FOR OFFICIAL USE ONLY

ANNUAL REPORT 2024-25

DIRECTORATE GENERAL OF HEALTH SERVICES
Government of National Capital Territory of Delhi
F-17, Karkardooma, Delhi-110032
Phone: 011-22309220

https://dgehs.delhi.gov.in/

E-mail:dirdhs@nic.in

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E-mail:dirdhs@nic.in

FOREWORD

The Directorate General of Health Services proudly presents its annual report, a testament to our unwavering commitment to ensuring the consistent availability of health statistics. This document encapsulates the operational excellence and accomplishments of the Directorate along with the collective efforts of various hospitals and departments under the auspices of the Government of NCT of Delhi.

Our Directorate is at the forefront of healthcare delivery, operating an extensive network that includes dispensaries, Mobile Health Units, School Health Clinics, and Aam Aadmi Mohalla Clinics. This is in conjunction with the rollout of new hospitals and dispensaries and the execution of diverse programs and schemes. The healthcare landscape in Delhi is a collaborative ecosystem with both government and non-government entities converging under the Directorate General of Health Services.

We employ a hybrid approach to data collection, encompassing both online and offline methodologies, to compile reports on the performance of dispensaries, districts, and hospitals within the Delhi government's purview, as well as morbidity statistics. The State Health Intelligence Bureau (SHIB) plays a pivotal role in this process, gathering and synthesizing data from selected health institutions across Delhi. It is important to note that SHIB serves as a compiler rather than the primary custodian of this data.

The release of this report has encountered delays attributable to the challenges faced in aggregating data from all contributing agencies.

I extend my heartfelt gratitude to every member of our Directorate for their dedication and hard work during the reporting period. My commendations go out to the State Health Intelligence Bureau, under the leadership of Dr. Pramod Arya for their diligence in producing this publication.

We are receptive to and encourage suggestions that will drive the continuous enhancement of this report.

With warm regards,

(DR. VATSALA AGGARWAL)
DIRECTOR GENERAL HEALTH SERVICES,
GNCTD

OFFICERS / OFFICIALS ASSOCIATED WITH THE PREPARATION OF ANNUAL REPORT 2024-25

TEAM

Dr. PRAMOD ARYA	**:**	**IN-CHARGE (SHIB)**
Mrs. LILY GRACE KUJUR	**:**	**STATISTICAL OFFICER**
Mrs. POOJA PRAJAPATI	**:**	**STATISTICAL ASSISTANT**
Mr. PRADUMN PRASAD	**:**	**STATISTICAL ASSISTANT**
Mr. DIGAMBER SINGH	**:**	**JUNIOR ASSISTANT**
Mr. VIRENDER SINGH	**:**	**C.D.E.O. / DATA ASST.**
Ms. VANDANA	**:**	**PEON**

STATE HEALTH INTELLIGENCE BUREAU

Directorate General of Health Services
Govt. of National Capital Territory of Delhi,
F-17, Karkardooma, Delhi-110032

Email: cmoshibdhs.delhi@delhi.gov.in
Phone: 011-22306226

DIRECTORATE GENERAL OF HEALTH SERVICES

PREFACE

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

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

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

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

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

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CHAPTER 1

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 167.87 lakh spread over an area of 1483 Sq. km. The population density of Delhi was 11,320 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 carefacilities 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 healthcare delivery.

This Directorate actively participates in delivery of healthcare facilities and co-ordinates with other government & 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 programs.

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 Dep artment of Health and Family Welfare, GNCT of Delhi are: -

- Directorate General of Health Services.
- Directorate of Family Welfare.
- Directorate of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy).
- Department of Drug Control.
- Department of Food Safety.
- Maulana Azad Medical College.
- A & U Tibbia College and Hospital.
- Maulana Azad Institute of Dental Sciences.
- Nehru Homoeopathic Medical College.
- University College of Medical Sciences.
- Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre.
- Dr. B.S.A. Medical College.
- Chaudhary Brahm Prakash Ayurvedic Charak Sansthan

HOSPITALS

1. Acharya Shree Bhikshu Govt. Hospital, Moti Nagar.
2. A&U Tibbia College & Hospital.
3. Ambedkar Nagar Hospital.
4. Aruna Asaf Ali Govt. Hospital, Rajpur Road.
5. Attar Sain Jain Eye and General Hospital, Lawrence Road.
6. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri.
7. Bhagwan Mahavir Hospital, Pitampura.
8. Burari Hospital.
9. Central Jail Hospital.
10. Chacha Nehru Bal Chikitsalya, Geeta Colony.

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

MAJOR SOCIETIES UNDER H&FW DEPARTMENT

- Centralized Accident and Trauma Services, Bela Road.
- Delhi State AIDS Control Society, BSA Hospital Campus, Rohini.
- Delhi State Health Mission, Vikas Bhawan 2, Civil Lines.

Vision:

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

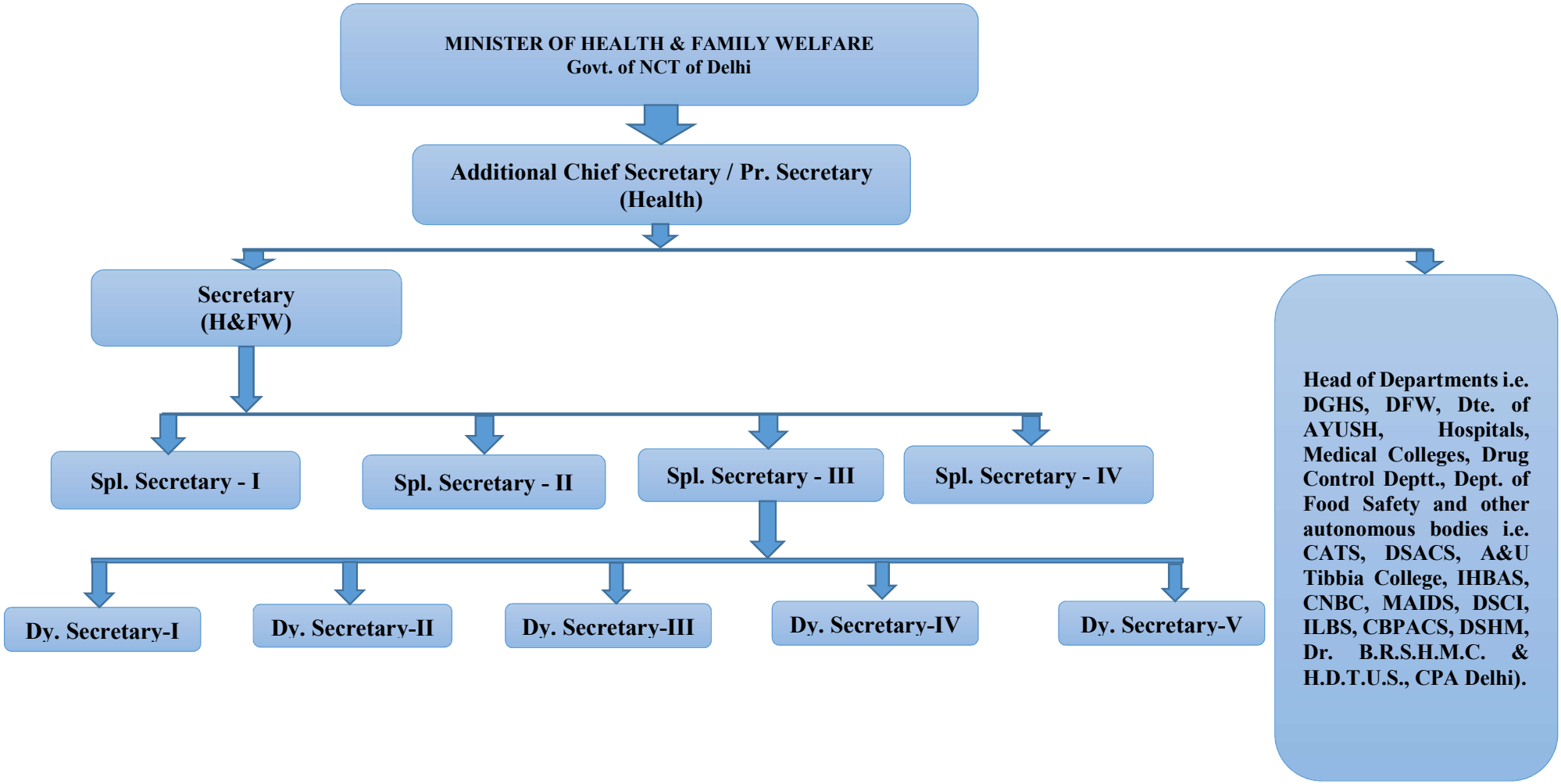
Aims:

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

Objectives:

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

1.1. THE ORGANIZATIONAL STRUCTURE OF DEPT. OF H&FW, GNCT OF DELHI



1.2. THE ORGANIZATIONAL STRUCTURE OF DGHS, GNCT OF DELHI

DIRECTOR GENERAL OF HEALTH SERVICES, GNCTD

Additional Director	Programmes /Schemes	Branches		CDMOs
Establishment Branch	1.National Tuberculosis Elimation Programme (NTEP) 2.National Tobacco Control Programme (NTCP) 3.Thalassemia Control Programme	1. Planning Branch	14. HOTA Cell	1.CDMO East
Account Branch	4.National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMT & BI) 5.National Programme for Palliative Care (NPPC) 6.National Programme for Health Care of Elderly (NPHCE)/Geriatrics Programme 7.Kitchen Safety 8.National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) 9.National Programme for Climate Change and Human Health (NPCCHH)	2. Hospital Cell	15. CME Cell	2.CDMO West
	10.State Award Scheme 11.Silicosis Control Programme 12.Fluorosis Mitigation Programme 13.Health Mela	3. Nursing Home Cell	16. Grant in Aid	3.CDMO North
	14.Integrated Disease Surveillance Programme (IDSP). 15.National Vector Borne Disease Control Programme (NVBDCP). 16.National Viral Hepatitis Control Programme (NVHC1P). 17.National Rabies Control Programme (NRCP).	4. EWS	17. RTI Cell	4.CDMO South
	18. Mobile Health Scheme (MHS)	5. DAK	18. Public Grievance Cell	5. CDMO North East
	19. School Health Scheme (SHS)	6. Delhi Govt. Employee's Health Scheme (DGEHS)	19. Disaster Management Cell	6. CDMO North West
	20. Aam Aadmi Mohalla Clinic (AAMC)	7. CPA	20. PPP Dialysis	7. CDMO South East
	21. PM-ABHIM(AAM)	8. Court Case Cell	21. Project Cell	8. CDMO South West
		9. Central Store & Purchase	22. Computer Cell	9. CDMO Central
		10. Bio Medical Waste Management Cell	23. SHIB	10. CDMO Shahdara
		11. Anti-Quackery Cell	24. Central Diary & R&I	11. CDMO New Delhi
		12. Disability Cell	25. Care Taking	
		13. Hospital Coordination Cell	26. Vigilance	

CHAPTER 2

2. ACHIEVEMENTS AT A GLANCE

Important health statistics of Delhi Govt. Dispensaries / Schemes / AYUSH / Hospitals during 2024-25 as on 31.03.2025

Sl. No.	Performance Indicators	Nos. (2023-24)	Nos. (2024-25)
1	**OPD Attendance**		
	Dispensaries (Allopathic)	95,68,280	78,87,620
	Aam Aadmi Mohalla Clinics	1,80,73,119	1,35,09,514
	Dispensaries (Ayurvedic)	7,61,671	6,88,631
	Dispensaries (Unani)	2,98,326	2,71,536
	Dispensaries (Homoeopathic)	18,37,720	18,54,079
	Hospitals	2,07,92,656	2,04,52,172
	Mobile Health Clinics	99,802	1,19,307
	School Health Clinics	49,482	26,560
2	**IPD Attendance in Hospitals**	7,25,576	6,71,562
3	**Laboratory Test**		
	Dispensaries (Allopathic)	15,41,732	11,32,822
	Aam Aadmi Mohalla Clinics (No. of patients)	5,14,069	2,05,206
	Hospitals	4,38,24,433	4,41,54,992
4	**No. of X-rays done**	20,65,185	20,56,193
5	**Ultrasound**	2,68,507	3,64,288
6	**Other Investigations**		
	ECG	8,06,617	10,30,364
	Autopsies	11,983	13,463
	Dialysis	1,07,000	1,19,276
7	**No. of Hospitals**	40	40
8	**No. of Santioned Beds in Hospitals**	14,380	14,371
9	**No. of Dispensaries**	Allopathic Dispensaries - 176 Polyclinics - 30 Seed PUHCs - 60 Total - 266	Allopathic Dispensaries - 176 Polyclinics - 32 Seed PUHCs - 64 Total – 272
		Mobile Health Clinics - 12	Mobile Health Clinics -16
		School Health Clinics - 45	School Health Clinics-36
		Aam Aadmi Mohalla Clinics – 545	Aam Aadmi Mohalla Clinics – 553
		Ayurvedic Dispensaries - 57	Ayurvedic Dispensaries -57
		Homoeopathic Dispensaries – 121	Homoeopathic Dispensaries- 121
		Unani Dispensaries - 26	Unani Dispensaries -28

CHAPTER 3

3. PRIMARY HEALTH CARE SYSTEM UNDER GNCTD

Delivery of Primary healthcare:

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

Following services are delivered to the citizens through CDMO's

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

The List of Delhi Government Dispensaries are as under:

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

The List of Delhi polyclincs are as under:

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

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

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

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

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

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

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

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

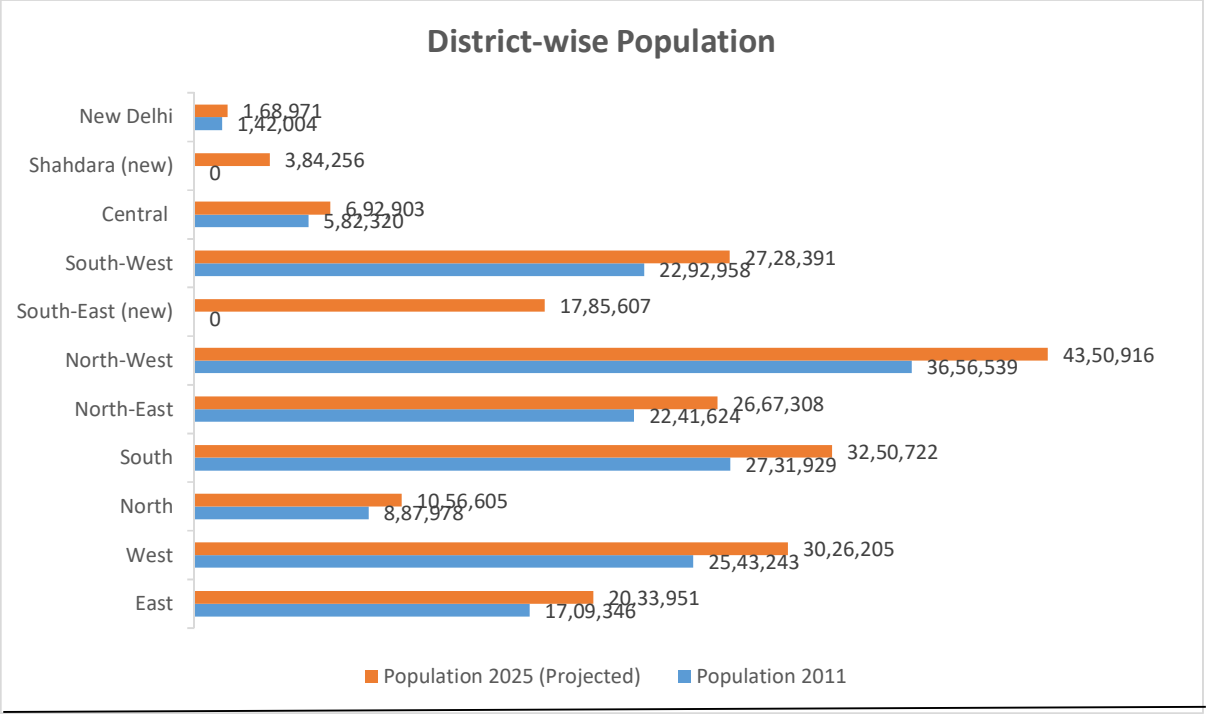
Highlights of district health data of Delhi

Note: Original data can be seen at Annexure I

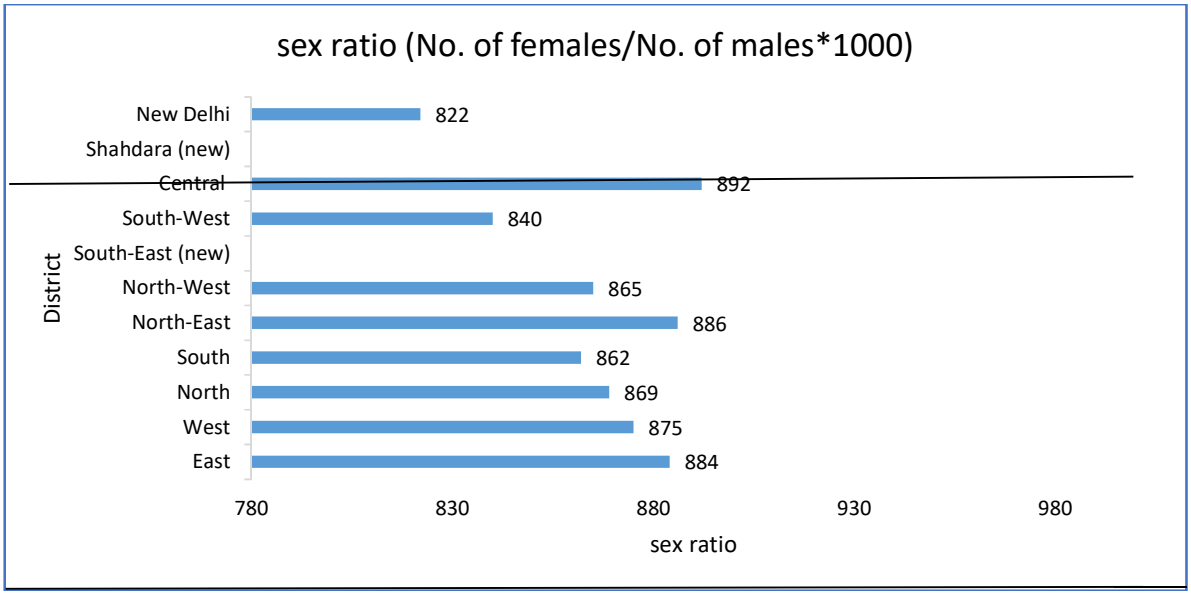
The health data for Delhi's districts reveal a multifaceted picture of demographic trends, healthcare infrastructure, service delivery, and regulatory oversight.

Population Dynamics and Growth

- **Population distribution by district:** As per Census 2011, Delhi's total population was 16.78 million and is projected to grow to 22.14 million by 2025, indicating significant demographic expansion. The below chart displays the distribution of total population of Delhi for 2011 and projected population 2025 for each district. There is a significant variation in the population across the districts. North-West, South, and West districts are the most populous districts, while New Delhi, Central, and North districts have comparatively smaller populations.



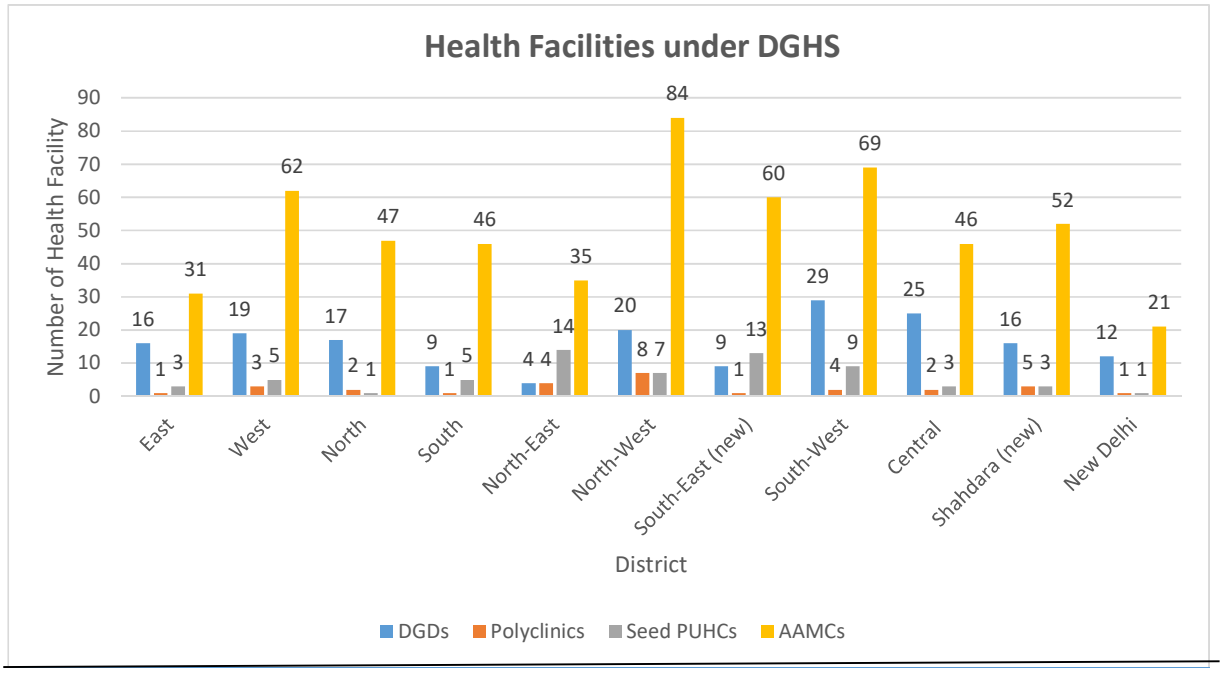
- **Sex Ratio in 2011 (Females per 1000 males):** The chart shows that the sex ratio varies across districts, with Central district showing the highest ratio (892) and New Delhi the lowest (822).

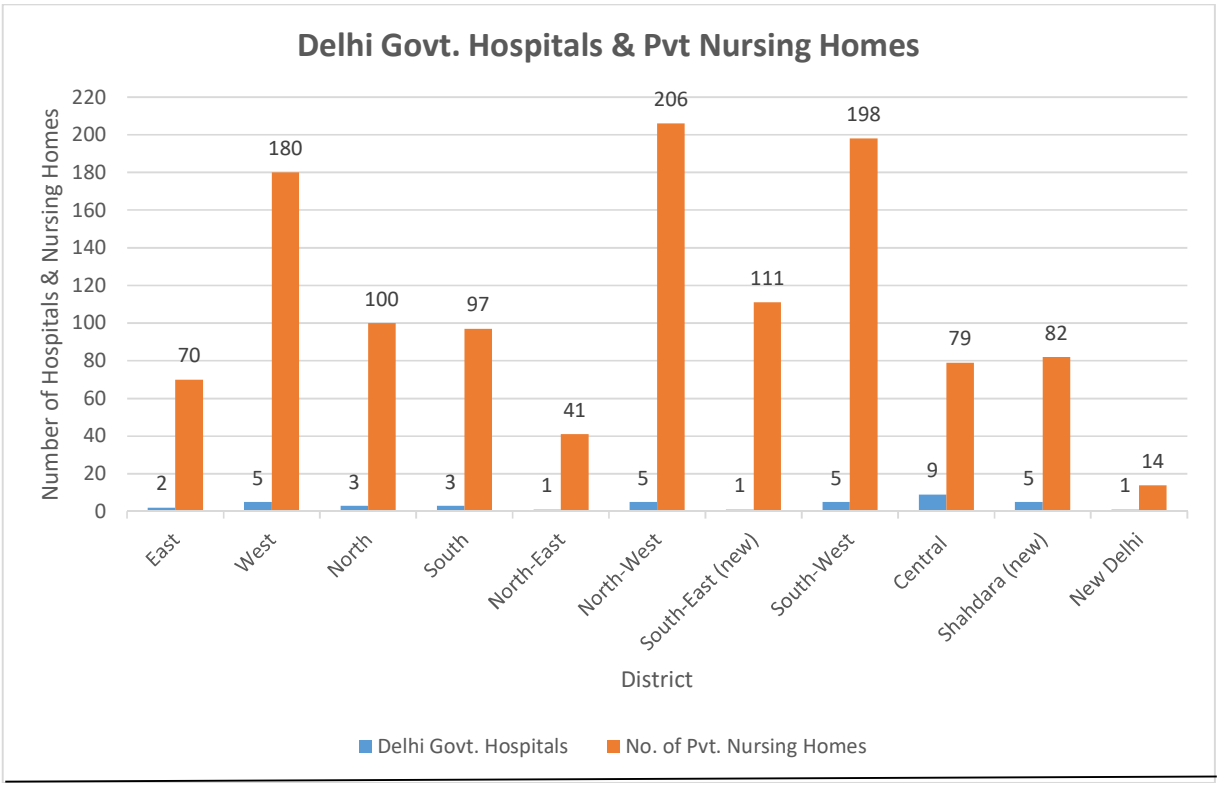


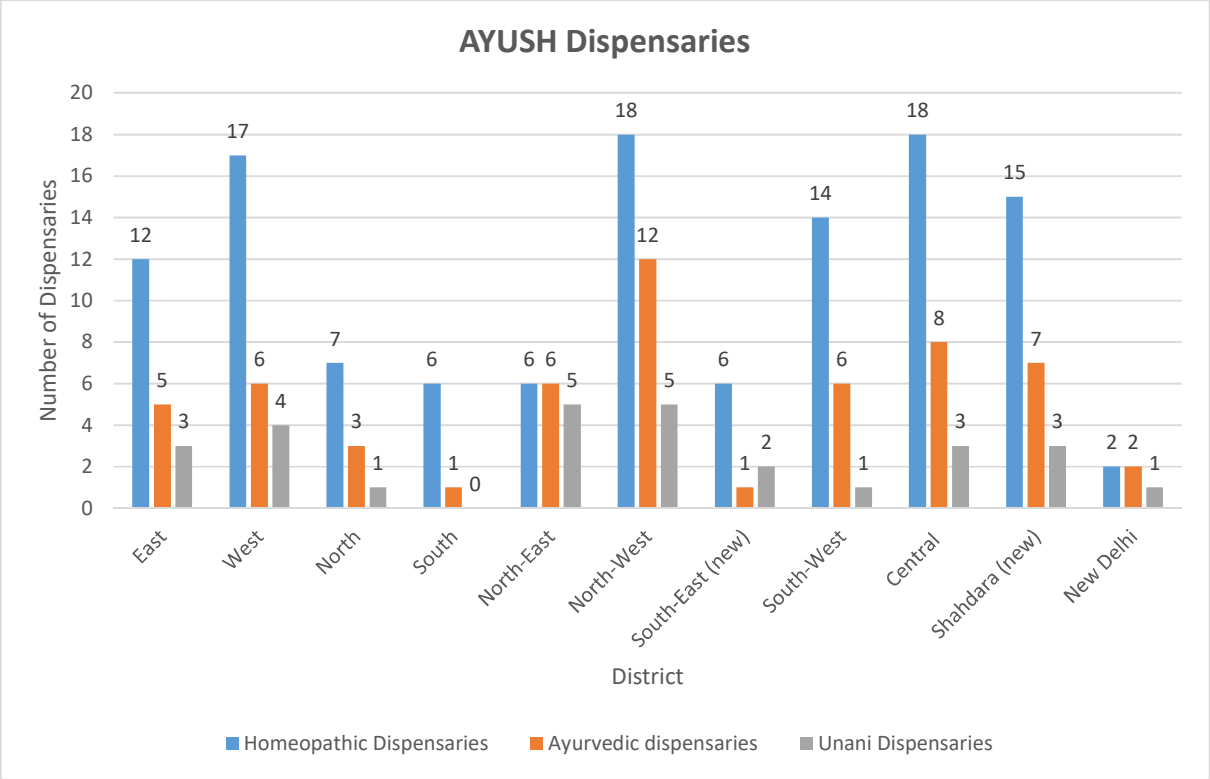
Healthcare Infrastructure and Accessibility

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

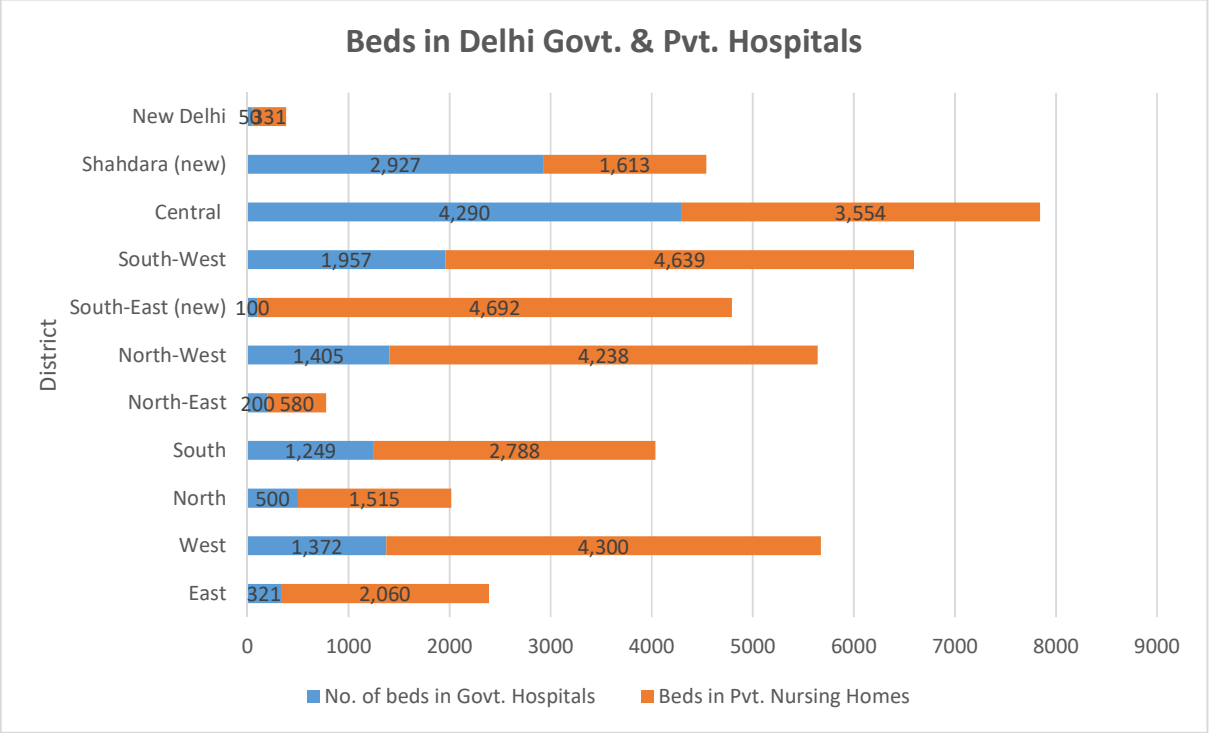
- **Facility types:** Delhi has a network of Delhi Government Dispensaries (DGDs), Polyclinics, Seed Primary Urban Health Centres (PUHCs), Aam Aadmi Mohalla Clinics (AAMCs), and various traditional medicine dispensaries (Homeopathic, Ayurvedic, Unani). There are 40 Delhi Government Hospitals and 1,178 private nursing homes across the districts.


Health Facilities under DGHS
Number of Health Facility
District
East
West
North
South
North-East
North-West
South-East (new)
South-West
Central
Shahdara (new)
New Delhi
DGDs
Polyclinics
Seed PUHCs
AAMCs

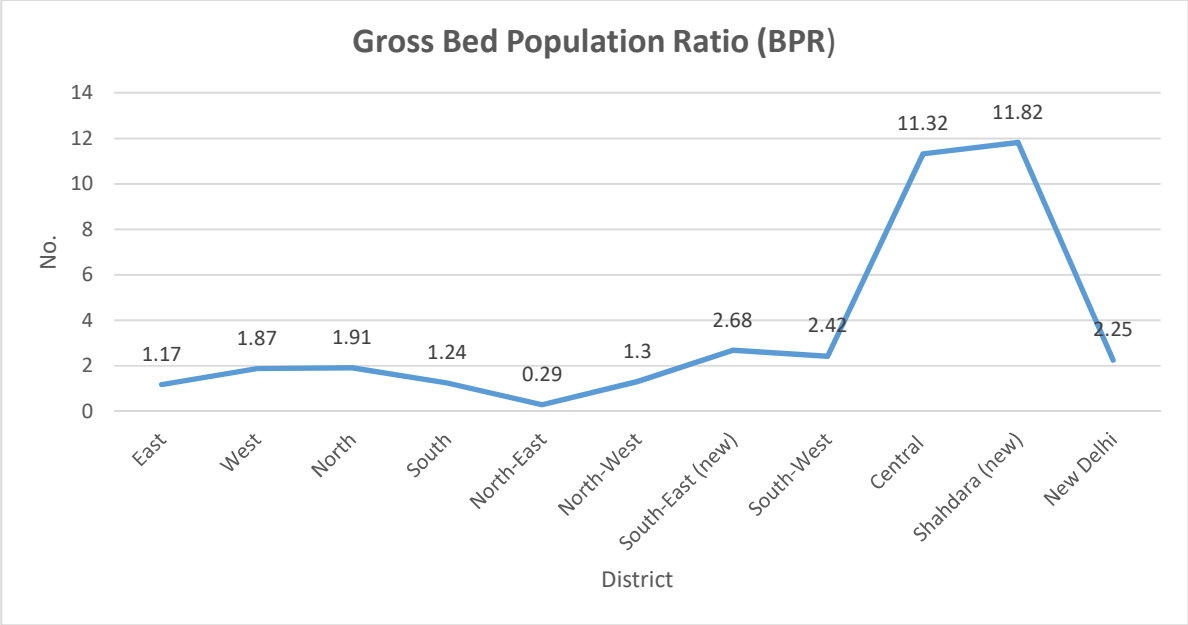

Delhi Govt. Hospitals & Pvt Nursing Homes
Number of Hospitals & Nursing Homes
District
East
West
North
South
North-East
North-West
South-East (new)
South-West
Central
Shahdara (new)
New Delhi
Delhi Govt. Hospitals
No. of Pvt. Nursing Homes



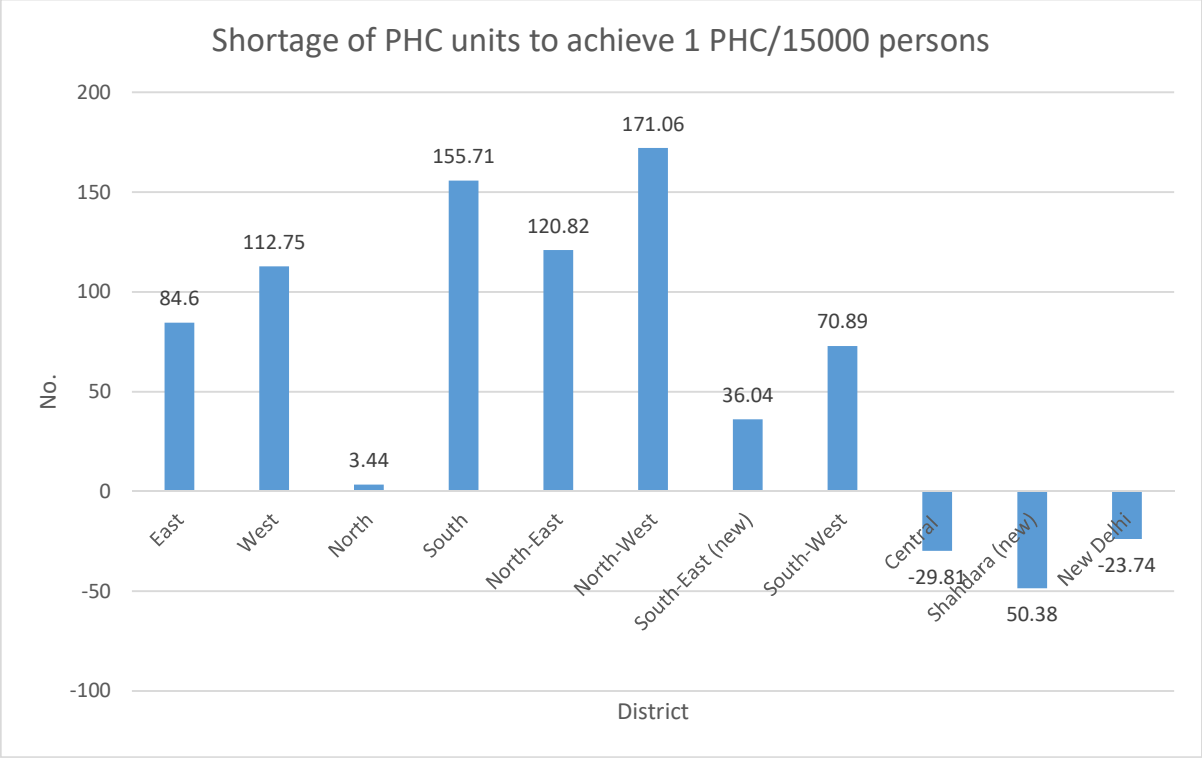
- **Bed availability:** The total number of beds (Private + Delhi Govt.) is 44,681. The Gross Bed Population Ratio (BPR) shows significant variation.



- **Higher BPR:** Central (11.32 beds per population unit) and Shahdara (11.82 beds per population unit) districts appear to have a higher density of beds relative to their population.
- **Lower BPR:** North-East (0.29) and East (1.17) districts have considerably lower bed-population ratios, suggesting potential challenges in bed accessibility for their residents.

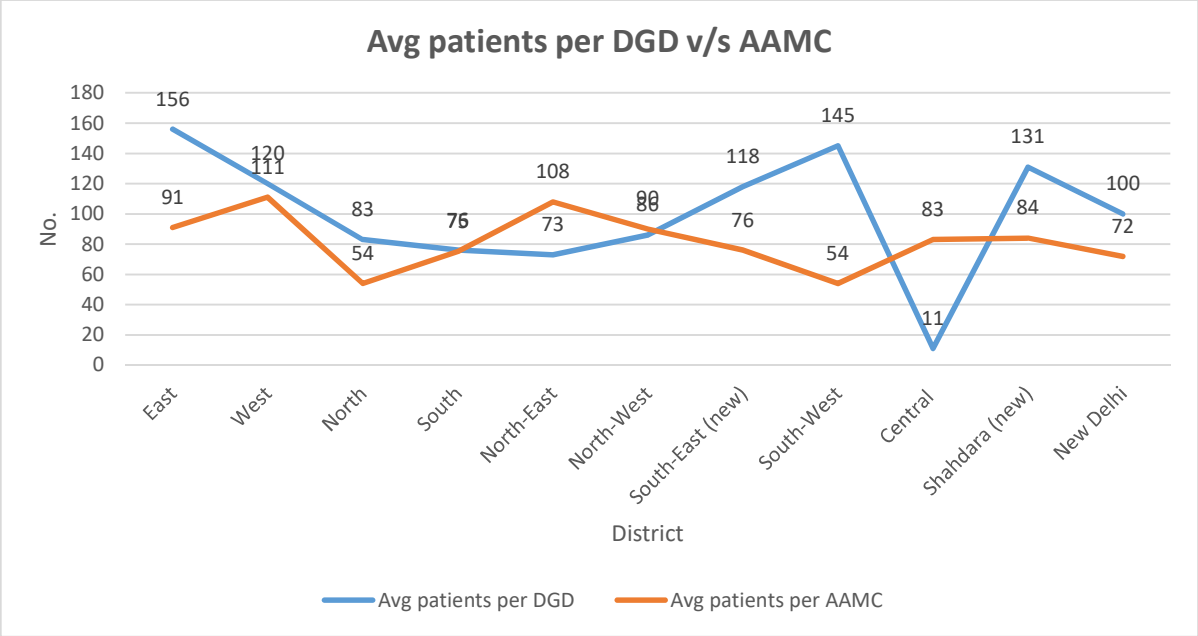


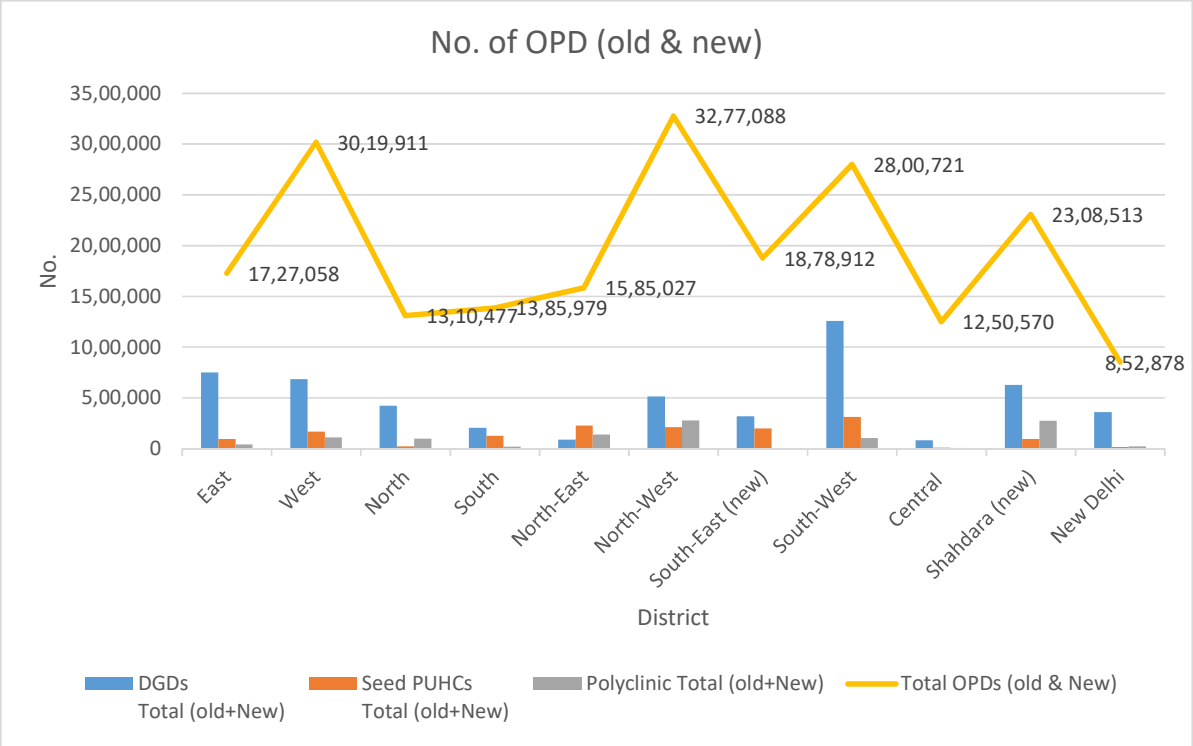
- **Primary Healthcare Coverage:** The target of 1 PHC per 15,000 persons is not uniformly met. While Central, Shahdara & New Delhi show a surplus of PHC units, many districts, particularly North-West (172.06 shortage) and South (155.71 shortage) are facing significant deficits in primary healthcare infrastructure.



Healthcare Service Utilization

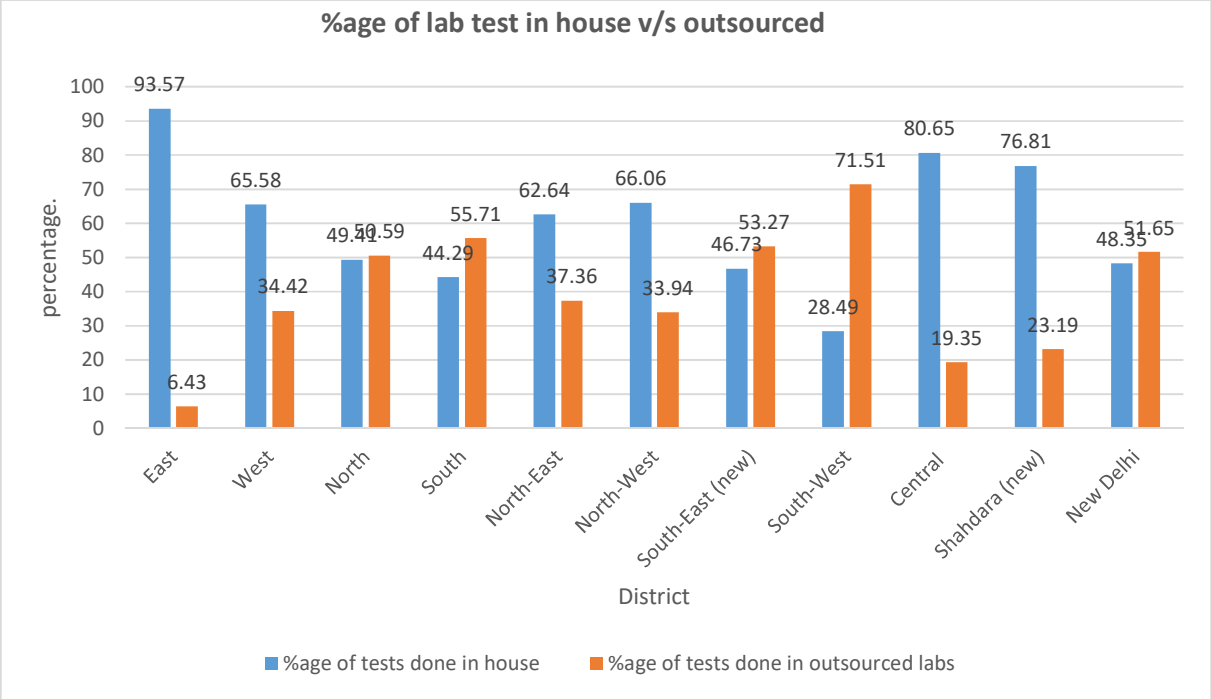
- **OPD Visits:** Total Outpatient Department (OPD) visits across all facilities amount to over 21.3 9 million. East district records the highest average patients per DGD (156), while the West district has the highest average patients per AAMC (111).





