of India, the Department has also constituted s State Level Committee with approval of Secretary (H&FW), Govt. of N.C.T. of Delhi to examine the issues of the quantam of compensation in respect to faulty ASR Hip Implants manufactured by M/s DePuy International Limited (Now Johnson & Johnson Pvt. Ltd.). An advertisement on

the subject matter has also been published in one English Newspaper "Times of India" dated 26.01.2019 & one in Hindi Newspaper 'Navbharat Times' dated 26.01.2019, to give wide publicity to the general public on the issue of compensation for implantation of faulty Hip Implants.

A. Inspections:

a.	Manufacturing Units:	245
b.	No. of cases where violation detected	NIL
c.	Sales establishments:	4059
d.	No. of cases where violation detected	587

B. Special Inspections

a.	Manufacturing Units:	65
b.	No. of cases where violation detected	NIL
c.	Sales establishments:	1122
d.	No. of cases where violation detected	362

C. Complaints

a.	No. of complaints received	161
b.	No. of cases where violation detected	80
c.	No. of cases where stock of drugs /cosmetics/ documents seized	10

D. Sample For Test/Analysis –

1..	No. of Samples collected	746
2.	No. of test reports received	445
3.	No. of samples reported as standard quality	430 + 01 Rejected
4.	No. of samples reported as not of standard quality	14
5.	No. of samples found spurious	**09**

E. Departmental Action

a.	No. of cases where licences cancelled	02
b.	No. of cases where licences suspended	258
c.	No. of cases were warning issued	15

F. Prosecution

1.	No. of cases launched	07
2.	No. of cases decided	09
3.	No. of cases convicted	08
4.	No. of cases acquitted/ discharged	01
5.	No. of cases pending in the court + High Court Misc. Petitions	80

G. Details of Firms where Licences Granted/Cancelled

(1) Sales Establishments granted licences

a.	Allopathic Sales Establishments	2458
b.	Restricted Sales Establishments	NIL
c.	Homeopathic sales Establishments	41

(2). Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	08
2.	Homoeopathic Medicines Mfg. Units	Nil
3.	Cosmetics Mfg. Units	42

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

1.	Allopathic Sales Establishments	439
2.	Restricted Sales Establishments	Nil
3.	Homeopathic sales Establishments	NIL
4.1.	Allopathic drugs mfg. Units	07
4.2.	Homoeopathic drugs mfg. Units	04
4.3	Cosmetics mfg. units	46

H. No. Of Licenced Firms.

1.	Sales Establishment	28113
1.1	Allopathic Drugs	27094
1.2	Restricted Drugs	576
1.3	Homeopathic	443

2.	Mfg. Establishment	914
2.1	Allopathic Drugs	283
2.2	Homoeopathic Drugs	05
2.3	Cosmetics	626

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CHAPTER 14

DEPARTMENT OF FOOD SAFETY

Awareness Programme

The Department of Food Safety, Govt. of Delhi has organized several awareness programme in each of the 11 revenue districts of NCT of Delhi by coordinating with the Market Associations of the respective areas since July, 2018. The essential components of the awareness programmes were as follows :

1. Licensing & Registration
2. Food Safety, Hygiene & Sanitary practices
3. Labeling & packaging of packaged commodities of articles of Food

The audience mainly consisted of the members of the trade associations like retailers, wholesalers, restaurants, manufacturers etc. Who were educated about the essential and mandatory requirements of Food Safety and Standards Act, 2006 and FSS Rules/Regulations, 2011.

Registration Camps

In order to achieve the regulatory compliance by the FBO's Department of Food Safety in collaboration with several trade unions organized Registration camps wherein FSSAI Registration was granted to the FBO's running their business without a valid food safety license/registration. This way there has been an exponential increase in the number of FBO's coming in direct purview of the FSS Act, 2006.

During the current year 2018-19 (till 31.03.2019) 7543 licenses and 21811 registrations have been issued to the FBO's.

Enforcement Activity

The Department carries out its enforcement by way of lifting of "Surveillance samples" and "Formal Samples" on the basis of complaints received from the public or as part of the routine vigil and takes action against defaulters/violators of FSS Act and Rules/Regulations made there under. The statistics is as follows :

1. During the current year 2018-19 (till 31.03.2019), 2461 formal samples were lifted, out of which 404 samples were not found conforming to the safety standards as laid down under FSS Act, 2006 and FSS Rules/Regulations, 2011.
2. A number of 1241 Surveillance samples were lifted.

Awareness through Digital Platform

Since December, 2018 the department has launched IEC programmes. The Key highlights of which are as follows :

- Soft copies of IEC material which were prepared by FSSAI were sent through Email address of about 2000 Eco Clubs in the schools.
- 33 thousand FSSAI registered/licensee FBO's across NCT of Delhi
- 04 Lakh 50 thousand traders in Delhi.