Laboratory Services: Over 1.1 million lab tests were conducted in the financial year. There's a notable difference in the reliance on in-house versus outsourced lab services:

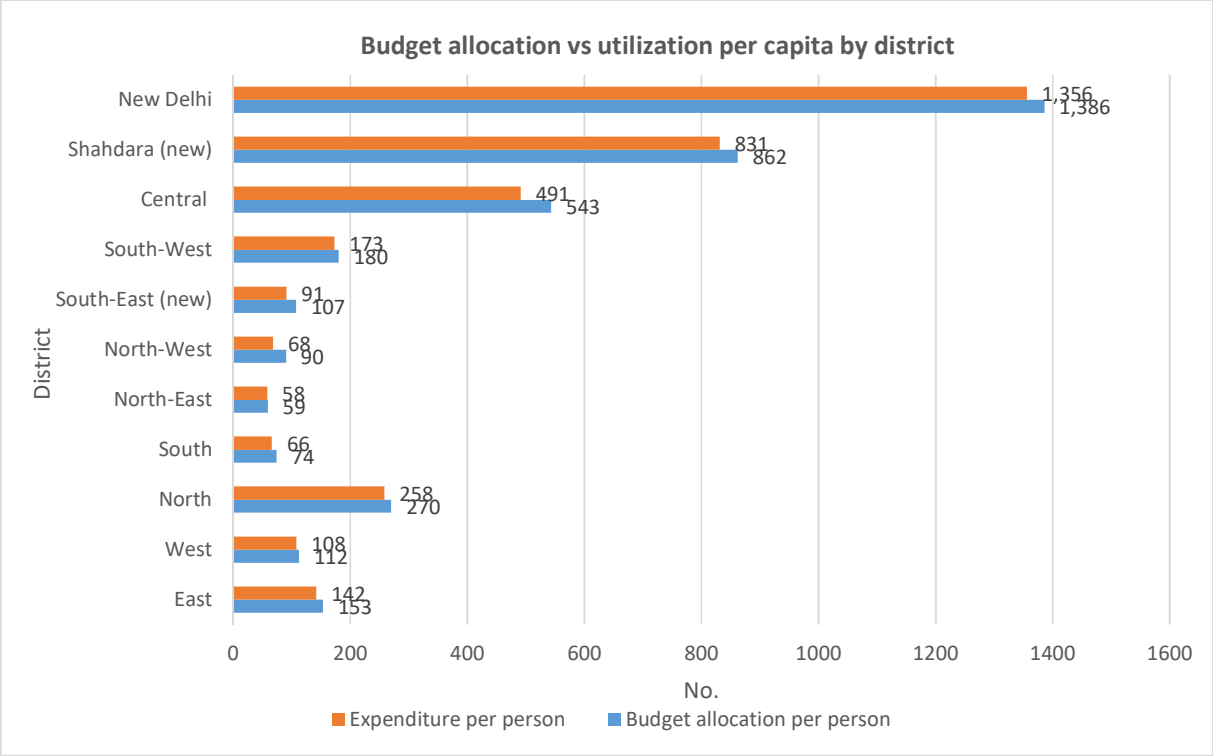
- **High In-house Testing:** East district performs 93.57% of its tests in-house with only 6.43% of tests done in outsourced labs.
- **High Outsourced Testing:** South-West district relies heavily on outsourced labs, with only 28.49% of tests done in-house.



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

Budget and Expenditure:

- **Per Capita Allocation**: New Delhi district has the highest budget allocation per person (1386), followed by Shahdara (862) and Central (543). In contrast, North-East has the lowest per capita allocation (59).
- **Budget Utilization:** The percentage of budget utilized varies from 75% (North-West) to 98% (New Delhi), indicating differing levels of financial efficiency across districts.



5. Regulatory compliance and public health initiatives

- **PNDT Act:** South-West and South-East districts have the highest number of registered centres under the Pre-Conception and Pre-Natal Diagnostic Techniques (PNDT) Act. South district recorded the highest number of raids (90), while West and South-East has the most prosecutions.
- **MTP Act:** South-West and West districts also recorded the highest number of Medical Terminations of Pregnancy (MTPs).
- **Anti-Smoking Act:** New Delhi district issued the highest number of challans (1843) under the Anti-Smoking Act.
- **Disaster Management & Anti-Quackery:** East district conducted the most mock drills under the Disaster Management Act (19), and Shahdara had the highest number of inspections under the Anti-Quackery Act (21).

In summary, the health data for Delhi's districts reveals significant variations in population density, healthcare infrastructure, service delivery, and regulatory enforcement. While some districts appear well-resourced with higher bed-population ratios and per capita budget allocations, others face considerable challenges in meeting healthcare demands and infrastructure targets. This granular data is crucial for targeted health planning and resource distribution to address the specific needs of each district.

3.1 DISTRICT HEALTH PROFILE OF DELHI

3.1.1 East District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	17,09,346	20,33,951
Males	9,07,500	10,80,841
Females	8,01,846	9,53,109
Area of the District (in square km)	63	63
Population Density	27,132	32,285

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	31,18,94,000
Expenditure	28,81,29,555

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	16
Polyclinics	1
Seed PUHCs	3
AAMCs	31
Homeopathic Dispensaries	12
Ayurvedic dispensaries	5
Unani Dispensaries	3
Govt. Hospitals	2
Nursing Homes/Pvt. Hospitals	70

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	46	43	3	0	3
Medicine	1	0	1	0	1
Paeds	1	1	0	0	0
CAS Dental / Dentist	1	0	1	0	1
Total	**51**	**46**	**5**	**0**	**5**
NURSING STAFF					
PHN	11	7	4	0	4
Nursing Officer / Staff Nurse	1	1	0	0	0
ANM	28	24	4	2	2
Total	**40**	**32**	**8**	**2**	**6**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	3	2	1	1	0
Junior Medical Lab Technologist (Lab Assistant)	15	9	6	3	3
Pharmacist	51	21	30	7	23
Dental Hyginist	1	1	0	0	0
Refractionist	1	0	1	1	0
Dresser	21	17	4	0	4
Total	**92**	**50**	**42**	**12**	**30**
ADMINISTRATIVE					
Assistant Director (Plg./Stats.)	1	0	1	0	1
AAO	1	0	1	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
Private Secretary(PS)	1	1	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	0	3	0	3
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1	0	1	0	1
Driver	1	1	0	0	0
DEO	2	0	2	2	0
Total	**14**	**5**	**9**	**2**	**7**

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
OTHERS					
NO/Peon/ Attendant	20	7	13	0	13
NO Out source	11	0	11	9	2
SCC	48	6	42	34	8
SCC (Out Source)	14	0	14	0	14
Safai Karamchari	2	1	1	0	1
Total	**95**	**14**	**81**	**43**	**38**
Grand Total	**292**	**147**	**145**	**59**	**86**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	7,48,038
Seed PUHCs Total OPD (old+New)	93,349
Polyclinic Total OPD (old+New)	42,050
AAMCs OPD	8,43,621
PHCs Total OPDs (old & New)	17,27,058
No. of the lab tests done in house	91,656
No. of the lab tests done in outsourced labs	6,297
Total No. of lab tests done in financial year	97,953
No. of tests done in AAMC	13,474
No. of patients availed lab services in AAMC	6,934
Cu T insertions (No.)	309
Condoms distributed	1,66,560
Oral contraceptives (No.)	9,262
TD	15,442
BCG	1,150
PENTA 1,2,3	34,110
OPV 0,1,2,3	33,308
RVV (1,2,3)	34,058
IPV (1,2,3)	31,830
PCV (1,2, Booster)	32,139
MR	16,746
Vitamin A (1,5,9)	5,037
DPT	19,087
TYPHOID	10,656
MMR	4,610

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	153
Expenditure per person	142
%age of budget utilized	92

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.16
Gross Bed Population Ratio (BPR)	1.17
PHC /15000 Population	0.38
Shortage of PHC units to achieve 1 PHC/15000 persons	84.60

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	156
Avg patients per day per AAMC	91
No. of patients availed lab services in PHCs on an avg	39,181
%age of patients who availed lab services in PHCs	2.27%
%age of tests done in house	93.57%
%age of tests done in outsourced labs	6.43%
%age of OPD who availed lab services in AAMC	0.82%
Avg tests done per patient in AAMC	1.94

3.1.2 West District

Contact details:

Address	Phone No.	E-mail
A-2 Block, Paschim Vihar near Radha Krishna Mandir, New Delhi-110063	011-25255017	cdmowest@gmail.com cmo_wz@nic.in

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	25,43,243	30,26,205
Males	13,56,240	16,08,125
Females	11,87,003	14,18,080
Area of the District (in square km)	130	130
Population Density	19,563	23,279

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	33,86,51,000
Expenditure	32,76,55,442

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	19
Polyclinics	3
Seed PUHCs	5
AAMCs	62
Homeopathic Dispensaries	17
Ayurvedic dispensaries	6
Unani Dispensaries	4
Govt. Hospitals	5
Nursing Homes/Pvt. Hospitals	180

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	61	57	4	0	4
Skin	1	0	1	0	1
Eye	1	0	1	0	1
Total	**65**	**59**	**6**	**0**	**6**
NURSING STAFF					
PHN	8	7	1	1	0
ANM	35	24	11	6	5
Total	**43**	**31**	**12**	**7**	**5**
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	23	10	13	8	5
Pharmacist	74	33	41	8	33
Dental Hyginist	1	1	0	0	0
Dresser	24	10	14	0	14
Total	**122**	**54**	**68**	**16**	**52**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	2	0	0	0
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	2	0	2	0	2
Driver	1	0	1	0	1
DEO	2	0	2	2	0
Total	**12**	**5**	**7**	**2**	**5**
OTHERS					
NO/Peon / Attendant	43	9	34	16	18

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
SCC	75	13	62	23	39
Total	**118**	**22**	**96**	**39**	**57**
Grand Total	**360**	**171**	**189**	**64**	**125**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	6,82,436
Seed PUHCs Total OPD (old+New)	1,69,511
Polyclinic Total OPD (old+New)	1,11,910
AAMCs OPD	20,56,054
PHCs Total OPDs (old & New)	30,19,911
No. of the lab tests done in house	1,06,763
No. of the lab tests done in outsourced labs	56,030
Total No. of lab tests done in financial year	1,62,793
No. of tests done in AAMC	63,931
No. of patients availed lab services in AAMC	24,475
Cu T insertions (No.)	14,850
Condoms distributed	5,54,856
Oral contraceptives (No.)	37,879
TD	24,871
BCG	15,606
PENTA 1,2,3	48,341
OPV 0,1,2,3	79,457
RVV (1,2,3)	48,341
IPV (1,2,3)	49,945
PCV (1,2, Booster)	49,350
MR	33,457
DPT	29,827
TYPHOID	14,629

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	112
Expenditure per person	108
%age of budget utilized	97

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.45
Gross Bed Population Ratio (BPR)	1.87
PHC /15000 Population	0.44
Shortage of PHC units to achieve 1 PHC/15000 persons	112.75

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	120
Avg patients per day per AAMC	111
No. of patients availed lab services in PHCs on an avg	65,117
%age of patients who availed lab services in PHCs	2.16%
%age of tests done in house	65.58%
%age of tests done in outsourced labs	34.42%
%age of OPD who availed lab services in AAMC	1.19%
Avg tests done per patient in AAMC	2.61

3.1.3 North District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	8,87,978	10,56,605
Males	4,75,002	5,65,480
Females	4,12,976	4,95,125
Area of the District (in square km)	61	61
Population Density	14,557	17,321

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	28,56,39,000
Expenditure	27,26,39,659

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	17
Polyclinics	2
Seed PUHCs	1

AAMCs	47
Homeopathic Dispensaries	7
Ayurvedic dispensaries	3
Unani Dispensaries	1
Govt. Hospitals	3
Nursing Homes/Pvt. Hospitals	100

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	0	1	0	1
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	55	40	15	0	15
Skin	1	0	1	0	1
Medicine	1	0	1	0	1
CAS Dental / Dentist	1	0	1	0	1
Total	**60**	**41**	**19**	**0**	**19**
NURSING STAFF					
PHN	8	6	2	2	0
ANM	33	27	6	5	1
Total	**41**	**33**	**8**	**7**	**1**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	21	6	15	9	6
Pharmacist	63	27	36	4	32
Dental Hyginist	2	0	2	0	2
Dresser	28	20	8	0	8
Total	**115**	**54**	**61**	**13**	**48**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Private Secretary(PS)	1	0	1	0	1
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	3	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1	1	0	0	0
Driver	1	0	1	0	1
DEO	2	0	2	2	0
Total	**12**	**6**	**6**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	32	14	18	12	6
NO Out source	3	0	3	3	0
SCC	62	9	53	21	32
SCC (Out Source)	10	0	10	10	0

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
Total	**107**	**23**	**84**	**46**	**38**
GRAND TOTAL	**335**	**157**	**178**	**68**	**110**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	4,22,023
Seed PUHCs Total OPD (old+New)	23,877
Polyclinic Total OPD (old+New)	96,884
AAMCs OPD	7,67,693
PHCs Total OPDs (old & New)	13,10,477
No. of the lab tests done in house	17,475
No. of the lab tests done in outsourced labs	17,893
Total No. of lab tests done in financial year	35,368
No. of tests done in AAMC	13,659
No. of patients availed lab services in AAMC	5,530
Cu T insertions (No.)	15
Condoms distributed	2,16,625
Oral contraceptives (No.)	8,034

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	270
Expenditure per person	258
%age of budget utilized	95

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.47
Gross Bed Population Ratio (BPR)	1.91
PHC /15000 Population	0.95
Shortage of PHC units to achieve 1 PHC/15000 persons	3.44

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	83
Avg patients per day per AAMC	54
No. of patients availed lab services in PHCs on an avg	14,147
%age of patients who availed lab services in PHCs	1.08
%age of tests done in house	49.41
%age of tests done in outsourced labs	50.59
%age of OPD who availed lab services in AAMC	0.72
Avg tests done per patient in AAMC	2.47

3.1.4 South District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	27,31,929	32,50,722
Males	14,67,428	17,27,434
Females	12,64,501	15,23,288
Area of the District (in square km)	247	247
Population Density	11,060	13,161

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	23,99,65,000
Expenditure	21,57,03,412

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	9
Polyclinics	1
Seed PUHCs	5
AAMCs	46
Homeopathic Dispensaries	6
Ayurvedic dispensaries	1
Unani Dispensaries	0
Govt. Hospitals	3
Nursing Homes/Pvt. Hospitals	97

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	0	1	0	1
GDMO/MO/ SMO/CMO	35	35	0	0	0
Paeds	1	1	0	0	0
-CAS Dental / Dentist	1	0	1	0	1
Total	**39**	**37**	**2**	**0**	**2**
NURSING STAFF					
PHN	5	4	1	1	0
Nursing Officer / Staff Nurse	1	0	1	0	1
ANM	21	18	3	1	2
Total	**27**	**22**	**5**	**2**	**3**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	11	3	8	5	3
Pharmacist	35	19	16	4	12
Jr. Radiographer	1	0	1	0	1
Refractionist	1	0	1	1	0
Dresser	17	7	10	0	10
Total	**66**	**30**	**36**	**10**	**26**
ADMINISTRATIVE					
Assistant Director (Plg./Stats.)	1	0	1	0	1
AAO	1	1	0	0	0
Statistical Officer (Plg./Stats.)	2	0	2	0	2
UDC/Senior Assistant	2	1	1	0	1
LDC/Junior Assistant	2	2	0	0	0
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	1	1	0	0	0
Driver	1	1	0	0	0

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
DEO	2	0	2	2	0
Total	**13**	**6**	**7**	**2**	**5**
OTHERS					
NO/Peon/ Attendant	9	7	2	0	2
NO Out source	12	0	12	9	3
SCC	18	6	12	0	12
SCC (Out Source)	22	0	22	10	12
Total	**61**	**13**	**48**	**19**	**29**
GRAND TOTAL	**206**	**108**	**98**	**33**	**65**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	2,04,169
Seed PUHCs Total OPD (old+New)	1,27,427
Polyclinic Total OPD (old+New)	20,592
AAMCs OPD	10,33,791
PHCs Total OPDs (old & New)	13,85,979
No. of the lab tests done in house	18,357
No. of the lab tests done in outsourced labs	23,087
Total No. of lab tests done in financial year	41,444
No. of tests done in AAMC	73,037
No. of patients availed lab services in AAMC	28,502
Cu T insertions (No.)	243
Condoms distributed	1,39,028
Oral contraceptives (No.)	2,297
BCG	110
PENTA 1,2,3	17,857
OPV 0,1,2,3	16,518
RVV (1,2,3)	16,734
IPV (1,2,3)	17,530
PCV (1,2, Booster)	17,467
DPT	13,128
TYPHOID	4,210
MMR	2,528

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	74
Expenditure per person	66
%age of budget utilized	90

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.38
Gross Bed Population Ratio (BPR)	1.24
PHC /15000 Population	0.28
Shortage of PHC units to achieve 1 PHC/15000 persons	155.71

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	76
Avg patients per day per AAMC	75
No. of patients availed lab services in PHCs on an avg	16,578
%age of patients who availed lab services in PHCs	1.20%
%age of tests done in house	44.29%
%age of tests done in outsourced labs	55.71%
%age of OPD who availed lab services in AAMC	2.76%
Avg tests done per patient in AAMC	2.56

3.1.5 North-East District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	22,41,624	26,67,308
Males	11,88,425	14,17,408
Females	10,53,199	12,49,901
Area of the District (in square km)	62	62
Population Density	36,155	43,021

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	15,84,21,000
Expenditure	15,37,20,845

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	4
Polyclinics	4
Seed PUHCs	14
AAMCs	35
Homeopathic Dispensaries	6
Ayurvedic dispensaries	6
Unani Dispensaries	5
Govt. Hospitals	1
Nursing Homes/Pvt. Hospitals	41

Human Resource:

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	31	28	3	0	3
CAS Dental / Dentist	1	0	1	0	1
Total	**34**	**30**	**4**	**0**	**4**
NURSING STAFF					
PHN	6	4	2	2	0
ANM	17	6	11	9	2
Total	**23**	**10**	**13**	**11**	**2**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	1	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	10	3	7	2	5
Pharmacist	30	13	17	4	13
Dental Hygienist	0	0	0	0	0
Dresser	15	10	5	0	5
Total	**57**	**27**	**30**	**6**	**24**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Statistical Officer (Plg./Stats.)	1	0	1	0	1
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	2	1	0	1
LDC/Junior Assistant	2	1	1	0	1
Personal Assistant(PA)/ Steno II	1	1	0	0	0
SA/SI	2	1	1	0	1
Driver	1	1	0	0	0
DEO	2	0	2	2	0
Total	**14**	**7**	**7**	**2**	**5**
OTHERS					
NO/Peon/ Attendant	16	10	6	0	6
NO Out source	3	0	3	0	3
SCC	31	6	25	19	6
SCC (Out Source)	6	0	6	6	0
Total	**56**	**16**	**40**	**25**	**15**
GRAND TOTAL	**184**	**90**	**94**	**44**	**50**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	87,928
Seed PUHCs Total OPD (old+New)	2,27,888
Polyclinic Total OPD (old+New)	1,39,175
AAMCs OPD	11,30,036
PHCs Total OPDs (old & New)	15,85,027
No. of the lab tests done in house	17,243
No. of the lab tests done in outsourced labs	10,284
Total No. of lab tests done in financial year	27,527
No. of tests done in AAMC	20,455
No. of patients availed lab services in AAMC	7,132
Cu T insertions (No.)	958
Condoms distributed	4,15,412
Oral contraceptives (No.)	9,824
BCG	3,340
PENTA 1,2,3	54,162
OPV 0,1,2,3	71,362
RVV (1,2,3)	18,212
IPV (1,2,3)	41,201
DPT	28,541
TYPHOID	13,410
MMR	16,615

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	59
Expenditure per person	58
%age of budget utilized	97

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.07
Gross Bed Population Ratio (BPR)	0.29
PHC /15000 Population	0.32
Shortage of PHC units to achieve 1 PHC/15000 persons	120.82

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	73
Avg patients per day per AAMC	108
No. of patients availed lab services in PHCs on an avg	11,011
%age of patients who availed lab services in PHCs	0.69 %
%age of tests done in house	62.64 %
%age of tests done in outsourced labs	37.36 %
%age of OPD who availed lab services in AAMC	0.63 %
Avg tests done per patient in AAMC	2.87

3.1.6 North-West District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	36,56,539	43,50,916
Males	19,60,922	23,12,077
Females	16,95,617	20,38,839
Area of the District (in square km)	443	443
Population Density	8254	9821

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	39,17,19,737
Expenditure	29,38,57,472

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	20
Polyclinics	8
Seed PUHCs	7
AAMCs	84
Homeopathic Dispensaries	18
Ayurvedic dispensaries	12
Unani Dispensaries	5
Govt. Hospitals	5
Nursing Homes/Pvt. Hospitals	206

Human Resource:

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	D	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	66	51	15	0	15
CAS Dental / Dentist	1	0	1	0	1
Total	**69**	**53**	**16**	**0**	**16**
NURSING STAFF					
PHN	11	6	5	3	2
ANM	46	38	8	8	0
Total	57	44	13	11	2
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	27	7	20	10	10
Pharmacist	78	48	30	4	26
Refractionist	1	0	1	0	1
Dresser	28	19	9	0	9
Total	**134**	**74**	**60**	**14**	**46**
ADMINISTRATIVE					
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	1	0	1	0	1
Private Secretary(PS)	1	0	1	0	1
Programmer			0		0
Head Clerk/ASO	1	0	1	0	1
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	3	2	1	0	1
Driver	0	0	0	0	0
DEO	2	0	2	2	0
Total	**13**	**6**	**7**	**2**	**5**
OTHERS					
NO/Peon/ Attendant	25	7	18	7	11
NO Out source	21	0	21	21	0
SCC	49	13	36	7	29

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	D	e=c-d
SCC (Out Source)	32	0	32	32	0
Total	127	20	107	67	40
GRAND TOTAL	**400**	**197**	**203**	**94**	**109**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	5,15,081
Seed PUHCs Total OPD (old+New)	2,11,382
Polyclinic Total OPD (old+New)	2,77,454
AAMCs OPD	22,73,171
PHCs Total OPDs (old & New)	32,77,088
No. of the lab tests done in house	93,775
No. of the lab tests done in outsourced labs	48,175
Total No. of lab tests done in financial year	1,41,950
No. of tests done in AAMC	80,419
No. of patients availed lab services in AAMC	28,615
Cu T insertions (No.)	195
Condoms distributed	3,01,668
Oral contraceptives (No.)	9,610
TD	11,976
BCG	1,208
PENTA 1,2,3	52,797
OPV 0,1,2,3	72,391
RVV (1,2,3)	52,688
IPV (1,2,3)	54,539
PCV (1,2, Booster)	54,412
Vitamin A (1,5,9)	275
DPT	33,472
TYPHOID	16,237
MMR	38,518

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	90
Expenditure per person	68
%age of budget utilized	75

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.32

Item description	Nos.
Gross Bed Population Ratio (BPR)	1.30
PHC /15000 Population	0.41
Shortage of PHC units to achieve 1 PHC/15000 persons	171.06

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	86
Avg patients per day per AAMC	90
No. of patients availed lab services in PHCs on an avg	56,780
%age of patients who availed lab services in PHCs	1.73 %
%age of tests done in house	66.06 %
%age of tests done in outsourced labs	33.94 %
%age of OPD who availed lab services in AAMC	1.26 %
Avg tests done per patient in AAMC	2.81

3.1.7 South-East District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	Not existing	17,85,607
Males		9,48,871
Females		8,36,735
Area of the District (in square km)		102
Population Density		17,506

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	19,06,05,000
Expenditure	16,17,34,000

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	9
Polyclinics	1
Seed PUHCs	13
AAMCs	60
Homeopathic Dispensaries	6
Ayurvedic dispensaries	1
Unani Dispensaries	2
Govt. Hospitals	1
Nursing Homes/Pvt. Hospitals	111

Human Resource:

Name of the post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	33	28	5	0	5
Total	**35**	**30**	**5**	**0**	**5**
NURSING STAFF					
PHN	5	3	2	0	2
ANM	17	12	5	2	3
Total	**22**	**15**	**7**	**2**	**5**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	11	8	3	3	0
Pharmacist	32	11	21	7	14
Dresser	15	9	6	0	6
Total	**59**	**28**	**31**	**10**	**21**
ADMINISTRATIVE					
AAO	1	0	1	0	1
UDC/Senior Assistant	1	0	1	0	1
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1	0	1	0	1
DEO	2	0	2	2	0
Total	**7**	**1**	**6**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	17	5	12	2	10
NO Out source	4	0	4	0	4
SCC	30	5	25	14	11
SCC (Out Source)	3	0	3	0	3
Total	**54**	**10**	**44**	**16**	**28**
GRAND TOTAL	**177**	**84**	**93**	**30**	**63**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	3,18,655
Seed PUHCs Total OPD (old+New)	1,97,315
Polyclinic Total OPD (old+New)	0

AAMCs OPD	13,62,942
PHCs Total OPDs (old & New)	18,78,912
No. of the lab tests done in house	38,880
No. of the lab tests done in outsourced labs	44,313
Total No. of lab tests done in financial year	83,193
No. of tests done in AAMC	43,316
No. of patients availed lab services in AAMC	18,290
Cu T insertions (No.)	1,282
Condoms distributed	2,62,320
Oral contraceptives (No.)	8,033
TD	18,089
BCG	19,910
PENTA 1,2,3	89,513
OPV 0,1,2,3	1,06,363
RVV (1,2,3)	91,623
IPV (1,2,3)	90,210
PCV (1,2, Booster)	92,965
MR	32,470
Vitamin A (1,5,9)	7,382
TYPHOID	27,211

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	107
Expenditure per person	91
%age of budget utilized	85

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.06
Gross Bed Population Ratio (BPR)	2.68
PHC /15000 Population	0.70
Shortage of PHC units to achieve 1 PHC/15000 persons	36.04

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	118
Avg patients per day per AAMC	76
No. of patients availed lab services in PHCs on an avg	33,277
%age of patients who availed lab services in PHCs	1.77%
%age of tests done in house	46.73%
%age of tests done in outsourced labs	53.27%
%age of OPD who availed lab services in AAMC	1.34%
Avg tests done per patient in AAMC	2.37

3.1.8 South-West District

Contact details:

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

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	22,92,958	27,28,391
Males	12,46,046	14,49,867
Females	10,46,912	12,78,524
Area of the District (in square km)	421	421
Population Density	5,446	6,481

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	49,10,56,000
Expenditure	47,08,21,423

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	29
Polyclinics	4
Seed PUHCs	9
AAMCs	69
Homeopathic Dispensaries	14
Ayurvedic dispensaries	6
Unani Dispensaries	1
Govt. Hospitals	5
Nursing Homes/Pvt. Hospitals	198

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	84	69	15	0	15
CAS Dental / Dentist	1	0	1	0	1
Total	**87**	**71**	**16**	**0**	**16**
NURSING STAFF					
PHN	15	12	3	2	1
ANM	59	51	8	8	0
Total	**74**	**63**	**11**	**10**	**1**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	4	3	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	33	18	15	10	5
Pharmacist	87	49	38	4	34
Dresser	32	18	14	0	14
Total	**156**	**88**	**68**	**14**	**54**
ADMINISTRATIVE					
AAO	1	0	1	0	1
Statistical Officer(Plg./Stats.)	1	1	0	0	0
Head Clerk/ASO	1	0	1	0	1
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	2	0	0	0
SA/SI	3	0	3	0	3
Driver	1	1	0	0	0
DEO	2	0	2	2	0
Total	**13**	**6**	**7**	**2**	**5**
OTHERS					
NO/Peon/ Attendant	21	9	12	4	8
NO Out source	26	0	26	26	0
SCC	63	8	55	14	41
SCC (Out Source)	58	0	58	58	0
Total	**168**	**17**	**151**	**102**	**49**
GRAND TOTAL	**498**	**245**	**253**	**128**	**125**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	12,59,918
Seed PUHCs Total OPD (old+New)	3,13,842
Polyclinic Total OPD (old+New)	1,02,287
AAMCs OPD	11,24,674
PHCs Total OPDs (old & New)	28,00,721
No. of the lab tests done in house	83,677
No. of the lab tests done in outsourced labs	2,10,013
Total No. of lab tests done in financial year	2,93,690
No. of tests done in AAMC	85,011
No. of patients availed lab services in AAMC	33,843
Cu T insertions (No.)	5,919
Condoms distributed	5,89,173
Oral contraceptives (No.)	25,207
TD	2,54,660
BCG	49,170
PENTA 1,2,3	2,17,150
OPV 0,1,2,3	4,40,300
RVV (1,2,3)	2,30,645
IPV (1,2,3)	2,70,675
PCV (1,2, Booster)	2,24,755
MR	1,77,990
DPT	1,41,320
TYPHOID	64,189
MMR	40,993

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	180
Expenditure per person	173
%age of budget utilized	96

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.72
Gross Bed Population Ratio (BPR)	2.42
PHC /15000 Population	0.61
Shortage of PHC units to achieve 1 PHC/15000 persons	70.89

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	145
Avg patients per day per AAMC	54
No. of patients availed lab services in PHCs on an avg	1,17,476
%age of patients who availed lab services in PHCs	4.19%
%age of tests done in house	28.49%
%age of tests done in outsourced labs	71.51%
%age of OPD who availed lab services in AAMC	3.01%
Avg tests done per patient in AAMC	2.51

3.1.9 Central District

Contact details:

Address	Phone No.	E-mail
DDA Flats, Timarpur, 1st & 2nd Floor Polyclinic Timarpur, Delhi-110054	011-43561023	officeofcdmocd2@gmail.com

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	5,82,320	6,92,903
Males	3,07,821	3,68,208
Females	2,74,499	3,24,694
Area of the District (in square km)	21	21
Population Density	27,730	32,995

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	37,61,60,000
Expenditure	34,00,00,000

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	25
Polyclinics	2
Seed PUHCs	3
AAMCs	46
Homeopathic Dispensaries	18
Ayurvedic dispensaries	8
Unani Dispensaries	3
Govt. Hospitals	9
Nursing Homes/Pvt. Hospitals	79

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	71	56	15	0	15
Total	**73**	**58**	**15**	**0**	**15**
NURSING STAFF					
PHN	11	8	3	3	0
Nursing Officer / Staff Nurse	2	1	1	0	1
ANM	49	31	18	15	3
Total	**62**	**40**	**22**	**18**	**4**
PARAMEDICALS					
Junior Medical Lab Technologist (Lab Assistant)	28	16	12	8	4
Pharmacist	84	30	54	12	42
Dresser	35	14	21	0	21
Total	**147**	**60**	**87**	**20**	**67**
ADMINISTRATIVE					
Assistant Director(Plg./Stats.)	1	1	0	0	0
AAO	1	1	0	0	0
Statistical Officer(Plg./Stats.)	2	2	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	1	2	0	1
LDC/Junior Assistant	2	2	0	0	0
Personal Assistant(PA)/ Steno II	1	0	1	0	1
SA/SI	2	2	0	0	0
Driver	1	0	1	0	1
DEO	2	0	2	2	0
Total	**16**	**10**	**6**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	42	18	24	23	1
NO Out source	7	0	7	0	7
SCC	90	25	65	36	29
Total	**139**	**43**	**96**	**59**	**37**
GRAND TOTAL	**437**	**211**	**226**	**99**	**127**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	82,580
Seed PUHCs Total OPD (old+New)	11,148
Polyclinic Total OPD (old+New)	6,423
AAMCs OPD	11,50,419
PHCs Total OPDs (old & New)	12,50,570
No. of the lab tests done in house	54,369
No. of the lab tests done in outsourced labs	13,047
Total No. of lab tests done in financial year	67,416
No. of tests done in AAMC	72,044
No. of patients availed lab services in AAMC	24,388
Cu T insertions (No.)	473
Condoms distributed	1,44,779
Oral contraceptives (No.)	2,270
TD	5,134
BCG	1,135
PENTA 1,2,3	33,854
OPV 0,1,2,3	33,857
RVV (1,2,3)	33,823
IPV (1,2,3)	34,247
PCV (1,2, Booster)	34,259
MR	23,703

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	543
Expenditure per person	491
%age of budget utilized	90

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	6.19
Gross Bed Population Ratio (BPR)	11.32
PHC /15000 Population	1.65
Shortage of PHC units to achieve 1 PHC/15000 persons	-29.81

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	11
Avg patients per day per AAMC	83
No. of patients availed lab services in PHCs on an avg	26,966
%age of patients who availed lab services in PHCs	2.16%
%age of tests done in house	80.65%
%age of tests done in outsourced labs	19.35%
%age of OPD who availed lab services in AAMC	2.12%
Avg tests done per patient in AAMC	2.95

3.1.10 Shahdara District

Contact details:

Address	Phone No.	E-mail
Working Women Hostel, Vivek Vihar adjacent to Hanuman Mandir, Dhobi Ghat wali Gali, Delhi-110095	011-22111363	cdmoshahdara.delhi3@gmail.com

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	Not existing	3,84,256
Males		2,04,193
Females		1,80,062
Area of the District (in square km)		60
Population Density		6404

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	33,11,27,000
Expenditure	31,94,74,392

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	16
Polyclinics	5
Seed PUHCs	3
AAMCs	52
Homeopathic Dispensaries	15
Ayurvedic dispensaries	7
Unani Dispensaries	3
Govt. Hospitals	5
Nursing Homes/Pvt. Hospitals	82

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	0	1	0	1
GDMO/MO/ SMO/CMO	59	52	7	0	7
Total	**61**	**53**	**8**	**0**	**8**
NURSING STAFF					
PHN	10	7	3	1	2
ANM	35	30	5	2	3
Total	**45**	**37**	**8**	**3**	**5**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	2	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	21	8	13	6	7
Pharmacist	64	29	35	3	32
Dresser	27	20	7	0	7
Total	**114**	**59**	**55**	**9**	**46**
ADMINISTRATIVE					
AAO	1	0	1	0	1
LDC/Junior Assistant	2	1	1	0	1
SA/SI	2	0	2	0	2
DEO	2	0	2	2	0
Total	**7**	**1**	**6**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	35	12	23	20	3
NO Out source	5	0	5	0	5
SCC	70	4	66	53	13
SCC (Out Source)	6	0	6	6	0
Total	**116**	**16**	**100**	**79**	**21**
GRAND TOTAL	**343**	**166**	**177**	**93**	**84**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	6,27,861
Seed PUHCs Total OPD (old+New)	92,819

Item Description	Nos.
Polyclinic Total OPD (old+New)	2,74,432
AAMCs OPD	13,13,401
PHCs Total OPDs (old & New)	23,08,513
No. of the lab tests done in house	78,276
No. of the lab tests done in outsourced labs	23,632
Total No. of lab tests done in financial year	1,01,908
No. of tests done in AAMC	43,018
No. of patients availed lab services in AAMC	17,820
Cu T insertions (No.)	232
Condoms distributed	1,97,625
Oral contraceptives (No.)	5,953
TD	8,088
BCG	1,625
PENTA 1,2,3	40,820
OPV 0,1,2,3	41,323
RVV (1,2,3)	40,820
IPV (1,2,3)	13,593
MR	14,133
DPT	195
TYPHOID	11,758

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	862
Expenditure per person	831
%age of budget utilized	96

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	7.62
Gross Bed Population Ratio (BPR)	11.82
PHC /15000 Population	2.97
Shortage of PHC units to achieve 1 PHC/15000 persons	-50.38

Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	131
Avg patients per day per AAMC	84
No. of patients availed lab services in PHCs on an avg	40,763
%age of patients who availed lab services in PHCs	1.77%
%age of tests done in house	76.81%
%age of tests done in outsourced labs	23.19%
%age of OPD who availed lab services in AAMC	1.36%
Avg tests done per patient in AAMC	2.41

3.1.11 New Delhi District

Contact details:

Address	Phone No.	E-mail
DGD Building, 2nd Floor, DDA Complex, Nangal Raya, New Delhi-110046	011-28524197	cdmondddhs.delhi@delhi.gov.in

Basic Demography:

Description	2011 (As per Census)	2025 (Projected)
Population	1,42,004	1,68,971
Males	77,942	89,791
Females	64,062	79,180
Area of the District (in square km)	35	35
Population Density	4,057	4,828

Assemblies in the district:

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

Budget:

Description	Amount (in ₹)
Budget	23,41,58,000
Expenditure	22,90,86,367

Infrastructure:

Health facilities in the district:

Health unit	No. of Health units
Allopathic Dispensaries	12
Polyclinics	1
Seed PUHCs	1
AAMCs	21
Homeopathic Dispensaries	2
Ayurvedic dispensaries	2
Unani Dispensaries	1
Govt. Hospitals	1
Nursing Homes/Pvt. Hospitals	14

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	39	35	4	0	4
Gynae	1	0	1	0	1
Pathology	1	1	0	0	0
CAS Dental / Dentist	1	0	1	0	1
Total	**44**	**38**	**6**	**0**	**6**
NURSING STAFF					
PHN	6	6	0	0	0
Nursing Officer / Staff Nurse	1	1	0	0	0
ANM	23	17	6	4	2
Total	**30**	**24**	**6**	**4**	**2**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	4	3	1	0	1
Junior Medical Lab Technologist (Lab Assistant)	12	9	3	0	3
Pharmacist	39	19	20	4	16
Dental Hyginist	1	1	0	0	0
Occupational Therapist	1	0	1	1	0
Jr. Radiographer	2	2	0	0	0
OT Technician	1	0	1	1	0
Audiometry Asstt	1	0	1	1	0
Dresser	19	8	11	0	11
Total	**80**	**42**	**38**	**7**	**31**
ADMINISTRATIVE					
AAO	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	1	0	1
SA/SI	1		1	1	1
DEO	2	0	2	2	0
Total	**8**	**4**	**4**	**2**	**2**
OTHERS					
NO/Peon/	19	4	15	12	3

Name of the Post	Sanctioned	Filled Regular	Vacant	FC/DW/RE (Contractual, daily wages & Re-employed)	CV (Current vacant)
	a	b	c=a-b	d	e=c-d
Attendant					
NO Out source	7	0	7	0	7
SCC	37	12	25	13	12
SCC (Out Source)	7	0	7	0	7
Total	**70**	**16**	**54**	**25**	**29**
GRAND TOTAL	**232**	**124**	**108**	**38**	**70**

Service Delivery:

Item Description	Nos.
DGDs Total OPD (old+New)	3,60,326
Seed PUHCs Total OPD (old+New)	17,280
Polyclinic Total OPD (old+New)	21,560
AAMCs OPD	4,53,712
PHCs Total OPDs (old & New)	8,52,878
No. of the lab tests done in house	38,477
No. of the lab tests done in outsourced labs	41,103
Total No. of lab tests done in financial year	79,580
No. of tests done in AAMC	22,494
No. of patients availed lab services in AAMC	9,677
Cu T insertions (No.)	328
Condoms distributed	63,777
Oral contraceptives (No.)	2,180
TD	1,259
BCG	255
PENTA 1,2,3	10,541
OPV 0,1,2,3	10,561
RVV (1,2,3)	10,541
IPV (1,2,3)	11,169
PCV (1,2, Booster)	4,193
TYPHOID	3,095
MMR	

Key Indicators:

a) Expenditure & Budget related indicators:

Item description	Nos.
Budget allocation per person	1,386
Expenditure per person	1,356
%age of budget utilized	98

b) Infrastructure related indicators:

Item description	Nos.
Govt. hospital beds/1000	0.30
Gross Bed Population Ratio (BPR)	2.25
PHC /15000 Population	3.11
Shortage of PHC units to achieve 1 PHC/15000 persons	-23.74

c) Service delivery related indicators:

Item description	Nos.
Avg patients per day per DGD	100
Avg patients per day per AAMC	72
No. of patients availed lab services in PHCs on an avg	31,832
%age of patients who availed lab services in PHCs	3.73%
%age of tests done in house	48.35%
%age of tests done in outsourced labs	51.65%
%age of OPD who availed lab services in AAMC	2.13%
Avg tests done per patient in AAMC	2.32

3.2 AAM ADMI MOHALLA CLINICS

FINANCIAL ACHIEVEMENTS (FROM 1-4-2024 TO 31.03.2025)

BE 2024-2025: Rs. 20,200 Lakh **RE 2024-25:** Rs. 20,750 Lakh

Expenditure 2024-2025: Rs. 13897.71 lakh (Audited) Total Budget: Rs. 20,750 Lakh

Details of No. of Mohalla Clinics	**No. of Mohalla Clinics**
No. of Mohalla Clinics as on 01.04.2024	Total = 545 (524 morning shift +21 evening Shift)
No. of Mohalla Clinics opened from 1.04.24 to 31.03.25	13AAMC (including 1 Evening Shift)
No. of Mohalla Clinics closed from 1.04.24 to 31.03.25	05 (02 moring shift + 3 evening Shift)
No. of Mohalla Clinics **as on 31.03.2025**	Total = 553 (535 morning shift +18 evening Shift)
BUILDING STATUS	
No. Of Mohalla Clinics in own building	NIL
No. Of Mohalla Clinics in Government building	15
No. Of Mohalla Clinics in Donated building (rentfree site)	03
No. Of Mohalla Clinics in rented building	161 Rental
No. Of Mohalla Clinics in Porta Cabin	355 Porta Cabins on govt land (+ 6 Porta cabins on Rentfree sites @ Rs 1/- annum)
No. Of Mohalla Clinics in Container	05
No. Of Mohalla Clinics in Basti Vikas Kendra	08
Total Operational AAMCs	553AAMCs operational (including 18 evening shift)
Total Sites of AAMCs	535 Sites (18 AAMCs are working in Double Shift)

PERFORMANCE (Figures of all Mohalla Clinics 1.04. 2024 to 31.03.2025)

Annexure-I

S.No.	**District**	**Total OPD** (From 21 March 2024 to 20 March 2025)	**No of Patients availed Lab services**	**No of Test reuisitioned**
		(From Medongo Portal)	Provided by PD (OLS) from LIS portal)	
1	Central	1150419	24388	72044
2	East	843621	6934	13474
3	New-Delhi	453712	9677	22494
4	North	767693	5530	13659
5	North-East	1130036	7132	20455
6	North-West	2273171	28615	80419
7	Shahdara	1313401	17820	43018
8	South	1033791	28502	73037
9	South-East	1362942	18290	43316
10	South-West	1124674	33843	85011
11	West	2056054	24475	63931
	Total	**13509514**	**205206**	**530858**

List of AAMCs is as under.

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

Shift wise details : Morning Shift: 535 Sites Evening Shift: 18 Sites			
District	**(Morning Shift)**	**(Evening shift)**	**Grand Total**
Central	46		**46**
East	31		**31**
New Delhi	21		**21**
North	47		**47**
North East	35		**35**
North West	82	2	**84**
Shahdara	50	2	**52**
South	44	2	**46**
South East	60		**60**
South West	63	6	**69**
West	56	6	**62**
Total	**535**	**18**	**553**

District wise Site Status : **Total AAMC operational: 553AAMC (including 18 in evening shift)**

Land Owning Agency status

District	APMC	Bar Association	BVK	DHS	DJB	DOE	DONATED	DSIDC	DUSIB	Gram Sabha	I&FC	ISBT	MCD	NDMC	PWD	Rent Free	Rented	RWA	**Grand Total**
Central		1			5				11	5	2	1			11	1	8	1	**46**
East	1			1	4				11						9		5		**31**
New Delhi					1	1			7	3				2	6		1		**21**
North	3		2		10				7	11					4	1	9		**47**
North East					6				1	1					2		25		**35**
North West				1	29	1	2	3	12	3	1		1		7	1	22	1	**84**
Shahdara					11				6						19		16		**52**
South					20				6	4					5		11		**46**
South East		1			23			2	7	3	2				6		15	1	**60**
South West	1			1	5	12			2	13	1					3	31		**69**
West	1		11		11	1			6	3	2				9		18		**62**
Grand Total	**6**	**2**	**13**	**3**	**125**	**15**	**2**	**5**	**76**	**46**	**8**	**1**	**1**	**2**	**78**	**6**	**161**	**3**	**553**

District Wist Empanelled Human Resources at AAMC as on 31/03/2025				
District	**Doctors**	**Pharmacist**	**MCA**	**MTW**
Central	38	41	41	28
East	30	30	31	28
New Delhi	18	20	18	13
North	33	39	42	26
North East	33	35	32	35
North West	81	84	79	73
Shahdara	45	49	40	48
South	38	39	39	24
South East	57	58	52	38
South West	65	67	59	51
West	56	59	56	49
Total	**494**	**521**	**489**	**413**

3.3 MOBILE HEALTH SCHEME

Mobile Health Scheme is covering normal population, where fixed health facilities centers like Mohalla Clinics or Dispensaries can not give services, like in India International Trade Fair, other melas and gatherings, during inauguration or swearing in ceremonies of Hon'able LG, CM, PM etc. MHS also serves the normal population during religious functions like Kanwar, Urs, Haj and even Samagam and conferences, Self Defence Camps. MHS also deputes for G-20 or other conferences / meetings of Chief Secretaries, Vidhan Sabha function etc and many more activities, where normal population are given health services. Shelter homes / welfare homes / old age homes / destitute homes where residents / inhabitants could not go out for medical advice. DTTDC for Mukhya Mantri Tirath Yatra for providing medical team and logistics, public political gatherings, senior citizen screening, disaster management, various melas etc.

MHS coordinate Central Schemes like Amarnath Yatra, Haz duty of Delhi Govt. doctors / staffs outside Indiain Saudi Arabia, at Haj Manzil and airports, coordinates health teams and arrangements of medical facilities at conference centers, like conference of Foreign Ministers at Rashtrapati Bhawan, at hotels for G-20 Conferences of high dignitaries, foreign delegates are also being coordinated by Mobile Health Scheme in Delhi.

Inter state official conferences like Chief Secretary Meeting and health team deployments are coordinated and done by MHS. Health arrangements, coordination with CATS for Advanced Life Support Ambulances deployments along with medical teams in all above events.

Basic Details and Financial Indicators (2024-25)

Basic Details:	
Name of the scheme:	Mobile Health Scheme
Address:	Room No. C-1526,1527,1259 Ward Block, Ground Floor Indira Gandhi Hospital, Sector-09, Dwarka, New Delhi-110075
Phone:	011-20892046
E-mail:	delhimhs1@gmail.com
Details of the health care delivery units under jurisdiction of Office	
No. of Mobile Health Clinics as on 01.04.2024 (A)	12
No. of Mobile Health Clinics opened during 01.04.2024 to 31.03.2025 (B)	4
No. of Mobile Health Clinics closed during 01.04.2024 to 31.03.2025 (C)	Nil
Total no. of functional Mobile Health Clinics as on 31.03.2025 (A+B-C)	16
Number of shleters covered	189
No. of teams functioning	16
Details of the patient footfall	
No. of OPD (M)	55755
No. of OPD (F)	23978
No. of OPD (Children)	8347
Total No. of OPDs (M+F+Ch)	88080
No. of old OPD (M)	19383
No. of old OPD (F)	9377
No. of old OPD (Children)	2467
Total No. of old OPDs (M+F+Ch)	31227
Any other information, if any	Emergency Urgent Health Deployment of VVIP funcitons of PM, CM, LG functions, Gatherings, Vidhan Sabha functions, Independence Day, Republic Day functions etc., Chhat Pooja, Kanwar Camps, Ganesh Chaturthi, Durga Pooja, other religious

	Gatherings / Samagams etc Meets, conferences of Chief Secretaries at Pusa etc, Inauguration of landmark, "Bharat Mandapam" at Pragati Maidan by the Hon'ble Prime Minister, & G-20 meets also etc, MHS also caters to fixed places like IAS UTCS Training Center at Karkardooma, Honorable Central Administrative Tribunal Medical Room. Additionally the Delhi contingent of health care manpower for outside Delhi State and even India like Shri Amarnath Jee Yatra at J&K, Haj Duties at Saudi Arabia.

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

List of Mobile Clinics as on 31.03.2025

S.No.	Name of Team/Mobile Clinics	MHS Zone
1	Dr. Kamal Singh & team	East Zone, Dilshad garden
2	Dr. Raghuraj Singh & team	East Zone, Dilshad garden
3	Dr. Alok Sinha & team	East Zone, Dilshad garden
4	Dr. Deepak Prasad & team	East Zone, Dilshad garden
5	Dr. Deepak & team	East Zone, Dilshad garden
6	Dr. Ananya Mukherjee & team	South Zone, Ber Sarai
7	Dr. Sujata Senapati & team	South Zone, Ber Sarai
8	Dr. Shubham Choudhary & team	South Zone, Ber Sarai
9	Dr. Anil Kumar & team	West Zone, Shahzada bagh
10	Dr. Veena Chellani & team	West Zone, Shahzada bagh
11	Dr. Mahesh MS & team	North Zone, Prashant Vihar
12	Dr. Heera Lal & team	North Zone, Prashant Vihar
13	Dr. Basant Kumar & team	North Zone, Prashant Vihar
14	Dr. Monika Relan Kapoor & team	Central Zone, Shahzada bagh
15	Dr. V.K. Rastogi & team	Central Zone, Shahzada bagh
16	Dr. Ayaz & team	Central Zone, Shahzada bagh

3.4 SCHOOL HEALTH SCHEME

SHS provides comprehensive health care to all the school children of Delhi Govt./Govt. Aided schools with the following objectives:

- Promotion of positive health (health education)
- Prevention including screening of school children for diseases, deficiencies and disabilities.
- Early detection, diagnosis and treatment of common diseases, deficiencies and disabilities.
- Referral of children who require specialist attention to the nearest Delhi Govt. Hospitals/Dispensaries.

Basic details and financial indicators 2024-25

Basic Details:	
Name of the scheme:	School Health Scheme
Address:	DGD Building, Karkardooma
Phone:	011-20824133-36
E-mail:	schoolhealthscheme.dghs1@gmail.com
Financial Indicators (2024-25)	
Total Budget	Rs. 23,45,00,000
Total Expenditure	Rs. 20,03,89,886
Details of the health care delivery units under jurisdiction of the office	
No. of School Health Clinics as on 01.04.2024 (A)	45
No. of School Health Clinics opened during 01.04.2024 to 31.03.2025 (B)	0
No. of School Health Clinics closed during 01.04.2024 to 31.03.2025 (C)	9
Total no. of functional School Health Clinics as on 31.03.2025 (A+B-C)	36 (34 School Health Cinics + 2 Special Referral Centre)
Number of schools covered	1196 (As per Juvenile Juctice Committee, Delhi High Court medical staff was deputed to School Health Scheme from CDMO / Hospitals to conduct the screening of students)
No. of school children examined	15,34,950
No. of teams functioning as on 31.03.2025	36 (34 School Health Clinics + 2 Special Referral Centre)
No. of new OPD (Children)	26,560

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

S.No	District	District Office	Main Clinics	Address Of Clinics
1	EAST	GGSSS Vivek Vihar, Delhi-95 School Id-1001022	1. Shc Vivek Vihar	GGSSS Vivek Vihar, Delhi-95, Id- 1001022
			2. Shc Vasundhara Enclave	GGSSS, Vasundhara Enclave, Delhi-96
			3. Shc Chander Nagar	SKV, Chander Nagar
2	NORTH EAST	SKV J&K Dilshad Garden,Id-1106023	4. Shc Dilshad Garden	SKV J&K Dilshad Garden,Id-1106023
			5. Shc Shahdara -1	SKV, GT Road Shahdara, Id-1105024
			6. Shc Mansarover	Skv No.1 Mansarover
			7. Shc Mandoli Extn.	Ggsss Mandoli Extn.
3	NORTH	RPVV- 1, Rajniwas Marg	8. Shc Rajniwas Marg	RPVV-1, Rajniwas Marg, Delhi
			9. Shc Nehru Vihar	SKV Nehru Vihar

			10. Shc Roop Nagar	SKV Roop Nagar
4	NORTH WEST A	SKV, Jahangirpuri, A-Block, Plot No.5	11. Shc Shahbad Dairy	GGSSS, Shahbad Dairy
			12. Shc Bawane	SKV Rana Shankar Bawane
			13. Shc Jahangirpuri	SKV, Jahangirpuri, A-Block, Plot No.5
5	NORTH WEST B	GGSSS SU Block Pitampura	14. Shc Mangolpuri, H Block	SKV Mangolpuri, H-Block,
			15. Shc Keshavpuram	SKV No.1 Keshavpuram
			16. Shc Rohini	SOSE Sec-23 Rohini
			17. Shc Mubarakpur	GGSSS Mubarakpur Dabas
6	WEST A	GGSSS No.1 Old Market Road Tilak Nagar, N Delhi - 18	18. Shc Tilak Nagar	GSBV No.2, Tilak Nagar
			19. Shc Hari Nagar	RPVV Block – E,Hari Nagar
7	WEST B	GGSSS No.2, Janakpuri, A-Block, Delhi	20. Shc Janakpuri	GGSSS A Blk Janakpuri, Delhi
			21. Shc Vikaspuri	SKV, A-Block, Vikaspuri
			22. Shc Baprola	GGSSS, Baprola
8	SOUTH WEST A	GGSSS NO.3, Sarojini Nagar, Near Sarojini Nagar Market, Delhi	23. Shc Sarojini Nagar	GGSSS No.3, Sarojini Nagar, Near Sarojini Nagar Market, Delhi-
			24. Shc Inderpuri	Saheed Capt. Amit Verma Co-Ed SSS, C Block Inderpuri
9	SOUTH WEST B	G. CO-ED SSS, Site-1 Dwarka, Sector-6, New Delhi-110075	25. Shc Dwarka	G. Co-Ed SSS, Site-1 Dwarka, Sector-6, New Delhi-110075
			26. Shc Palam	SKV No 1, Palam Enclavesbv No.2, Palam Enclave
			27. Shc Najafgarh	GBSSS, Village Paprawat, Nd-110043
			28. Shc Pochanpur	Govt. Co-Ed SSS, Pochanpur
			29. Shc Shikarpur	Govt. Co-Ed SSS Shikarpur
10	SOUTH	SKV Malviya Nagar	30. Shc Malviya Nagar	SKV Malviya Nagar
11	SOUTH EAST	SKV NO. 2, Kalkaji	31. Shc Kalkaji	SKV No.2, Kalkaji, ND-19
			32. Shc C.R. Park	Spm SKV C.R. Park. ND
12	CENTRAL & NEW DELHI	Govt. Sarvodaya Vidyalaya (Rana Pratap) - New Rajinder Nagar New Delhi 110060	33. Shc Rana Pratap Sindhi School	Govt. Sarvodaya Vidyalaya (Rana Pratap) - New Rajinder Nagar New Delhi 110060
			34. Shc Karol Bagh,	Ramjas Sr. Sec. School (No. 5) - Ramjas Road, Karol Bagh, New Delhi 110005
13		SRC Shakarpur	35. Src Shakarpur	Skv No.2, Shakarpur, Delhi-92
14		SRC R.K. Puram	36. Src R.K. Puram	Jose Marthi Sarvodaya Vidhyalaya, Sector-12, R.K. Puram

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

Various activities conducted in SHS during year 2024-25:

Sl. No.	Programmes/ Acts	Achievements
1.	Weekly Iron Folic Acid Supplementation Program (WIFS)	Anemia is a serious health problem not only among pregnant woman but also among infants, young children and adolescents. So, in order to reduce the incidence of anemia, WIFS was launched in Delhi in July 2013. The program is implemented in all schools of Delhi & Govt. Aided for students from 1st to 12th class. Training & Orientation programme for Nodal teachers of all Govt. /Govt aided and private schools was conducted through District offices.
2.	Mass De-Worming Program (NDD)	Delhi has been implementing the program for school going children through School Health Scheme of GNTCD for all Govt./Govt. Aided/Cantonment/ Central and Private schools. Delhi has conducted NDD for the year November 2024, where 27.8 Lakh (Approx.) school children were covered all over Delhi, with coverage of 89.48 %. Training & Orientation programmefor Nodal teachers of all Govt./govt aided, MCD and private schools was conducted through District offices.
3.	NPPCD (National Program for Prevention and Control of Deafness)	Regular Screening & Health talks
4.	NPCB (National Program for Control of Blindness)	Positive Health talks and distributions Spectacles through NGO (Vision spring)
5.	Medical coverage for NCC	Medical coverage was provided to Cadets of NCC
6.	Medical Coverage for Kanwar Camp 2024	Teams from SHS were posted to provide health facilities to Kanwar Yaris in camps.
7.	Medical coverage for Department of Education, SCERT	Medical coverage was provided to teachers attending the training conducted by DoE/ SCERT & the dignitaries.
8.	Medical coverage for Department of Education (Sports)	Medical coverage was provided at State level Para Sports Meet for Children with Disabilities.
9.	Shri Amarnathji Pilgrimage duties	Staff was posted in Shri Amarnathji Pilgrimage duties to provide medical facilities for pilgrims at J&K.
10.	Drug and Substance Abuse including Tobacco intake	Regular Health awareness through Health Talks in schools. Pledge taking on Nasha Mukt Abhiyaan.
11.	Vector Borne Disease like Dengue, Malaria, Chikangunia etc.	Awareness on Vector Borne Diseases was spread among School children through Assembly talks health talks during regular screening, poster competition and various other activites like quiz competition, debates etc, so that they can understand prevention of VBD
12.	Celebration of Health related days	Celebration of various days like WHO day, World Population day, World Mental Health day, Yoga Day, Global Iodine deficiency prevention, World Diabetic Day, at school level by organising quiz, poster competition, health talks etc.
13.	Various trainings of staff	Training from UTCS of staffs of SHS

CHAPTER 4

4 FUNCTIONS OF BRANCHES AND STATE SCHEMES

4.1 PLANNING BRANCH

As on 31.03.2025, total 176 Delhi Govt. Dispensaries are running successfully for primary health care and providing preventive, preventive and curative health care services to the citizens of Delhi and 32 polyclinics are functioning from the premises of previously functioning Delhi Govt. Dispensaries to provide the secondary health care services to the citizens of Delhi.

- Planning Branch of this Directorate is assigned to purchase of land on behalf of H&FW Deptt. from DDA, Panchayat Department, DUSIB for construction of health care facilities and its related work.
- Construction of Dispensaries and related work.
- Co-ordinate with all Programme Officers, CDMOs, In-charge (MHS), In-charge (SHS) for monitoring respective schemes.
- Preparation of Outcome Budget implemented through this Directorate.
- Write up of schemes implemented through this Directorate
- Preparation of Annual Action Plan for programs/schemes implemented by various Branch/PIOs of DGHS.
- Action taken report on Flagship/ CS conference has been compiled by taking data from various branches of DGHS.
- Compilation of monthly vacancy position under DGHS. Planning Branch deals with continuation/conversion of all categories of temporary posts.
- Monitoring & progress of Budget Action Point.
- It also answers questions related to Infrastructure projects of DGHS for Lok Sabha, Rajya Sabha & Delhi Legislative Assembly. It also provides information in RTI, Audit, PGMS, CPGRAM, LG listening portal in related topic.
- Various miscellaneous work/report assigned time to time by H&FW/DGHS.

Achievements of Planning Branch, DGHS (HQ)

1. Prepared outcome budget for the year 2024-25.
2. Prepared Write-up of the schemes for the year 2024-25 those are implemented through DGHS.
3. Prepared Annual Action Plan for the year 2024-25.

4.2 HOSPITAL CELL

Introduction:

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

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

Other responsibilities under hospital cell: -

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

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

1. 691 Bedded Hospital Project at Madipur:

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

2. 691 Bedded Hospital Project at Jwalapuri (Nangloi):

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

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

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

4. 1164 Bedded Hospital Project at Siraspur, Delhi:

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

07 - Semi-Permanent Temporary ICU Bedded Hospital Projects:

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

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

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

Following Hospital Projects are under planning stage:

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

4.3 NURSING HOME CELL

Nursing Home Cell was established with a view to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953 and the rules made thereunder and amendment from

time to time. The main activities of the cell are to receive the applications from Nursing Homes 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 tasks 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 the 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, amendment 2003 & Rules made thereunder 1966, 1992, 2011. The registration of individuals/ institutions carrying out nursing home activities in Delhi is mandatory. Besides this, Directorate monitors the maintenance of 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 form of registration may be obtained from Nursing Home Cell, Directorate of Health Services or it can be downloaded from our website. In case, the form is downloaded from the website, the cost of the form ie. Rs. 100/- (through digital payment/online payment in favour of Director Health Services, Delhi) that has to be submitted at the time of submission of the form along with the registration fee as applicable based on number of beds.

Status (1st April, 2024 - 31st March 2025):

Total No. of new Nursing Homes registered during said period: 79
Total No. of Renewal of Registration of Nursing Homes during said period: 164
Total No. of Registration cancelled during said period: 67

4.4 ECONOMICALLY WEAKER SECTION (EWS)

EWS branch deals with the patients who belong to Economically Weaker Section (EWS) of the Society. This branch works in accordance with the Hon' ble High Court of Delhi order dated 22.03.07 in WP (C) 2866/2002 in the matter of Social Jurist Vs. GNCTD & OR's. This Branch facilitates the free treatment of the eligible patients of EWS category in Identified Private Hospitals (IPHs). This free treatment in all aspects is provided by all Identified Private Hospitals (IPH) of Delhi who was given land on concessional rates by the land owning agencies of Delhi. Every IPH has obligation to provide free treatment on 25% of total OPD and 10% of total beds to the eligible patients of EWS category.

The number of EWS patients treated in IPHs during April 2024 – March 2025 is as follows:

OPD: 8,77,423.
IPD: 51,388.

Total number of EWS patients referred to IPHs from this branch during this duration is 15,721.
Total number of EWS Patients referred to IPHs from Delhi Govt. Hospital is 2,274.

At present, there are 61 Identified Private hospitals and out of these, seven hospitals are under renovation/non-functional, namely R B Seth Jessa Ram Hospital, Febris hospital, Sunder Lal Jain hospital, Bhagwan Mahavir hospital, Jankidas Kapoor Hospital, Medeor Hospital Dwarka, Medeor Hospital Qutub.

4.5 DELHI AROGYA KOSH (DAK)

The Delhi Arogya Kosh, a Society registered under Society Registration Act XXI of 1860, under Directorate General of Health Services, Govt. of NCT of Delhi provides financial assistance for cashless treatment of patients undergoing treatment in Government Hospitals for surgeries, diagnostics test and dialysis. The Society also ensures free treatment of accident victims, burn victims and acid victims at Delhi. During the FY 2024-25 the DAK/ achievements in brief are as follows:

Sl. No.	Name of Scheme	Eligibility Criteria	Nature of assistance	No. of beneficiaries in FY 2024-25 (Till Nov-24)	Expenditure incurred in FY 2024-25 Till Nov-24)
1	Scheme for treatment of victims of Road Traffic Accident / Acid Attack / Thermal burn Injuries (Farishtey Scheme)	Medico Legal Case wherein the Incident has occurred in the jurisdiction of NCT of Delhi	Reimbursement to the concerned treating Hospital	3,155	2.26 crore
2	Free High-end Radiological Diagnostics Scheme	Bonafide resident of Delhi identified on the basis of Voter ID issued Referred from any Delhi Government Hospital or attached Polyclinic and DGDs, SEED PUHCs, Mohalla Clinics Either specified imaging is not being performed in the hospital or date of imaging allotted beyond 03 days.	Reimbursement to the concerned empanelled Diagnostics Centre	99,868	17.99 crore
3	Cashless Specified Surgery Scheme	Bonafide resident of Delhi identified on the basis of Voter ID of Delhi (Aadhaar Card for tracking purpose) Undergoing treatment from any identified Delhi Govt Hospital Either date of surgery allotted beyond 30 days Or specified surgery not being performed in the hospital	Reimbursement to the concerned treating Hospital	1,508	5.50 crore
4	Cashless Dialysis Scheme	Patient with annual family income up to Rs. 3,00,000/-. Patient should be a bonafide resident of Delhi for last 3yrs Undergoing treatment in LNH / GTBH/ DDUH / BSAH	Reimbursement to the concerned treating Centre/ Hospital	3,169	11.48 crore
5	Financial Assistance to patient	Patient with annual family income up to Rs. 3,00,000/- Patient should be a bonafide resident of Delhi for last 3yrs Patient requiring treatment for any life threatening illness/ diseases covered	Financial Aid provided to the treating Govt. Hospital upto Rs. 5 lakhs per patient	933	8.65 crore

		under RAN/treatment or intervention for diseases approved by Governing body of DAK for treatment in a Government Hospital run by Delhi Govt./Central Govt./Local Bodies, AIIMS /Autonomous Institutes under Central Govt./ State Govt./Local Bodies situated in NCT of Delhi.			
TOTAL				**1,08,633**	**45.88 rore**

4.6 DELHI GOVERNMENT EMPLOYEE'S HEALTH SCHEME

INTRODUCTION

- 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 dependents 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, some private hospitals/diagnostic centers notified from time to time are also empaneled as referral health facilities.

OBJECTIVE OF SCHEME

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

SALIENT FEATURES OF THE SCHEME

- Comprehensive health care services to employees and pensioners of Delhi Government through network of Delhi Government Dispensaries, hospitals and private empaneled Hospitals and Diagnostic centers based upon CGHS pattern.
- Membership is compulsory for all eligible serving employees of GNCTD and for retired employees they have to opt. the scheme or fixed medical allowance 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.
- Referral / Authorization is not required for undergoing treatment / diagnosis in private empaneled hospital / diagnostic center from the AMA.
- Treatment facilities and cashless facility for all beneficiaries during emergency in empaneled private hospital and for pensioners' cashless facility is available even in non-emergent conditions.
- Prevailing CGHS rates for availing treatment / diagnosis in private empaneled hospital / diagnostic centers.

PERSONS ELIGIBLE TO OPT. FOR DGEHS SCHEME

- All serving employees & pensioner (including family pensioners) of GNCTD of Delhi.

- Setting and Ex- MLAs and Ex Metropolitan councilors and their dependent, family members of sitting and retired judges of High Court of Delhi.
- Retired officers of Indian Administrative service /Indian Forest service of AGMUT cadre, officers of DANICS / UTCS cadre including their family pensioners.

Autonomous / Statutory bodies fully funded by Delhi Government

- Families of IAS AGMUT cadre / DANICS officers posted outside Delhi on deputation / short term transfers and payment of DGEHS Subscription in advance on yearly basis.
- As per provision of DGEHS Scheme, Autonomous bodies who are fully funded by Govt. of NCT of Delhi may opt. for the scheme.
- At present 30 Autonomous bodies who are fully funded by GNCTD have adopted the scheme for their serving employees.

Functions

- Permissions of unlisted procedures / investigations / costly medicines for eligible DGEHS beneficiaries,
- Medical reimbursement claim files received from various department of GNCTD for opinion regarding DGEHS provisions.
- PGMS / PGC / LG Listening / CPGRAMS / Court cases / RTI.
- Work related to autonomous bodies.
- Processing of medical claim received from DIP of Accredited journalist.
- Distribution to blank medical facility cards to all departments of GNCTD
- Work related to empanelment of private hospital / centers under DGEHS.
- Authorized chemists related work such as processing of bills received from all CDMOs for providing medicines, tender related work of Authorized chemists in all Districts.
- Processing of cashless medical bills submitted by the all empanelled hospitals.
- Work related to digitalization of DGEHS on the line of CGHS is under process.
- Other miscellaneous work related to DGEH Scheme.

It is pertinent to mention that currently, 463 hospitals/centers are empanelled under DGEHS (extension of empanelment of 58 hospitals which are not empanelled under CGHS is under consideration by MOH) and they submit their cashless bills to DGEHS time to time. These hospitals serve a large number of eligible DGEHS beneficiaries who are eligible for cashless treatment, resulting in a large quantity of bills being submitted.

4.7 CENTRAL PROCUREMENT AGENCY (CPA)

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

CPA was to be established in 3 phases

Phase 1: CPA shall float tender and circulate rate contracts to hospitals. Hospitals shall issue supply orders as per their requirements.
Phase 2: CPA will finalize rate contracts and issued supply orders centrally for all the hospitals/ stores.
Phase 3: CPA will additionally have warehouses for storing goods.
The establishment of CPA went up to phase 2 and the stage of phase 3 could never be arrived at.

As per policy decision taken by H&FW Department, 75% outlays under M&S of most of allopathic hospitals under Delhi Govt. has been reduced and the same has been added to the allocation of Central Procurement Agency which will single headedly deal with the procurement of essential drugs and medicines to all allopathic hospitals under H&FW on need basis. It has been decided to procure all items under EDL list

Objectives:

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

Proposed Physical Targets for BE (2024-25) to be completed / achieved

1. Ensuring 100% availability of essential medicines as per state EDL to various health facilities under GNCTD i.e finalizing rate contracts for medicines.
2. Ensuring standard quality medicines to all the beneficiaries attending to various health facilities under GNCTD.
3. Timely processing of bills and payments to its suppliers.
4. Zero tolerance for defaulters and substandard quality suppliers.
5. Revision of EDL as per the latest requirements and improve the efficiency of procurement and supply processes.

4.8 COURT CASE CELL

Court Case Cell in DHS (HQ) deals with the court cases filed or defended by the Directorate General of Health Services or Health & Family Welfare Dept. 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 government 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 recieves summons / attends the courts / briefs the government counsel.

Annual year	No. of Case BFC					Total	New Case					Total	Decided					Total	Balanceon31st March'25
	Supreme Court	CAT	District court	Consumer Form	DelhiHighCourt		Supreme Court	CAT	District Court	Consumer Form	DelhiHighCourt		Supreme Court	CAT	Districtcourt	ConsumerForm	DelhiHighCourt		
2024-25	15	43	45	04	66	173	Nil	33	7	Nil	30	70	Nil	30	01	Nil	16	47	196

4.9 CENTRAL STORE & PURCHASE

Aims & Objectives of the Branch

To facilitate smooth functioning of the DGDs, Seed PUHCs, DGHS (HQ) & subordinate offices by undertaking the following activities:

- Procurement of General items, Stationery items & Printing, BMW Management Items.
- Procurement of Lab consumables items & medical equipments as demanded for the DGDs & Seed PUHCs.
- Maintenance of cold storage for temperature sensitive items.
- Misc. matters RTI, Public Grievances, LG Listening etc related to S&P Branch.

Achievements in 2024-25

- Availability of BMW Management Items, lab reagents for dispensaries.
- Printing work / items done through GOI.
- Procured general items, lab consumables items and stationary for DGHS (HQ), DGDs, and Seed PUHCs through GEM.

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

- Govt. dispensaries (Supplies & Materials): - 221001110900021- Rs.1,47,92,019 /-
- Health Centre (SCSP) Supplies & Materials: 221001789980021 – Rs. 1,42,50,635 /-

4.10 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 as amended 2018, 2019. The Delhi Pollution Control Committee has been designated as Prescribed Authority to implement these rules in the National Capital Territory of Delhi. The Lt. Governor of Delhi has constituted an Advisory Committee which has 10 members with Pr. Secretary (H&FW), Govt. of NCT of Delhi as Chairman and Director (Health Services) as Member Secretary /Convenor.

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

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

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

Basic data of Bio Medical Waste Management in Delhi.

Quantum of biomedical waste treated in Delhi	:	Approx. 33 - 34 Ton per day
Total No. of Health Care Facilities in Delhi (Bio Medical Waste collected by the two CBWTF)	:	11057

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

S. No.	Name of the Firm	Date of Commencement	Address	Treatment Capacity	Area allocated for BMW collection (District wise)
1	M/s SMS Water Grace BMW Pvt. Ltd.	April 2010	DJB, STP, Nilothi, New Delhi-41	28.8 tons per day	South-West, West, Central, East, Shahdara and North-East District
2	M/s Biotic Waste Solutions Pvt. Ltd.	October 2009	46, SSI Industrial Area, G.T. Karnal Road, Delhi-33	34 tons per day	North, North-West, New Delhi, South and South East District.

Objectives

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

Achievements during the year 2024-25

Trainings: 2024-25

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

Budget allocated to all the Districts of DGHS from BMW Mgmt. Cell, DGHS @ Rs. 3,00,000/- (Rupees Three lakhs only) for conducting Training Programme of Bio Medical Waste Management during the year 2024-25. The details of training programme conducted by Districts during 2024-25 are given as under:

Total No. of Training Programmes conducted by CDMOs during the year 2024-25	18
Total No. of Health Care Workers trained including Doctors & Paramedical Staffs during the year 2024-25	882

District Level Monitoring Committee

District Level Monitoring Committee has been constituted in all districts of DGHS with DM as a Chairperson

and CDMO as Member Secretary. District Level Monitoring Committee inspected 199 HCFs in Delhi during the year 2024-25 including Govt. Hospitals, Private Hospitals and DGDs.

Sl. No.	Subject	Total No.
1	DLMC Meetings conducted for the year 2024-25	05
2	Health Care Facilities inspected by the Districts	199

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

IEC Activities

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

Implementation of Bar Coding Management System

All the Districts have implemented Bar Code Management System of all Health Care Facilities under their jurisdiction.

4.11 ANTI QUACKERY CELL

Aims & Objectives of the Branch

To stop practicing of quack as doctors in Delhi.

Functions:

1. Anti quackery Cell play a supportive and coordinating role at administrative level.
2. No expenditure is involved at Anti-Quackery Cell, DGHS (HQ).
3. Participated in DMC Anti Quackery Action Committee.
4. Deals all grievances / issues pertain to Anti Quackery.
5. All RTI / PGMS / CPGRAM/LG Listening post and other grievance issues related to Anti Quackery.

Physical achievements for (2024-25, April to June): 21 complaints received in anti Quackery Cell, DGHS (HQ) and same has been processed.

4.12 DISABILITY CELL

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

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

4.13 TRANSPLANTATION OF HUMAN ORGAN ACT (THOA) CELL

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

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

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

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

4.14 CONTINUING MEDICAL EDUCATION (CME) CELL

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

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

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

Main functions of the Cell are as under:

1. Organization of CME programme for all categories of staff.
2. Co-ordination with government and non- government training and teaching institutions for imparting latest knowledge and skill to the health care professionals.
3. Dissemination of information of various training programs being organised through premier institutions to all concerned.
4. Sponsoring the appropriate Medical, Nursing and Para Medical Personnel for attending workshop, seminar and conferences.
5. Sponsorship of appropriate medical, nursing and para medical personnel for higher education through distance education.
6. Reimbursement of delegation fee wherever applicable to the sponsored candidates.

Achievement of CME w.e.f Ist April 2023 to 31st March 2024

S. No.	Name of Training - Programme	No.of Participants
1.	UTCS Training Programme for the months of April 2024	25
2.	Orientation Course on the Mental Health care Act 2017 & Related	05
3.	Nomination for Directorate of Vigilance Circular for Training at UTCS Karkardooma	15
4.	Effective Implement Sexual Harassment of Woman at workplace	18
5.	UTCS Training Programme for the month of May 2024	10
6.	UTCS Training Programme for the month of June 2024	18

7.	UTCS Training Programme for the month of July 2024	20
8.	NQOCN 3rd International Conference of healthcare Quality and Patient Safety ,Delhi NCR September 7th to 8th 2024-11-18	34
9.	Intergrating Child Protection & Mental Health Perspective into Intervention for Children with Disability(NIMHANS)Bangalore	02
10.	UTCS Training Programme for the month of August 2024	37
11.	Nomination for Dr/Resident regarding 25th Practical Course &CME on 9th to 11th August 2024	19
12.	UTCS Training Programme for the month of September 2024	36
13.	Nomination for Dr PCNI &National Mediolegal Conference 7th National Conference of IPA Janakpuri on 21th to 22nd September 2024	20
14.	E-Office Compressive Training on demand October 2024	75
15.	Nomination for the Dr for Work ''FP Service- Expanding Choices and Ensuring Right of NARCHI Conference on 23th September	25
16.	UTCS Training Programme for the month of October 2024	47
17.	UTCS Training Programme for the month of November 2024	44
18.	The Doctor for Work on Family Planning Services- Expanding Choices and Ensuring Right'' at NARCHI Conference full from to held on 04th October 06th 2024	25

4.15 GRANT IN AID CELL

Objective: The organization provides first-aid arrangement, on demand, wherever and whenever required in emergencies like fire, earthquakes and in any catastrophic situation besides large public congregations viz. Melas, Sports, Ram-Lilas, Guru-Parvas, conferences, Republic Day Celebarations, Independence Day Celebrations etc. Non-religious, non-regional and non-political organization engaged in all kinds of relief and charitable services to mitigate the suffering of peoples, be it sickness, injuries hit by disasters and due to other reason.

Achievements in 2024-25:

₹ 5.00 lakhs as Grant-in-Aid was allocated in the scheme for the year 2024-25, which was released to St. John Ambulance in the month of March 2025.

4.16 RTI CELL

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

The RTI branch of this directorate deals with applications received via online, offline, direct & indirect regarding health related matters like:

- Matters related to Delhi Government Employees Health Scheme.
- Matters related to EWS.
- Matters related to CPA.
- Matters related to concerned CDMO's.
- Matters related to Nursing Homes Cell.
- Matters related to DAK/DAN.
- Matters related to School Health Scheme.

- Matters related to PH-IV.
- Matters related to subordinate branches of Directorate of Health Services etc.

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

Achievements: -

a. Timely disposal off RTI's received online & offline.
b. Zero pendency.

RTI status from 01.04.2025 2024 to 31.03. 2025

Direct	Indirect	Transfer to PIO / Other Public Authority	Fee	Additional Fee
446	463	963	4,430	785

4.17 PUBLIC GRIEVANCE CELL

1. The Public Grievance Cell receives grievances regarding health related issues like:

- Complaint against staff of CDMO offices.
- Facilities.
- Opening of Dispensaries.
- CPGRAMS complaints.
- Listening Post of LG.
- PGC hearing letters.
- PGMS.
- LG references.
- RTIs matter.
- MHS complaints.
- Matter related to Govt. hospital complaints.
- Opening of new hospital.
- Matter pertaining to DAK/ IS&M/ MCD/ T.B./ Anti Quackery/ Nursing Home Cell/ financial assistance.
- Matter related to branches of Directorate of Health Services.

2. Issues requiring decision and activities of public grievance cell: -

- Compulsory presence of concerned PIO/ HOO to the Public Grievances Commission for hearing PIO/ HOO.

- Preliminary enquiry on allegation against Nursing Home is conducted by Nursing Home Cell, DGHS. If any allegation on negligence & unethical practice by doctors is substantiated in preliminary enquiry, then the matter is forwarded to Delhi Medical Council for final enquiry & disposal of the case.

- The matter forwarded to CDMO concerned/ PIO/ MHS for needful action at their end. Findings of action taken intimated to the complainant.

- The complaint pertaining to PGMS / CPGRAMS / Listening Post of LG Portal examined by this branch (hard and soft copy) and forwarded to the concerned PIO/ District/ Hospitals/ Other departments for necessary action and received reports/ATR to upload on the respective portal.

PGMS Status as on (01/04/2024 to 31/03/2025)

PGMS Portal Status as 21/07/2025

S.No.	Branch	Total Received	Total Pending	Total Overdue	Total	%age Disposed
1	AAMC NODAL OFFICER	15	1	0	14	0.9333
2	AD SHS	2	2	2	0	0
3	ADDL DHS HQ	1	0	0	1	1
4	ADMIN BRANCH	3	3	3	0	0
5	Anti Quackery Cell	2	0	0	2	1
6	CARETAKING BRANCH	11	2	2	9	0.8182
7	CDMO Central	20	14	14	6	0.3
8	CDMO EAST	3	1	1	2	0.6667
9	CDMO NEW DELHI	2	0	0	2	1
10	CDMO NORTH	12	2	2	10	0.8333
11	CDMO NORTH EAST	15	2	2	13	0.8667
12	CDMO NORTH WEST	24	6	2	18	0.75
13	CDMO SHAHDARA	14	7	7	7	0.5
14	CDMO SOUTH	5	0	0	5	1
15	CDMO SOUTH EAST	7	0	0	7	1
16	CDMO SOUTH WEST	26	3	0	23	0.8846
17	CDMO West	7	1	1	6	0.8571
18	CPA BRANCH	6	6	6	0	0
19	DAN	17	3	3	14	0.8235
20	DGEHS CELL	33	8	4	25	0.7576
21	EWS Branch	38	1	0	37	0.9737
22	GRO	71	0	0	67	0.9437
23	HOSPITAL CELL	1	0	0	1	1
24	MSNH	24	13	13	10	0.4167
25	PH WING II	1	1	1	0	0
26	PH WING IV	2	2	2	0	0
27	Planning Branch	5	3	2	2	0.4
28	STO TB Gulabi bagh	1	0	0	1	1
Total		**368**	**81**	**67**	**282**	**0.7663**

CPGRAMS PORTAL STATUS AS ON 21/07/2025

Age Wise Pendency Report
Directorate of Health Services
Date: 22/07/2025

Brought Forwarded	Grievance (s) Received	Grievance(s) Disposed	Average Disposal Time(Days)	#	#	Pending <=21 Days	Pending >21 Days	Pending 0-10 Days	Pending 11-21 Days	Pending 22-30 Days	Pending 31-45 Days	Pending 46-60 Days	Pending 61-90 Days	Pending 91-180 Days	Pending 181 - 365 Days	Pending from more than a year
11	591	579 (97%)	21	Pending as of now	23	5	18	4	1	3	6	3	4	2	0	0

LG LISTENING POST PORTAL STATUS AS ON 29/08/2023 for the period 01-04-2024 to 31-03-2025

					Disposed			
S.No.	**Department**	**Total Received**	**Total Pending**	**Total Overdue**	**Unclosed**	**Closed**	**Total**	**Disposed %**
1	ADMIN BRANCH	149	0	0	149	0	149	100%
2	MSNH	129	3	3	106	20	126	98%
3	CDMO CENTRAL	126	0	0	118	8	126	100%
4	DGEHS CELL	92	3	3	72	17	89	97%
5	MOHALLA CLINIC	91	0	0	64	27	91	100%
6	AGRO	71	0	0	55	16	71	100%
7	EWS	64	0	0	54	10	64	100%
8	CDMO NORTH WEST	55	0	0	39	16	55	100%
9	CDMO SOUTH WEST	44	0	0	38	6	44	100%
10	CDMO WEST	38	0	0	32	6	38	100%
11	CDMO NORTH	35	0	0	24	11	35	100%
12	CDMO NORTH EAST	33	0	0	26	7	33	100%
13	CDMO SHAHDARA	26	2	2	23	1	24	92%
14	DAN DAK	20	0	0	19	1	20	100%
15	CDMO EAST	17	0	0	16	1	17	100%
16	CDMO SOUTH	14	0	0	14	0	14	100%
17	CDMO SOUTH EAST	14	0	0	14	0	14	100%
18	HOSPITAL CELL	12	0	0	9	3	12	100%
19	ADDl DHS HQ	10	0	0	7	3	10	100%
20	AD SHS	8	1	1	7	0	7	88%
21	CDMO NEW DELHI	8	0	0	5	3	8	100%
22	STO TB GULABI BAGH PH I A	6	0	0	6	0	6	100%
23	CARETAKING BRANCH	5	0	0	5	0	5	100%
24	PH WING IV	4	0	0	4	0	4	100%
25	CPA BRANCH	2	0	0	2	0	2	100%

26	PIO RIT DGHS	2	0	0	1	1	2	100%
27	PROJECT DIRECTOR	2	0	0	2	0	2	100%
28	ANTI SMOKING PH I B	1	0	0	1	0	1	100%
29	DISABILITY CELL, DGHS, GNCTD	1	0	0	1	0	1	100%
30	HOSPITAL COORDINATION CELL	1	0	0	1	0	1	100%
31	LEPROSY BRANCH	1	0	0	1	0	1	100%
32	MHS PH III	1	0	0	1	0	1	100%
33	PLANNING BRANCH	1	0	0	1	0	1	100%
34	PPP DIALYSIS	1	0	0	1	0	1	100%
35	STORE AND PURCHASE BRANCH	1	0	0	1	0	1	100%
	Total	**1085**	**9**	**9**			**1076**	**99%**

4.18 DISASTER MANAGEMENT CELL

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

Activities under the scheme:

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

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

Achievements during 2024-25:

- Preparedness measures have taken in terms of updating of QRTs, HDMPs & Data updating.
- 03 batches of training for Paramedical staff for Emergency Medical Response
- Capacity building of human under Central Sector Scheme "Health Sector Disaster Preparedness Programme".
- Participation in mock-drills conducted by DDMA.
- A committee has been constituted for preparation of State Specific Crisis Management Plan for Biological Disaster.
- Preparedness Measures for Flood Preparedness and Monsoon has been issued to all districts.
- Communication has been sent to all districts for preparation of health centre disaster management plan.
- Implantation of artificial eye for Bomb blast victims.

4.19 PPP DIALYSIS

PPP Dialysis Cell under DGHS is looking after two (02) schemes for providing haemodialysis services viz. PPP Dialysis Project and Pradhan Mantri National Dialysis Programme (PMNDP) on Public Private Partnership (PPP) mode.

Objective: -

The objective of Pradhan Mantri National Dialysis Programme (PMNDP) and PPP Dialysis Project, Delhi Govt. is to provide access to quality Haemodialysis on (PPP) mode free of cost service to the poor patients under sponsored category and at low price to entire populace.

I. PPP Dialysis Project, Govt. of NCT of Delhi:

Haemodialysis services under PPP Dialysis Project are being operational in the following government hospital: -

S.No.	Name of the Hospital	District	No. of HD Machines
1	Lok Nayak Hospital	Central	10
2	Dr. Hedgewar Aarogya Sansthan	Shahdara	20
3	Rajiv Gandhi Super Speciality Hospital	Shahdara	30
4	Janakpuri Super Speciality Hospital	South West	45
5	Ambedkar Nagar Hospital	South	25
6	Sanjay Gandhi Memorial Hospital	North West	5
7	Dr. Baba Sahib Ambedkar Hospital	North West	10
8	Jag Pravesh Chandra Hospital	North East	10
9	Burari Hospital	Central	55
Total			**150**

Note: - Haemodialysis services in the hospitals mentioned at Sl. No. 01 to 03 and Sl. No. 04 to 09 are operational since January-2025 and July-2025 respectively.

Eligibility criteria to avail free of cost haemodialysis services under "PPP Dialysis Project": -

a) Income Criteria: – Up to Rs.3,00,000/- (Three Lakhs Only) per annum as identified on the basis of Income Certificate issued by Revenue Deptt., GNCTD or National Food Security Card.

b) Residency Criteria: -Bonafide resident of Delhi for more than three years, identified on the basis of Ration card, Driving License, Aadhar card, Voter ID, Domicile Certificate issued from area SDM, Passport and Extract from the Electoral Roll.

Achievements under PPP Dialysis Project, GNCT Delhi (2024-25):

- Number of Sponsored patients who received dialysis = 133
- Number of dialysis sessions done for Sponsored patients = 1812
- Number of Non-Sponsored patients who received dialysis = 72
- Number of dialysis sessions done for Non-Sponsored patients = 405

II. Pradhan Mantri National Dialysis Programme:

Haemodialysis services under PMNDP are being operational in the following government hospital:

Sl. No.	Name of the Hospital	District	No. of HD Machines
01	Deen Dayal Upadhyay Hospital	West	05
02	Maharishi Valmiki Hospital	North	10
03	Deep Chand Bandhu Hospital	North West	10
04	BhagwanMahavir Hospital	North West	10
05	Indira Gandhi Hospital	South West	35
06	Guru Gobind Singh Govt. Hospital	West	10
07	Pt. Madan Mohan Malviya Hospital	South	10
Total			**90**

Eligibility criteria to avail free of cost haemodialysis services under "PMNDP":-

The patients having National Food Security Card - for Priority household families (PR) & Priority household families having sugar entitlement (PRS) **OR** Income Certificate of Annual income of less than Rs. 1,00,000 (Rupees One Lakh), issued by the Revenue Department from State/UT.

Achievements under Pradhan Mantri National Dialysis Programme (2024-25):

- Number of Sponsored patients who received dialysis = 804
- Number of dialysis sessions done for Sponsored patients = 62,396
- Number of Non-Sponsored patients who received dialysis = 69
- Number of dialysis sessions done for Non-Sponsored patients = 1,559

4.20 PROJECT DIVISION

I. Financial Incentive to Good Samaritans / Bystanders for Offering Transporting RTA Victims to Hospital.

1. **Type of Scheme: -**

a) State/CSS Scheme (Concerned Ministry- For CSS only) : State Scheme
b) Funding Pattern (For CSS only) NA Central Share : State Share

2. **Budget Head (s) (11 digit) (new head):** 221001200830040

3. **Financial details: -**

BE (2024-25)	(Rs. in Crores)	BE (2025-26)	(Rs. in Crores)
Revenue	**0.3**	Revenue	**0.07**
Capital	NA	Capital	NA
Loan	NA	Loan	NA
Total	**0.03**	Total	**0.07**

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

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

Main objective of the Scheme

(II) Scheme Details:

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

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

Eligibility Criteria: - Any Good Samaritans/By Standers irrespective of domicile or income criteria.

Cost of Scheme: - 7 Lakhs

Major Components: - Financial incentive of Rs. 2000/- only and a Certificate of Appreciation.

Date of Approval If Approved: - Cabinet approval vide Cabinet Decision No: -2456 Dated 06.01.2017 (as a pilot w.e.f. April 2018). Thereafter, as a regular scheme vide Cabinet Decision No. 2752 dated: 03.10.2019.

Likely Cost: - 7 lakhs

Proposed Date of Commencement- if yet to be approved: Not applicable.

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

Capital part-

b) Project Cost, Year of Commencement, target date of completion and Present Status of the Project - NA
Tender cost at present

5. Physical Targets & achievements for BE (2024-25) **180 (upto 31.03.2025)**
6. Proposed Physical Targets for BE (2025-26) to be completed / achieved**: 200**
7. Other details, if any:

*The above Scheme was framed in compliance of Hon'ble Supreme Court of India direction/guidelines in the matter of WRIT PETITION -Civil no.235 OF 2012 (Save life Foundation & Anr. Vs. Union of India & Anr.). The above policy abides by all rules, regulations and conditions of the guidelines of Hon'ble Supreme Court of India regarding protection of Good Samaritan.

As per the Guidelines: -

"The identity of such Good Samaritan or bystander shall be taken for rewarding and identification purpose only and shall be kept confidential. No such information shall be shared anywhere without the consent of bearer".