The soft copies of IEC material mainly included information on key aspects of Food Safety as Follows:

- Effect of Pesticide Residue on Fruits & Vegetables

- Cleanliness and hygiene
- Safe, nutritious and wholesome food

Eat Right Mela

The Department in coordination with FSSAI organized a National Eat Right Mela during 14th to 16th December 2018 IGNCA (Indira Gandhi National Centre for Arts), India Gate, New Delhi by displaying the following events.

- "Yoga" at Eat Right India. 14.12.2018
- "Walkthon" at Eat Right India. 15.12.2018
- "Cyclothon" at Eat Right India. 16.12.2018

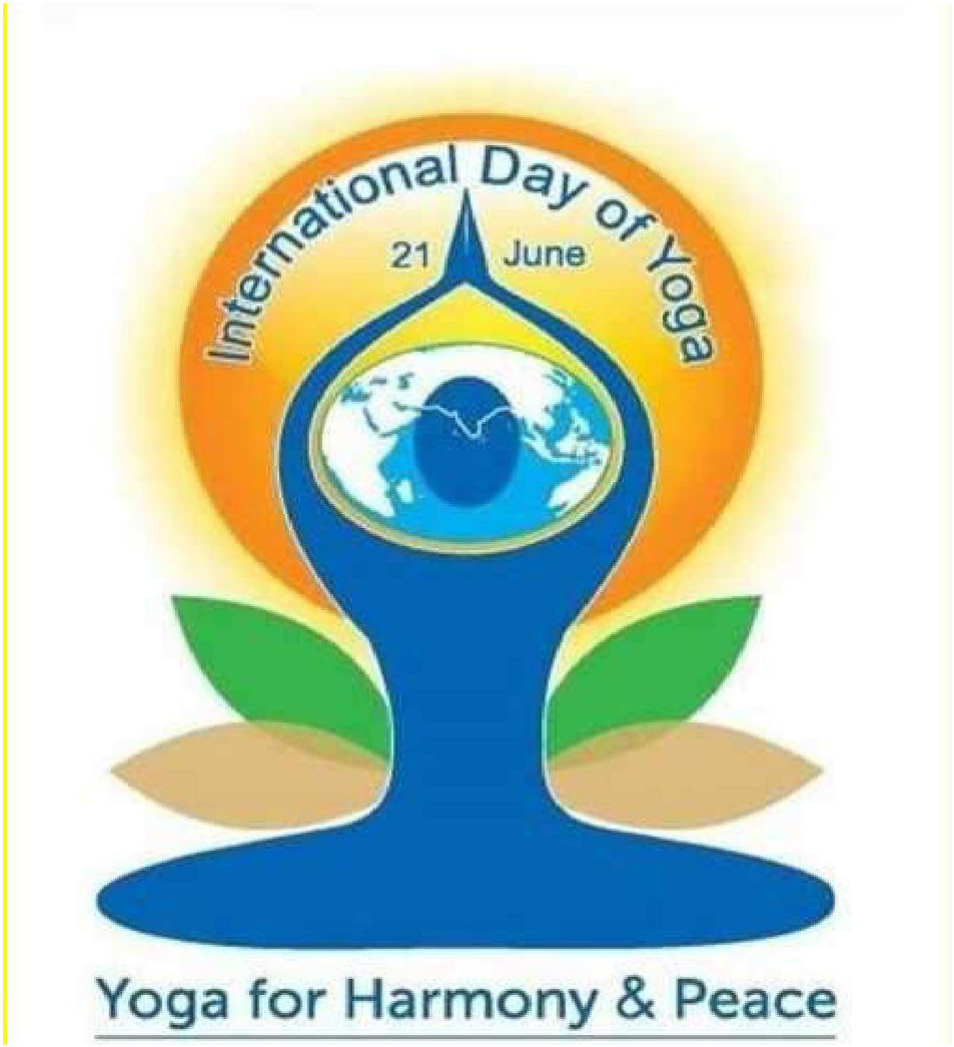
Participation at Swasth Bharat Yatra

The department of Food Safety also actively participated in Swasth Bharat Yatra on the commemoration of 150th Birthday of Mahatma Gandhi Gulminating in NCT of Delhi on 29.01.2019 and programmes held from 27th – 28th January, 2019.

Future Plan

In future, the department will continue the awareness programmes with coordination of local Market Association to create awareness among the consumers & FBO's and also continue the program for capacity building and training workshops for the FBO's (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 to the citizens of Delhi by implementing the provisions of FSS Act and Rules/Regulations made there under in the letter and spirit.



सर्वे सन्तु निरामय
दिल्ली सरकार
स्वास्थ्य सेवायें

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