II. Outsourcing of Jan Aushadhi Generic Pharmacy

1. Type of Scheme: -

a) State/CSS Scheme (Concerned Ministry- For CSS only) : State Scheme
b) Funding Pattern (For CSS only) NA Central Share : State Share

2. **Budget Head (s) (11 digit) (new head):** 221001200850013

3. Financial details

BE (2024-25)	**(Rs. in Crores)**	**BE (2025-26)**	**(Rs. in Crores)**
Revenue	**0.01**	Revenue	**0.01**
Capital	NA	Capital	NA
Loan	NA	Loan	NA
Total	**0.01**	Total	**0.01**

For GIA Institutes-Grant released during 2024-25 (General, Salaries, Capital) and unspent balance on 1.4.2025 (General, Salary, capital)

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

Capital part-
a) Project Cost, Year of Commencement, target date of completion and Present Status of the Project –
b) Tender cost at present

Physical Targets & achievements for BE (2024-25): **22 Hospitals.**

Jan Aushadhi Kendra Scheme is being supervised and monitored at Secretariat level. The drugs control Department has granted 540 licenses in NCT of Delhi to Pradhan Mantri Bhartiya Janaushadhi Stores as on 17.07.2025 (List Enclosed). Including 22 Delhi Govt. Hospitals has been opened and registered under Drugs

Control Department till date.

Proposed Physical Targets for BE (2025-26) to be completed / achieved: **All Govt. Hospitals.**

III. Training & Exchange Programme (Management Skills & Staff Skills)

1. Type of Scheme

   a) State/CSS Scheme (Concerned Ministry- For CSS only)
   b) Funding Pattern (For CSS only) NA Central Share: State Share

2. Budget Head (s) (11 digit) (new head) 221006003890009

3. **Financial details :-**

BE (2024-25)	(Rs. in Crores)	BE (2025-26)	(Rs. in Crores)
Revenue	0.5	Revenue	0.01
Capital	NA	Capital	NA
Loan	NA	Loan	NA
Total	0.5	Total	0.01

For GIA Institutes-Grant released during 2025-26 (General, Salaries, Capital) and unspent balance on 1.4.2025 (General, Salary, capital)

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

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

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

- Guidelines : NA
- Eligibility Criteria : Regular employees (Doctors and Nursing Staff of GNCTD.
- Cost of Scheme : Expenditure details awaited from APIO
- Major Components :
  (i) Capacity building by BAPIO to develop select Delhi Govt. hospitals to institutions of repute / Centres of excellence and training
  (ii) Short Term Visiting Fellowship for in-service employees (Doctor/Nursing Staff) of Department of H&FW

- Date of Approval If Approved: Not available yet.
- Likely cost : Expenditure details
- proposed date of commencement- if yet to be approved: - Expenditure details awaited from BAPIO for seeking approval /Policy decision.

Capital part-

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

- Project Cost : **NA**
- Year of Commencement : **NA**
- Target date of completion : **NA**

IV. Training of Auto Drivers on First Aid

1. Type of Scheme

a) State/CSS Scheme (Concerned Ministry- For CSS only)
b) Funding Pattern (For CSS only) NA Central Share: State Share

2. **Budget Head (s) (11 digit) (new head)** 221001200820009

3. Financial details :-

BE (2024-25)	(Rs. in Crores)	BE (2025-26)	(Rs. in Crores)
Revenue	0.05	Revenue	0.01
Capital	NA	Capital	NA
Loan	NA	Loan	NA
Total	0.05	Total	0.01

For GIA Institutes-Grant released during 2023-24 (General, Salaries, Capital) and unspent balance on 1.4.2025 (General, Salary, capital)

7. **(i) Objective(s) of the Scheme (3 to 4 Lines):**

Main objective of the Scheme: Trainig of Auto Drivers on Adult First Aid to Hospital RTA victims within golden hour to hospital for treatment.

(ii) Scheme Details:

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

- Guidelines : Prescribed Training Norms
- Eligibility Criteria : Any commercial auto driver
- Cost of Scheme : 1 lakhs
- Major Components : Training of Auto rickshaw drivers in basic First Aid Care.

- Date of Approval If Approved: NA
- Likely cost : 1 Lakhs
- Proposed date of commencement- if yet to be approved: NA

b) Capital part-

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

- Project Cost : **NA**
- Year of Commencement : **NA**
- Target date of completion : **NA**
- Target date of completion : NA
- Present Status of the project : Payment of honorarium to Auto Drivers Not approved by Finance Department
- Tender cost at present :

Physical Targets & achievements for BE (2025-26): Nil

Proposed physical Targets for BE (2024-25) to be completed/achieved: Nil

- Other details, if any: Payment of honorarium to Auto Drivers not approved by Finance Department.

4.21 COMPUTER CELL

Computer Cell is involved in computerization of DGHS (HQ) and subordinate offices and carried out the

following for period 2024–2025.

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

Performance of the Computer Cell in 2024–25 is as below:

- Computer cell also provided IT support and for various Branches of DGHS and Subordinate Offices.
- Requests from Depts. under H&FW for Uploading Information: Around 1000+
- New Web panels/ Link Creation for various Health Deptt. /Hospitals/ DGHS (HQ) and its subordinate offices: 18
- Modification done on existing web pages for various Health Institutions/ DGHS (HQ) and its subordinate offices: 35
- Creation of GeM account role as Buyer/Consignee/ PAO/ Indented Buyer/ Technical Buyer: 200+
- Creation/ mapping an account in E-office portal: 150+

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

- E-office implementation in support of all officials/ officers of DGHS (HQ) and its subordinate offices.
- Creation of EMD (Employee Master Database) of all officials/ officers of DGHS (HQ) and its subordinate offices.
- Creation and re-generate Gov Email ID of all officials/ officers of DGHS (HQ) and its subordinate offices.
- 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.
- 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.
- 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.
- Engagement of 28 Data Entry Operator's on Outsourced basis through GeM portal.

Procurement of computers; printers & other peripherals for DGHS (HQ) & Subordinate Offices.

- Laptop : One (01)
- High Rapid Scanner: Three (03)
- MFD/ Photocopier machine: Three (03)

4.22 STATE HEALTH INTELLIGENCE BUREAU (SHIB)

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

Functions/Achievements:

1. Collection & compilation of Morbidity & Mortality Report (ICD-10).
2. Online monitoring of compiled monthly data of communicable & non-communicable diseases entered by all eleven CDMO Districts on monthly basis which they collected from hospitals / health institutions under their area of jurisdiction of Delhi and compiled reports submitted online on CBHI portal.
3. Collection and compilation of monthly mother lab report, status report of health institutions of Delhi on server of DGHS (server not functioning so data is maintained in excel).
4. Annual report for the year 2023-24 has been uploaded on the website of DGHS (HQ) under H&FW Deptt.
5. Data collection and compilation of health related data as and when required.
6. Updation of the Citizen Charter of DGHS.
7. Collection and compilation of health related data from various health agencies required for preparation of reports which is further submitted to Delhi government department and Central government department.
8. Updation of the Annual Report related to health scenario of Delhi of the Ministry of Home Affairs.
9. Compilation of reply material of Delhi Assembly/ Parliament Questions and submitted to the Secretary Health & Family Welfare GNCT of Delhi and concerned department/ ministries.

4.33.1. ICD-10 / Morbidity report Delhi-2024

Updated report is available on the DGHS website.

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

4.33.2. Communicable-Diseases report Delhi2024

Updated report is available on the DGHS website.

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

4.33.3. Non-Communicable-Diseases report Delhi 2024

Updated report is available on the DGHS website.

Link:- Annual Report | Directorate General of Health Services

(Source of information: portal of CBHI https://cbhinhp.mohfw.gov.in

Data entered by eleven health districts/Nodal Officers in CDMOs of GNCT of Delhi.

Note: The above Non-Communicable Disease Reports, reported by Nodal officers in CDMOs/ Health Districts in GNCT of Delhi, based on the diagnosis made by the treating doctors. Inadvertent errors during the data entry process / coding may be despite best efforts. Nodal Officers in CDMO offices as well as SHIB are not the primary holder of the data. They only received and compiled data during the period Jan'24 to Dec'24).

4.23 ADMINISTRATIVE BRANCH

Functions:

The Administration branch deals with all the matters related to administrative work and decision taken thereof i.e. transfer/posting of staff posted by department, GNCTD, transfer/posting of Directorate General of Health Services, fixation of pay and release of pay and allowances, granting pensioners and death benefits, processing cases for reimbursement of medical bills, preparation, maintaining of personal files, service books, leave account in r/o employees working in DGHS and pensioners who are drawing salary/pension from DGHS (HQ). Also deals with the matters of granting of MACP and promotion to officers/officials of the department.

Objective(s):

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

The sanction strength and vacancy position in r/o all group officers / officials of DGHS, GNCT, of Delhi, including its subordinate offices during 2024-25 is mentioned as under:

Total Strength - 4040
Filled Regular - 1975
Vacant – 2065

Physical Targets & achievements (2024-25):

i. Cases of Compassionate ground received in r/o eligible officials have been timely done.
ii. Medical claims of officers/officials are being disposed timely.
iii. MACP cases which are complete in all aspects received from subordinate offices of DGHS have been done.
iv. Compilations of data in r/o officials/officers working in this Directorate and its subordinate offices.
v. Matters related to RTI, PGMS, LG Listening etc has been dealt timely.
vi. Work related to e-Sparrow, APAR in r/o officers/officials has been dealt timely.
vii. All service matters related to Admn. Branch has been processed timely.

Proposed Physical Targets (2025-26):

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

CHAPTER 5

5. NATIONAL HEALTH PROGRAMS

DELHI STATE HEALTH MISSION (DSHM)

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

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

4.23.1 Reproductive, Maternal, Newborn, Child and Adolescent Health: -

- RMNCH + A
- Mission Flexipool
- Immunization
- Iodine Deficiency Disorder (NIDDCP)

4.23.2 National Urban Health Mission (NUHM): -

- Structural strengthening.
- Human resource gap filling and management structures.
- Engaging with Communities through ASHA / Rogi Kalyan Samitis Mahilla Arogya Samitis).
- HMIS and IT initiatives.
- National Quality Assurance Program

4.23.3 Communicable Disease Program: -

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

4.23.4 Non-Communicable Disease Program: -

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

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

Some key achievements:

(a) Coverage of un-served / underserved areas: Almost all the un-served /underserved areas have been identified across the State. 60 Seed PrimaryUrban health Centres (PUHCs) have been set up under this initiative. 4 additional Seed PUCHS have been set up in F.Y 2024-25.

(b) Mobile Dental Clinics: 6 New Mobile Dental IEC Vans have been made operational by Delhi State Health Mission with support of Maulana Azad Institute of Dental Sciences (MAIDS).

(c) Health Management Information System (HMIS): Dedicated web portal for capturing all Public health / indicator based information from the end source and generate 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. The performance of health care services is being utilized by various departments of State and GOI for monitoring and planning health policies and strategies.

(e) Community Processes:

ASHA: The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). These are motivated women volunteers who are selected as per defined guidelines in a decentralized manner. One ASHA is selected for every 2000 population (400 households). In F.Y 2024-25, State had **6338 ASHAs** in place distributed across the eleven districts in the vulnerable areas (Slums, JJ Clusters, unauthorized colonies and resettlement colonies).

These ASHAs have been trained in knowledge and skills required for mobilizing and facilitating the community members to avail health care services. They also provide the home based care for mothers, newborns and young children. They identify and help the sick individuals for prompt access of the available health services. They also help in field level implementation of National Health Programs, facilitate checkup of senior citizens and NCDs. These ASHAs are paid incentives as per their performance. They are monitored and paid with the help of a web based IT Platform created by the State. Delhi is the first State which had operationlised such a comprehensive IT Platform for ASHA Scheme.Their contribution has helped in betterment of health indicators, especially the maternal and family planning indicators. Also the activities like cataract surgeries have also picked up.

In order to ensure quality in trainings, they are undergoing an accreditation process through written exams being conducted by NIOS as per the guidelines of Government of India.

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

Under DSHM, hospitals and PUHCs are provided funds to fill up gaps identified in the process of quality assurance. The process of assessment of compliance with the National Quality Assurance standards is being undertaken for identified hospitals. Nine (9) hospitals have achieved National level NQAS certification and 2 hospitals are State Certified. Eight (8) hospitals are National level LaQshya certified. Six (6) hospitals are National Level Musqan certified and Five (5) hospitals are State level MusQan Certified. Ten (10) PUHCs are National certified and 25 PUHCs are State Certified.

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

In 2024-25, out of 43 hospitals 32 hospitals have scored more than 70% in the Kayakalp assessment. Inclusion of new criteria of 15% weightage of “Mera Aspataal” scores in final scores has reduced this number (32 hospitals) to 19 hospitals. Total 410 PUHCs (GNCTD and MCD) had been assessed out of which 119 PUHCs have scored more than 70% in external assessment under Kayakalp programme.

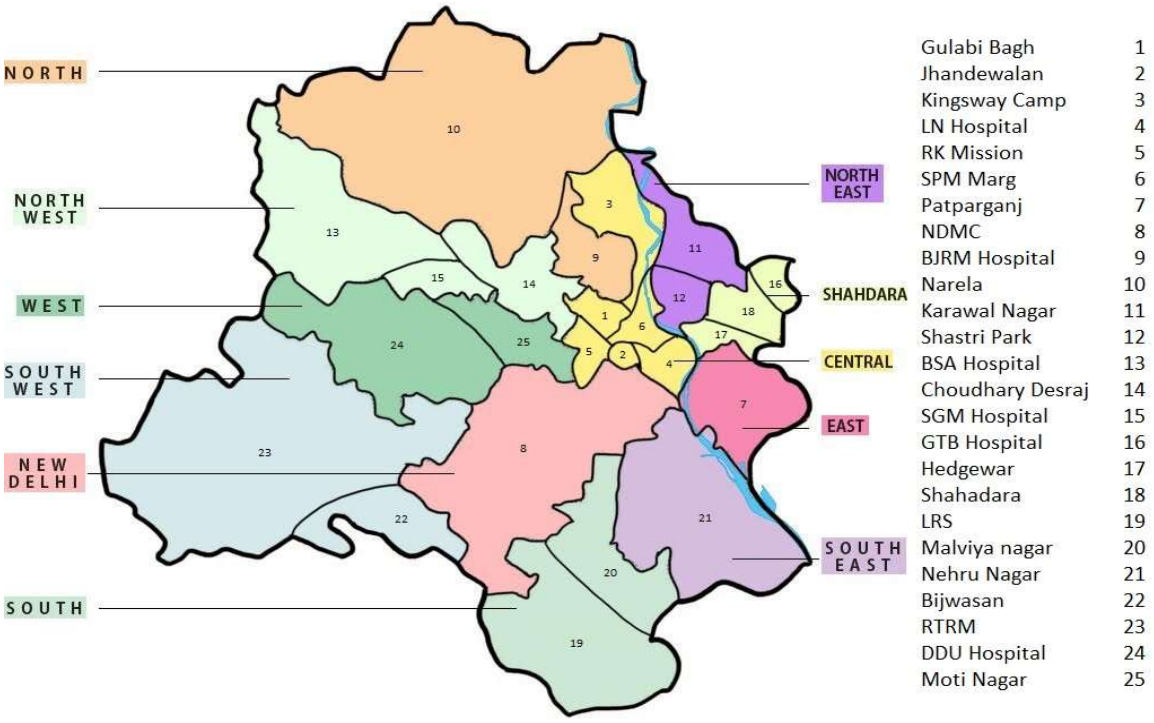
5.1 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

(NTEP)

1. Basic Statistics

Infrastructure Delhi NTEP

State TB Training & Demonstration Centre **(STDC)**	1
District TB Centres **(DTCs)**	25 Chest Clinics
TB Units **(TU)**	38
Designated Microscopy Centres **(DMCs)**	190
Intermediate Reference Laboratory **(IRL) (please mention names)**	Two –1. IRL –New Delhi TB Centre 2. IRL AIIMS MEDICINE DEPARTMENT
Culture & Drug Sensitivity **(C&DST) Labs (excluding IRL) (please mention names)**	1.NRL NITRD MEHRAULI (C & DST Lab for 4 Chest Clinics of Delhi) 2.RBIPMT C & DST Lab
Liquid Culture Laboratories for **2nd line DST (please mention names)**	IRL –New Delhi TB Centre IRL-AIIMS MEDICINE DEPARTMENT NRL NITRD MEHRAULI
Cartridge Based Nucleic Acid Amplification Testing (CBNAAT) Labs	32 CBNAAT Sites covering all Chest Clinics 40 Machines from NTEP and 9 Machines from Individual Institutes
No of TrueNat Sites	47 TrueNat Sites (29 DUO, 17 UNO, 1 Quattro)
Nodal Drug Resistant TB Centre (DRTBC) (MDR TB Wards)	Nodal DR – TB Centers: 4 1) DRTB Centre RBIPMT 2) DRTB Centre LN Hospital 3) DRTB Centre AIIMS 4) DRTB Centre NITRD MDR TB Wards at RBIPMT,NITRD
District Drug Resistant TB Centre (DDRTBC) (MDR TB Wards)	District DR-TB Centers: 25 (All 25 Chest Clinics have District DRTB Centers) (MDR TB Wards-2- at CC Patparganj & Nehru Nagar)



Total Population – 202 lakhs (Urban – 98% & Rural – 2%)

Introduction and Vision of the Programme

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

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

- The NTEP has 190 diagnostic centres and 334 treatment centres located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 4 C&DST Labs to diagnose Drug Resistance TB. Implementation of 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/ TrueNat are available free to the all the patients (Specially for paediatric group, HIV Positive patients & to diagnose Drug Resistance TB) besides Universal DST for all TB patients for initiation of therapy.

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

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

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

Brief on National Tuberculosis Elimination Programme STATE NAME: DELHI

State Performance

Year	Population in lakhs	Presumptive Examination Rate (Annualised)	Annualised Total TB Case Notification Rate			Treatment Success rate
			Public	Private	Total	
2017	182	999	314	9.3	323	-
2018	184	1351	377	52	429	78%
2019	186	1444	417	152	569	75%
2020	190	741	408	149	557	72%
2021	193	718	343	182.4	525	74%
2022	195	1206	379	158	537	75%
2023	198	1249	357	140	497	79%
2024	202	1732	376	139	515	77%

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	Target for Total (Public + Private)	Number Notified byTotal (Public + Private)	Percentage Achievement for Total
2017	55657	57270	103%	34999	1686	5%	90657	58956	65%
2018	56770	69329	122.1%	50000	9651	19.3%	106770	78980	74%
2019	90000	77481	96.1%	20000	28267	141%	110000	105748	96%
2020	80000	57362	71.7%	30000	27545	91.8%	110000	84907	77.2%
2021	80000	66106	82.6%	30000	35205	117%	110000	101311	92%
2022	70000	74276	106%	30000	31029	103%	100000	105305	105.3%
2023	80000	70743	88.4%	30000	27751	92.5%	110000	98494	89.5%
2024	80000	77088	96.4%	30000	28292	94.3%	110000	105380	95.8%

Status of Rifampicin Sensitivity testing:

	Public Sector			Private Sector		
Year	**TB Patients Notified**	**Patients with Known Rifampicin Sensitivity status**	**%**	**TB Patients Notified**	**Patients with Known Rifampicin Sensitivity status**	**%**
2018	63665	15456	24%	9582	195	2%
2019	67347	29777	44%	27932	3238	11%
2020	52487	26278	50%	21891	4557	21%
2021	60378	19010	31%	22824	4492	20%
2022 (Among bacteriologically confirmed)	35765	28889	81%	7206	4040	56%
2023 (Among bacteriologically confirmed)	36206	31690	87%	9049	5425	60%
2024 (Among bacteriologically confirmed)	37826	32898	87%	9614	6054	63%

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

Year	No of presumptive DR-TB tested	No of MDR/RR-TB patients diagnosed (as per resistance pattern)	No of MDR/RR-TB patients put on treatment	Treatment Success Rate (Notification cohort from 2 years back to be used) (Use denominator as total MDR/RR-TB patients diagnosed)
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%
2019	25256	3109	2666	68%
2020	21340	3380	2817	57%
2021	14519	2455	2207	58%
2022	31169	4084	3191	63%
2023	44727	3696	3308	68%
2024	56143	3253	2801	72%

Patients with Known HIV Status

Public Sector			
Year	**Patients with Known HIV status (Total)**	**Patients with Known HIV status (Public)**	**Patients with Known HIV status (Private)**
2020	75%	82%	50%
2021	84%	86%	64%
2022	87%	91%	74%
2023	85%	92%	65%
2024	89%	93%	77%

Nikshay Poshan Yojana (NPY):

Year	Eligible patients	Bank Details Available	Bank Details Validated	Paid Atleast Once	Amount Paid
2018	72578	32026	28372	27319	8.2Cr
2019	95177	53192	47363	43270	12.4 Cr
2020	73706	49973	45043	42757	12 Cr
2021	82279	59282	56449	51748	16.6 Cr
2022	85856	64361	62409	60400	20.1Cr
2023	84746	65714	63278	61342	20.2 Cr
2024	92098	70728	68223	65715	24.9 Cr

Financial Management - Fund Status: (In Crores)

State Health and Family Welfare, NTEP <DELHI> - Central share & State share						
Financial Management			**Funds Status (In Crores)**		**Central & State Share**	
Financial Year	**Allocation**	**Op balance**	**Funds Released**	**Miscellaneous receipts**	**Expenditure**	**Closing Balance as per UC**
2020-21	27.81	34.58	1.93		23.57	13.44
2021-22	57.93	13.44	23.75		22.72	14.58
2022-2023	104.58		0		27.51	0
2023-2024	61.26		0		32.64	0
2024-2025	64.73		0		42.56 (Till 31-03-2025)	0

Delhi NTEP Achievements

- Active Case Finding activities (ACF) are going on in Vulnerable Groups Night Shelters, Slums, Prisons, Drug Addicts, Old Age Homes, Ashram, Homeless Population. TB Screening of residents (1208) at three Sheltor Homes (Asha Kiran Rohini, Asha Jyoti Hari nagar, Asha Deep Narela) was conducted in Aug 2024 and 13 TB patients were diagnosed.
- Under the TB Free Delhi Initiative, Active Case Finding activities were conducted at five Munucipal Wards & 5 Villages (Rawta, Deurala, Jaunti, Nizampur, Qutubgarh) 23606/26730 (88.3%) were screened, 254 (1%) were identified as Presumptive cases and 7 (3%) TB patients were diagnosed and Public Health action has been initiated for all.
- 302 TB Champions (Cured TB Patients) are actively participating in Active Case Finding, Counselling of patients and Counselling of House Hold Contacts for TPT in 25 Chest Clinics.
- In the IITF held from 14th Nov – 27th Nov 2023, stall on NTEP was kept where advocacy and awareness campaign was held. The stall was visited by various Health Officials and was well appreciated by the Health Officials. More than 5 Lac public visited the stall. During IITF from 14th Nov 2024, stall on NTEP has been kept where advocacy and awareness campaign like Nukad Nattak and Puppet shows are held.
- Under Viksit Bharat Sankalp Yatra, 767 Health camps were held under all 25 Chest Clinics, 28300 people were screened for TB, 4356 (15%) presumptive cases were referred for TB, 71 new Ni-kshay Mitra were registered and 401 NPY Bank Accounts of TB patients were collected.
- Adult BCG Vaccination have been given to 52,466 eligible beneficiaries in 5 Revenue Districts of Delhi.
- Every year World TB day is celebrated on 24th March. Accordingly TB awareness activities like community Meetings, Nukad Nataks, School Health awareness activities like Painting competition on TB/Essay competition/ speech competition on TB etc, Street Plays,Road Rallys to create awareness among the Public, IEC material distribution in OPDs of Hospitals/Dispensaries/Mohalla Clinics, CMEs involving Hospital Doctors, Private Care Providers, Nursing Staff , Paintings on Wall depicting Health messages, awareness campaigns in Metro Stations etc were conducted across the Delhi State starting one week before and one week after the World TB day.
- CMEs/Trainings are done on regular basis at New Delhi TB Centre, near Delhi Gate which is State TB Training & Demonstration Centre (STDC).
- PPSA have been engaged w.e.f Aug 2024 as an interface with Private Health Facilities in Delhi which has led to improvement in the Private Sector Notification.
- 100 Days TB Campaign/TB Mukt Bharat Abhiyan is being implemented in all the 11 Revenue Districts (25 NTEP Chest Clinics). This is Nation-wide campaign to accelerate TB case detection,reduce mortality, and prevent new cases through focused interventions in districts with the highest TB burden in a stratified approach i.e Find new cases (among vulnerable groups)–Screening with X-ray and upfront NAAT, Ensure successful management of identified TB cases (existing & new)– saturate services (Bank Seeding, NPY Payment, HIV, Diabetes, nutrition support - PMTBMBA) and implement differentiated care including TB death audit, Prevent occurrence of new cases (TPT among household contacts & among vulnerable groups).
- During the 100 Days TB Campaign/TB Mukt Bharat Abhiyan, vulnerable population are being screened for TB. Chest X ray is being done as screening tool. Presumptive cases are subjected to CBNAAT and TrueNat tests. In Delhi 89% of Vulnerable population enlisted has been screened for TB as compared to India average (58%). Chest X Ray has been done in 52% of enrolled of vulnerable population in Delhi as compared to 17% India average. NAAT testing has been done in 61% of all Microbiology tests done in vulnerable population as compared to 54% India average. 63% of Beneficiaries have been paid all benefits of DBT-NPY (Nikshay Poshan Yojna) in Delhi as compared to 47% India average.

DBT (Direct Benefit Transfer) Schemes

Delhi NTEP is Centrally Sponsored Scheme and the following three DBT Schemes are operational under Delhi NTEP. DBT Schemes are being implemented under Delhi NTEP w.e.f 1st April 2018 as per the GoI Guidelines. The DBT Schemes are as follows:

1. **Nikshay Poshan Yojna**-TB patient incentive for Nutritional Support - Under this DBT Scheme, Rs 1000/- per month (enhanced from Rs 500 w.e.f 1 November 2024) is transferred to TB patient's Bank Account through DBT PFMS for Nutritional Support till the patient completes treatment.

2. **Treatment Supporter Honorarium** - Under this DBT Scheme, Treatment Supporter who provides treatment to TB patients, are given Honorarium after the successful completion of TB patients. Rs 1000/- for Drug Sensitive TB and Rs 5000/- after successful treatment completion of Drug Resistant TB.

3. **TB Notification Incentive for Private Sector** - Under this DBT Scheme, Private Providers are given incentive for TB Notification, Rs 500/- per TB Case Notification and additional Rs 500/- after updating Treatment completion of Private Sector patient in the Ni-kshay Portal.

Ni-kshay Mitra Progress – Delhi

- Under the Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA), Donors (Ni-kshay Mitra) provide nutritional Support to consented TB patients. As of now, **741 Ni-kshay Mitras** have registered under Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA) and TB patients are provided Nutritional Food Baskets by DSIIDC, PPCL-IRCS, DTL-IRCS through DSCSC, individual donors, Corporate Organizations, Elected Representatives, Rotary Club, Indian Air Force, Central TB Division Officials etc.
- Total **1,77,080 Nutritional food baskets** have been distributed to consented TB patients on treatment
- Corporate Support by Pragati Power Corporation Limited. An amount of **₹9.41 crore** was contributed by Pragati Power Corporation Limited to the Indian Red Cross Society for nutritional support to **20,910 TB patients**. Distribution of food baskets has already commenced &**16800** patients have received food baskets and entries will reflect on the Ni-kshay portal in the coming days.
- Strengthening the Ni-kshay Mitra Network-57 new Ni-kshay Mitras have been onboarded following the meetings with GoI.State also plan for approach to engage elected members like MP and MLA. All the Districts have been advised to actively engage the district administration in mobilizing and on boarding new Ni-kshay Mitras.Districts have been encouraged to leverage platforms like the District TB Forum, involving forum members to promote and support the Ni-kshay Mitra initiative more effectively.
- District-level donors such as the National Safai Karamchari Finance & Development Corporation (NSKFDC) and TB Alert India have played a key role in reaching Persons with TB (PWTB). Districts have been directed to ensure timely compliance with the outlined action points.
- State have received donations from DSIIDC (₹21,35,601), MCD (Staff) -₹3,20,000 & Delhi Tourism-₹7,00,000 and Food Baskets would be distributed shortly to TB patients

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

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

Key Focus Areas & Plan for 2025-26

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

2. **Increase Presumptive TB Case Examination Rate** through sensitization of Medical Officers, ACF campaigns and initiating Vulnerability Mapping exercise as a pilot in one district.

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

4. **Implementing PMTPT** through short course 3 HP.

5. **Establishing a Sample Collection and Transport Mechanism** through NGO TB Alert India support and further through program budget. This also includes timely report updation and communication back to districts.

6. **Establishing DR-TB Center in large private hospitals** for care of patients who prefer to take treatment in the private sector. The state program will provide support through capacity building of staff, drugs and, monitoring and evaluation.

7. **Involvement of the general health system** including community level workers such as ASHAs for supporting the program in case finding through Active Case Finding campaigns and being treatment supporters needs to be scaled up. The state program has continuously strived to seek the support from various government functionaries for program activities.

8. **Multi Sectoral Collaboration** will be strengthened through involvement of various Stakeholders.

9. **Decentralization of treatment services** through involvement of community health workers such as ASHAs, community volunteers and NGOs acting as treatment supporters.

10. **Advocacy Communication and Social Mobilization (ACSM)** activities through State TB Forum and District TB Forum Meetings with the involvement of senior state and district level administrators.

5.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

In Delhi State, NTCP is being implemented in all 11 districts with functional District Tobacco Control Cells (DTCCs) for effective implementation and monitoring of tobacco control initiatives.

All Districts have a District Level Coordination Committee (DLCC) chaired by the respective District Magistrate and Enforcement Squads for monitoring compliance with tobacco control laws and periodic review the works of District Tobacco Control Cell.

Physical Achievement (F.Y. 2024-25): -

1. Capacity Building Including Training:
   - A total of 103 training were held. (State Level: 4 trainings conducted & District Level: 56 trainings conducted).

2. Awareness Programmes in Educational Institutions:
   - Awareness activities were conducted in 1,680 schools/colleges/educational institutions (EIs) by DTCCs.

3. Declaration of Tobacco Free Educational Institutions (ToFEI):
   - 575 Els were declared Tobacco Free as per ToFEI Guidelines by DTCCS.
   - Cumulatively. 2,742 Els had been declared Tobacco Free up to the last financial year.

4. Tobacco Cessation Centres (TCCs):
   - 33 TSCC were newly setup and made functional.
   - 01 TCC was made functional in BSA Hospital.

5. IEC Activities/Campaigns by DTCC:
   - 1,739 IEC activities/campaigns were undertaken by DTCC.

6. Awareness on Harmful Effects of Electronic Cigarettes/Like Devices:
   - 14,994 awareness activities were undertaken by DTCC regarding the harmful effects of electronic cigarettes and similar devices.

7. Challan
   - Section 4 : - 2115 (Rs 2,35,570)
   - Section 6A : - 7 (Rs 4,400)
   - Section 6B : - 64 (Rs 14,000)

8. Enforcement squad are 13 and 263 visits were done by the squads.

9. Number of persons who availed services at the TCC
   - Counselling - 4550
   - Pharmacotherapy - 51

10.TB-Tobacco screening – 110

11. Other Activities
   - World No Tobacco Day (WNTD) 2024: WNTD was celebrated in most of the districts on 31 May 2025
   - Tobacco Free Youth Campaign 2.0 (THYC 2.0) was celebrated from 23.09.2024 to 22.11.2024
   - Hospital Nodal officer were sensitised for reinforcement of COTPA implementation drive in hospitals.

FINANCIAL STATUS: -

Sr.No.	Budget approved amount in(INR) lakhs	Total Expenditure in FY Amount (INR)
FY(2024-25)	179.1	55.22

5.3 THALASSEMIA CONTROL PROGRAMME

The Delhi State Blood Cell (DSBC) continues to be the principal authority for the population-based screening for hemoglobinopathies, promotion of voluntary blood donation, improvement of blood transfusion services under the aegis of the Delhi State Health Mission. In line with the objectives of the National Health Mission and the Delhi Government's vision for preventive health, DSBC has significantly expanded its community-based activities during FY 2024–25.

A. KEY ACTIVITIES AND OUTREACH CAMPAIGNS

Universities and educational institutions in Delhi held 09 outreach screening and awareness activities spread during FY 2024-25. These camps targeted hemoglobinopathy screening of young adults—a high-risk but mostly untested group—while also promoting awareness.

Date	Event Venue	No. Screened	Suspected	Carriers Identified
04.04.2024	NDIM	124	11	4
22.04.2024	Ram Lal Anand College, DU	100	2	2
02.09.2024	ARSD College, DU	91	2	1
03.09.2024	Shambhu Dayal PG College	43	1	0
17.10.2024	Sri Guru Gobind Singh College of Commerce, DU	107	13	3
18.10.2024	Acharya Narendra Dev College (ANDC), DU	158	19	9

Date	Event Venue	No. Screened	Suspected	Carriers Identified
13.11.2024	Shaheed Bhagat Singh College, DU	100	18	5
23.01.2025	Shaheed Rajguru College of Applied Sciences for Women	185	8	3
21.02.2025	Ramanujan College	145	4	2

Total Screened: 1053, **Total Suspected**: 78

Confirmed Carriers Identified: 29 (confirmed cases include Beta Thalassemia trait and other structural variants such as HbS, HbE, HbD)

B. DEPLOYMENT OF EQUIPMENT AND AUGMENTATION OF INFRASTRUCTURE

Marking a significant step in scaling diagnostics screening for inherited blood disorders, the Delhi State Blood Cell began buying two high-throughput capillary electrophoresis machines for hemoglobinopathy screening during FY 2023–24.

Then, on 24 April 2024, related consumables were procured following installation confirmation. These computed buys have let the Delhi State Blood Cell operate dual-stream screening—for both pregnant cases and infants, hence ensuring early identification of Beta Thalassemia trait and other hemoglobin variants. By significantly reducing turnaround time and improving throughput and automation, the enhanced diagnostic accuracy supports the overall goal of eliminating unnecessary hemoglobinopathy-related morbidity in Delhi.

C. SCREENING IMPLEMENTATION OPERATIONAL USE AND CONSTRAINTS

Although high-throughput screening devices for hemoglobinopathies were effectively bought and implemented during FY 2023–24, the availability of operable consumables persisted to hinder productivity throughout the same fiscal period. Delayed acquisition caused prenatal screening consumables to arrive only in the last quarter of FY 2023–24, hence restricting the number of prenatal samples processed to roughly 1,500 for that year. Then, prompt access to these consumables let several GNCTD institutions begin routine prenatal hemoglobinopathy screening. As a result, 26,000 prenatal samples—an astonishing number—were processed in the first few months of FY 2024–25, indicating the latent capacity of the system.

Similarly, the acquisition process for neonatal screening consumables was completed only by April 2024; full-scale operations then began. Cumulatively totalling 56,000 neonatal hemoglobinopathy tests, this produced 15,000 neonatal samples processed during FY 2023–24 and an additional 41,000 samples in the early months of FY 2024–25. Though this indicated ability, no new acquisition of consumables could be started in FY 2024–25, all allocated funds remained under administrative hold. The scalability and continuity of prenatal and neonatal screening programs were directly impacted by this. In the upcoming fiscal year, timely budget release and procurement clearance are very essential to ensure ongoing public health service delivery and sustainability of these crucial screening projects.

1. PROJECT REPORT ON ANTENATAL HEMOGLOBINOPATHY SCREENING

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

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

The data is from the Screening Output until the end of March 2025 is summarized below:

- Total Antenatal Samples Screened: 54,504
- Total Positive Cases Detected: 2,389
    - Overall Positivity Rate: ~4.38%

Trait-wise Distribution among Positives:

Hemoglobinopathy Trait	Number of Cases
Thalassemia Trait	1,408
Hemoglobin E Trait	246
Hemoglobin S Trait	191
Hemoglobin D Trait	288
Others (HPFH, Delta-Beta Thalassemia, Alpha Variant)	256

Total number of Couple Screened for Hemoglobinopathy FY 24-25	363
Total number of Affected Individual (Thalassemia major) Screened FY 24-25	56
Total number of Couples Opted for Prenatal Testing FY 24-25	23
Number of Fetus Identified as Affected FY 24-25	09
Number of fetus Identified as Carrier/Trait FY 24-25	13
Number of Fetus identified as Normal FY 24-25	11

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

PROGRAM ACHIEVEMENTS

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

2. PROJECT REPORT ON NEONATAL HEMOGLOBINOPATHY SCREENING FY 2024–25

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

STRATEGY FOR IMPLEMENTATION

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

SCREENING OUTPUT & ANALYSIS

The data across two fiscal years is summarized as follows:

Financial Year	No. of Neonatal Samples Screened	Total Positive Cases	Breakdown of Presumptive Traits
FY 2023–24	15,000	176	- Presumptive Thalassemia Trait: 82 - HbE: 21 - HbS: 19 - HbD: 51 - Others: 3
FY 2024–25	41,000	896	- Presumptive Thalassemia Trait: 666 - HbE: 59 - HbS: 48 - HbD: 105 - Others: 18
Total	**56,000**	**1,072**	

Overall positivity rate: 1.9%

Presumptive Beta Thalassemia carriers accounted for **~75-79%** of total positive cases.
Structural variants including HbD, HbE, and HbS accounted for a significant minority.

5.4 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF NON-COMMUNICABLE DISEASES (NP-NCD)

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

- Monitoring & supervision of bi-weekly DM/HTN clinic in all Hospitals under GNCTD.
- Facilitation of field level screening/counselling on DM/HTN/common cancers.
- Facilitation of opportunistic screening for DM/HTN through health centres under GNCTD all over Delhi.
- Conduction of virtual training/meeting for sensitization & review of programme implementation with all District Nodal Officers (NP-NCD).
- Reporting & recording of NCDs data as per Govt. of India guidelines.
- Participation in virtual training/webinar for NCDs.
- Other activities detailed in Action Taken Report of NP-NCD program.

IEC activities:

- Celebration of World Hypertension Day on 17.05.2024 through special screening activities and various awareness generation activities such as health talks, focus group discussions etc.

- Celebration of International Yoga Day on 21.06.2024 by organizing Yoga camps at 170 slums sites across Delhi in collaboration with WHO India and NGOs and health talks were given in health facilities

- World Heart Day on 29.09.2024 was celebrated by conducting special screening drive in all health centers and hospitals. Health Camps were organized at DC/DM offices and DGHS (HQ). Various awareness generation activities like Quiz competition, Health talks, focus group discussions, distribution of IEC pamphlets etc. were conducted.

- Celebration of World Diabetes Day on 14th December 2024 at health facilities through special screening activities along with awareness generation activities i.e. Quiz competition / health talks/ Poster Compition/ Group discussion.

- World Cancer Day on 04.02.2025 was celebrated in all health facilities. Various awareness generation activities were conducted I.e. Nukkad Natak, Health talks, Focus group discussions and Poster

competitions.

Meetings under NPNCD:

Date	Agenda of Meeting	Participants	Remarks, if any
02.04.2024	To identify and fill the gaps between the data of eligible population whose CBAC forms are filled and who are screened and got treatment. Seeding of NIN Ids and mapping of LGD Codes,	All DPO, MIS Experts, SPO NP-NCD, State NCD Cell team and WHO Consultant.	Virtual meeting. brief orientation on how to retrieve data for ASHA line listing from National NCD Portal was also given
03.05.2024	Review of NP-NCD Programme	All DPO, MIS Experts, SPO NP-NCD, State NCD Cell team and WHO Consultant	Virtual meeting, main emphasis was given on low entry at ANM and MO level
29.05.2024	Review of NP-NCD Programme	All DPO, MIS Experts, SPO NP-NCD, State NCD Cell team and WHO Consultant	Virtual meeting
29.08.2024	To review the physical & financial progress of program along with 75 by 25 target status Status of NCD screening data on National NCD Portal Status of procurement of NCD screening logistics	DPO (East, New Delhi, North East, South East, South West & North West Districts), SPO NP-NCD, State NCD Cell team and WHO consultant	Virtual meeting Discussed about filling the gap between screening, diagnosis and treatment data on national NCD portal and steps to be taken for achieving 75 million by 25 targets DPOs presented power point templates of their respective districts.
04.09.2024		DPO (Central, North, Shahdara, South and West Districts), SPO NP-NCD, State NCD Cell team and WHO Consultant	
13.09.2024	Screening cum awareness generation activities on eve of World Heart Day	All DPO, SPO NP-NCD, State NCD Cell team and WHO Consultant	Virtual meeting
27.11.2024	To review the status of NCD screening data on National NCD Portal, status of procurement of NCD screening logistics & availability of medicines for Standard Treatment Protocol for Hypertension	All DPO, SPO NP-NCD, State NCD Cell team	Virtual meeting, DPOs presented Power Point Templates of their respective districts. DPOs were directed to ensure display of HTN T/t Protocol in all health facilities, discussed challenges in procurement process on GeM and accelerating the data entry on Portal.

Date	Agenda of Meeting	Participants	Remarks, if any
28.01.2025	To review the physical & financial progress of program. Status of NCD screening data on National NCD Portal Status of procurement of NCD screening logistics Availability of medicines for Standard Treatment Protocol for Hypertension	Meeting chaired by DGHS and State NCD Cell, All CDMOs, DPOs and WHO NCD Consultant participated.	Virtual Meeting. Review the status of screening, logistic procurement, ASHA & ANM performance of NCD Portal, MO Portal and follow up of STP of hypertension.
14.02.2025	Regarding preparation of intensified Special NCD Screening Drive in all health facilities	Meeting chaired by Mission Director/ Special Secretary (HFW), All DPOs and WHO NCD Consultant participated	Directions were issued regarding launching and initiation of special screening drive of common NCDs w.e.f. 17.02.2025
26.02.2025	Regarding discussion of implantation issues during special screening drive		

Training and Workshops:

Training	MO	PHNO	ANM	DEO	Other Paramedical & Nursing staff	Remarks
At State Level	30	02	NIL	105	-	30 MO & 02 PHNO were trained for Cervical Cancer screening through VIA (Both Theoretical & Practical) & 105 DEOs were trained for NCD Portal
At District Level	243	11	655	293	26	Trained for PBS and NCD Portal
Total	**273**	**13**	**655**	**398**	**26**	

Other Activities:

- Evidence based standard treatment protocol has been formulated for Hypertension and circulated with all stake holders for effective implementation in peripheral health facilities.
- Standard treatment protocol for diabetes has been formulated and circulated with all stake holders for effective implementation in peripheral health facilities.
- Screening of NCDs and preventive health checkup was done of staff working under Vanijya Bhawan, Department of Commerce, Govt. of India in the campaign “Swachhata hi Sewa (SHS) 2024”.
- ART centers from Lal Bahadur Shastri Hospital and Lok Nayak Hospital are identified for HIV- NCD collaboration activities.
- Special NCD Screening drive has been launched in all health facilities with aim to screen all 30 plus population for common NCDs (Diabetes, Hypertension, Oral, Breast & cervical Cancer w.e.f. 17.02.2025 to 31.03.2025).

National NCD Portal:

- 385 (DGDs, SPUHC, Polyclinics, MCW Centers & Maternity Homes) health facilities are mapped on

National NCD Portal.

- 04 District NCD Clinics are also mapped on National NCD Portal.
- Communication has been sent to remaining NCD clinics for operationalization of clinics and providing data for mapping.

Form 6				
National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)				
Reporting format for State NCD Cell				
Name of the State: DELHI		**Reporting Year: April 2024 to March 2025**		
Part A. Programme Data (Compiled data of Form 5A)				
Indicator		**Male**	**Female**	**Total**
i). Common NCDS under NPCDCS				
1. Total no. of persons attended NCD Clinics (New and Follow Up)		2184911	2650396	4835307
2. No. newly diagnosed with	A. Diabetes Only	29766	31902	61668
	B.Hypertension Only	42580	42574	85154
	C. HTN & DM (Both)	33567	34896	68463
	D. CVDs	130	122	252
	E. Stroke	31	58	89
	F. COPD	223	300	523
	G. CKD	63	63	126
	H.Oral Cancer	730	390	1120
	I. Breast Cancer	0	62	62
	J. Cervical Cancer	0	6	6
	K. Other Cancers	16	14	30
3. No of new patients initiated on treatment	A. Diabetes Only	12028	11822	23850
	B.Hypertension Only	17872	17303	35175
	C. HTN & DM (Both)	53440	51050	104490
	D. CVDs	353	372	725
	E. Stroke	270	185	455
	F. COPD	155	94	249
	G. CKD	435	312	747
	H.Oral Cancer	219	49	268
	I. Breast Cancer	4	19	23
	J. Cervical Cancer	0	22	22
	K. Other Cancers	4	2	6
4. No of Patients on Follow up	A. Diabetes Only	94546	95537	190083
	B.Hypertension Only	117084	122514	239598
	C. HTN & DM (Both)	73720	73452	147172
	D. CVDs	4743	4559	9302
	E. Stroke	1201	898	2099
	F. COPD	14558	13016	27574
	G. CKD	661	493	1154

Form 6				
	H.Oral Cancer	190	86	276
	I. Breast Cancer	30	52	82
	J. Cervical Cancer	0	0	0
	K. Other Cancers	168	107	275
5. No. of Patients Referred to Tertiary Care/TCCC	A. Diabetes Only	1581	1436	3017
	B.Hypertension Only	1535	1263	2798
	C. HTN & DM (Both)	985	833	1818
	D. CVDs	553	377	930
	E. Stroke	177	90	267
	F. COPD	905	681	1586
	G. CKD	152	115	267
	H.Oral Cancer	341	69	410
	I. Breast Cancer	2	39	41
	J. Cervical Cancer	0	28	28
	K. Other Cancers	5	0	5
6. No of patients treated at CCU	A. CVDs	20	11	31
	B. Stroke	9	6	15
7. No. of persons attended day care centre		250	0	250
8. No. of Persons counselled for health promotion and prevention of NCDs		295062	356482	651544
9. No. of patients attended physiotherapy		3154	5073	8227
10. Among all confirmed Diabetic patients [New (2A+2C) & Follow up (4A+4C)]	A. No. of known TB cases on ATT	6318	4983	11301
	B. No. screened for TB Symptoms	14152	15482	29634
	C. No. suspected for TB & refered to DMC/ PI	1457	1599	3056

Cancer Control Cell: The plan scheme "Cancer Control Cell" under GNCTD & the programme "NP-NCD" 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 health Centre & Hospitals under GNCTD.
2. Facilitation of field level screening / counselling on Common Cancer (Oral/Breast/Cervical).
3. Celebration of Breast Cancer Awareness Month in October 2024.
   Celebration of World Cancer Day: World Cancer Day (04.02.2025) was celebrated in all health facilities. Various awareness generation activities were conducted i.e. Nukkad Natak, Health talks, Focus group discussions and poster competitions.
4. Other activities detailed in NP-NCD action taken report.

5.5 NATIONAL PROGRAM FOR HEALTH CARE OF THE ELDERLY (NPHCE)

Sl. No.	Budget	Total (Rupeesin Lakh)

1	Fund Allocation	103.10
2	Fund utilized till date	28.96423
3	Balance funds available as on date	74.14

1. Facilities Established & Procurement done:

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

2. Infrastructure Established & Purchases undertaken:

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

Remarks*=Five hospitals have 10 (ten) beds each reserved for elderly patients

Sl. No.	Care Services Provided	Delhi Govt. Hospitals		Delhi Govt. Dispensary (DGD / SPHC)	Polyclinic	Aam Aadmi Mojalla Clinic (AAMC)	Total
		Sunday Clinic	Daily clinic				
1	Number of Elderly persons Attended OPD	23213	582954	279688	53112	-	**938967**
2	Number of Cases Admitted in wards	-	11319	-	-	-	**11319**
3	Number of Persons given rehabilitation Services	-	23509	9574	0	-	**33083**
4	Number of Lab. tests performed on elderly	6367	448579	-	-	-	**454946**

5	Number of Elderly screened & provided health Card	-	-	-	-	246900	**246900**
6	Number of Elderly persons Provided home based care	-	-	14309	4029	636	**18974**
7	Number of Elderly provided supportive appliances	-	-	9	0	61	**70**
8	Number of Cases referred	-	1117	1798	264	4631	**7810**
9	Number of Cases diedin hospital	-	-	-	-	-	**0**

5.6 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 ₹1,00,000/- and each nurse/paramedical staff is given ₹50,000/-.

The criteria of selection to the award were as under:

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

The HODs/ Directors/ Medical Superintendents will invite application from deserving candidate working in their institutions and scrutinise them. The recommended applications of the most deserving candidate will be

forwarded to Director General Health Services. The state award/search committee will decide the final list of candidates to be awarded.

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

1. Doctors = 20
   1.1. Teaching= 5
   1.2. Non-teaching=3
   1.3. General cadre = 8
   1.4. MCD=1
   1.5. NDMC=1
   1.6. ISM&H=1
   1.7. 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 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 hospitals - Member
5. Medical Superintendent of 100-200 bedded hospital - Member
6. Chief Nursing Officer of LNH or GB Pant or GTB hospital - Member
7. Director General Health Services - Convenor

The number of awards conferred so far:

Year	No. of Doctors	No. of Paramedical staff
1997-98	20	
1999-00	19	
2000-01	20	
2001-02	19	
2002-03	25	
2003-04	15	
2004-05	20	
2007-08	19	50
2008-09	20	49
2009-10	22	49
2010-11	21	47
2011-12	20	50
2012-13	20	31
2013-14	20	31
2014-15	20	31
Total	**300**	**338**

The State Awards for the next years will be conferred shortly.

For nomination submission, complete applications duly screened and nominated by Directors/ HODs/ MSs along with vigilance clearance should reach to "The Director General Health Services, Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110032.

5.7 SILICOSIS CONTROL PROGRAMME

Introduction:

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

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

Objectives:

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

Strategies:

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

Govt. Effort for Silicosis Control in Lal Kuan Area:

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

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

breathing ailments in Lal Kuan area. Silicosis is a sensitive problem in poor population.

Rehabilitation:

Recently the draft rehabilitation policy for silicosis patients was approved and is expected to be notified after approval of Cabinet. Compensation and rehabilitation support is given by revenue department, GNCT Delhi.

Awareness Activities:

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

Rehabilitation strategies of Health Department:

A medical team consisting of occupational health experts conducted clinical survey of the affected persons in Lal Kuan area.

1. A multipurpose Community Health Centre (CHC) for the treatment of the occupational disease has been established at the Tajpur near Lal Kuan.
2. A PUHC opened at Lal Kuan to cater the needs of Lal Kuan people.
3. Next of kin of fifteen deceased persons due to silicosis have been compensated @Rs. Four lakh by revenue department.
4. CDMO South east is providing free medical treatment through PUHC, Lal Kuan and MO I/c is coordinating for the referral for further management and diagnosis to National Institute of TB and Respiratory Diseases (NITRD), New Delhi through CATS Ambulance.
5. A Workshop on silicosis was conducted for health care personnel of GNCTD in 2019-20. During 2022-23 could not be organised due to Covid-19.
6. A committee under the chairmanship of Dr. J.K. Saini, (MD TB and Chest Disease, NITRD) was constituted for establishing the diagnosis of suspected silicosis cases. An arrangement has been arrived at with Senior Chest Physician Dr. J. K. Saini of National Institute of Tuberculosis and Respiratory Disease for a special weekly OPD for silicosis cases and suspected cases of silicosis from Lal Kuan.
7. As majority of old and suspected silicosis patients reside in Lal Kuan, ASHA workers of Lal Kuan Dispensary under CDMO (South East) were sensitised regarding silicosis with reference to their occupational history and clinical symptoms so that they recognize these patients and bring them in silicosis OPD to ensure free treatment and rehabilitation. These link workers are continuously visiting the area where silicosis affected patients are residing.
8. Further all patients in this area are being screened under RNTCP Programme and provided free treatment at DOTS centre for tuberculosis.
9. Reporting of new cases of silicosis from hospitals and districts has been started for further follow up and treatment.

5.8 FLUOROSIS MITIGATION PROGRAM

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

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

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

There is no definitive cure for Fluorosis and treatment is usually by giving supplementary medicines.

Deformity is corrected by surgery where possible and rehabilitation by physiotherapy. Prevention is the best way to tackle the problem.

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

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

Symptoms of Fluorosis: -

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

Diagnosis: -

- Diagnosis of Fluorosis is to be suspected if a person reports with the characteristic symptoms of Fluorosis from an endemic area.
- Any suspected case can be confirmed after retrieval of a clinical history, by the following tests.
- Any suspected case with high level of fluoridein urine (>1mg/L).
- Any suspected case with interosseousmembrane calcification in the forearm confirmed byX-ray Radiograph.
- Any suspected case if kidney ailment is prevailing, serum fluoride need to be tested, besides urine fluoride.

The identified cases shall be confirmed by:
i. Physical examination i.e., dental changes, pain and stiffness of peripheral joints, skeletal deformities.
ii. Laboratory tests i.e. urine and drinking water analysis for fluoride level and where possible
iii. Radiological examination i.e. X-ray of forearm, X-ray of most affected part

National Program for Prevention and Control of Fluorosis:

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

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

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

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

The Objectives of the Fluorosis Mitigation Program, Delhi are:

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

Strategy:

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

Activities Planned

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

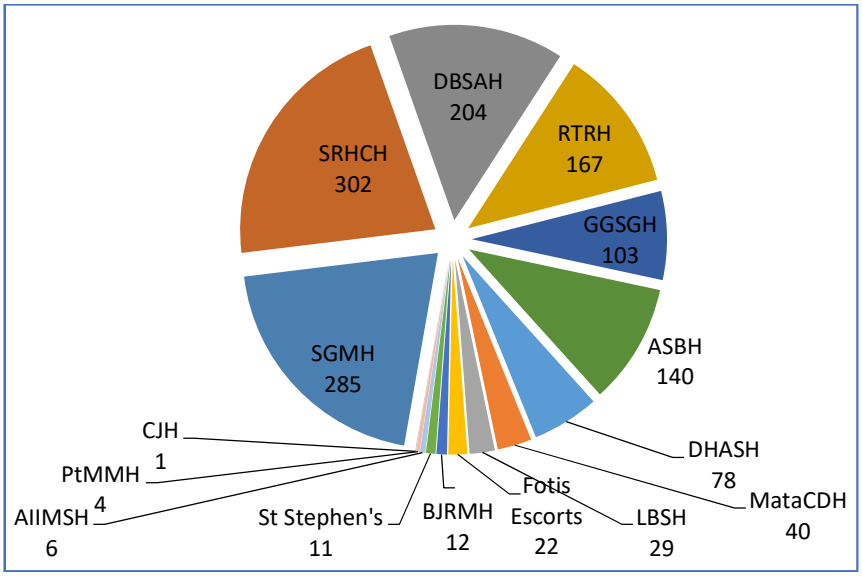
Role of NGOs

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

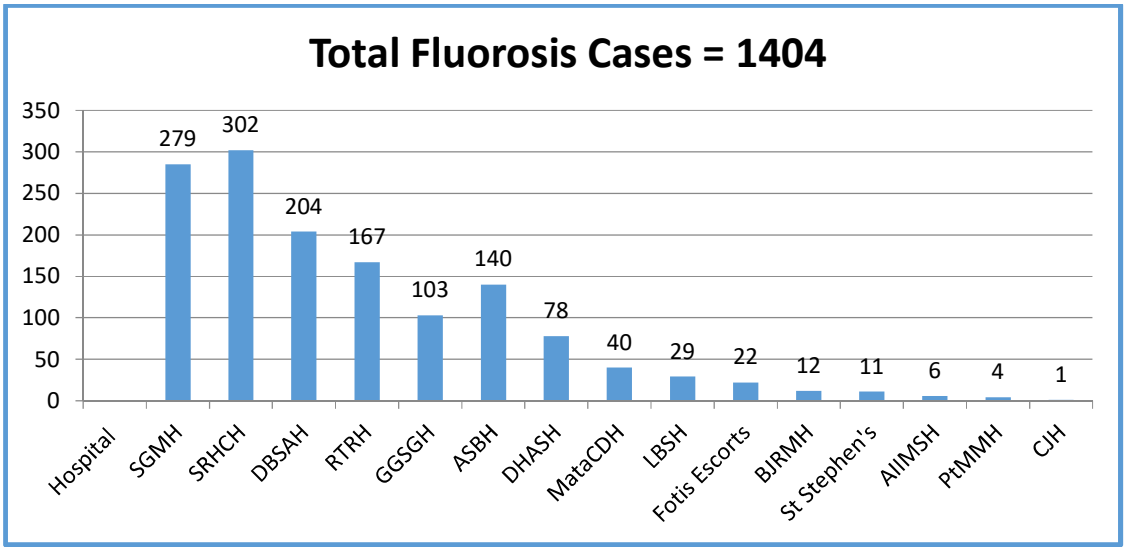
Fluorosis Reporting and Status of Fluorosis in Delhi:

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

PIE DIAGRAM OF CASES REPORTED IN FIVE YEARS: 1404



FIVE YEARS FLUOROSIS CASES IN DELHI



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

During 2022-23, a state level workshop was organised at Indira Gandhi hospital, Dwarka, New Delhi.
During 2023-24, community awareness was carried out in different Hospital OPDs.
During 2024-25, community awareness was carried out in different hospital OPDSs.

5.9 HEALTH MELA

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

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

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

During 2023-24 and 2024-25 community awareness was carried out for health awareness.

5.10 INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

The objective of Integrated Disease Surveillance Programme (IDSP) is early detection of disease cases which are of public health importance, analysis of trends of such diseases so that preventive strategies can be adopted timely in order to minimize morbidity and mortality.

- The diseases covered under IDSP: new emerging (surveillance of COVID-19, Seasonal Influenza etc) and re-emerging diseases, Water borne diseases, vaccine preventable diseases and Vector Borne Diseases etc.
- Surveillance Unit at State level is supported by District Surveillance Units at each District (Total 11) and is connected with Central Surveillance Unit at NCDC.

- One District Public Health Laboratory located at Pt. Madan Mohan Malviya Hospital, Malviya Nagar (South District) is functional under IDSP.
- District and State teams take action on any unusual hike in cases reported from District with the coordination of other agencies i.e. Delhi Jal Board, PWD, Animal Husbandry, Local Bodies etc.
- District Surveillance committee constituted at each District.
- Rapid Response Team in place at each DSU.
- Reporting is done on a web based portal, IHIP (Integrated Health Information Platform) under following three types of forms:

1. **S-Form:** Reporting format for syndromic surveillance, filled by health worker, not relevant in Delhi as health infrastructure of Delhi is different from other states.
2. **P-Form:** Reporting format for Presumptive Surveillance, filled by Medical Officer.
3. **L-Form:** Reporting format for laboratory Surveillance.

Integrated Health Information Platform (IHIP)

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

REPORTING UNDER IDSP

- IDSP was launched in 2008; old IDSP portal reporting was on weekly basis in numbers only.
- IHIP has been implemented since April 2022 in NCT of Delhi, reporting is on near real time basis. More than 1000 reporting units under P & L forms each including private hospitals and nursing homes.
- Collection of data from reporting units on real time basis through S, P & L forms which provides information about the disease trends.
- **S-Form:** Reporting format for syndromic surveillance, filled by health worker, *not relevant in Delhi as health infrastructure in Delhi is different from rest of the country; communication has been sent to CSU for exemption from reporting under S form; under discussion.*
- **P-Form:** Reporting format for Presumptive Surveillance filled by Medical Officer – 1055 reporting units; daily average reporting 76.27% till 31.03.2025.
- **L-Form:** Reporting format for laboratory Surveillance- 976 reporting units; daily average reporting 75.61 % till 31.03.2025.

Diseases reported on IHIP under P and L form wef 01.04.2024 to 31.03.2025 on IHIP

District-wise status of cases reported under P and L form wef 01.04.2024 to 31.03.2025 on IHIP

District	Presumptive Cases		Laboratory Cases		
	Cases	Deaths	Persons Tested	Samples Tested	Positive
Central	47672	1	18446	18550	9715
East	21638	1	13971	14070	4045
New Delhi	11762	21	16091	16137	6546
North	97567	2	117015	119991	13201
North East	8199	0	987	989	319
North West	49044	8	5197	5201	4534
Shahdara	43146	1	22699	22775	5218
South	23397	17	16421	16482	9344
South East	22090	1	9836	9847	9238
South West	133614	2	30596	30673	11456
West	34424	9	18631	18695	7254
Total	492553	63	269890	273410	80870

Status of reporting under P & L form; Delhi

Districtwise status of reporting under P & L form; Delhi

District	Presumptive Cases			Laboratory Cases		
	Total RUs	Reporting RUs	% Reporting	Total RUs	Reporting RUs	% Reporting
Central	114	90	78.94	116	93	80.3
East	61	45	73.31	60	45	74.74
New Delhi	95	72	76.07	53	39	73.78
North	76	63	82.61	76	62	81.84
North East	36	28	77.41	36	27	75.95
North West	133	95	71.15	128	85	66.07
Shahdara	90	70	77.34	92	71	77.62
South	77	60	78.36	66	53	79.86
South East	98	73	74.91	102	76	74.23
South West	150	113	75.37	129	96	74.07
West	123	94	76.8	120	93	77.39
Total	1053	803	76.27	978	739	75.61

Surveillance of COVID-19

- WHO in a statement dated 05.03.2023 has stated "that Covid-19 is now an established and ongoing health issue which no longer constitute a public health emergency of international concern (PHEIC)". However, the surveillance of COVID-19 as per the "Operational Guidelines for Revised Surveillance Strategy for COVID-19" is an ongoing process and the guidelines are reiterated and shared with all District Surveillance Units for compliance from time to time.

- Details of all parameters related to COVID-19 are updated on IHIP portal on daily basis from State Surveillance Unit and also shared with Central Surveillance Unit, NCDC.

- As a part of readiness, a mock drill was conducted on 12.11.2024 to 14.11.2024. A total of 613 Health facilities participated in Mock drill (399 publics and 214 private).

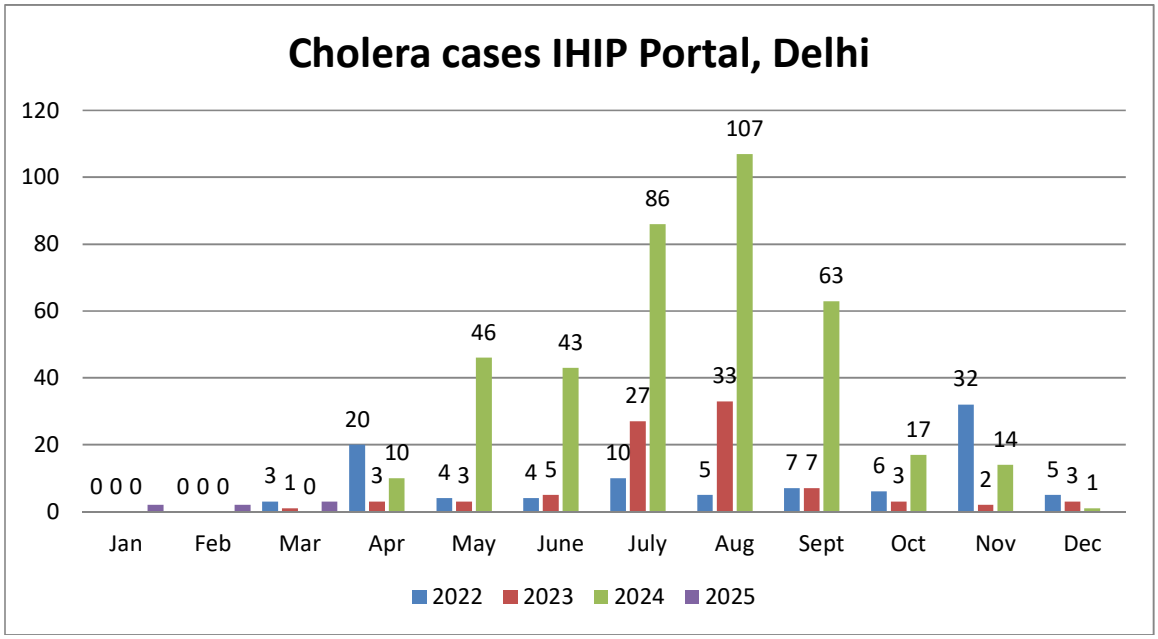
Surveillance of Cholera

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

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

MONTH AND YEAR WISE DISTRIBUTION OF CHOLERA CASES, IHIP Portal Delhi, (2022 to up to 31.03.2025)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2022	0	0	3	20	4	4	10	5	7	6	32	5	96
2023	0	0	1	3	3	5	27	33	7	3	2	3	87
2024	0	0	0	10	46	43	86	107	63	17	14	1	387
2025	2	2	3	-	-	-	-	-	-	-	-	-	25

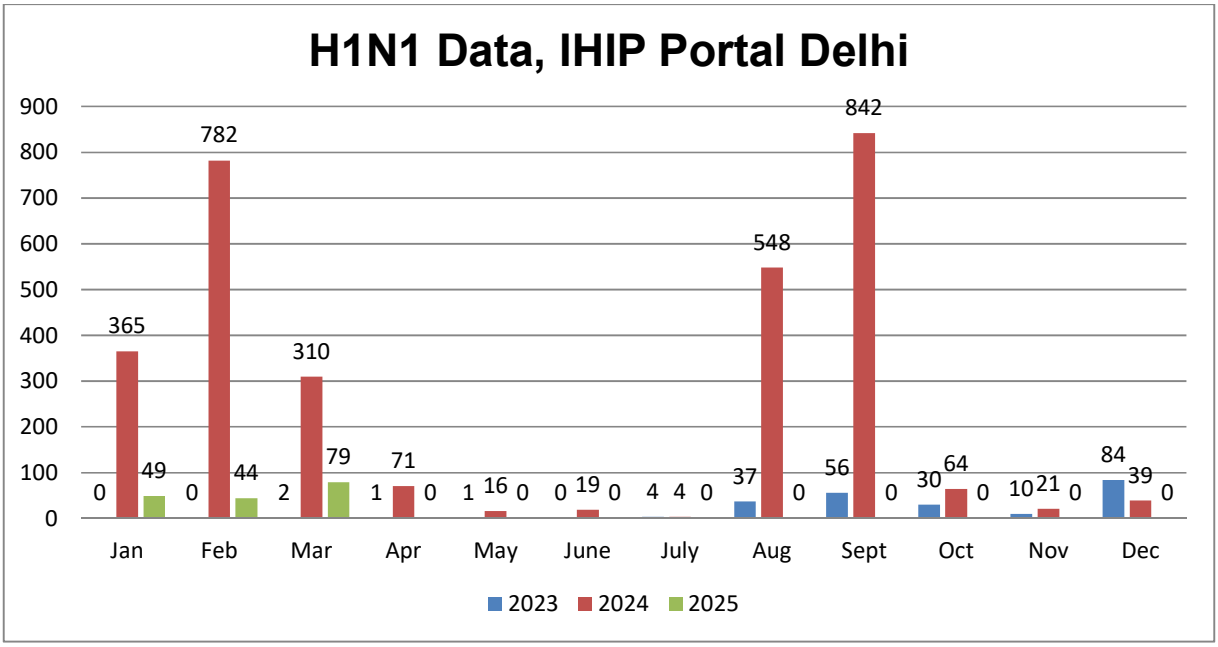


Surveillance of SEASONAL INFLUENZA (H1N1):

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

Month wise distribution of Seasonal Influenza H1N1 cases, Delhi (2023 to up to 31.03.2025), on IHIP Portal, Delhi

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023	0	0	2	1	1	0	4	37	56	30	10	84	225
2024	365	782	310	71	16	19	74	548	842	64	21	39	3151
2025	49	44	79	-	-	-	-	-	-	-	-	-	172



Trainings under IDSP

Commemoration of 20 yrs of IDSP

The commemorative event on the 20 yrs of excellence of services under IDSP was held on **4th November 2024** at **Dr Ambedkar International Centre located at Janpath, New Delhi.**

Felicitation of State Surveillance unit of IDSP Delhi at Commemorative event on 4th November 2024

Poster presentation of IDSP Delhi at Commemorative event on 4th November 2024

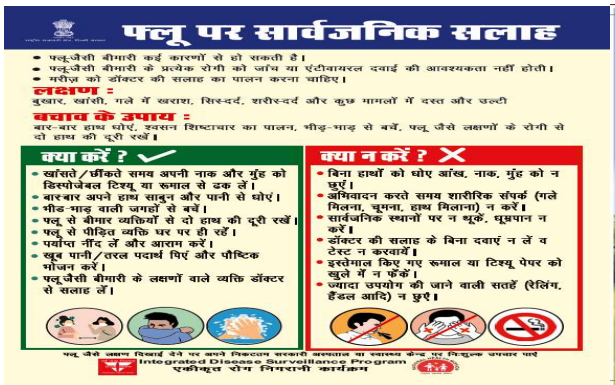
<u>Surveillance of M-pox</u>

1 suspected case of Monkeypox was admitted at Lok Nayak Hospital on 06.09.2024. The samples of suspected case were sent to NIV Pune to confirm the presence of Monkeypox virus and confirmed on 09.09.2024. The case was managed at designated hospital (LNH) in line with established protocols and discharged on 21.09.2024. 15 cases were reported during 2022.

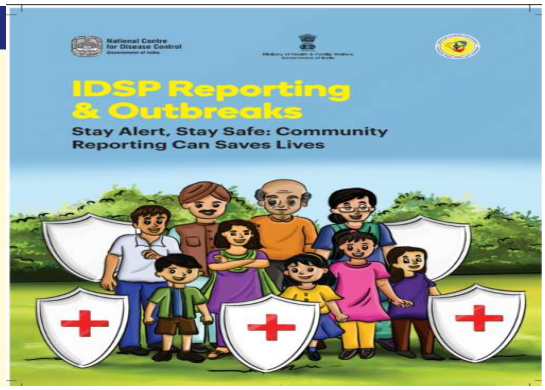
In this context, GNCT of Delhi has taken following measures for preparedness:

- Beds/rooms for admission of suspected/confirmed cases of Monkeypox have been reserved in three Govt. hospitals
    i. Lok Nayak Hopsital 10 isolation rooms for confirmed cases and 10 isolation romms for for suspected cases
    ii. Guru Teg Bahadur Hopsital 05 isolation rooms each for confirmed and suspected cases
    iii. Dr. Baba Saheb Ambedkar Hospital 05 isolation rooms each for confirmed and suspected cases.
- Guidelines for management of monkeypox (on disease transmission, surveillance and case definitions; diagnosis and case management; infection prevention and control; and personal protective equipment) were shared with all Govt/ Pvt hospitals.
- District Surveillance Units (DSUs) are in place for surveillance including contact tracing and follow up. State Surveillance Unit, Delhi is coordinating with all DSUs and Airport Health Organization (APHO), IGI Airport, New Delhi.
- A sensitization meeting of MD/MS, HODs of hospitals & CDMOs was held under the Chairpersonship of Secretary (Health) with Spl. Secretaries and DGHS, on Monkeypox. Instructions issued in the meeting for further sensitization of other doctors in the hospital.
- Instructions have been issued to all Govt./ Pvt Hospitals to notify all suspected cases of Monkeypox as per the case definition and refer them to designated Hospitals for isolation and management, in coordination with District surveillance units.
- NIV Pune, AIIMS Delhi & MAMC are the identified laboratories for testing and diagnosis of Monkeypox

Dedicated ward for isolation and treatment of M Pox patients at Lok Nayak Hospital



IEC Material on Flu
Surveillance of Human Metapneumovirus (HMPV)



Community reporting on IHIP

Human metapneumovirus (HMPV) is a respiratory virus that can cause infections in people of all ages. It was first identified in 2001 and is a member of the Paramyxoviridae family, which also includes viruses like the respiratory syncytial virus (RSV) and human parainfluenza viruses. HMPV is one of the leading causes of respiratory infections, particularly during the winter and early spring months

The Director General, GNCT has called meeting on 5/01/2025 at DGHS office and all relevant available information received from NCDC was shared with all The CDMO's with brief presentation by State Survillence branch and necessary instruction/ advise for preparatory action was discussed and all districts are directed to implement proper surveillance with close watch for the disease-HMPV Infection.

SSU was in coordination with CSU at NCDC and surveillance of ILI and Sari cases is enhanced.

5.11 NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (NVBDCP)

- Public Health Wing IV branch is the nodal branch of Directorate of Health Services, GNCT of Delhi for implementation of National Vector Borne Disease Control Programme (NVBCDP) and coordinate with various stakeholders for the interventions for containment of Vector Borne Diseases.The **National Vector Borne Disease Control Programme (NVBDCP)** is implemented for prevention and control of six Vector Borne Diseases (VBDs) namely: Dengue, Malaria, Chikungunya, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis.
- **Three Local Bodies** – Municipal Corporations of Delhi, New Delhi Municipal Council and Delhi Cantonment Board –are the main implementing agencies for carrying out public health activities for prevention and control of VBDs in NCT of Delhi. They are responsible to carry out anti larval and anti adult measures, source reduction, epidemiological investigation of confirmed cases, publicity and community awareness. Each local body has designated staff for these activities.
- In Delhi 35 hospitals are designated as **Sentinel Surveillance Hospitals** (SSH) and 2 Apex Referral Laboratories (ARL) at AIIMS and NCDC, for Dengue and Chikungunya. Contingency grant of Rs 1 lakh is provided to each SSH and Rs 3 lakh is provided to each ARL. Further ELISA based IgM kits are also provided to them, by National Center for Vector Borne Disease Control through NIV Pune. There is also provision of providing Elisa based NS1 Ag kits which are to be procured at State.
- Malaria is under Elimination and MCD has designated a nodal officer for preparation and implementation of **Malaria Elimination action plan**. One State Reference Microscopy lab is functional at Maulana Azad Medical College for malaria.
- Other stakeholder departments for prevention and control of Dengue and other VBDs are - Govt/ Pvt Hospitals, Laboratories conducting tests for VBDs, Dispensaries, health centres, Department of education, PWD, DMRC, DDA, Railways, Delhi Police, Transport department, Govt and Pvt offices etc.
- A **Death Review Committee** is constituted under the Chairpersonship of Municipal Health Officer (MHO) of MCD for review of VBD deaths reported by various hospitals.
- District Vector Borne Disease Officers are designated in all 11 districts for monitoring, Supervision and coordination with stakeholders with reference to various activities undertaken for containment of VBDs in Delhi.

- ***A 24X7 control room is functional at DGHS, GNCTD Headquarters with helpline numbers – 01122307145, 01122300012, 011-22300036.***
-

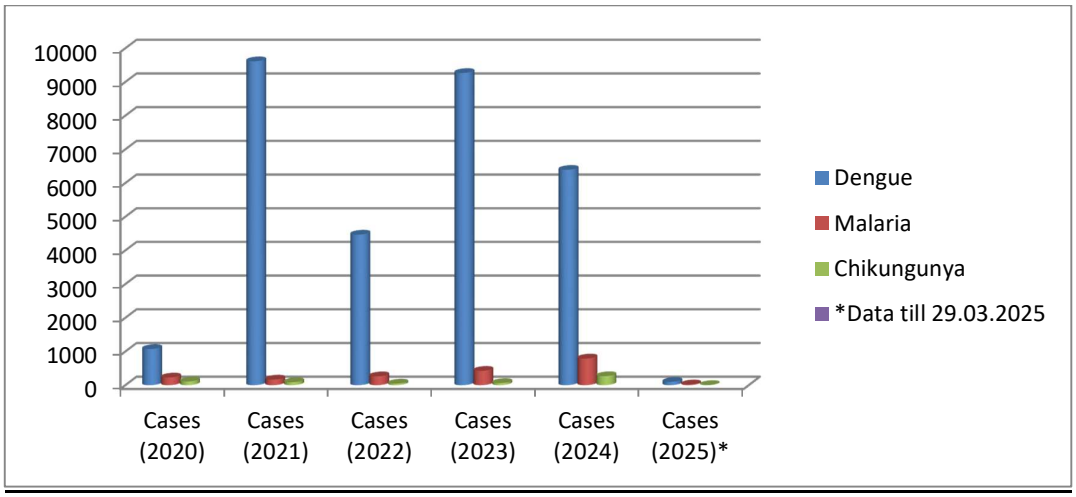
A. <u>Surveillance and Reporting :</u>

- Dengue, Malaria, Chikungunya and other Vector Borne Diseases are notifiable in Delhi (through gazette notification; October 2021), therefore reporting is mandatory by all hospitals/ labs etc. Real time reporting of vector borne disease cases is being done by hospitals and laboratories on the

Integrated Health Information Platform (IHIP). The cases reported on IHIP are monitored daily and the daily list of cases is shared with MCD for further epidemiological investigation and preventive action at the field level. The final report of VBD cases as per the program guidelines is prepared by MCD (being nodal agency for reporting) on weekly basis after field investigation of cases and this report is shared with Central Program division at NCVBDC,

- As per the reports of AIIMS and NCDC (both are apex referral labs for Dengue & Chikungunya) DEN – 2, was the most prevalent serotype in circulation during 2024 in Delhi.
- Status of Dengue/Malaria/Chikungunya cases in Delhi from the year 2020 to 2025 till the week ending on 29.03.2025 (as per the weekly report shared by MCD), is as under:

Disease	Cases (2020)	Cases (2021)	Cases (2022)	Cases (2023)	Cases (2024)	Cases (2025)*
Dengue	1072	9613	4469	9266	6391	98
Malaria	228	167	263	426	792	23
Chikungunya	111	89	48	65	267	4
*Data till 29.03.2025						



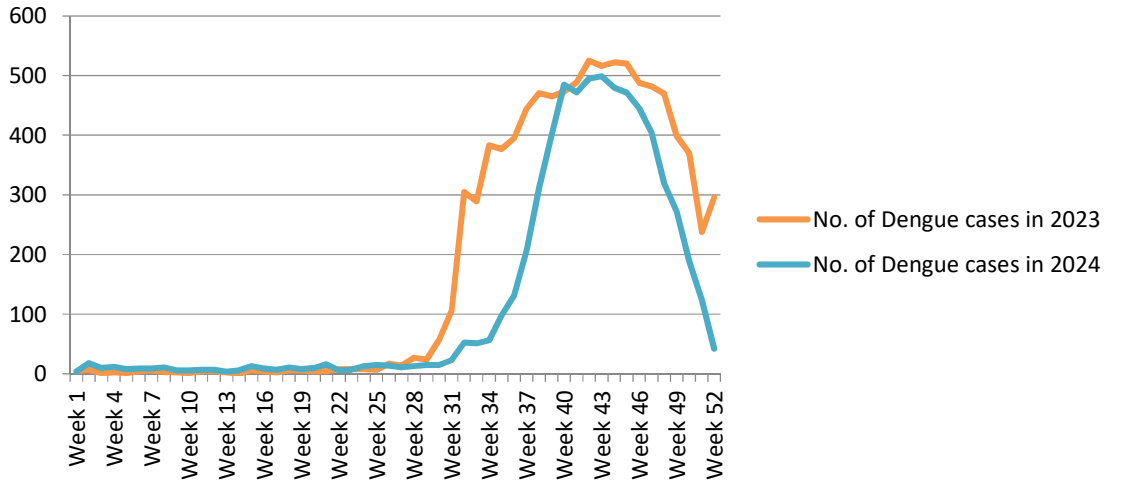


Diagram showing the trend of Dengue cases across time; week 1-week 52, 2023, 2024

B. Review meetings, Trainings & other activities

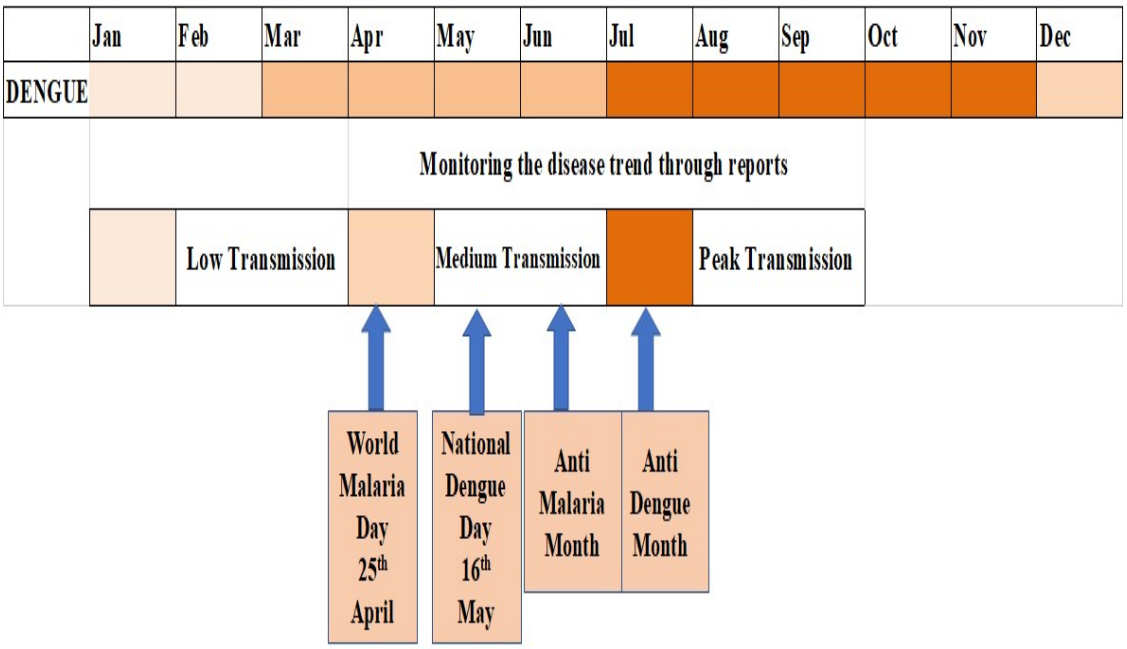
1. Hon'ble Health Minister, GNCTD reviewed the Dengue situation with Health Department, on 02.07.2024.
2. Hon'ble Health Minister, GNCTD reviewed the Dengue situation with Health Department & other Stakeholder Departments (Local Bodies, PWD, Flood & Irrigation, and Education etc.) on 05.07.2024.
3. Hon'ble Health Minister, GNCTD reviewed the Dengue situation with Medical Directors/ Medical Superintendents of Govt. Hospitals on 08.07.2024.
4. Hon'ble Health Minister, GNCTD reviewed the Dengue situation with Chief Secretary, Secretary (Health), MD (DSHM), DGHS & other Officers of Health Department and MCD, on 23.08.2024.
5. Hon'ble Health Minister, GNCTD reviewed the Dengue situation with Health Department & other Stakeholder Departments (Local Bodies, PWD, Flood & Irrigation, Education, District Magistrates, and Deputy Commissioners of MCD etc.) on 12.09.2024.
6. Secretary (H&FW) GNCTD reviewed the dengue situation in Delhi on 08.10.2024 with Spl. Secretary and officials from DGHS & MCD.
7. Mission Director (DSHM) &Spl. Secretary (H&FW) reviewed the dengue situation with various stakeholder departments on 19.07.2024.
8. Weekly review of dengue situation by Spl. Secretary (H&FW), DGHS.
9. Inter-Ministerial Meeting under the Chairpersonship of Secretary (Health), GoI on 02.08.2024.
10. Review of National Vector Borne Diseases Control Programme by MD (DSHM) on 08.08.2024.
11. Review of NVBDCP by Spl. Secretary (Health) on 10.09.2024.
12. A review meeting was held on 10.03.2025 under the chairmanship of Director, NCVBDC to review the status of Dengue and other VBDs in Delhi. MHO, MCD also attended the meeting.
13. A meeting was held with local bodies on 24.02.2025 to review the action plan on malaria elimination.

Trainings:

- Training of Doctors and paramedical staff organized at district level by District VBD officers.
- Training of 8 District and MCD officials was conducted on Integrated Health Information Platform (IHIP) implementation in NCVBDC.
- National Review Meeting- Malaria was conducted from 27th to 29th January 2025 at Goa.
- National Level IHIP Training was conducted on 11 March 2025 at NCVBDC.
- Training of DVBDC at Ahmedabad, Gujarat from 10-12 March, 2025.
- Training of Lab Technicians on Malaria Microscopy was carried out at NCVBDC.

District level trainings under NVBDCP


One Day Training
on


Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
DENGUE
Monitoring the disease trend through reports
Low Transmission
Medium Transmission
Peak Transmission
World Malaria Day 25th April
National Dengue Day 16th May
Anti Malaria Month
Anti Dengue Month

Seasonality of Dengue & observance of important days

World Malaria Day:

World Malaria Day was observed in all the districts of Delhi on 25.04.2024 focusing on community awareness for prevention and control of Malaria and ensuring prompt and complete treatment to each confirmed Malaria case. June was observed as Anti-Malaria month

Observance of World Malaria Day in Health facilities and Schools

National Dengue Day

National Dengue Day was observed in all 11 districts and local bodies on 16.05.2024 focusing on awareness and involvement of community for prevention and control of Dengue. July was observed as Anti-Dengue month in all districts of Delhi.

Observance of National Dengue Day in Heath Facilities and schools


EMERGENCY

C. Various advisories issued by Dte. GHS, GNCTD:

1. Multiple advisories (in first week of April and reiterated on 06.05.2024, 05.06.2024, 28.06.2024, 22.07.2024, 08.08.2024, 09.09.2024, 01.10.2024 and on 20.11.2024) issued to stakeholder departments.

2. Instructions issued to all the hospitals (Govt. & Pvt.) / laboratories performing diagnostic tests for Dengue and other Vector Borne Diseases for timely & complete reporting of cases on IDSP-IHIP portal so as to detect any increase in cases.

3. Annual demand of IgM kits (1050 for Dengue & 315 for Chikungunya) from all the identified Sentinel Surveillance Hospitals (SSHs) was shared with NVBDCP and NIV Pune & kits are being supplied to the hospitals by NIV Pune.

4. IEC material, Do's & Don'ts, Audio Messages, Training Video Films, Guidelines issued by GOI and other resource material also shared with all concerned. All the stakeholder departments are requested to designate a nodal officer for their respective premises, who is responsible for taking preventive measures for prevention and control of VBDs.

5. Advisory issued to all local bodies (MCD, NDMC and Delhi Cantonment Board) to intensify the actions for prevention & control of Dengue.

6. Advisory issued to District VBD officers & CDMOs of all districts – conveying their roles and responsibilities, district level coordination with stakeholder departments.

7. Advisory issued to various Delhi Govt. /Central Govt./ others/ Pvt. hospitals - for better clinical management. Treatment guidelines for Dengue and other resource materials also shared with hospitals. Directions have been given to all hospitals for ensuring "mosquito free campuses", as hospitals are zero tolerance zone for mosquitoes; and for accurate and timely reporting of all Dengue cases.

8. Advisory issued to Education Department, GNCTD – for involvement of school children in Dengue/ VBD control activities, training film for school students and a manual for schools is shared.

9. Advisory issued to Delhi Metro Rail Corporation (DMRC) – for prevention and control of VBDs and use of their P.A. system for announcement of VBD control messages. Recorded audio messages were provided to them and were announced at Metro Stations.

10. Advisory issued to District Magistrates, PWD, GNCTD, Delhi Development Authority, Transport Department, GNCTD, Northern Railways, Department of Urban Development, Delhi Police, Flood Control and Irrigation Department, Delhi Jal Board, sports complexes, private hospitals, National Zoological Park, various universities, Archaeological Survey of India, DUSIB, DSIIDC etc. for taking various actions for prevention and control of Dengue.

11. Communication has been sent to all Govt. hospitals and private hospitals (through Nursing Home Cell) regarding reporting of dengue cases in a timely manner on IHIP portal. Hospitals are requested to provide complete and accurate information of patients and also requested to ensure zero mosquito breeding in the hospital premises.

D. Awareness campaign for Dengue

- Quarter page colored advertisement for prevention and control of Dengue released in 12 leading newspapers (03 English, 5 Hindi, 2 Punjabi and 2 Urdu) released on 23.08.2024 (Friday) and subsequently on 06.09.2024, 20.09.2024, 04.10.2024, 16.11.2024 & 30.11.2024.
- Broadcast of radio jingle (60 seconds' duration) on 4 Radio Channels; 9 spots per day on alternative days for 1 month, started from 23.08.2024.
- In addition to above, another round of radio jingle (60 seconds' duration) on 4 Radio Channels; 9 spots per day on alternate days for further 1 month w.e.f. 12.10.2024.
- Display of banners in government hospitals & dispensaries.

- Recorded audio messages announced on metro stations by DMRC.
- Regular sharing of messages through whatsapp with ASHAs (6000) and further in their beneficiaries (app 25 lac houses) groups.
- Advisory for prevention and control of Dengue and other VBDs uploaded on website of Department of Health and Family Welfare.
- Recorded audio messages have been circulated to various departments (Delhi Police, DTC, Transport Department and Education Department etc.) for broadcasting through their Public Address System.
- Twenty-five lacs pamphlets on IEC for prevention & control of Dengue & other VBDs have been provided to all districts for further distribution in community through ASHAs.
- IEC activities being conducted at district level for creating awareness in the community:
  - **a.** Inspection of offices, schools, police stations, hospitals etc. by district teams.
  - **b.** Heath Talk, Interpersonal Communication
  - **c.** Display of IEC material in health facilities, schools and other public places
  - **d.** Slogan/ Drawing/poster/quiz competition at school level
  - **e.** A video film for training on prevention & control of Dengue for school children is circulated to all schools through Directorate of Education for display in schools.
  - **f.** Circulation of short videos and messages through whatsapp on various groups (including ASHA groups).
  - **g.** Health talk is being provided to school children by school health teams posted for the examination of school children.

Advisories in Newspapers on VBDs

Activities at Districts and Schools

5.12 NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP)

National Viral Hepatitis Control Program (NVHCP) was launched in 2018 with aim to combat hepatitis and achieve countrywide elimination of Hepatitis C by 2030, achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer) and reduce the risk, morbidity and mortality due to Hepatitis A and E.
The program is in line with global commitment towards achieving sustainable development goal (SDG) goal 3; target 3.3 which aims to "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases"

Programme has preventive component, diagnosis and treatment component, monitoring and evaluation, surveillance and research, training and capacity building components.

Activities under NVHCP:

- **Prevention:** Awareness generation & BCC; Hepatitis B Immunization; Provision of safe blood/ products; Injection safety.
- **Diagnosis & Treatment:** Screening/ diagnosis; treatment of uncomplicated/ complicated cases; lab capacity building; logistic supply.
- Screening for Hepatitis B & C are done for all ANCs, consenting individuals at TCs, MTC and DGDs.
- **Monitoring & Evaluation, Surveillance & Research:** Hepatitis information and management portal; standardized M&E framework; surveillance of acute & chronic viral Hepatitis and its sequel; Review Meetings/ external reviews.
- **Provision of HR** for Model Treatment Center at Lok Nayak Hospital & 8 Treatment Centers in 7 districts are functional (Currently No HR posted At MTC & TC).
- **Training and Capacity Building:** Standardized training modules for all cadres. Three (3) batches of trainings for medical officers have already been held. A total of 82 MO has been trained during F.Y 2024-25.

The current status of NVHCP in Delhi is:

- State program steering committee was constituted under the chairmanship of Sec. Health and family welfare for monitoring and providing guidance for implementation of the program.
- One Model Treatment Centre (MTC) is functioning at Lok Nayak Hospital- conducting screening and viral load testing for Hepatitis B & Hepatitis C and treatment of eligible positive patients for Hepatitis B & C.
- 8 treatment Centres (TCs) have been designated in 7 districts. Screening and treatment facilities have been started with availability of rapid diagnostic kits for Hepatitis B & C and drugs for treatment.
- Rapid diagnostic kits were procured and made available to MTC and TCs. All the medicines are supplied by Govt. of India as per the demand generated by model treatment centre and treatment centres.
- Various Trainings of medical officers for providing treatment to eligible uncomplicated patients were conducted through NVHCP (GOI).
- Surveillance of Hepatitis A and Hepatitis E through IDSP system of surveillance.
- Display of IEC material in health facilities and distribution of pamphlets etc for prevention and control of Viral Hepatitis.
- Various meetings were held with Central Program Division for guidance.
- Intersectoral coordination with other divisions - RCH division, blood bank, DSACS for data reporting and patient referral.

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

1. **One Modal Treatment Centre: - Lok Nayak Hospital**

2. **08 Treatment Centre**

Sl. No.	District	Name of treatment Centre
1.	Central	Aruna Asif Aali Hospital
2.	West	Tilak Vihar Ployclinic

3.	South	1) Pandwala Kalan Ploylinic 2) Dwarka Sector-14 Ploylinic
4.	North	Rohini, Sector-18 Ploylinic
5.	North East	Arvind Nagar, Ploylinic
6.	New Delhi	Vasant Gaon Polyclnic
7.	East	Kalyanvaas, Ploylinic

All medicines Hepatitis B & C are supplied by GOI.

Orientation training District Nodal officer (NVHCP), District RCH Nodal officers, and District ADIS Prevention Control Unit (DAPCU) Nodal officer were held at NCDC and Institute of Liver and Biliary Science (ILBS). A total of eighty medical officers were trained during Jan. 2025 to March 2025 for providing treatment to eligible uncomplicated patients.

Hepatitis B Monthly Data 2024-25 (April-24 to March-25)

S.No	Month	Total patients Screened	Total Positive patients	Total patients treated (New + Old)
1	April 2024	169	80	226
2	May 2024	221	118	209
3	June 2024	197	117	230
4	July 2024	74	35	289
5	Aug 2024	23	15	241
6	Sep 2024	200	180	363
7	Oct 2024	90	51	280
8	Nov 2024	280	155	315
9	Dec 2024	258	178	317
10	Jan 25	273	158	325
11	Feb 25	252	165	327
12	March 25	266	159	346

Hepatitis C Monthly Data 2024-25 (April-24 to March-25)

S No	Month (2024)	Screening	Positive	Treated (No.)	Completed Treatment
1	April 2024	169	77	49	34
2	May 2024	221	85	40	35
3	June 2024	197	77	70	31
4	July 2024	74	36	67	49
5	Aug 2024	23	11	55	55
6	Sep 2024	200	130	53	54
7	Oct 2024	90	34	76	58

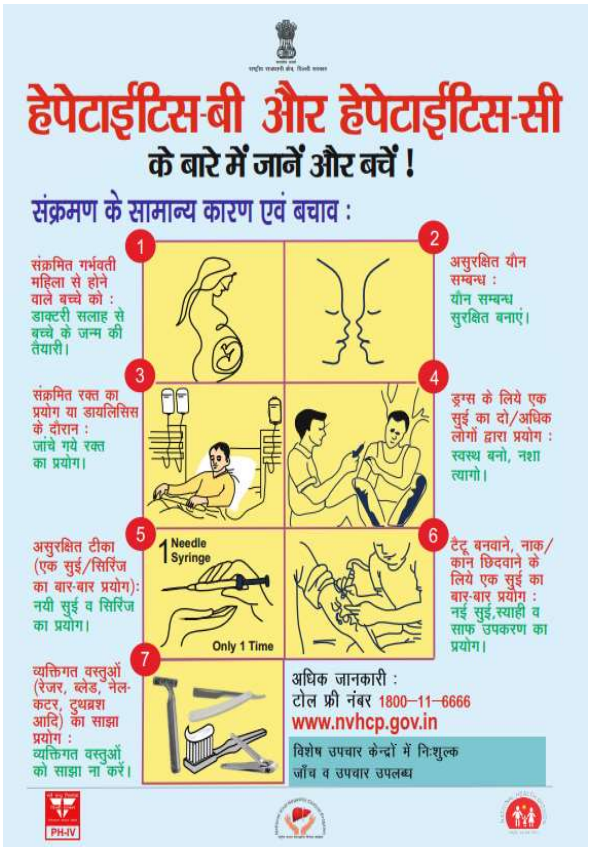
8	Nov 2024	280	107	69	47
9	Dec 2024	258	80	50	51
10	Jan 2025	273	114	54	63
11	Feb 2025	252	99	53	34
12	March 25	266	110	53	49

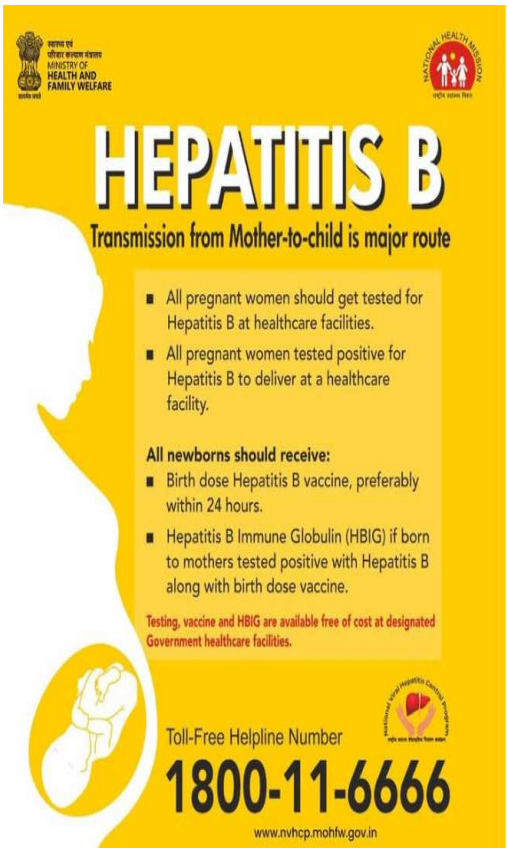
Trainings under NVHCP

One-day training program for district Nodal officers/ district immunization officers and others at ILBS on 20.03.2025

One-day training program for district Nodal officers/ district immunization officers and others at ILBS on 25.02.2025

At ILBS 25.02.2025





IEC on Hepatitis

5.13 NATIONAL RABIES CONTROL PROGRAMME (NRCP)

Human Rabies is a viral zoonotic disease that causes progressive and fatal inflammation of Brain and Spinal cord. It is transmitted after the bite of a rabid animal and is 100 % fatal if the timely intervention in terms of appropriate management of wound and rabies post exposure prophylaxis is not given to animal bite victims yet it is 100% preventable by timely vaccination.

Government of India launched a pilot project on prevention and control of rabies in 5 selected cities in 11th five-year plan, with the lessons learnt from the pilot project, Government of India launched, National Rabies Control Program (NRCP) in 12th five-year plan with objectives of: -

1. To reduce human mortality due to Rabies; progressively achieving the Global target of reducing deaths to "Zero by 30")
2. To implement a consensus strategy for control of rabies in dogs to cut down the transmission of rabies.

Key Strategies:

- Provision of Rabies Post Exposure Prophylaxis.
- Strengthening Surveillance of animal bites and human rabies.
- Capacity building of health care professionals for appropriate management of Animal Bites victims.
- Strengthening laboratory diagnosis of Rabies
- Increase awareness about Rabies in the general community.
- Strengthening Inter-sectoral collaboration with other sectors.

Rabies control program components:

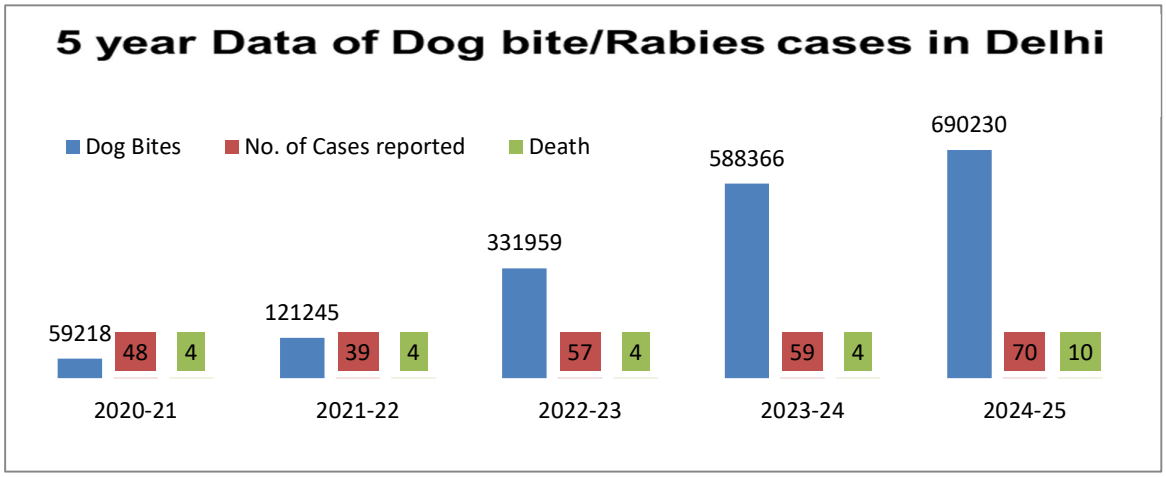
Human Component: Strategies	**Animal Component: Strategies**
Training of health professionals	Population survey of dogs
ID inoculation of Cell culture vaccines	Mass vaccination of dogs
Strengthen human Rabies surveillance system	Dog population management
Creating awareness: IEC, Advocacy & Communication, Social mobilization	Strengthening surveillance & response
Strengthening of Regional Laboratories	To Liaise with State Animal Husbandry Dept.

Total number of Suspected/Probable Human Rabies Cases & Deaths and Dog bite cases (year-wise), from 2021-2025: -

Year	Dog Bite cases	Other Animal Bite	Number of Suspected/ Probable Rabies Cases reported at Delhi hospitals *			Death Due to Rabies reported by Delhi hospital		
			Delhi	Outside Delhi	**Total**	Delhi	Outside Delhi	**Total**
2020-2021	59218	NIL	9	39	**48**	1	3	**4**
2021-2022	121245	1753	9	30	**39**	0	4	**4**
2022-2023	331959	16796	16	41	**57**	2	2	**4**
2023-2024	588366	41062	12	47	**59**	1	1	**4**
2024 -2025	690230	54917	5	65	**70**	1	9	**10**

* Includes patients from neighboring State

Graphical representation of 5yr data of Dog bite/Rabies cases and deaths reported in Delhi



The following activities were undertaken for prevention and control of Rabies in Delhi: -

- Two Workshops were conducted in collaboration with NCDC: approx. 60 health officers/officials trained in February 2025 at state level and 9 trainings conducted at District level.
- Preparation of State Action Plan for Dog mediated Rabies Elimination (SAPRE) is underway.
- Proposal to make the **Human Rabies a notifiable disease is under process**; vetted by Law Department and currently submitted for approval **of Hon'ble LG.**
- Treatment cards and registers have been printed and supplied to all Anti Rabies Clinics.
- 10 Model Anti Rabies Clinics established in 10 District Hospitals.
- Approx. 50 Health Facilities having wound-washing facility.
- Reporting of Dog bite and Animal bite cases with line listing on IHIP portal. Almost 1000 reporting units under P form of IHIP.
- **Reporting**: monthly reporting under NRCP by 58 health facilities.
- **Reporting Units under NRCP; Total 58**

Total No. of Reporting Units under NRCP; Delhi	
Agency	**Number of Health Facility**
Delhi Govt.	25
MCD	21
Central Govt.	5
ESI	4
NDMC	1
Army	2
Total	**58**

- The hospitals under administrative control of other agencies (Central Govt., MCD, NDMC etc.) have their own system of procurement.
- A meeting was held with key stakeholders eg. MCD, Animal husbandry dept., GNCTDelhi and Vet dept. of MCD on 6.12.2024 to discuss and review the preparation of SAPRE.
- A meeting was held with key stakeholders by Urban Development Department on 9th January 2025 regarding Animal Birth Control.
- Meeting with all stakeholder departments and NCDC was held on 03.02.2025.
- Geographical **mapping of 58 health facilities**, currently providing rabies vaccination, is under process in order to explore the availability of health facility to provide prophylaxis in the un-served areas.

Training Status under NRCP FY 2024-25

- Training on Animal Bite Management & Prophylaxis under NRCP for DNOs, & Medical Officers was held at state and district level in Delhi.

Objective: -

- To understand animal bite management protocols
- To learn prophylaxis measures under NRCP guidelines
- To improve monitoring & reporting animal bite cases

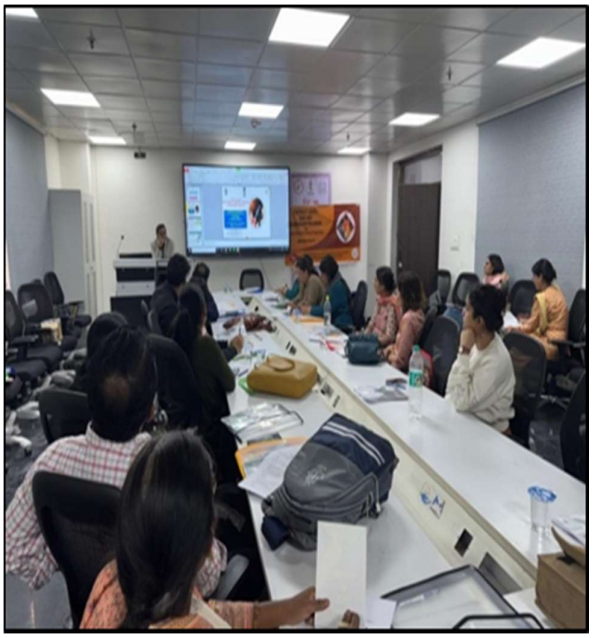
Training at State level

On 11.02.2025 and 19.02.2025 two days training program was held in Conference Room, Delhi State Health Mission, 6th Floor-8 wing, Vikas Bhawan-11, Civil Lines, New Delhi-110054 from 10:00 am to 5 pm. Around 60 medical officers and staff attended the training session.

DAY-1 (11.02.2025)

DAY-2 (19.02.2025)

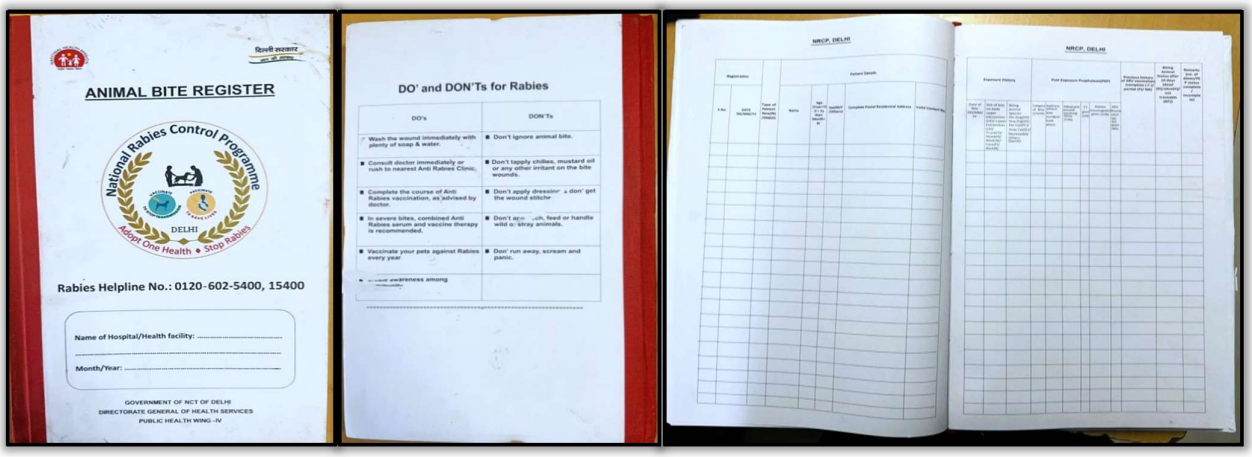
NRCP Traning at District Level:



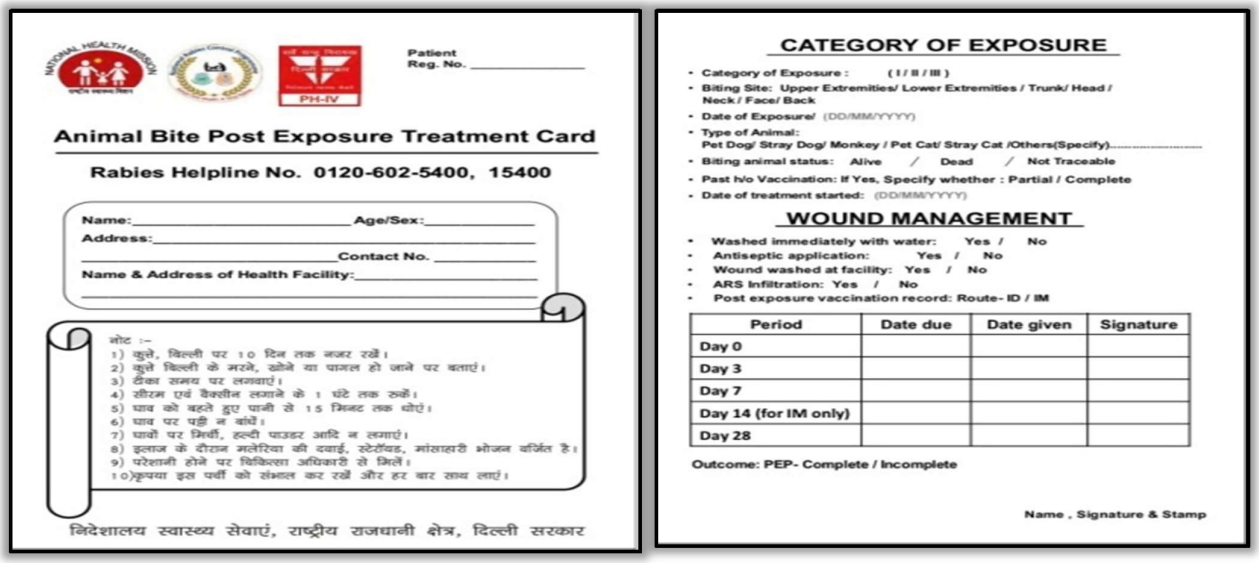



Printing of IEC materials (Registers&Treatment cards) for Anti-Rabies Clinics :- IEC metrial printed & distributed inall 58 reporting units of Delhi.

➢ **Animal Bite Register**

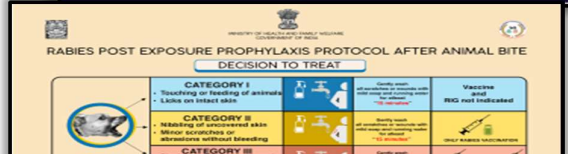


➢ **Treatment Card**



IEC on Rabies:-The IEC material in form of Sun-boards and posters for generating community awareness in various hospitals & Dispensaries as there is continuous influx of patients and awareness generation through this isbeneficial to the population.

Sunboard



Helpline Number (In Hindi) **Helpline Number (In English**

Observance of World Rabies Day: -

Every year, 'World Rabies Day' is observed globally on September 28th with an objective to create awareness for prevention and control of Rabies. World Rabies Day observed in all the districts of Delhi on 28.09.2025 focusing on community awareness for prevention and control of Rabies and work towards its elimination, following are the activities undertaken:

At Health Facilities /ARCs: -

1. Patients/Attendants in the OPDs may be sensitized through Health Talks on prevention and control of Rabies.
2. Health facilities/ ARC may organize public meetings/community meetings in their catchment areas through MOs/ANMs/ASHAs to generate awareness.

Schools: -

3. Sensitization of students, teachers & other staff in morning assembly regarding prevention and control of Rabies.
4. Quiz/poster designing/slogan writing competition etc. may be organized in school to create awareness among students.

Local bodies: -

5. Sensitization of community/RWAs/school children may be carried out.

6. IEC activities for community sensitization of Rabies through various modes of media (print, electronic, digital, outdoor etc.

Observed World Rabies Dayon 28th Sep 2024in various Health facilities of Delhi

Sensitized students and staff regarding prevention and control of Rabies.Organized Quiz/drawing competition for awareness

Promoting public awareness: -NRCP Delhi, observed Rabies Day on 28th of every month (Since Sep' 2023) to maintain continuity of awareness about prevention of Rabies in the community.




5.14 NATIONAL LEPROSY ERADICATION PROGRAMME

Epidemiological Scenario:

The state has achieved the goal of elimination of leprosy (i.e., Prevalence rate of Leprosy less than 1 case / 10,000 population) in 2007. Prevalence rate of Leprosy in 2024-25 is 0.70 There were 1353 leprosy cases on record as per latest available data (as on 31st March 2025). Trend of few important indicators since 2019-20 is given below:

Indicators	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
New cases detected	1824	829	983	1447	1382	1353
Child among new cases (percentage)	3.17	3.01	3.35	3.24	2.60	2.73
Grade II disability among new cases (percentage)	14.03	11.33	16.37	15.34	17.52	17.44
Number of Grade II disability amongst new child cases	1	1	1	0	2	4
RCS conducted for disability correction	73	5	46	51	55	63

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

- Strengthening of contact tracing along with Leprosy Post Exposure Prophylaxis (administration of Single dose Rifampicin)
- Intensification of ASHA based surveillance for leprosy suspects (ABSULS).
- Identification of Hot Spots areas for focused intervention.
- Strengthening of ASHA Linkage.
- DPMR Clinics (Physiotherapy, distribution of MCR footwear and self-care kit).
- Computerization of data.
- Actions planned on the basis of Gr.-II disability investigation forms (Regular IEC by NLEP staff, other health staff posted at PUHC & ASHA Workers).
    - SLAC 2025 (Oath Ceremonies, Health Camps, Health Talk, Group Discussions at all health facilities, Munadi, Video clip messages, painting competitions, Quiz Competitions, Awareness at schools, community meetings, pamphlets/posters distribution at different places like ISBT, railway stations, self assessment using questionnaire through QR code, nukkad natak etc).
- Patients follow up on regular basis under sahayak programme. Sahayaks are the NLEP Staff (SLC/NMS/PMW/LA/PHYSIOTHERAPIST/AA/CDEO) who are regularly in touch with the leprosy patients for their treatment and other medical needs.
- Disability camps in collaboration of Lepra Society.
- Capacity building at all levels (ASHA Workers, ANM, MO, DLO, SLC on diagnosis, Management and Disability prevention & training of volunteers giving dressing services in collaboration with Lepra Society).
- Bal Jagrukta Abhiyaan: Training of special education teachers for screening and awareness generation of school children for Leprosy.

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

- No. of patient's line listed to undergo RCS during 2024-25: **40 (Target)**
- No. of patients undergone RCS during 2024-25: **63**
- No. of patients paid welfare allowance during 2024-25: **24**
- No. of patients require MCR footwear: **300**
- No. of MCR footwear procured & distributed during 2024-25: **300**

Involvement of ASHA in 2024-25:

- Total No. of ASHA in State: **6260**
- No. of ASHAs trained in leprosy during 2024-25**:** **4923**
- No. ASHAs paid incentive on confirmation/completion of treatment in 2024-25: **203**

Activities through Health Centers, Hospitals: The health centers (PUHCs, Seed PUHCs, M&CW centers, Maternity homes, Polyclinics etc), hospitals all over Delhi actively participated in SLAC-2024-25.

- Oath Ceremonies
- Health Camps
- Health Talks
- Munadi
- QR code for self assessment
- Painting competitions
- Quiz Competitions
- Awareness at Schools
- Community meetings
- Nukkad Nattak
- Pamphlets distribution in OPDs, public places like market places, railway stations, industrial areas, ISBT & construction sites
- Group discussions.

- Display of Banners: IEC Banner on Leprosy displayed at ARDHS offices, DPMU offices, DC offices, hospitals & health centers.
- Video Spots: In OPDs, Camps, Railway Stations & ISBT.

Training conducted in 2024-25:

Sl. No	Category	In position	No. trained during 2024-25
1.	Medical Officer	687	304
2.	Staff nurses (ANM)	1406	971
3.	Pharmacists	464	317
4.	ASHA	6260	4923

Leprosy Colony

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

Supervision & Monitoring

- No. of Field Visits undertaken by State Leprosy Officer 2024-25 : **26**
- No. of Field Visits undertaken by State Leprosy Consultant in 2024-25 : **04**
- No. of Field Visits undertaken by NLEP consultant in 2024-25 : **05**
- No. of Review Meetings of District Leprosy Officers held in 2024-25 : **0**

Financial Status

Year	2022-23	2023-24	2024-25
Allocation	239.73	417.13	213.39
Release	239.73	417.13	213.39
Expenditure	150	295.05	145.9

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

Sl. No.	Designation	Name	Contact No.
1	State Leprosy Consultant	Dr. Tarannum Ara	9870344181
2	NMS	Sh. Dharamveer Verma	9910291284
3	Admin Asstt.	Ms. Shalini Kumar	8527202223
4	DEO	Sh. Rajeev Kumar	9811131216

District-wise details of contractual manpower hired at district level out of NLEP funds:

Sl. No.	District	Designation	Name	Contact No.
1	East	Leprosy Assistant	Ms. Suman Lata	9654606565
2	Shahdara	Physiotherapist	Sh. Amod Kumar	9971285747
		Leprosy Assistant	Ms. Renu Bala	9971332949
		PMW	Sh. Naresh Kumar	8791772519
3	North East	Leprosy Assistant	Ms. Sonia Arora	8802406225
		PMW	Sh. Ram Chander	9213345779
4	North	NMS	Sh. Krishan Kumar	9899929241
5	North West	NMS	Sh. Praveen Kumar	9711047471
		Leprosy Assistant	Ms. Anjali Sharma	9891267968
6	West	NMS	Sh. Tejpal Singh	9968241429
		Leprosy Assistant	Sh. Vijay Kumar	9910199439
		Leprosy Assistant	Ms. Ritu	9990903732

Sl. No.	District	Designation	Name	Contact No.
		PMW	Sh. Ashwani Kumar	9643441917
7	South West	NMS	Sh. B. K. Jain	9968253742
		Leprosy Assistant	Sh. Rakesh Kumar Yadav	9971583055
8	South	NMS	Sh. Parshuram	9990387020
		Physiotherapist	Sh. Ammu Susan	9868914234
		Leprosy Assistant	Sh. Vikash Lunia	9784946700
9	New Delhi	NMS	Sh. C.P. Kaushik	9560634648
10	Central	NMS	Sh. Vinod Kumar	9891341825
		Leprosy Assistant	Sh. Harish Yadav	9871917958
11	South East	PMW	Sh. Anoop Kumar	9971536133

Summary Findings and Learnings From Sparsh Leprosy Awareness Campaign, 2025:

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

- **Pledge Ceremony:** Pledge Ceremony for SPARSH Awareness Campaign was held at ***SLO Office Delhi*** on 30th January 2025. A Pledge ceremony has also been taken place in all, Offices of CDMO / DPMU Office, Health Centers, Hospitals, DM offices under all the 11 districts of Delhi on 30th January 2025.
- **Health talks** for staff/ patients/ visitors, group discussions & distribution of pamphlets/ posters.
- Health Talks given by NMS & PMW in presence of CDMO/MO, MO/I'c in DGD's, Polyclinics, M&CW centers, Hospitals & Leprosy Colonies during Leprosy Fortnight.
- Pamphlets distributed in general public during Leprosy Fortnight activities (School orientation at schools), munadi, Health Facilities in all the 11 Districts of Delhi.

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

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

Leprosy Case Detection campaign: Rolled out in all 11 districts of Delhi.

New Initiatives: Bal Jagrukta Abhiyaan, Sahayak Programme, Provision of Toll free number 1800112488 and QR code containing self assessment questionnaire.

National Leprosy Eradication Programme, Delhi Team is working towards achievement of goal of zero transmission by 2027.

Activities Under NLEP 2024-25

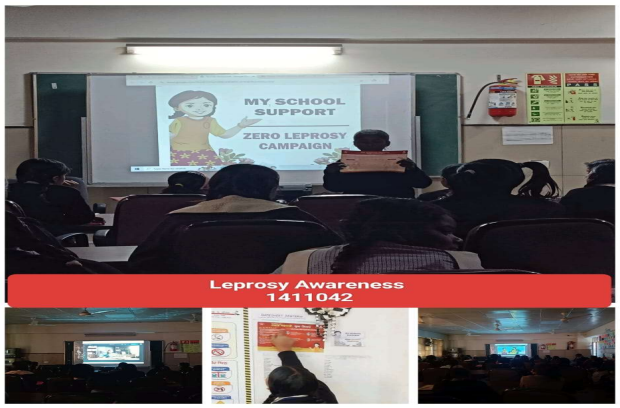
DPMR CAMPS

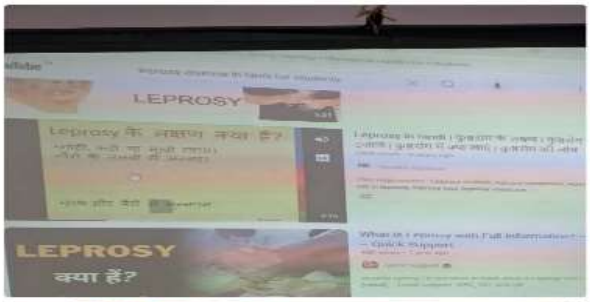


SLAC 2025

Monitoring Visits in Districts 2024-25

Awareness Activities Conducted by Special Education Teachers 2024-25





Magic Show

5.15 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

As per NPPCD guidelines, there are two important components of the National Programme for Prevention & Control of Deafness which are as under:

1. IEC
2. Training

Quarterly Report NPPCD programme for the 1st Quarter 2024-25 (April to June 2024)

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative Total
	M	F	M	F	M	F	M	F		
Deafness	590	516	1497	1307	4539	4660	3711	3474	20294	20294
Mild	226	143	462	386	1548	1636	803	724	5928	5928
Moderate	112	128	482	401	1411	1521	1246	1110	6411	6411
Severe	116	129	293	292	1004	1001	1169	1168	5172	5172
Profound	136	116	260	228	576	502	493	472	2783	2783
Normal Hearing	340	166	654	517	1589	1329	360	285	5240	5240

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative Total
	M	F	M	F	M	F	M	F		
Total	**930**	**682**	**2151**	**1824**	**6128**	**5989**	**4071**	**3759**	**25534**	**25534**

Number of surgeries performed:

Surgery	Male	Female	Total	Cumulative total
Myringoplasty	155	124	279	279
Tympanoplasty	298	482	780	780
Myringotomy	74	6	80	80
Grommet insertion	28	21	49	49
Stapedectomy	27	24	51	51
Mastoidectomy	194	166	360	360
Total	**776**	**823**	**1599**	**1599**

Referred for	Up to 14 years		15-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F		
Number of hearing aids fitted	96	95	102	106	162	148	709	709
No. of persons referred for rehabilitation	1012	749	374	316	353	236	3040	3040

Quarterly Report NPPCD programme for the 2nd Quarter 2024-25 (July to Sept 2024)

Number of cases examined with	0-5 years		6-15 years		16-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F	M	F		
Deafness	648	541	1662	1571	4709	4958	3909	3431	21429	41723
Mild	168	144	486	452	1593	1794	910	776	6323	12251
Moderate	176	139	574	540	1654	1701	1451	1295	7530	13941
Severe	142	135	348	332	926	933	1021	891	4728	9900
Profound	162	123	254	247	536	530	527	469	2848	5631
Normal Hearing	249	244	402	450	1392	1290	378	374	4779	10019
Total	**897**	**785**	**2064**	**2021**	**6101**	**6248**	**4287**	**3805**	**26208**	**51742**

Number of Surgeries performed:

Surgery	Male	Female	Total	Cumulative total
Myringoplasty	143	140	283	562
Tympanoplasty	277	430	707	1487
Myringotomy	28	21	49	129
Grommet insertion	45	46	91	140
Stapedectomy	10	31	41	92
Mastoidectomy	180	187	367	727
Total	**683**	**55**	**1538**	**3137**

Referred for	Up to 14 years		15-50 years		≥ 50 years		Total	Cumulative total
	M	F	M	F	M	F		
Number of hearing aids fitted	48	44	84	73	141	115	505	1214
No. of persons referred for	455	383	134	127	145	137	1381	4421

rehabilitation								

Quarterly Report NPPCD programme for the 3rd Quarter 2024-25 (Oct. to Dec. 24)

	Total	Cumulative total
No of cases (OPD) with ear & hearing problem as per hearing register	62939	104662
Direct patient out of total OPD, attending MC/DH/CHC/PHC/HWC	27631	69354
Referred cases out of total OPD, frok DH/CHC/PHC/HWC	0	0

Number of cases found with having	0-6 years		6-18 years		18-30 years		33-60 years		> 60 years		Total	Cumulative Total
	M	F	M	F	M	F	M	F	M	F		
Unilateral	157	104	497	462	1939	1940	1490	1377	736	602	9304	9304
Bilateral	444	353	1066	990	1677	1725	2009	1723	1400	1184	12355	12355

Degree of hearing loss in Affected Ear for unilateral	0-6 years		6-18 years		18-30 years		33-60 years		> 60 years		Total	Cumulative Total
	M	F	M	F	M	F	M	F	M	F		
No Deafness	64	45	117	140	472	364	423	316	136	112	2189	2189
Mild Deafness	77	49	157	157	767	824	471	453	246	153	3354	3354
Modrate Deafness	16	4	128	96	578	618	440	436	217	162	2695	2695
Severe Deafness	28	26	109	118	367	309	365	331	177	170	2000	2000
Profound Deafness	36	25	103	91	227	189	214	157	96	117	1255	1255

Degree of hearing loss in Better Ear for Bilateral	0-6 years		6-18 years		18-30 years		33-60 years		> 60 years		Total	Cumulative total
	M	F	M	F	M	F	M	F	M	F		
No Deafness	263	139	548	440	882	650	598	525	224	214	4483	4483
Mild Deafness	117	76	258	245	555	614	582	504	253	186	3385	3385
Modrate Deafness	72	87	438	375	552	517	705	638	626	553	4546	4546
Severe Deafness	35	56	221	210	304	329	422	350	363	296	2569	2569
Profound Deafness	104	74	149	160	266	265	300	231	158	149	1855	1855

Treatment Given	Total	Cumulative total
Medical Treatment	48301	48301
Wax Removel/Syringing	12738	12738
Surgical treatment	5539	5539
Prescribed Hearing aid	414	414

Referred for Rehanilitation	595	4559

Surgery	**Total**	**Cumulative total**
Myringoplasty	350	912
Tympanoplasty	684	2163
Myrigotomy	83	223
Gommet insertion	64	204
Stapedectomy	23	115
Mastoidectomy	458	1185
Grand total	1662	4802

No of Case in Whom	**Total**	**Cumulative total**
Hearing aid recommended	781	781
Hearing aid fitted	134	1348
Speech & language therapy done	1237	1237

Quarterly Report NPPCD programme for the 4th Quarter 2024-25 (January to March 2025)

	Total	**Cumulative total**
No of cases (OPD) with ear & hearing problem as per hearing register	75769	180431
Direct patient out of total OPD, attending MC/DH/CHC/PHC/HWC	43308	92206
Referred cases out of total OPD, frok DH/CHC/PHC/HWC	0	0

Number of cases found with having	**0-6 years**		**6-18 years**		**18-30 years**		**33-60 years**		**> 60 years**		**Total**	**Cumulative total**
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**		
Unilateral	225	166	581	544	1405	1471	1493	1557	735	729	8906	18210
Bilateral	450	385	1071	1003	1407	1439	2130	2159	1850	1528	13422	25777
Degree of hearing loss in Affected Ear for unilateral	**0-6 years**		**6-18 years**		**18-30 years**		**33-60 years**		**> 60 years**		**Total**	**Cumulative total**
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**		
No Deafness	150	86	232	198	634	512	488	497	198	155	3150	5339
Mild Deafness	99	59	199	191	455	543	420	477	183	179	2805	6159
Modrate Deafness	36	25	167	150	474	491	524	541	235	241	2884	5579
Severe Deafness	30	27	126	124	290	270	342	313	204	193	1919	3919
Profound	60	55	89	79	186	167	207	226	113	116	1298	2553

Deafness												
Degree of hearing loss in Better Ear for Bilateral	**0-6 years**		**6-18 years**		**18-30 years**		**33-60 years**		**> 60 years**		**Total**	**Cumulative total**
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**		
No Deafness	289	189	569	453	1207	973	864	743	246	232	5765	10248
Mild Deafness	118	90	245	269	435	505	606	648	330	264	3510	6895
Modrate Deafness	113	119	400	375	473	476	794	804	750	594	4898	9444
Severe Deafness	98	82	273	194	283	287	452	458	538	478	3143	5712
Profound Deafness	121	94	153	165	216	171	278	249	232	192	1871	3726

Treatment Given	**Total**	**Cumulative total**
Medical Treatment	57224	106072
Wax Removal/Syringing	13978	26716
Surgical treatment	4495	10041
Prescribed Hearing aid	751	1181
Referred for Rehanilitation	743	5303
Surgery	**Total**	**Cumulative total**
Myringoplasty	227	1139
Tympanoplasty	746	2909
Myrigotomy	71	294
Gommet insertion	46	250
Stapedectomy	64	179
Mastoidectomy	368	1553
Grand total	1522	6324
No of Case in Whom	**Total**	**Cumulative total**
Hearing aid recommended	1677	2458
Hearing aid fitted	126	1474
Speech & language therapy done	4652	5889

IEC/ Mid Media activities conducted during world hearing day 3rd March 2025

Training of MOs & ANM under NPPCD 2024-25




Screening Camps under NPPCD 2024-25





5.16 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)

The "State Health Society Delhi" is implementing NPCB program in Delhi on the decentralized manner through respective "Integrated District Health Society". Various approved activities were under taken **during the year 2024-25** as per Program Guidelines. The detail of activities under taken during this period is given here under: -

1. Campaign cataract countdown

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

Year	No. of Cataract Surgeries	IOL Surgeries out of total cataract surgeries
2021-22	62804	58803
2022-23	96659	85777
2023-24	113688	111994
2024-25	106400	101259

2. School Eye Screening Project

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

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

Year	No of additional teachers trained	No. of Students Screened	No. of Students detected with refractive error	No. of Students provided free glasses	No of old persons providing free spectacles suffering from presbyopia
2024-25	Nil	953781	107681	2651	1879

3. Eye Banking Activities

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

The report of Eye Banks is as below: -

Year	No. of Eyes Collected	No. of Eyes used in Kerotoplasty
2021-22	2229	2053
2022-23	3776	2994
2023-24	3064	3869
2024-25	5601	3661

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

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

Sl. No.	Name of Eye Bank	Location of Eye Bank	Direct Telephone Number
1	National Eye Bank	Dr. R. P. Centre, AIIMS, Aurobindo Marg, New Delhi-29	26589461 26593060
2	Eye Bank at Venu Eye Institute	1/31/, Sheikh Sarai, Institutional Area, Phase-2, New Delhi-17	29250952 9899396838
3	Central Eye Bank, Sir Ganga Ram Hospital	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-60	25732035
4	Shroffs Charity Eye Bank	5027, Kedar Nath Road, Darya Ganj, New Delhi-02	011-43524444 9650300300
5	Guru Nanak Eye Centre	Maharaja Ranjit Singh Marg, Delhi-02	23234612, 23235145 23234622
6	Safdarjung Hospital Eye Bank	Aurobindo Marg, New Delhi-29	9868272292 26707217
7	Army Hospital Eye Bank	R.R. Centre, Subroto Park N. Delhi	011-23338181 011-23338187 01123338440
8	Centre for Sight –Safdarjung Enclave	B – 5/24, Safdarjung Enclave, opposite Deer Park, Humayunpur, Safdarjung Enclave, New Delhi, Delhi 110029	011-45738888
9	Guru Teg Bhadur Hospital	Tahirpur Rd, GTB Enclave, Dilshad	

Sl. No.	Name of Eye Bank	Location of Eye Bank	Direct Telephone Number
		Garden, New Delhi, Delhi 110095	
10	CFS-PREET VIHAR	Centre For Sight Eye Hospital, F – 14, Main Vikas Marg Near Metro Gate No.2, Preet Vihar, New Delhi, Delhi, 110092	22042226 8468004687
11	Centre for Sight- Dwarka	Plot No 9, Dwarka Sector 9, Dwarka, New Delhi, Delhi, 110075	01142504250
12	Deen Dayal Upadhyay Hosp	Hari Nagar, New Delhi-110064	
13	LHMC	Shaheed Bhagat Singh Marg, Lady Hardinge Medical College, DIZ Area, Connaught Place, New Delhi, Delhi 110001	

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

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

4. Grant-in-Aid to various IDHSs

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

5. Training of Eye Surgeons

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

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

There are about 0.12 million corneal blind persons in India and many other with visual impairment due to corneal disease. About 20,000 new cases are added every year in this pool. Majority of such blind persons are young and their sight can be restored only by a corneal transplantation. Presently about 50,000 to 57,000 eyes are collected every year by the Eye Banks working in Govt. NGO sector in various parts of India but there is still a backlog of corneal blind persons waiting for transplantation. We need around 75,000 to 1,00,000 cornea per year for transplant purposes. In order to bridge this gap in demand and supply of corneal tissue and to further increase collection of corneas, a joint campaign of IEC was organized for eye donation during 38th National Fortnight on Eye Donation (NFED) with the help of eye banks functioning in Delhi State under the directive of GOI. The activities of NFED were organized by health centers, district level secondary hospitals, medical college hospitals, autonomous organization, NGO Hospitals and private partners during which the cause of eye donation was highlighted with intensified educational and motivational efforts to increase the collection of donor tissue and to create awareness among the general public about preventive aspect of corneal blindness. The main activity was held in eye banks, where eye banks faculty and staff of various eye banks of

Delhi has organized the orientation sessions for the health staff of other departments in hospital and also of various linked hospitals about their role in eye donation being the first contact health staff with family members of deceased and how to counsel and motivate family members for donating the eyes of the deceased. Because the hospital staff, under the Hospital Cornea Retrieval Prog. (HCRP), is expected to inform death to the eye donation counselor if available in hospital or to the linked Eye Bank well in time and also motivate relatives of deceased for eye donation. The Eye Bank Staff will further motivate the relatives for eye donation and if they agree, tissue may be harvested. The felicitation of family members who have donated the eyes of their deceased members along with the recipient of cornea and their family members have been held in Eye banks, particularly notable were National Eye Bank Dr. R. P. Centre AIIMS, Guru Nanak Eye Centre, Shroff's Eye Center and others.

7. World Sight Day Campaign:

The World Sight Day (WSD) is being celebrated globally on second Thursday of October every year with different theme since 2000. During this period ***World Sight Day 2024*** was celebrated on 10th Oct. 2024. The theme for WSD 2024 was "***Love Your Eyes*****, Kids*****",*** was the designated theme of WSD 2024 The key intervention of WSD is to promote universal eye health coverage and reduce levels of avoidable blindness due to Cataract, Refractive Error and Corneal Blindness & Diabetic Retinopathy etc. Various approved IEC & Screening activities were successfully organized in Delhi State by State Unit of NPCB Delhi under State Health Society, Delhi through respective Integrated District Health Societies (IDHSs) of Delhi Districts for creating mass awareness for eye care & prevention of blindness and to improve Eye Care in Delhi. The activities were held at health center, hospitals. IEC material like display of banners, distribution of pamphlets, holding painting and poster making & slogan writing competition were held and prizes were given to best performers. Health talks were organized for health staff, patients and visitors. The Group Discussions were held, documentary film show was also arranged in hospitals and health centers. Rallies by school students were held in surrounding area of school, Nukkad Nataks were also held. The IEC activities were under taken in health centers, hospital, AHA Units & health Centers. The children have participated in various activities held in Schools.

8. IEC Activity on World Glaucoma Week 2025, Delhi State (NPCB):

World Glaucoma week was celebrated worldwide in the first week of March, from 9th to 15th March 2025 with the purpose of creating awareness about eye diseases causing blindness and available eye health care services in the community. Every year NPCB&VI participates in World Glaucoma Week, to reaffirm Indian government commitment to maintain ocular health of its citizens. Flurry activities for this World Glaucoma Week. The activity organized by Delhi State Programme division kept in mind the global World Glaucoma week theme of 2024***"Uniting* for a Glaucoma-Free World"** with special emphasis on preventable glaucoma like Steroid induced and angle closure disease.

CHAPTER 6

6. DIRECTORATE OF AYUSH

To encourage use of alternative systems of medicines in health care delivery and to ensure propagation of healthcare research and education in these systems, a separate Department of Indian System of Medicine was established by Delhi Government as a part of Health and Family Welfare Department in May 1996. In 2013, it was renamed as Directorate of AYUSH where AYUSH stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha and SOWA-Rigpa and Homoeopathy systems of medicines.

Presently, Directorate of AYUSH is located at Ayurvedic and Unani Tibbia College Campus, Karol Bagh, New Delhi. Homoeopathic Wing of Directorate of AYUSH functions from CSC-III, 1st Floor, B-Block Preet Vihar and Delhi.

Functioning of the Directorate

Directorate of AYUSH with its dedicated manpower, robust infrastructure, four educational institutes and a network of over 200 dispensaries /hospital units across Delhi is committed to provide better healthcare facilities, value based education and propagate research oriented development of AYUSH systems of medicine.

Under the cafeteria approach to Health Care Services AYUSH dispensaries are opened in existing and upcoming hospital / dispensaries running under Delhi Health Services for ease of patients and to promote cross-referral.

Directorate of AYUSH is headed by Director (AYUSH) and is assisted by administrative officers and technical officers viz. Deputy Directors, Assistant Directors, Licensing Authority of Ayurveda and Unani drugs.

The Directorate conducts re-orientation training programmes for AYUSH Medical Officers and AYUSH registered practitioners. It also gives Grants-in-aid to Board of Homoepathy System of Medicine, Chaudhary Brahm Prakash Ayurvedic Charak Sansthan and Examining Body for Paramedical Training in Bharatiya Chikitsa which is autonomous bodies under the Government of NCT of Delhi. The Drugs Control Cell of this Department grants manufacturing licenses for Ayurveda & Unani medicines and is responsible for enforcement of provisions of Drugs & Cosmetics Act, 1940 and provisions of DMR Act 1954.

Mission: To excel in delivery of AYUSH health care by establishing ever improving standards of individual care, education and research.

Vision: To strive to be treatment of choice for communities by educating and enabling access of AYUSH treatment for acute as well as chronic diseases.

Services:

- Provides best health care facilities through a network of 200 dispensaries spread across Delhi providing Ayurveda, Unani and Homoeopathy treatment.
- Quality and value based education in Ayurveda, Unani and Homoeopathy through undergraduate and postgraduate courses at four educational institutes.
- Licensing and regulation under Drugs & Cosmetics Act and Drugs & Magic Remedies (Objectionable advertisement) Act of Ayurveda and Unani Medicines.
- Registration of practitioners of Ayurveda, Unani and Homoeopathy. To create awareness among masses about strengths of AYUSH systems through school education programmes, media campaigns and participation in various health programmes.

Health Care Facilities underthe Directorate of AYUSH:

Ayurvedic Health Care Centre / Dispensaries

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

Unani Healthcare Centre/ Dispensaries

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

Homoeopathy Healthcare Centre/Dispensaries

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

CHAPTER 7

7. 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 ranges 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 General 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 40 Hospitals are functioning independently under overall administrative control of Department of Health & Family Welfare, GNCT of Delhi.

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

1. Acharya Shree 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, Jahangirpuri.
6. Bhagwan Mahavir Hospital, Pitampura.
7. Central Jail Hospital, Tihar, New Delhi.
8. Deen Dayal Upadhyay Hospital, Hari Nagar.
9. Deep Chand Bandhu Hospital, Kokiwala Bagh, Ashok Vihar.
10. Dr. Hedgewar Arogya Sansthan, Karkardooma.
11. Dr. N.C. Joshi Memorial Hospital, Karol Bagh.
12. G.B. 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. Lal Bahadur Shastri Hospital, Khichripur.
18. Lok Nayak Hospital, Jawahar Lal Nehru Marg.
19. MaharishiValmiki Hospital, Pooth Khurd.
20. Pt. Madan Mohan Malviya Hospital, Malviya Nagar.
21. Rao Tula Ram Memorial Hospital, Jaffarpur.
22. Sanjay Gandhi Memorial Hospital, Mangolpuri.
23. SardarVallabh Bhai Patel Hospital, Patel Nagar.
24. Satyavadi Raja Harish Chandra Hospital, Narela.
25. Sri Dada Dev Matri Avum Shishu Chikitsalaya, Nasirpur.
26. Sushruta Trauma Centre, Bela Road.
27. Burari Hospital, Kaushik Enclave, Burari.
28. Ambedkar Nagar Hospital, Dakshinpuri.

29. Indira Gandhi Hospital, Dwarka.

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, L.N.H.-MAMC Complex.
5. Chacha Nehru Bal Chiktisalaya, Geeta Colony.
6. Rajiv Gandhi Super Speciality Hospital, Tahirpur.
7. Janakpuri Super Speciality Hospital, Janakpuri.

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.

7.1. ACHARYA SHREE BHIKSHU GOVERNMENT HOSPITAL

Acharya Shree Bhikshu Govt Hospital is 150 bedded secondary level hospital established in 1996 by MCD with the objective of providing promotive, preventive and curative health care services to public residing in and around Moti Nagar, New Delhi. Delhi Govt. acquired this hospital in 2004. This hospital is located on 19343 sqm of land at Moti Nagar, West District of Delhi. One projects i.e. Construction of New Building block with a provision of blood bank, ICU, PICU, NICU, Modular OT Complex, Birthing suite, CT Scan Services and Centralized gas pipe line is under full swing on completion of this projects the bed strength will be increased from 150 to 420(approx).

The brief performance statistics of the hospital during 2024-25 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
2020-21	150	150	265985	176321	119017	3792	7520	1135	36666
2021-22	150	150	317128	195806	136068	4267	6704	1306	31339
2022-23	150	180	419972	277679	140542	3752	8391	2290	54450
2023-24	150	150	429284	261863	142258	3980	10726	2570	66300
2024-25	150	150	425244	209686	178321	4219	8789	1739	58671

Major achievements during the period from 01.04.2024 to 31.03.25/any other relevant information.

1. New Building Block (MCH BLOCK) is ready to handover with bed strength of 270 beds with facility of ICU, NICU, PICU, Modular OT, Blood Bank, Berthing Suite.
2. File of Creation of Posts for new Building Block is under process.
3. Equipment for new Building Block is already planned and approved by Planning Department.

Proposed physical targets for financial year 2025-26

3. Fully functioning of New Building Block (MCH Block) with bed strength of 270 beds with facility of ICU, NICU, PICU, Modular OT, Blood Bank, Berthing Suite.
4. Posting of staff in New Building Block (MCH Block) with bed strength of 270 beds.
5. Purchase of equipment for New Building block.
6. Enhancing infrastructure, drug availability and personal resources.

7.2. ARUNA ASAF ALI GOVERNMENT HOSPITAL

Aruna Asaf Ali Govt. 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 and Dental Specialties.

The brief performance statistics of the hospital during 2024-25 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
2020-21	100	157	14153	69429	64023	9698	9047	702	3369
2021-22	100	157	186220	112581	45968	10907	7490	1042	6824
2022-23	100	100	175595	112478	73088	11220	7749	858	1655
2023-24	100	100	184385	101119	76549	9133	8745	1335	7888
2024-25	100	100	158312	90243	64215	9115	7251	909	9175

Department	Achievements 2024-25	Targets 2025-26
OPHTHALMOLOGY	Seen patient of cataract, refraction error, glaucoma and other eye diseases, provide them appropriate treatment. Did surgeries cataract patients .	i) Phaco emulsification machine-01 (for better treatment of cataract patients) ii) A Scan Biometer machine-01 iii) NCT to screen all patients & staff of hospital for glaucoma screening-01.
PAEDIATRICS	**ROP Screening**-All high risk babies screened. **Metabolic Screening**-All Newborns as per of Mission NEEV. **National Newborn Week**-50, (15 November to 21 November 2024).	1.Further development of NICU 2. Increasing beds in SNCU
MORTUARY	1. Maintaining corruption free environment in the mortuary 2. Despite various challenges, i.e. shortage of manpower, consumables etc. working of mortuary function in being done smoothly in the public interest at large.	Maintaining good teamwork and mortuary working standards as per the accepted standards keeping public interest as top priority with the help of all including hospital administration.
SURGERY	1. Doing all types of surgeries regularly in routine OT. 2. Increased number of admissions. 3. Surgical site Infections are minimal. 4. Doing NSV surgery for family planning.	To start laparoscopic surgery
CASUALTY	• The total 64215 patients were attended / treated. • Total 9115 MLC cases dealt by the deptt during 2024-25. • Have reduced the no. of referrals. • Training for CPR (ACLS/BCLS) from time to time given. • Casualty Department runs 24x7 for effective & efficient treatment of the patients.	i) Cardiac Monitor-04 (For triage and observation room) ii) Pharmaceutical fridge 300L-01
PATHOLOGY	• In pathology department laboratory services i.e. Haematology, Bio-Chemistry, Serology, Urine & Stool glam, FNAC, PAP smear, fluid cytology, seman analysis etc are available to ease & to meet the demands of the needy patients, BT/CT, PT/IHR, ABG & Serum electrolytes are also available in the department. • During April 2024 to March 2025 department has done approx.5,14,116 lab tests.	i) Semi automatic Bio-chemistry analyser-01 ii) 3 part fully automated Hematology analyser-01 iii) Pharmaceutical refrigerator-01 iv) Centrifuge Machine-01

	• DIPSI and Thalassaemia programme are running and the tests are performed in the lab. The test HPLC is being done from this hospital under the programme to meet the service. We are also doing the HB under Anemia mukht programme & required data are shared to concern department. • To enhance the lab tests towards the patients, care management. • Planning to start hormonal assay.	
GYNAECOLOGY AND OBSTETRICS	• Universal screening of all ANC patients for detection of anemia & haemoglobin patients, timely built up HB, Iron therapy, minimizing blood transfusion, Screening of cancer of cervix & endometrium • Teaching / training of all level doctors, staff nurse & paramedical staff. Regular health talks for awareness regarding cancer screening, adolescent. • Screening detects for Anemia, Cancer screening & ANC done. • Global use of parental iron therapy along screening, thus minimizing blood transfusion. • Implementation of Laqshya Program. • Robonisation and Audit in reference to LSCS. • Menstrual hygiene and sexual awareness among Adolescent health group. • Handling of High risk pregnancies approx. 50 to 70 per month. • Sensitization of staff and healthcare workers was done for cleanliness and hygiene through trainings and various activities by Kayakalp and Infection Control team.	• Strengthening of all necessary programs & screening. • To fill vacancies as early as possible in order to run the emergency & OPD services smoothly & minimize referral. • To procure i) Pharmaceutical Refrigerator 300Ltr ii) CTG machine-01 iii) Floor mounted mobile light with inverter backup and battery backup with LED blub-01 iv) Wall mounted light/floor mounted mobile light for examination for GYNAE OPD. -03

7.3. ATTAR SAIN JAIN EYE & GENERAL HOSPITAL

Introduction: - Attar Sain Jain Eye & General Hospital was working as a charitable Hospital under Jain Charitable trust till May, 1999. It is a 30 bedded day care hospital providing Eye services & Medical services to the people. The Eye Services include daily Eye OPD, Basic Eye surgeries (cataract etc.), Eye minor OT, Eye special Clinics (YagLazer, Retinal Lazer, Perimetery & Fluorscein Angiography). The medical services include daily medical OPD, diabetes and Hypertension Clinics and the basic lab Investigation.

Input from vision 2030/2047: - To create an integrated Public Health Facility Fostering, protecting, Sustaining & restoring Health to patients with all type of Eye problems.

The brief performance statistics of the hospital during 2024-25 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
2020-21	30	30	25423	7774	0	0	12	12	0
2021-22	30	30	33119	18117	0	0	767	738	9
2022-23	30	20	37458	19046	0	0	909	899	02
2023-24	30	20	44199	24386	0	0	872	842	232
2024-25	30	20	39698	25372	0	0	928	902	422

Major achievements during the period from 01.04.2024 to 31.03.25/ any other relevant information:

1. Procurement of long due New Phaco emulsification machine has significantly added to the number of eye surgeries.
2. Procurement of equipment's i.e. Table Top autoclave & slit lamp have been done.

Proposed Physical Targets for FY 2025-26 to be completed / achieved.

1. Significant increase of number of eye surgeries by application of New Phaco emulsification machine would significantly add to the number of eye surgeries.
2. Procurement of NON-Contact tonometry of strengthening of Glaucoma Clinic.
3. Procurement of Ocular Tomography (OCT), Aneasthesia work station.
4. Creation of additional Parking.
5. Condemnation of unserviceable items.
6. Construction of Male/Female separate Toilets for Hospital Staff.
7. Renovation of ward & hospital building.
8. Procurement of multipara monitor Aneasthesia Work station and autoclave machine.
9. Establishment of JAK (Jan Aausdi Kendra) in hospital premises.
10. Establishment of AB PMJAY Kiosk in hospital premises.

7.4. AYURVEDIC & UNANI TIBBIA COLLEGE HOSPITAL

Introduction: A & U Tibbia College and Hospital is a historical institute in India. The foundation stone of the institute was laid down in 1916 and inaugurated in 1921 and enforced by the government of NCT of Delhi with effect from 1st May 1998. The college is affiliated to the University of Delhi since 1973.

The college runs BAMS and BUMS courses along with PG courses in 8 Departments of Ayurved & Unani.The college has 240 bedded Ayurved and Unani Hospital with 20 specialized OPDs.

Vision: To provide better patient care facilities in the hospital. To provide the research based quality education at both UG & PG levels and start PG courses in all subjects in Ayurveda and Unani.Development of new academic blocks has also been planned in future.

Basic Statistics

i. Present no. of teachers in -
Ayurveda- 38 (36 regular + 2 on contract)
Unani- 33 (31 regular + 2 contractual)
ii. Present intake of UG students per Academic year- 75 in each Ayurveda & Unani
iii. Present intake of PG students per Year-Ayurveda- 18 in 4 departments and Unani- 13 in 4 departtments
iv. 240 bedded hospitals (120 Ayurveda + 120 Unani)
With 20 specialized OPDs.

v. 100 bedded Integrated Covid Care Centre

Key Performance indicator (2024-25)

Indicator	Value
Average no of patient in OPD per month	Ayurveda: 8984, Unani: 6614
Average no of patient in IPD per month	Ayurveda: 100, Unani:-160
Average no of minor Surgeries per month	559
Average no of blood test conducted per month (pathology	963
Average no. of patients who received free medicine per month	All patients
Average no. of patients per doctor per month	Ayurveda-485, Unani-483

Key Targets of the Department

Indicator	Current Value	Proposed Target of next year
To start PG in each of the10 Departments in Ayurveda & Unani.	Matter of starting new PG courses has been undertaken and work is in progress.	To start new PG courses subject to permission of NCISM
To upgrade of library	Total book are 33246 and old books to be disposed off about 4000.	To enhance the number of books and infrastructure
Digitalization of Hospital.	AR studies done FD's approval is required.	Outsourcing of registration counters
Construction of Academic block	Academic department combined Ayurvedic and Unani and expanses not to be done as per NCISM to heritage buildings and space scarcity.	Protecting heritage status of the building and prepare the estimate of new building with identified space in campus
Creation of post	Teaching staff and hospital staff as per current regulation of NCISM is not available	To create the post as per NCISM
Construction	No Central Reaserch laboratory including animal house & as per the norm small lab has been developed in dravyaguna.	To established the research lab.

Major achievements during the period from 01.04.2024 to 31.03.25/ any other relevant information:

a. Tibbia college for DPC
b. Procurement of furniture for hospital
c. NO + 17 MTS + 7 masseur posts created for outsource basis
d. posts, Panchkarma technician + 7 posts of Panchkarma assistant have been created FD's approval obtained and submitted for Honorable LG's approval.
e. Opened 2 Unani dispensaries.
f. One Assistant Professor joined in Tibbia college
g. One Statistical Assistant joined in Tibbia college
h. 24 Readers in Tibbia College promoted to professor.
i. A & U Tibbia college received NABH AELC certification

Proposed Physical Targets for the year 2025-26 to be completed / achieved

a) Starting of pathology, biochemistry investigations.
b) Starting of X rays & USG units.
c) Installation of MGPS (50 beds).
d) Completion of work as received estimate.
e) Procurement of instrument/ equipments as per NCISM norms.
f) To start mobile medical unit.
g) To initiate 'Exress of Interest' for centers of panchkarma (COE).

The brief performance statistics of the hospital during 2024-25 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
2020-21	300	240	19632	10043	0	0	1302	0	562
2021-22	300	240	95267	67878	0	0	1467	0	6050
2022-23	240	200	1,23,041	96,067	0	0	A–1172 U-1280	A-05	A-5774 U-952
2023-24	240	240	130093	102894	0	0	3017	7	8147
2024-25	240	240	A = 1200 U = 1920	-	0	0	A=107808 U = 79368	-	-

Major achievements during the period from 01.04.2024 to 31.03.25/ any other relevant information:

a) Tibbia College for DPC.
b) Procurement of furniture for hospital.
c) 7 NO + 17 MTS + 7 masseur posts created for outsource basis.
d) 6 posts, Panchkarma technician + 7 posts of Panchkarma assistant have been created FD's approval obtained and submitted for Honorable LG's approval.
e) Opened 2 Unani dispensaries.
f) One Assistant Professor joined in Tibbia College.
g) One Statistical Assistant joined in Tibbia College.
h) 24 Readers in Tibbia College promoted to professor.
i) A & U Tibbia College received NABH AELC certification

Proposed Physical Targets for 2025-26 to be completed / achieved.

j) Starting of pathology, biochemistry investigations.
k) Starting of X rays & USG units.
l) Installation of MGPS (50 beds).
m) Completion of work as received estimate.
n) Procurement of instrument / equipments as per NCISM norms.
o) To start mobile medical unit.
p) To initiate 'Exress of Interest' for centers of panchkarma (COE).

7.5. DR. BABA SAHEB AMBEDKAR HOSPITAL

Dr. Baba Saheb Ambedkar Hospital is a 500 bedded multispeciality hospital with the facilities of few super specialities including pulmonology and Urology. Hospital is located on 29.4 acres of land at Sector-6, Rohini in North-West District of Delhi. This hospital is providing comprehensive health care services to all patients of North and North-west Delhi. The hospital is providing various services like, OPD (Online Registration facility available), IPD, Afternoon special clinics, Emergency services, services of various specialties including OT Services, in born nursery, out born Nursery, de-addiction centre, Adolescent Clinic, Disability Board for issuance of disability corticates, Chest Clinic, ART Centre, VCTC, ICTC, Laboratory Diagnostics facility, Radio Diagnostic Facility, Regional blood Transfusion Centre, ICU Services, CCU with Echo and

TMT Services, Dialysis Services, One Stop Centre for sexual assault/ victim, Mortuary Services, Ambulance Facility etc.

Dr. BSA Hospital is 500+50 (Floating Bed) bedded Hospital with ongoing construction of additional 461 bedded Mother & Child block (MCH Block) with tentative completion Date-December 2024.

The brief performance statistics of the hospital during 2024-25 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
2020-21	500	500	527317	174909	194550	12625	56003	4959	48873
2021-22	500	500	578483	271897	270927	17846	65552	7786	68348
2022-23	500	500	842537	401480	252023	13877	72887	8895	86739
2023-24	500	500	670289	273021	287629	17564	71060	8747	46525
2024-25	500	500	642825	237086	264177	19348	66458	11805	67301

Major achievements during the period from 01.04.2024 to 31.03.25/ any other relevant information:

- All tests and services were maintained and did not stop any services despite constraints of manpower.
- All equipments were kept functional.
- Achieved full automation of Transfusion Transmitted Infections (TTI) testing, enhancing accuracy and safety in blood screening processes.
- RFID system in process of installation this has been procured by state blood cell. RFID System will enable improved inventory management, enhanced traceability, safety, increased efficiency & temperature monitoring.
- Installation of cold room form storage of blood is in process.
- Successfully met the transfusion needs of approximately 200 thallassemic children, providing them with Rh Kell-typed and leucodepleted blood components to ensure the highest standards of care.
- Achieved a remarkable milestone by collecting 15,429 units of blood and issuing approximately 23,878 blood components.
- Ensured 100% component separation of blood units collected, maximizing efficiency and utilization.
- Organized the prestigious State-level World Blood Donor Day celebration at BSA Hospital, promoting awareness and appreciation for blood donors.
- Successfully met the transfusion requirements of BSA Hospital and linked five storage centers in Northwest Delhi, ensuring a robust and reliable blood sypply chain.
- Secured an outstanding score of 95-100% in the NQAS (National Quality Assurance Standards) performance round, reflecting excellence in operation standards.
- Assured the highest quality of blood transfusion services, consistently maintaining stringent protocols and standards.
- Started new trauma OT in Emergency OT premises exclusively for orthopaedic cases.
- Started DNB Anaesthesiology in the department.
- Equipped surgical ICU with automatic ICU Beds, central monitoring system.
- The department of ENT was able to keep all the equipments functional with minimum downtime if any.
- The Faculty of the Department was instrumental in various activities like been Examiners for under graduate and post graduate exams across India.
- Provision of services – Hospital is providing round the clock services to a vast area patient with heavy load of around 1500 deliveries per year. It is referral center for many peripheral Hospital. Burari Hospiatl is also sending patients in BSA hospital.
- Department of surgery has organized two national level workshop for teaching & training of young surgeons.
- Department of surgery has started many advanced laparoscopic surgical procedures

Proposed Physical Targets for 2025-26 to be completed / achieved

- Demand for additional equipments given to maintain services. Equipments demanded are.
  1. Fully automatic Hematology analyzer.
  2. Semi automatic Rotary Microtone.
  3. Fully automatic coagulation analyzer.
- To pursue for AR sturdy for additional paramedical staff.
- We will organize more camps to increase voluntary donations.
- Procurement of gel card reader for improved interpretation of tests & storage of data of testing.
- All efforts will be made to keep all equipments in working condition with minimum down time.
- Establishment of Temporal Bone Dissection Lab, a teaching tool for post graduate DNB students.
- Renovation of Audiometry Room & OPD.
- Adding ENT work stations of the OPD rooms which will facilitate better Patient care.
- Start of Bronchoscopy facility in the Dept of ENT.
- To provide all services for upcoming MCH Block. Department has target of providing all the source information related to MCH Block so that it becomes functional as soon as possible.
- The requirement of trauma cases in the emergency for timely diagnosis & intervention in Department of Surgery.

7.6. BABU JAGJIVAN RAM MEMORIAL HOSPITAL

This is a 150 bedded secondary level hospital situated in resettlement colony in Jahangirpuri in North West Delhi providing health care services in broad basic specialties. The hospital is providing OPD services, round the clock emergency and casualty services, labour room, Nursery and Indoor facility in all basic clinical specialities. Rogi Kalyan Samiti has been established in Babu Jagjivan Ram Hospitalw.e.f. 04-06-2010. The Hospital was established with 100 indoor beds Casualty Labour Room O.T. services, OPD Path Lab, X-Ray, Pharmacy Mortury etc. & was being run as a multi speciality secondary level hospital. Subsequently the hospital has been expanded to increase the bed strength from 100 to 150, USG facility, strengthening of Labour Room & wards setup of NICU & PICU in ward-2. Number of pharmacy counters increased from 3 to5 counters. Establishment of Fever Clinic waiting Area close to OPD & Labour Room, OPD Registration counters increased to 13, provision of separate Registration Counter & pharmacy counter for Children & Senior Citizens & Hospital Staff, Establishment of separate Medical & Surgical Store.

Provisions of EWS patient to get treatment as well as necessary investigation for the Govt. empanelled private hospital is also established & operational from Room No. 101. OS-I counters for de-addiction of patients is also running.

The hospital provides Accidents & Emergency Services, Flu Clinic OPD services, special clinic services. Diagnostics services (Path Lab, Micro Biology Lab, X-Ray). Therapeutic Services, Immunization Services, Operation Facilities, Maternity & Nursery Services, Indoor Services, Biomedical Waste Management Services, MRD, Mortury, Ayush (Ayurvedic, Homeopathy & Unani).

The brief performance statistics of the hospital during 2024-25 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
2020-21	100	128	154464	116722	192151	13916	8796	368	5590
2021-22	150	150	207381	135652	255699	23571	10715	602	4822
2022-23	150	150	342174	192233	277348	26590	10457	598	8937
2023-24	150	150	315849	213230	268928	21991	30932	456	8908
2024-25	150	150	303132	258218	295068	22347	9845	380	9465

7.7. BHAGWAN MAHAVIR HOSPITAL

This 325 bedded secondary level hospital is situated in Pitampura area of North-West Delhi. The vision of the hospital is to provide quality health services in all the specialties in a harmonious atmosphere to every section of society especially the under privileged through this 325 bedded Multi Specialty Hospital, where by quality to be ensured by close monitoring, constant feedback from the people and regular CME's for the staff, well equipped library & yoga workouts.

The brief performance statistics of the hospital during 2024-25 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)					No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC	IPD	Major	Minor
2020-21	325	325	217158	98823	126448	3623	14652	1524	9162
2021-22	325	325	340219	166070	175439	5437	13118	2393	18797
2022-23	325	325	377395	200591	177316	4627	14364	3287	31147
2023-24	325	325	448712	198926	189645	4522	16075	2745	32477
2024-25	325	325	498044	211062	198018	4960	17391	2758	26536

7.8. CENTRAL JAIL HOSPITAL

Central Jail Hospital located in Tihar Jail Complex provides the medical care to the inmates of Tihar Jail in New Delhi, which is one of the largest prison complexes in the world. The complex comprises of seven prisons in the Tihar complex with sanction capacity of 4000 prisoners and accommodates over twelve thousand prisoners. The hospital is having 384 beds including Mandoli and Rohini Jail. De-Addiction Centre (DAC) is ISO 9001-2008 certified unit.

The hospital has separate medical, surgical, Tuberculosis and Psychiatric wards. The hospital has an Integrated Counseling and Testing Centre (ICTC) for HIV, functioning in Central Jail Hospital functioning since June10, 2008, a DOTS Centre for Tuberculosis treatment and also a dental unit. The hospital provides round the clock casualty services for the inmates. Pulse Polio Immunization Programmes are carried out regularly as per kept separately. Various NGO's are also working with Tihar Prison and contributing towards medical services.

The brief performance statistics of the hospital during 2024-25 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
2020-21	318	270	44788	174306	1199	0	6390	0	0
2021-22	318	276	40250	249491	3455	34	7149	0	13
2022-23	382	377	52870	194149	46251	0	7060	0	5
2023-24	337	317	34397	213061	0	0	7606	0	7
2024-25	384	384	39144	218703	59475	0	7063	0	0

7.9. CHACHA NEHRU BAL CHIKITSALAYA

Introduction: - Chacha Nehru Bal Chikitsalaya is a 221 bedded Paediatric Super Specialty hospital under Govt. of NCT of Delhi. Chacha Nehru Bal Chikitsalaya was established in the year 2003. 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. CNBC is the first public hospital to get NABH accreditation in year 2009 and completed 4th cycle of accreditation.

Vision: - To achieve excellence in Patient care, this hospital provides the best healthcare facility to patients with the qualified doctor's nurses, para-medical & non para-medical staff along with latest technology in a comfortable, caring and safe environment. Mission: To provides upper specialty services using state of art technology.

The brief performance statistics of the hospital during 2024-25 and previous years is as under:

Year	No.of Beds		No. of Patients (OPD)				IPD	No. of Surgerie	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	221	210	45704	128298	48312	197	13570	1058	2118
2021-22	221	221	60408	190827	71297	151	14204	2874	8476
2022-23	221	221	87609	294525	90137	191	18957	2874	2831
2023-24	221	221	103100	221697	106583	183	19195	2522	2787
2024-25	221	221	77043	235876	91149	303	21914	Not provided	2100

Major achievements during the period from 01.04.24 to 31.03.25 any other relevant information:

1. Increase in post graduate seat MCH Ped. (Surgery), MD Ped. (Medicine)
2. 100% availability of drugs included in EDL list.
3. Filled up sanctioned post.
4. **MUSQAN Initiative:** Quality assurance for pediatric Department.
5. Start of CT Scan Service.
6. Expansion of ICU Beds
7. Start of Blood Bank service.
8. To start district early intervention center.
9. To start division of Genetics

Any other future proposals / relevant information of the hospital.

		Achievement 2024-25	Targets for 2025-26
i)	Total Beds	221	221
ii)	Beds Occupancy	96.63	100
iii)	Oxygen beds	221	221
iv)	ICU/HDU beds	36+(8 HDU BEDS)=44	44
v)	Ventilator beds	12	14
vi)	IPD (per month)	1826	1800
vii)	OPD (per month)	26360	26000
viii)	Emergency (per month)	7596	8000
ix)	No. of X-Ray (per month)	4592	4500
x)	Minor surgeries (per month)	183	250
xi)	Major surgeries (per month)	223	250
xii)	No. of blood units (per month) (arranged from LNJP& HEDGEWAR &OTHER DELHI Blood BankS)	233	250
xiii)	Blood test (Pathology Lab) (per month)	28686	30000

7.10. CHAUDHARY BRAHM PRAKASH AYURVEDIC CHARAK SANSTHAN

CBPACS is an autonomous institute under H&FW Department, GNCTD to provide World Class Education and Health Services. It is a running College (UG & PG) with 210 bedded fully established Hospital. First Ayurved College and Hospital in India to get ISO 9001:2015 certification. First Ayurved hospital in India to have 22 OPDs with specialized OPDs in super-specialties like neuro-muscular disorders, geriatrics, leech therapy, Panchkarma, gastro-intestinal disorders, Yoga, ano-rectal diseases, skin diseases, myopic sights, Pathya-Apathya, Atyayic Chikitsa etc. Other clinical facilities: -

- Physio-therapy unit
- Thyroid Clinic
- Vaccination/Immunization unit for pediatric age group
- Audiometry facility
- Darkroom facility for ophthalmology patient
- ECG facility
- Marma Chikitsa unit
- Pathology lab

Vision: - To develop a facility with international standards, which shall provide a comprehensive and most modern set-up for the diagnosis and treatment of all types of diseases by Ayurvedic system of medicine including yoga and naturopathy; an advanced Sansthan dedicated for research and a resource for advanced training in the field of Ayurveda. The Sansthan would provide world-class Ayurvedic medical care for patients at affordable costs matching with standards maintained by some of the best available facilities in this field in India and abroad.

To serve as a role model for health care by amalgamating the academic skill of the universities, clinical acumen of the super-specialists, research skills of the International Institutions, managerial skills of the corporate world and technology development skills of the country.
To establish comprehensive and dedicated facilities in the field of Ayurveda for teaching at the undergraduate, post graduate and post doctoral level.

The brief performance statistics of the hospital during 2024-25 and previous yearsis as under:

Year	No.of Beds		No.of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	270	270	21148	7910	0	0	2452	2	9
2021-22	270	270	79784	69415	0	0	2550	24	262
2022-23	210	210	124403	144623	0	0	5316	26	523
2023-24	210	210	163769	209722	0	0	6452	902	151
2024-25	210	210	117356	155034	0	0	4656	344	-

7.11. DEEN DAYAL UPADHYAY HOSPITAL

Deen Dayal Upadhyay Hospital was started in 1970 as a 50 bedded hospital which was extended up to 500 beds in 1987. Emergency services were started in 1987 for day time only and with effect from April, 1988, it became functional round the clock. In 2008, trauma block was commissioned which increased the bed strength to 640; emergency services shifted to this new block with expanded emergency room and wards. Hospital has total 41 Paediatric Intensive Care units which includes Neonatal ICU, Out Born Nursery & Paediatrics ICU. The functional Bed Strength of DDUH is now 648.

This hospital is one of the largest facilities providing hospital with specialized services and inpatient care to people of West Delhi. It is a referral central for peripheral hospital like CGHS, ABGH, SardarVallabh Bhai Patel Hospital and various private hospitals of West Delhi. It also imparts training to various Post graduate and under graduate medical students and Para-medical students.

In its continuous journey of improvement, many infrastructural revamps and renovations have been carried out in various Wards and Departments of the hospital to make these well equipped with updated technology and machines.

Vision: - To achieve excellence in Patient Care, this hospital provides the best healthcare facility to patients with the qualified doctors, nurses, para-medical & non para-medical staff in a comfortable, caring and safe environment.

The brief performance statistics of the hospital during 2024-25 and previous years is as under:

Year	No.ofBeds		No. ofPatients (OPD)				IPD	No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2020-21	640	640	412773	184737	319226	9781	46402	5163	35937
2021-22	640	640	467828	215591	330303	7751	43063	8366	36265
2022-23	640	642	697250	367432	412550	11336	58896	10992	61867
2023-24	640	648	728962	382952	427101	10798	59189	11751	10264
2024-25	640	648	720548	464323	460966	9457	51540	10925	22984

7.12. 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-patient's facility consisting of general wards, Semi-private wards, private wards and deluxe suites have been commissioned during FY 2010-11 along with the existing thirty-two bedded day care set up. All facilities including medicines are provided free to all the patients. While the OPD and all support services for all the patients are available from 7.00 am to 5.00 pm on all working days the emergency services are available on round-the-clock basis.

The hospital has the latest technology radio diagnosis 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 2024-25 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
2020-21	150	223	84410	64776	2546	0	2090	152	499
2021-22	150	169 (East)+18 (West)Yet be commissioned	5853	85640	2650	0	3396	149	1271
2022-23	150	169	7713	259825	7568	0	4628	105	1656
2023-24	150	169	6292	216793	15585	0	5105	132	1162
2024-25	100	169	7617	117138	19368	0	5339	268	2277

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

Dr. B.R Sur Homoeopathic Medical College, Hospital and Research Centre is a pioneer homoeopathic institution situated in Nanak Pura, Moti Bagh, New Delhi with a vision to heal and cure the suffering humanity with compassion and care and to be recognized as premier homoeopathic institution in medical education and research and with a mission to be centre of excellence in homoeopathic healthcare services, medical education, and research.

It was established in November 1985 by Dr. B.R Sur, who was a great philanthropist and a leading Homoeopath of Delhi. At present, the hospital is running with the capacity of 50 indoor patient beds and all basic medical facilities. All services, including medicines are provided to the public free of cost. It is providing healthcare through general OPDs and special clinics in paediatrics, geriatrics, gynaecology and family planning, lifestyle disorders, Thyroid Disorders, Psychiatry, Arthritis, Respiratory Disorders, Skin Diseases, Renal Stones, Eye, ENT, and Physiotherapy.

The college is affiliated to Guru Gobind Singh Indraprastha University and is recognized by The National Commission for Homoeopathy. The annual sanctioned intake for the BHMS course is 63 students and for MD (Homoeopathy) is 06 seats in two (02) subjects.

Institute emphasise that the objectives of medical education can only be achieved if underlying goal is to improve the public health, and this involves addressing all components that influence health directly or indirectly.

The brief performance statistics of the hospital during 2024-25 and previous years is as under:

Year	No. of Beds		No. of Patients(OPD)					No.of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC	IPD	Major	Minor
2020-21	50	50	12738	17222	0	0	0	0	0
2021-22	50	50	16174	24317	0	0	69	0	0
2022-23	50	50	19466	32266	0	0	385	0	0
2023-24	50	50	20514	39533	0	0	253	0	0
2024-25	50	50	22225	34626	0	0	571	0	0

Achievements 2024-2025

- On 8th April, 2025 thrown open to the public two very essential investigative services, USG and Polysomnography machines for the patients seeking medical help from this homoeopathic medical
- The clinical pathology lab of the hospital is accredited under NABL M (EL) T w.e.f. 27th November 2024.
- SHMC has got AELC Certification AELC (Accreditation Entry Level Certification) Certification, an entry-level recognition program designed for small healthcare organisations & AYUSH centres.
- Renovation of College Auditorium.
- Development of skill lab and medical education technology unit.
- A session on the **POSH Act** (prevention of sexual harassment at workplace) was conducted on 07/03/25 by the internal complaints committee.
- An awareness session on the organ and body donation was conducted on 26/03/25.
- A session on the world cancer day was conducted on 4/02/25.
- **Annual Carnival "DYNAMISE"** of Dr. B.R Sur Homoeopathic Medical College, Hospital and Research Centre was organised on 19th and 20th December, 2024.

- **Sports day** titled as "SPORTSMANIA" on 18th December, 2024 under the supervision of Principal Dr. Neeraj Gupta.
- A session on the **SPARSH Leprosy Campaign** was conducted on 3rd February 2025. The session was aimed at increasing awareness about Leprosy, its diagnosis and management.
- The **Ni-Khay Shapath** event was held at SHMC as part of the 100 Days TB Elimination Campaign to reaffirm the commitment to eradicate Tuberculosis.
- The '**World No Tobacco' Day** Fortnight campaign, various Anti Tobacco Activities have been organised by SHMC on 31st May.
- On 14th June a sensitisation programme on **"Harmful effects of Tobacco and Protection of Children** from Tobacco Industry's Interference" was organised for the Nursing Orderlies and supportive staff members of SHMC.
- **World Environment Day** 2024 the swachhata committee of the institute organised a program with plantation drive under the supervision of principle the topic 'The impact of drought and heat on health' and sensitization on 'water conservation methods'.
- A sensitization program for the patients was conducted on 2nd July 2024.
- On 3rd July 2024 an awareness program for the staff members, doctors and interns was organised in the presence of the principal.
- On the occasion of **International Yoga Day,** the institute organised a yoga session on 21st June 2024 in the college premises for the staff members and patients. The International Yoga Day 2024 theme was "Yoga for Self and Society."
- On the occasion of **World Population Day**, 11/07/24, organized a sensitization program about the NSV and contraceptive methods.

Proposals for 2025-2026

- Initiation of development of Minor OT as per MSR of NCH.
- Completion of 04 ongoing research projects in collaboration with D N De Hom. Medical College, West Bengal.
- Organizing health campus & public awareness programmes, for patient's welfare scheme under RKS and Community Medicine Department.
- 250 Mbps Wi-Fi connections.
- Computerization of the registration counter, OPD and IPD.
- Air-conditioning of OPD and IPD.
- Implementation of ABHA- patients and staff.
- CCTV live streaming of classrooms.

7.14. DR. HEDGEWAR AROGYA SANSTHAN

This 200 bedded secondary level hospital in Trans Yamuna areas is local near Karkardooma Court and is surrounded by localities of Krishna Nagar, Kanti Nagar, and Arjun Nagar etc. The hospital is spread over 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 2024-25 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
2020-21	200	238	184458	121106	98720	8577	13649	255	3690

2021-22	200	238	240068	164681	98888	10527	11497	1471	5193
2022-23	200	238	368904	262812	163456	11594	11083	1680	6692
2023-24	200	238	342125	205777	155938	11803	11423	1444	7823
2024-25	200	231	315687	164583	38959	10989	8645	1776	6807

Major achievements during the period from 01.04.24 to 31.03.25 any other relevant information:

Key Performance Indicator (2024-25)	
Indicator	**Value (April 2024-March 2025)**
Average number of patient in OPD per month	39382
Average number of patient in IPD per month	776
Average number of patient in Causality per month	11140
Average number of X-Ray per month	6672
Average Number of Blood Bank units utilize per month	318
Avg. number of Major surgeries per month	119
Avg. number of Minor surgeries per month	567
Average Cesarean (per Month)	33
Average deliveries (per month)	131
Avg. number of blood test conducted per month (Pathology Lab)	111966
Avg. number of patients who received free medicine per month	37747
Bed Occupancy Rate per month	50%
Average number of patients per doctor per month	511
Lead time to Replenish drugs in EDL (number of days after request in placed)	In every 15 to 30 days
% downtime of X-Rays machines (No. of machine hours of downtime/total machine hours) –	10.95%

Targets 2025-26: -

Targets 2025-26	
Average number of patients in OPD per month	43321
Average number of patients in IPD per month	860
Average number of patients in Causality per month	12254
Average number of X-Ray per month	7340
Average Number of Blood Bank units utilize	350
Avg. number of Major surgeries per month	132
Avg. number of Minor surgeries per month	630
Average Cesarean (per month)	35
Average deliveries (per month)	144
Avg. number of blood test conducted per month (Pathology Lab)	123170
Avg. number of patients who received free medicine per month	41521
Bed Occupancy Rate per month	80 percent
Average number of patients per doctor per month	750
Lead time to Replenish drugs in EDL (number of days after request in placed)	In every 15 to 30 days
% downtime of X-Rays machines (No. of machine hours of downtime/total machine hours) –	Nil

7.15. 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 2024-25 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
2020-21	100	60	136862	70543	16774	0	408	64	630
2021-22	100	60	174766	77530	21156	0	718	311	821
2022-23	100	60	214735	122804	30026	0	1243	561	1491
2023-24	100	60	215022	121224	32283	0	1163	464	2300
2024-25	100	60	185587	108488	33029	0	1312	368	1816

Major achievements during the period from 01.04.24 to 31.03.25 any other relevant information:

1. Remodeling of polyclinic almost complete.
2. Upgradation of skin department & pediatrics department.
3. Retina Clinic/upgradation of Eye deptt.
4. Training of hospitals staff in BMW / BLS / ACLS etc. / Fire safety drill quarterly and whenever needed.
5. Maintaining the all equipment functional and operational.
6. Maintaining / minimizing time period in OPD for waiting.

Proposed Physical Targets for 2025-26 to be completed / achieved

1. Increasing the indoor strength.
2. Proposal for reconstruction of existing building.
3. Proposal for Psychiatry Deptt.
4. Maintaining 100 % availability of drug.
5. Proposal for creation of 04 bedded HDU.
6. Upgradation of operationa Theatre.

7.16. 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 super speciality treatment to about 3 lakhs patients in the OPD and almost 15000 patients in General and General and private wards 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 Commissionas 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. and DNB courses and active research work is going on under their supervision.

The brief performance statistics of the hospital during 2024-25 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)		Emergency	MLC	IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old				Major	Minor
2020-21	756	747	56860	325407	20444	0	15096	2341	73
2021-22	758	758	80567	461111	24854	0	20962	3038	118
2022-23	758	758	102285	559666	26130	0	26448	3704	149
2023-24	758	758	99951	645038	24758	0	29203	3898	383
2024-25	758	758	98118	710064	27528	0	30912	3445	141

7.17. GURU GOBIND SINGH GOVT. HOSPITAL

Guru Gobind Singh Government Hospital, Raghubir Nagar, New Delhi, is a 150 bedded hospital established in the resettlement colony of Raghubir Nagar, West Delhi, under the Special Component Plan (SCP) of the Delhi Govt. with a view to provide secondary level health care to low Socio Economic Group of people in Raghubir Nagar and adjacent area. Hospital is providing following patient care facilities round the clock along with routine OPD services in Medicine, Surgery, Orthopedics, Eye, ENT, Pediatrics, Obstetrics and Gynecology, Dental, Dermatology and Physiotherapy, etc.

- ICU
- Accident & Emergency Services
- Nursery
- Labour Room
- Operation Theater
- Ambulance Service
- Laboratory Services
- Radiology Services

The brief performance statistics of the hospital during 2024-25 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
2020-21	100	200	154511	95794	113857	3832	12488	1682	1984
2021-22	100	200	154511	95794	113857	3832	12488	1682	1984
2022-23	150	200	320775	197276	173488	4583	15865	3117	3985
2023-24	150	150	321360	206827	181491	4895	14234	3543	5479
2024-25	150	150	257746	233810	198641	4547	12477	3003	7233

Major achievements during the year 2024-25:

1. SOPs made for most of the services under quality care for patients.
2. Patient feedback is taken regularly and monitored.
3. Improvement in overall facilities for the patients.
4. Opioid Substitution Therapy (OST) Centre fully functional.
5. Weeding out of old record policy has been initiated.
6. Presecription Audit-Prescription Audit is being conducted regularly for taking corrective measurs.
7. Distt, Early intervention Centre (ATF) is also functional.
8. Addition Treatment Facilities (ATF) is also functional.

9. Suggestion box for suggestion / ideas for improvement of hospital services has been installed outside the MS office.
10. Disposal of condemned items is a regular activity.
11. Efforts are made actively by hospital for 100 % availability of the EDL Drugs.
12. Hospital has received NQAS National Level Certification in May 2018 for 3 years. Recertification of NQAS for for 3 years from April 2022 – March 2025.
13. Recently, Computed Readiography (CR) System is installed and digital films are being provided to the patients by the Radiology Department 100 X-Ray and 500 X-Ray machines have been installed.
14. Construction of 472 beds block is near completion and shifting of services is planned.
15. New CCTV surveillance system has been installed in the hospital premises along with outer areas.
16. New sample collection certer has been made which is functional.
17. Labor room has been renovated with a provision of a separate septic labor room.
18. Dialysis center with provision for 10 machines functional in PPP (Public Private Partership) mode.
19. Fever corner – round –the-clock screening facility for patients presenting with sysmtpoms of corona.
20. Certification of 'LAQSHYA' for 1 year.
21. State assessment of 'MUSQAN' in April 2023.
22. Diploma in obs. & Gynae. and diploma in Paeds (NBEM) has been started.
23. Hospital was awarded by Delhi Pollution Control Committee (DPCC) for compliance of BMW Management Guidelines.

7.18. GURU NANAK EYE CENTRE

Guru Nanak Eye Centre is a premier Ophthalmic Institute was conceived in 1971 and OPD Block become operational in 1977. The Indoor and O.T. facilities were added in 1993 in the second Phase. Third Phase consisting New O.T. Block & Nursing Home facilities was added in 2009. This Institute has the latest state of art facilities and infrastructure to cater to complete ocular investigation and treatment of eye diseases. The Centre has six Ophthalmic Units, while two units are posted together in OPD, Wards and Operation theatre each. The OPD Blocks running with Thirty-Nine doctors (14 Faculty Members and 25 Senior Residents) working together to perform ophthalmic check-up, examination facilities for refractive error with testing with Auto-refractometers, Binocular vision testing and Orthoptic Eye check-up. The routine investigation including Tonometry, Blood Pressure, Syringing and others are done in Minor Operation theatre room. The Emergency services run throughout 24 hours on 24 X 7 basis During OPD hours, Medical Examination of candidates for appointments to various posts and routine special boards are also done.

At present, Guru Nanak Eye Centre is having 212 Beds (including 28 beds in nursing home) for the treatment of patients suffering from various eye diseases. GNEC carries out ophthalmic check-up, investigations and surgeries (Minor & Major) for Cataract with Intraocular Lens, Implantation for patients of cataract. In addition to the above services, GNEC also provides the services of clinics like Retina, Glaucoma, Cornea, Squint, NOC, OPC etc.

Free medicines are given to the patient from the centre pharmacy. Additionally, material for surgery is predominantly provided by medical store of the centre. The faculty and resident doctors of the Guru Nanak Eye Centre are par excellence in academic. A number of oration and paper presentation are done at State, National and International Conferences. About 20% of all India Ophthalmic Society awards are conferred upon the faculty and resident doctors of this centre. In addition to this, the doctors have also won awards in Surgery, video presentation and Ophthalmic Photography Guru Nanak Eye Centre has made great name in the field of national and international publications highlighting contributions of this centre to literature.

The brief performance statistics of the hospital during 2024-25 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
2020-21	212	212	59626	88579	4054	41	5425	5090	576
2021-22	212	212	76084	74547	6160	176	7935	7494	1088
2022-23	212	212	136601	146137	7980	366	15422	13487	2334
2023-24	212	212	117704	135593	11817	498	15779	14193	2191
2024-25	212	212	122690	134467	10118	604	15385	2190	13998

Key Performance Indicator (on the basis of the National Level)

1. Bed occupancy ration: 85.21%
2. Doctor to patient ratio: 1.63
3. Patient receiving free medicines per month: 100%.

Key Targets of the Deptartment

1. Starting an Optometry Training Wing.
2. To Conduct CME's for enhancement of medical knowledge.
3. To increase total collection of donor corneas or treatment of corneal blindness
4. To create more awareness among public for eye donation by virtue of eye donation camps and public lectures.
5. Solar photo voltaic Generation system at roof of auditorium at GNEC.

S.No.	Schemes	Major Achievements (2023-24)	Future proposal (2024-25)
01.	Eye Donation Project 221001110060049	1.Colectoion of 560 Eyes and around 78% Utilization.	Aim to achieve around 700 corneas.
02.	Eye Donation Camp 221001110080049	1.Laminar flow procured. 2.LED board installed (05) Rs.239990.	Aim to achieve 750 corneas (at least) and to minimise IEC actions for monitoring general public encouraged toward eye/cornea donation.
03.	CME/Training 221001110050009	CEM was conducted and on training expenditure of Rs.0.004 Cr. Was done.	To increase the training activity and no. of sessions to upgrade the skill set JR,SR, Trainees, PGs etc.
04.	Amblyopia Free Delhi 221001110090049	The proposal was not fully materialized as fund sanctioned was less.	To achieve reduction monocular in childhood blindness, once we obtain AA/ES and depending upon time period available to us.
05.	Machinery & Equipment's 421001110920052	Non Mydriatic fundus camera Rs. 5 lakhs. Pharmacist refrigerator (1200 Lts) Rs.5 lakh.	
06.	Annual Scientific Programme 221001110070049	DOS monthly meet (CME) was organised on 24.9.2023 with good attendance from doctors and residents from various hospitals in Delhi. GNEC Foundation Day celebrations comprising of scientific programme was successfully organised on 14.3.2023.	Proposal is under process and likely to be completed in the time frame.
07.	Establishment & New Units/ courses	Low vision clinic started as on 10 July 2023.	To initiate bachelor of optometry courses at GNEC

	221001110030049		with annual intake of 20 students. That optometrist who shall study at GNEC in return will increase the work force for imparting better and efficient care and treatment of General public. Scheme will benefit in early detection and treatment of refractive errors and other ocular diseases.
08.	Expansion of Guru Nanak (PWD) 221001110108627	1.Renovation/Up-gradation of Auditorium at GNEC, New Delhi. (Sh-SITC of Audio/ Video System, Internal Electrical installation etc.) (Electrical) 2.Replacement of old existing 3 Nos. 60 TR central Ac Plant at GNEC, New Delhi Rs.66.59 Lac. (Electrical) 3.100% for on-going works (Civil).	1. Replacement of NCDC approval Evaporative type desert coolers at ward block & Registration hall in GNEC, Delhi. (Electrical). 2. Supply, Installation, Testing & Commissioning of Floor Mounted Air Handing Unit with dual motor for OT premises at GNEC, New Delhi Rs.15.85 (Electrical). 3. Supply, Installation, Testing & Commissioning of Floor Mounted Air Handling Unit with dual motor for OT Premises at GNEC, New Delhi. Rs.9.67 lac(Electrical). 4. S.I.T.C of street light Panel and IP based surveillance including miscellaneous EI works for security purpose in GNEC Campus, New Delhi. Rs.13.59 (Electrical). 5. Replacing the existing outlined LT Panel & Emergency Panel at GNEC. Rs.31.22 Lac. 6. 30 lakhs for no-going works (Civil). 7. Justification of budget in MH 2210 (Maintenance & Repair) as per Yard stick (Civil).

7.19. GURU TEG BAHADUR HOSPITAL

Introduction: - Guru Teg Bahadur Hospital is a 1557 bedded multispecialty tertiary care hospital under the aegis of Government of NCT of Delhi. It is located in Dilshad Garden, Shahdara and caters to whole of the East Delhi, North-East Delhi and adjoining Districts of Neighboring State, Uttar Pradesh. The University College of Medical Science (UCMS) is a teaching Medical College (affiliated to Delhi University) attached

with GTB Hospital.

Vision: - To provide exemplary and best possible health-care services with Compassion, empathy, dedication and professional competence 24x 7 x 365 at GTB Hospital and to attain excellence in teaching, training and research in the field of medicine and allied subjects through its associated University College of Medical Science (UCMS).

Basic statistics: -

- Number of Beds in the Hospital - 1571 (1439 functional beds +132 floating beds)
- ICU Beds with Ventilator-51
- Number of ICU Beds -38 (without ventilator)
- Number of Oxygen Beds -1557
- Number of X-Ray Machine- 04
- Number of PSA oxygen plants- 05
- Whether facility of Blood Bank is available or not: - Yes
- UG Students: MBBS-850 (170/yr)
  BSc Nursing-340 (85/yr)
  Bsc Radiology-90 (30/yr)
- PG students: MD/MS-642 (214/yr)
  Msc Radiography – 16 (08/yr)
- Super Speciality Courses: DM Endocrinology – 06 (02/yr)
  DNB Neurosurgery – 03 (01/yr)
  FNB Hematancology – 03 (01/yr)

The brief performance statistics of the hospital during 2024-25 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
2020-21	1512	1448	136816	94292	47098	3847	26796	2736	6708
2021-22	1571	1571	492925	316389	219149	19786	61742	573	13
2022-23	1571	1439	681494	665957	383947	33916	95867	14847	29622
2023-24	1571	1400	1174353	809014	468829	31195	100922	3331	16476
2024-25	1571	1571	833818	594141	248863	24092	94828	9632	33087

Physical achievements for 2024-25: -

1. Antibiotic policy has been formulated and established in GTBH.
2. 15 lac litre reservoir water tank has been renovated in GTBH.
3. Portable Ultrasound machines for ICU and OTs has been procured and installed.
4. New flow cytometer to help in diagnosis of Hematological diseases has been Installed & functional.
5. Osteoporosis and Metabolic bone disease clinic has been started in the Dept. of Endocrinology, GTBH.
6. Advanced centre for minimally invasive gynaecology surgery has been developed.

Proposed Physical Targets for the year 2025-26 to be completed/achieved

1. Implementation of AMSP (Anti Microbial Stewardship program) across the department of GTBH.
2. Establishment of laboratory services for rare disease (Rickettsial diseases) of Microbiology Department, UCMS & GTBH.
3. Registration of ART clinic level-I and initiation of establishment of IVF facility is under process. Principal approval taken from Secretary H&FW Department, GNCTD. The infrastructure and pre

requisites for starting the ART Centre is in process.

4. Development of Urogynaecology as a superspeciality is in process.
5. Construction and starting of New OPD of jail patients near casualty is in process.
6. Procurement of new USG machine for the department of Radiodiagnosis is under process.
7. Establishment of patients incident reporting system in GTBH is under process.
8. Purchase of fetal ECHO and USG machine for department of Obst. & Gynae is in process.
9. Procurement & installation of Bronchoscope system for diagnostic & therapeutic purposes is in process.
10. Dexa machine procurement is under process for the Osteoporosis and Metabolic bone disease clinic and Diabetes foot clinic in the Department of Endocrinology, GTBH.
11. The Department of Medicine, GTBH envisions several key initiatives to enhance patient care, expand research opportunities and contribute to medical advancements. Some of the key goals include Elastography, Thalassemia clinic, Hemophilia clinic and Expansion of Specialized services like (i) Expansion of ART Centre to Link ART Centre and (ii) Dialysis services under PPP.
12. In addition, following equipments are in final stages of Bid and will be procured once budget is made available: -
    i. One Hemodynamic Monitor costing Rs. 68 lacs (approx.) for Anesthesia Department.
    ii. Two Mid End Ultrasound costing Rs. 65 lacs (approx.) for Radiology Department.
    iii. Six Dental Chair costing Rs. 15 lacs (approx.) for Dental Department.
    iv. One Digital Fundus Camera costing Rs. 5.70 lacs (approx.) for DEM.
    v. One Phototherapy Unit costing Rs. 15 lacs (approx.) for Dematology Department.
    vi. Four Slit Lamp costing Rs. 30 lacs (approx.) for Opthalmology Department.
    vii. One GI Video Endoscpy costing Rs.1.24 Cr. (approx.) for Surgery Department.
    viii. One Bronchoscope csting Rs. 10 lacs (approx.) for Respioratory Medicine.
    ix. One Cryoguge costing Rs. 57.42 lacs (approx.) for Pathology Department.
    x. Four Autorefractokeratometer costing Rs.25 lacs (approx.) for Opthalmology Department.
    xi. One Urodynamic System costing Rs. 35 lacs (approx.) for OBG.
13. Following equipments are pending since last financial year and are near completion:
    i. One C Arm Fluroscope, costing Rs. 90 lacs (approx.) for Orthopedics Department.
    ii. 30 Open Care Warmer, costing aRs. 16 lascs (approx.) for Paedatrics Department.
    iii. Two Immuno Assay Analyser, costing Rs. 95 lacs (approx.0 for Biochem, Dem Depaerrtment.
    iv. One ENT Microscope, costing Rs. 75 lacs (approx.) for ENT Department.
    v. One Otological Drill system, costing Rs. 45 lacs (approx.) for ENT Department.
    vi. One Vitrectomy Machine. Costing Rs. 90 lacs (approx.) for Opthalamology Department.

7.20. 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, paucityof trained staff and often ill-treatment to patients. The hospital was converted into a multi disciplinary 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 hospital with 356 sanctioned beds as providedby hospital authority with 313 functioning beds.

The brief performance statistics of the hospital during 2024-25 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
2020-21	356	236	43375	261126	36658	0	2558	21	24
2021-22	356	307	57259	310563	36797	0	2743	19	28
2022-23	356	313	70950	458601	36660	0	4300	0	0
2023-24	313	313	114130	557400	0	0	3259	0	0
2024-25	356	317	70310	516296	34583	0	5380	255	0

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

Mobile mental health services:

Mobile mental health service network of Delhi has been expanded to 11 MMHU units total 2 from initial 02 units after submitting the proposal on the file and has been examined by health, home, planning and finance departments of GNCTD. The 11 MMHU teams are currently functional and Covering all the districts of GNCTD. These units help in emergency persons with mental illness into the treatment both in homeless and homebound submission.

In the last three years, all eleven districts of mobile mental health units were able to engage almost four hundred and forty-four (444) persons having mental illness with mental health establishments. Team has done (105)-After care visits and (759), visits were done for screening and intervention at primary health center and shelter homes (for homeless persons) having of mental health issues, visits were done by the team in the community.

Regional center for Tele-Mental Health Programme (Tele MANAS):

National Tele Mental Health Programme of India, Tele Mental Health Assistance and Networking Across States (Tele MANAS) envisions to work as a comprehensive, integrated and 24 x7 Tele-mental health facility in each state and UT in India with the specific aim and objectives as a digital component of the National Mental Health Programme (NMHP) across Indian States and UTs with assured linkages.

Importance of IHBAS in national scenario:

IHBAS being premier institute in mental health in country under aegis of Govt. of NCT Delhi, is given responsibility of Regional coordinating Centre for managing Tele MANAS Programme in seven states/UTs (Uttar Pradesh, Uttarakhand, Himachal Pradesh, Jammu & Kashmir, Leh Ladakh & Dadar & Nagar Haveli, Delhi). IHBAS has been given following roles in Tele- MANAS Programme;

1. Regional Coordinating Centre for seven states/UTs.
2. Mentoring institution for Delhi state.
3. State Tele-MANAS cell for Delhi state.
4. Coordinating Centre for District Mental Health Programme, DMHP cells for 11 districts of Delhi.

Status of Tele MANAS in Delhi

- **Human Resources**: The recruitment process for various post of Tele-MANAS has been done by Delhi state health mission and joining of the selected candidates is expected to be completed soon. However, the services have been maintained without interruption by the counselors from various projects from IHBAS in the meanwhile.
- **Purchase of Equipment:** The process of purchase of equipment for Tele-MANAS cell is at its final stage.
- **Opening of bank Account**: The bank Account for Tele-MANAS related funds is opened, with designated signatories for operating the funds.

- **Services:** A total of 14576 calls have been attended in Tele MANAS cell Delhi till 29.01.25, since inception.

Establishment of Behavioral Health and Wellness Clinic

The Emotional Health and wellness clinic was established and has been operational since. June 2023 at IHBAS.

Starting of Neuro-Palliative services:

Neuro-palliative service at IHBAS has been started. Along with the provision of services, IHBAS has received permission to start a Neuro-palliative care unit funded by DGHS under the National Programme for Neuro palliative care on 13.11.2023. At present OPD services extended twice a week and IPD services has been started for Neuro-palliative care needs of the neurological patients at IHBAS.

Increase in DM (Neurology) seats (from 03 to 10 per year):

DM (Neurology) seat have been increased from 03 to 10 and 10 students have already joined DM (Neurology).

Increase in the number of seats in MD psychiatry:

Target achieved increase in MD (psychiatry) seats from 8 to 12 implemented from 2023-2024 and 12 students have already joined MD (psychiatry).

Starting of M.Sc. and Diploma in Psychiatric Nursing Program:
IHBAS started courses for M.sc and Diploma in psychiatric Nursing program one details are as followed:

1. 04 students enrolled for post basic diploma in psychiatry nursing for the academic year 2024-2025.
2. 06 students enrolled for post basic diploma in psychiatry nursing for the academic year 2023-2024.
3. 08 students enrolled for M.sc nursing for the academic year 2024-2026.

7.21. 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 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 institutioned beds are 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 2024-25 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
2020-21	549	284	24550	50698	7449	07	7447	595	142
2021-22	549	300	32850	68567	7421	10	8721	932	200
2022-23	549	313	38087	84583	8264	04	10376	1095	234
2023-24	549	323	40465	96404	8137	01	10659	1027	204
2024-25	549	333	45301	104421	9270	06	11872	1137	199

7.22. 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 October 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 2024-25 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
2020-21	210	210	321751	192131	233631	18259	15704	1100	15834
2021-22	210	210	396981	220809	269141	15537	14805	900	12480
2022-23	200	215	534115	370850	325429	18115	16009	217	7429
2023-24	200	200	592768	371930	335947	17109	18166	2145	14533
2024-25	200	287	477574	301765	330304	14828	13432	2097	24297

7.23. JANAKPURI SUPER SPECIALITY HOSPITAL

Janakpuri Super Speciality Hospital is an autonomous postgraduate Institute and 300 Bedded Super Specialty Hospital. The hospital is running the clinical departments of Cardiology, Neurology, Nephrology and Nuclear Medicine (Thyroid clinic) with all the relevant services. We are in the process of establishing the clinical departments of Cardio thoracic & Vascular Surgery, Neurosurgery, Gastroenterology, GI Surgery, Urology and Endocrinology. The hospital has an NABL accredited Laboratory with Pathology, Biochemistry, Microbiology and Blood Storage units. The Radiology department of the hospital is well equipped for conventional Radiology and Ultrasonography services. The hospital is also running a complete Physical Medicine & Rehabilitation Department with the services for Physiotherapy, Occupational Therapy and Speech Therapy. The two facilities of Dialysis Unit and CT Scan & MRI are available in the hospital on PPP mode. The project of installation of seven Modular Operation Theatres has been completed and two OT have started functioning. The OPD and IPD services as well as the diagnostic services have gradually increased over the past years and it is our endeavor to keep expanding the availability of services and to continue improving the existing services.

The brief performance statistics of the hospital during 2024-25 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
2020-21	300	100	104334	181474	0	0	2115	0	0
2021-22	300	150	85834	181672	0	0	7877	0	0
2022-23	300	150	55571	315905	1065	0	3791	0	33
2023-24	300	150	57133	357973	3336	0	5108	0	753
2024-25	300	150	48747	349644	4974	0	4953	0	1533

Major achievements duringthe period from 01.04.24to 31.03.25 any other relevant information:

<table>
<tr><th>S. No.</th><th>Indicator</th><th>Achievements (2024-25) (1 April 2024 to 31 March 2025)</th></tr>
<tr><td>1</td><td>Human Resources:- Recruitment of Teaching Faculty Non-Teaching Cadre including Paramedical and Nursing Cadre</td><td>(As on 31.03.2025)
<table>
<tr><th>Name of the post</th><th>Sanctioned</th><th>Filled (Regular+ Contractual +Adhoc</th><th>Vacant</th></tr>
<tr><td>Director</td><td>1</td><td>0</td><td>1</td></tr>
<tr><td>Medical Superintendent</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>DMS</td><td>1</td><td>0</td><td>1</td></tr>
<tr><td>Professor</td><td>8</td><td>1</td><td>7</td></tr>
<tr><td>Associate Professor</td><td>8</td><td>3</td><td>5</td></tr>
<tr><td>Assistant Professor</td><td>8</td><td>2</td><td>6</td></tr>
<tr><td>Chief Medical Officer</td><td>1</td><td>1</td><td>0</td></tr>
<tr><td>Specialist Gr Ill</td><td>15</td><td>6</td><td>9</td></tr>
<tr><td>Medical Officer</td><td>8</td><td>7</td><td>1</td></tr>
<tr><td>Senior Resident</td><td>77</td><td>44</td><td>33</td></tr>
<tr><td>Junior Resident</td><td>30</td><td>16</td><td>14</td></tr>
<tr><td>Paramedical Cadre</td><td>90</td><td>50</td><td>40</td></tr>
<tr><td>Nursing Cadre</td><td>174</td><td>97</td><td>77</td></tr>
</table></td></tr>
<tr><td>2</td><td>Outsource Services</td><td>• Services like security, sanitation, driver, nursing orderly, Data Entry Operator, OPD registration service etc. are on outsource basis.</td></tr>
<tr><td>3</td><td>Starting Surgical Services</td><td>• The 7 modular OTs project got completed out of which one OT is operational for minor surgeries.
• One Anesthesia workstation is going to be procured for starting of major surgeries.
• Procedures like Renal Biopsy, Permacath insertion for CKD patients is being performed in Minor OT.
• AV Fistula cases has been started.</td></tr>
<tr><td>4</td><td>Starting Emergency / Casualty Services and Disaster Management Ward</td><td>• Emergency services are being provided to the patients who need emergency care in cardiology like Acute MI and other super specialty department.
• Disaster management ward established at the JSSH.
• Hepatitis B & Anti Rabies Vaccination Facility available.</td></tr>
<tr><td rowspan="5">5</td><td>Infrastructure for teaching faculties.</td><td></td></tr>
<tr><td>• Audio visual system</td><td>Audio visual system installed in the conference room for online dissemination of knowledge.</td></tr>
<tr><td>• Remote Teaching</td><td>Remote teaching through conferencing and participating in CME by various departments.</td></tr>
<tr><td>• Ethical Committee</td><td>Institutional Ethics committee registered with CDSCO and DHR.</td></tr>
<tr><td>• DNB classes and academic classes</td><td>Conducting academic classes for DNB students and residents on regular basis.</td></tr>
</table>

S. No.	Indicator	Achievements (2024-25) (1 April 2024 to 31 March 2025)
6	Starting teaching seats for DM/Mch./DNB.	• 5 DNB Cardiology trainees have joined the institute.
7	Procurement of OT, CSSD, Kitchen, Beds, Furniture's, Consumables & Non-Consumables.	• Seven modular OT are available. • Kitchen services are already functional. • For better stay of patient's attendant, the attendant couch is available. • Comfortable attendant waiting areas are functional on each floor near IPD. • CSSD services are functional. • 2 electrical staff recruited on outsource basis.
8	Procurement of Medical Equipments	• Procurement of medical equipments to be done as per the requirement and need of the department through tendering process.
9	OPD Services	• One Specialist Cardiology has joined. • One Specialist CTVS has joined.
10	Starting of Specialized Clinics	• Thyroid clinic is going on with an average number of approximately 100 patients per day. • Senior senior citizen (SSC) clinic is running with an average number of approximately 110 patients per day.
11	Enhancement of Medical Super Speciality Diagnostic Services	• Emergency lab establishment • NABL Accreditation of laboratory • Continuation reaccreditation of lab tests done (now valid upto Nov 2025)
12	Enhancement of Laboratory Services	• Initiation of establishment of emergency laboratory for 24*7 emergency lab test services.
13	Enhancement of Rehabilitation Services	• Resumption of speech Therapy services by recruitment of speech therapist. • Procurement of latest Physiotherapy equipment for better and enhanced services to patients. • Upgradation of Rehabilitation equipments by latest version for better services to patients.

Proposed physical Targets for 2025-26

Sl. No.	Projects	2025-26
1	**Human Resources**: -Recruitment of Teaching Faculty- Non-Teaching Cadre including Paramedical and Nursing Cadre	Recruitment of 100% staff against the vacant sanctioned post. To achieve this 100% recruitment is under process. Last advertisement was issued in December 2023 and the same is under process..
2	Outsource Services	• Deployment of employees pertaining to outsource services are on the basis of demand and requirement of the institution as per need. • AR study will be carried out to create sanctioned posts for OPD registration. • Deployment of sanitation staff will be as per SIU norms.
3	Starting Surgical Services.	• To start with basic vascular procedures once major OT becomes operational. • MGPL project has been handed over from vendor to the hospital. • Anesthesia machine will be procured to provide facility of General Anesthesia.
4	Starting Emergency / Casualty Services and Disaster Management Ward	• To start emergency services full time once adequate Manpower and infrastructure is available. • To provide training and mock drill to hospital staff as and when required.
5	Infrastructure for teaching faculties.	
	• Demonstration Room, Cardiology	Adequately equipped demonstration room to be developed for cardiology department.
	• NML- Membership	NML membership to access research journals for faculties and residents.
	• Ethical Committee	Plan for meeting for academic research projects of DNB Cardiology students.
	• Other trainings	Mandatory soft skill training and BLS training to all staff of the hospital.
6	Starting teaching seats for DM/Mch./DNB.	More cardiology DNB student trainees would join in the next counselling this year.
7	Procurement of OT, CSSD, Kitchen, Beds, Hospital Furniture, Consumables & Non-Consumables.	• Once OT services will be functional, the remodulation of CSSD department will be plan.
8	Procurement of Medical Equipments.	• Procurement of medical equipments to be done as per the requirement and need of the department through tendering process.
9	OPD Services	• Queue management system to be installed for crowd management in OPD, Pharmacy and Diagnostic area.
10	Starting of Specialized Clinics	• Purchase and upgradation of equipments for Neuro-electrophysiology lab e.g. NCV+EMG machine, Transcranial Doppler use, r-Trans-magnetic stimulation machine.

Sl. No.	Projects	2025-26
		• Initiating stroke programme. Need for establishing independent DSA lab for performing endovascular procedures. • Appointment of faculty for super speciality Neurological facilities in the department – Neurosurgeon, Neuroradiologist. • Upgradation of critical care facilities in Neurosciences ICU by approving consultants in critical care, Anesthesia and dedicated trained senior residents. • RTM stimulator will be procured. • Equilibrium Lab to be set up.
11	Enhancement of Medical Super Specialty Diagnostic Services	• 24 hours emergency lab will be operated. • Maximum specialized tests will be added. • Continuation and maintenance of NABL accreditation. • Set up of advanced equipment of hematology in emergency lab to automated body fluid cell count and reticulocyte count.
12	Enhancement of laboratory services	• Successful functioning of emergency lab services.
13	Enhancement of Rehabilitation Services	• Recruitment of clinical Psychologists on two sanctioned posts. • Continuous upgradation of Neurorehabilitation equipment by newer versions that will provide updated and better services to patients. • Procurement of following Neurorehabilitation equipments which will expand the scope of Rehabilitation service being provided to patients (i) CPM (Continuous Passive Motion) machine for upper and lower limb. (ii) Treadmill with unweighing system. (iii) Ultrasonic (iv) IFT (v) Chest Vibrator (vi) Short Wave Diathermy • Latest version of workstation for better training of patients. • Giving training to more rehabilitation team members for operating Neuro rehabilitation equipment.

7.24. LAL BAHADUR SHASTRI HOSPITAL

This 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 2024-25 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
2020-21	105	193	326536	176085	237664	12592	21852	2878	26838
2021-22	113	160	502381	233424	271586	20783	22839	3476	32580
2022-23	108*	160	605353	242424	342318	18487	26556	3675	42998
2023-24	108	160	392833	238108	361165	24249	26585	3756	43751
2024-25	100	160	383093	219540	347618	23324	23648	3105	37636

Achievements for 2024-25.

1. This hospital is the designated hospital in East Delhi for providing Disability Certificates to Physically Handicapped.
2. This hospital is the designated Training Centers in East Distt. For RCH, IUCD, IYCF and SBA Training Programme for Doctors, Paramedical, ANMs and staff Nurses nominated by MCD and Delhi Govt.
3. This hospital is the only hospitals in East Distt., with Mortuary and Post Mortem facilities.
4. Hospital has a Forensic Medicine Expert, the Medico-Legal Bone Age Determination of all the Police Stations of East District. In addition, 60-75 MLCs have been made daily at this hosptial.
5. Timely registration of Birth and Deah are being done in the MRD department of this hospital.
6. The hospital performed a total of 37636 minor surgeries and 3105 major surgeries during April 2024 to March 2025.
7. During April 2024 to March 2025, this hospital recorded a total of 4806 normal deliveries and 1611 cesarean deliveries.
8. Family planning and immunization facility are also available in the hospital.
9. Remodeling of existing building block is undergoing in this hospital for up gradation from 100 to 560.
10. The department performed approximately 10,92,374 lab tests during the period from April 2024 to March 2025.
11. One sports injury clinic has been started on every Wednesday.
12. Medicine department has started facility of echocardiography for cardiac patients.
13. Pediatric department has also started facility of echocardiography for cardiac patients.
14. Hospital got the renewal of NQAS Certificaiton.
15. Hospital has started Psychiatry-addiction treatment facility.

Proposal for 2025-26

1. Commencement of 460 bedded MCH Block in LBS Hospital.
2. OPD Expansion / decongestion.
3. Emergency expansion.
4. NABH entry level.
5. Mortuary expansion under process.
6. Augmentation of Lab services.

7.25. 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 are as including Jama Masjid and Trans-Yamuna Area. Patients attending this hospital from the neighbouring states and other parts ofthe 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 Medicineis being setup. The hospital also provides the tertiary care connected with the National Programmes including mainly family welfare & maternity and child healthcare.

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 2024-25 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
2020-21	2053	2053	37501	42872	61230	1688	28702	3266	801
2021-22	2054	2053	318494	281233	128410	8458	58005	10998	8198
2022-23	2054	2053	745639	707712	179036	14154	88443	18784	14328
2023-24	2053	2053	736421	821998	205765	15563	96729	20962	14047
2024-25	2053	2053	697310	802835	214387	17863	93729	20962	13613

Major achievements during the period from 01.04.24 to 31.03.25:

1. **BLOOD BANK:** Celebrated world voluntary blood donor's day on 14.06.2024. Many external (outdoor) as well as indoor voluntary blood donation camps were organized. Leucodepleted blood being issued to 100% thaliesemic patients.

2. **EMERGENCY MICROBIOLOGY:** Automated identification and antibiotic sensitive system installed in the laboratory. The increased patient load in the dengue and malaria season was handled smoothly. Kits were made available for rapid malaria testing of antigen and dengue NS1 antigen. NS1 testing was available 24*7 in the laboratory.

3. **DEPARTMENT OF ACCIDENT & EMERGENCY:** Management of heat related illness & heat stroke patients (163 patients till 05.07.2024).

4. **DEPARTMENT OF DERMATOLOGY:** Completed Clinical Studies - Expression of stat-3 in dermis in patients of systemic sclerosis. Diagnostic accuracy of Trichoscopy in Primary Cicatricial Alopecia. Comparison of nerve conduction studies between tuberculoid pole and lepromatous pole of leprosy. Role of LRP1, HSP70 and CXCL10 in pathogenesis of vitiligo. A study of clinic - epidemiological profile and Co-morbidities associated with Bullous Pemphigoid. Clinical profile of infantile hemangioma and its response to Propranolol therapy through Colour Doppler ultrasound. Association of clinic- Histopathological &Dermoscopic findings in pigmented Purpuric Dermatosis. CME/Workshop successfully conducted workshop on Dermatosurgery.

5. **DEPARTMENT OF ANAESTHESIA:** Academic session in Labour Analquece in MAMC. Organized quiz competition & took a lecture on voitex management of difficult airway in April in Delhi yuvacon. Took lecture & workshop on Airway USG at Airway Neev workshop in 5" may. Book chapter using Al machine learning & program data to calculate operative risk-the future is here. Original research article, organized Art & Literacy event at ISA Delhi, faculty for DLT motion for Airway new workshop at Indore may 2024. Dr. anjali - attended NAS sterilization of equipment of hospital. - prepared quality report of ICU & CSSD for NQAS and taking committee of surgical store. Dr. vandana - attended NQAS internal assessor training on 25th & 26th September at LNH. invited to pediatric surgery update on 05.02.2025 as faculty. Dr. Farah- attended NOAS internal assessor training on 25th & 26th September at LNH. Received ISA Delhi president award for the newsletter at 63rd ISACON Delhi conference. Organized essay writing competition hosted inaugural ceremony at 63rd ISACON. 5th international & 15th national ISACON conference at Lucknow. Team member of the MAMC PG update 2024 held in Oct '24. Conducted 1 hr session on building resilience with music

therapy during the MAMC update and also under ages of ICA. invited to RSACPCON 2025 at AIIMS Bhatinda for a 28-30 march invited by ISA Delhi to conduct a group music therapy lesson for emotional wellbeing on 18 march 2025 online panel discussion on future trends in medical education. Dr. Gunjan - attended a meeting at secretariat for formulating SOP in Delhi in Dec'2024. Dr. Snigdha - conducted a workshop as co-ordinate for basic airway in MAMC PG update 2024 held in oct 2024. Took a pro -con session in national ISACON 2024 on USG vs fluoroscopy - USG as effective as fluoroscopy for chronic pain procedure held in nov 2024. Also judged various paper presentation of PG in ISACON 2024.

6. **DEPARTMENT OF PEDIATRIC SURGERY:** Advanced laparoscopic & thoracoscopic surgery was performed by the faculty of the department. Multidisciplinary team meeting held in hybrid mode to decide the surgical treatment for children with disorders of sex development.

7. **DIETARY DEPARTMENT:** Intensive repeated regular training & counseling of food handler regarding hygiene and social distancing. Individual reference needs were taken care of by the interactive session with patient by dieticians. Public awareness program for world breastfeeding week was celebrated on 06.08.2024 in gynae OPD where display of charts/posters of galactagogues, skit/play by dietary interns on importance of breastfeeding, talk by consultant gynae and obs (ANC) & peads nursery & asst. dietician followed by questions & answers, was done. Public awareness program for National Nutritional Month, Rashtriya Poshan Maah was celebrated on 03.09.2024 in Medicine OPD, 13.09.2024 in Gynae OPD & 24.09.2024 in pediatrics OPD respectively where display of charts/posters, poems on nutrition & anemia by dietary interns & question & answer session was done. Kaya kalp round by external team conducted in month of august 2024. No. of persons diet counseled during the period: OPD counseling-2284 and IPD counseling-Public awareness program for world environment day was organized on 06.12.2024. dietetic interns of the department participate with display of charts/posters on environment pollution prevention and control. Cyclic menu (RDP-2024-25 MESS Menu) was planned and prepared for Railway Suraksha Vishesh Bal, Republic Day Parade Contingent by Dieticians. Training imparted to 7 dietetic interns during this period. Public awareness program for world kindey day was organized on 13.03.2025, dietetic interns, dietician of dietary department and doctors of medicine department participated with display of charts, posters and talk on importance of the kidney and reducing the frequency and impact of kidney disease. Training imparted to 7 dietetic interns during this period. Typhoid vaccination and annual medical health check up done for 32 kitchen staff workers. No. of persons diet counseled during the period: OPD counseling-5724 and IPD counseling-2858. Every month diet index is approx. 0.9, proportion of therapeutic diet to total no. of diets is 21.06, quality index of diet provides to patients=2.

8. **OPD:** Celebrates international girl child day. Digitalization is in process. Special emphasis on cleanliness drive and sanitation. Have qualified for NQAS &updation done regularly. Routine rounds done. Sanitation is given priority. Data reporting done timely. Public Redressal system is strong. Critical process mapping done and assessed

9. **SECURITY CELL:** Bhartiya Nyaya Sahita (BNS) violence against healtheare workers have been installed. SOP for code violet have been prepared. Process for installation of code violet boards is under process. 02 in nos. permanent helpline numbers has been obtained from MOI/C telecom. This number will be available 24x7. 7065000103 for shift in- charge security cell, LNH. 7065000206 for quick response team. Panic button/security assistance button, installed at nursing station/ counter of wards have been made functional (except A&E block). Blind spot/suspicious area have been identified & letter have been send to concerned authorities for illumination/lighting at these areas and duty supervisor are also taking 02 hours rounds of these areas. Door frame metal detectors (DFMD) have been installed. Queue manager for crowed management. Inverted trolley mirror for vehicles checking at the time of entry/exit have been provided Increased in nos. of CCTV cameras & letters have been sent to concerned authorities for functioning of non-functional CCTV cameras. 06 in nos. security booth have been constructed & installed at entry/exit gates of hospital. Nos, of letters have been sent to concerned civic agencies regarding illegal encroachment in-front of hospital entry/exit gates & road between LNH & GB pant. Nos. of letters has been sent to MCD authorities to take action against stray dog inside the hospital premises. Illegally constructed semi structural huts by PWD workers inside the hospital premises behind PSA plant centralizaed parking have been demolished by constant effect of security. Fire fighting exercises have been conducted on regular basis. Code violet mock drill has been conducted by DMS (A&E).

10. **DEPARTMENT OF MEDICINE:** HDCC is a day care centre, managing approx. 1000 patients every month as emergency admission. Providing counseling to more than 80-100 patients and their relatives towards haemophilia and its care. Helping them to develop a positive attitude towards life. General awareness session for newly diagnosed patients with haemophilia was organized where varied concerns of patients and their relatives were addressed and it helped in installing confidence and acceptance towards haemophilia.

7.26. 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 2024-25 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
2020-21	150	190	181990	66686	78864	7141	6343	1056	8542
2021-22	150	190	201593	83901	102431	6954	6840	1684	10645
2022-23	150	150	276939	131611	101628	7493	7856	1984	15173
2023-24	150	150	266947	127516	87576	7243	8133	2113	18430
2024-25	150	150	258268	173117	108213	7703	7922	1895	16822

Achievements for 2024-25

- Galvanized steel refrigerator.
- Biochemistry analyzer.
- Fibreoptic Video Bronchoscope.
- Emergency recovery trolley.
- High vacuum suction machine.
- Binocular Microscope.
- High pressure steam sterilizer.
- ENT work station.

Proposed Physical Targets for 2025-26 to be completed / achieved

- Anaesthesia Work Station.
- Anasesthesia ultrasound machine.
- Double Dome O.T. Light.
- Portable OT light.
- OT Cautery Machine.
- Laparoscopy Set.
- High Pressure Suction Machine.
- X-ray machine with dual detector 800 mA.
- Hematology Analyzer with 5 Part Parameter.
- Completary automated Biochemistry Analyzer.
- C-Arm Machine.
- OT Table C-Arm (Compatiable).
- ENT Treatment Unit.
- Operating Microscope.
- Phaco Emulsification Machine.
- Lenso Meter.
- Slit Lamp.
- Auto Refractometer with keratometer.
- Electro Surgical Cautery.

- Fluid Management System for Hysteroscopy.

7.27. MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi is an autonomous body under the government of NCT of Delhi. It's a premier institute in the field of dental sciences on India which has been declared "Centre of Excellence" by the Govt. of NCT of Delhi. It imparts 05 Year B.D.S Course and 03 years M.D.S courses with the capacity of 50 students per year and 22 students per year respectively. Courses are imparted in nine dental specialties.

MAIDS is located in the Heart of Delhi. It is a 'specialized dental college & hospital' and treats all types of dental ailments. Approximately 1400 dental patients visit MAIDS for treatment on daily basis. The Institute has been ranked No.1 among all the govt. colleges in India and No 3. Overall in the National Institutional Ranking Framework (NIRF) 2024, Ministry of Education, Government of India. The independent surveys on best dental colleges 2024 by "India today –MDRA, Outlook –I care and the week - Hansa" have ranked MAIDS as the best dental colleges in India at position No. 1. Indian Institutional Ranking Framework (IIRF), India has also ranked the institute in 1st position. It is the first dental institute to obtain the prestigious NABH accreditation by strictly following the very stringent quality control norms prescribed by NABH.

Vision: - To emerge as an institute of regional and global excellence in the field of dental education, treatment and research.

The brief performance statistics of the hospital during 2024-25 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
2020-21	10	10	43278	29270	0	0	0	0	796
2021-22	10	10	101818	64077	0	0	0	37	1115
2022-23	10	10	216849	172297	1114	0	86	36	1992
2023-24	10	10	224969	183843	1113	397	150	105	53266
2024-25	10	10	218148	193901	1401	0	123	85	1988

Achievements 2024-25 (up to March, 2025)

Average number of patients In OPD per month	34337
Average number of patients In IPD per month	10
Average number of patients in casualty per month	117
Average number of x-ray per month	7778
Average number of major surgeries per month	7
Average number of Minor surgeries per month	166
Average number of blood test conducted per month	592.6

Key Targets of the Department for 2025-26: -

Procurement of CBCT Machine.
Procurement of Simulators for continuing dental education department.
Opening of Jan Aushadh Kendra.
Establishment of tissue engineering laboratory
Commissioning of satellite center of MAIDS – Dental wing of MADIS at kanti Nagar.

7.28. NEHRU HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Nehru Homeopathic Medical College and Hospital (NHMC&H) is a 100-bedded collegiate hospital, functioning under the Directorate of AYUSH. Govt. of NCT Delhi. The hospital has been providing maternity and child welfare services including ANC. Additionally, Special OPDs undertaking Research projects on various diseases are being run on all weekdays in the OPD.

NHMC & H has strived to make optimal contribution for the welfare of the society and aims to continue to do so in the future.

The brief performance statistics of the hospital during 2024-25 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
2020-21	100	70	8324	4592	-	-	762	-	-
2021-22	100	59	46168	42910	0	0	1361	0	0
2022-23	100	60	46168	42910	0	0	277	0	0
2023-24	100	60	-	-	0	0	-	0	0
2024-25	100	60	52343	99329	0	0	522	0	0

Major achievements during the period from 01.04.2024-31.03.2025

1. Nehru Homoeopathic medical college an affiliated college of the University of Delhi, has been awarded an A+ grade in the NABET (National Accreditation Board for Education and Training) assessment conducted by the quality council of India. Out of the 216 Homoeopathic Medical College assessed nationwide, only five government institutions achieved this prestigious grade. Notably, Nehru Homoeopathic Medical College is the only government homoeopathic medical college in North India to have secured an A+ rating. This recognition underscores our commitment to an excellence in education, research and healthcare.

2. Four new CTRI registered multicentric research projects have been initiated in collaboration with Dr DN De Hospital, Kolkata and Dr BR Sur Medical College and Hospital, New Delhi. As part of implementation of 'AyushmanBhavah' campaign, health camps have been organised in Pillangi Village Kotla Mubarakpur.

3. Various awareness campaigns organized including health talks Health awareness camps have also been being regularly conducted at NHMCH such as awareness talk about Malaria, World Earth day celebrations, Sanitation Drive, World Population day, Anemia Awareness camp, Family planning training etc. and screening camps such as poshan pakhwada, oral hygiene day, world malaria day national de-worming campaign, heat wave related diseases and nutrition campaign. Organised anemia Mukt Bharat Abhiyan training conducted on fire emergency. Male ward 3rd floor IPD was started. Poster making competition, quiz and sensitisation talks on various topics of public concern are being organised by students and faculty members. International Year of Millets was observed by the college with interactive Doctor-Patient sessions along with Exhibitions at Rashtriya Pratibha Vikas Vidyalaya. Continued Medical education on latest developments in Repertory Software, preparation of research thesis, career opportunities, Homeopathic, Drug Standardisation etc have been conducted.

4. Celebrating world environment day, world blood Donor day, sexual and reproductive health day, organ donation day, world glaucoma week, world menstrual hygiene day, international women's day 100 days intensified TB campaign, Jan Jatiya Gaurav Divas etc.

5. We had been awarded commendation under KAYAKALP program for assessment year 2023-24. As

part of Government effort to take consultation process reach the door step of the masses, E-Sanjeevani has been operationalized. The computerization of Pharmacy inventory and renovation of various departments has been undertaken as part of the infrastructure upliftment drive. Herbal garden has been developed in the premises of the hospital.

6. Yuvamanthan Model G20 summit was organised at NHMC & H, which simulated the international G20 event. This event offered young minds a unique platform to engage in diplomacy, critical thinking, and public speaking. The students of NHMC & H also participated in Youth for Quality Bharat Mission's Rashtriya Gunvatta Pakhwada and won prizes.

7. The hospital has upgraded diagnostic facilities with installation of new Ultrasound machine and Biochemistry analyzer machine. The implementation of e-Office in NHMC & His in final stage. NHMCH has also initiated the process of NABH accreditation. The process for filling of vacant posts of faculty members has been taken forward for which the written tests have already been conducted by UPSC and interviews are under process.

8. Introducing emergency drug list of medicines to tackle emergency situations if any. LASA drugs were identified and kept separately in IPD drug inventory as per protocol. Implemented digital health institutions under ABDM and creation of ABHA ID for Patients. Certificate of appreciation for providing voluntary specialist care to high risk pregnant women under Pradhan Mantri Surakshit Matra Abhiyan 2024. NHMC & H has strived to make contribution for the welfare of the society and aims to contribute in future also.

7.29. PT. MADAN MOHAN MALVIYA HOSPITAL

Pt. Madan Mohan Malviya Hospital is a 100 bedded hospital situated in Malviya Nagar. The hospital was handed over to Delhi Government by MCD in 1996. The hospital is spread over 3.08 acres of land.

The brief performance statistics of the hospital during 2024 -25 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
2020-21	100	103	222218	150838	164088	1260	15590	1712	5667
2021-22	100	103	286710	221640	232683	1074	13880	1376	12437
2022-23	100	103	346198	228128	266246	690	14121	1809	6304
2023-24	100	103	329414	255613	264192	606	14198	1544	2541
2024-25	100	103	270122	132166	249633	760	12073	1718	1983

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

1. Installation of ENT Worstation.
2. Upgradation of EYE Department.
3. Demarcation of patients parking area.
4. Augmentation of Herbal Garden.
5. Upgradation of UDID Services.
6. NQAS Certificate received for hospital.
7. Attached Polyclinic – Ber Sarai Polyclinic.

7.30. RAJIV GANDHI SUPER SPECIALITY HOSPITAL

Rajiv Gandhi Super Specialty Hospital is a 650 bedded hospital located in the North East district of Delhi, an Autonomous Institute under Govt. of NCT of Delhi with state of the art infrastructure and cutting edge technology with focus areas: Cardio thoracic & vascular sciences, gastroenterology-GI Surgery, Pulmonology-urology and Critical Care. The hospital has diagnostic services, including Laboratories, Radiology & Imaging and a blood bank. This hospital is technologically advanced institution designed to international standards and most stringent criteria in creating infrastructure and environmental guidelines.

Our vision is to become a preferred tertiary care provider for citizens, with utmost focus on patient safety and satisfaction. "Center of Excellence for Critical care save life" and to function as an advanced Centre for research and training in the field of medical sciences and teaching facilities for DM, MCh, DNB and other courses.

The brief performance statistics of the hospital during 2024 -25 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
2020-21	650	500	43286	12486	9906	0	6265	0	0
2021-22	650	250	65316	84672	5683	0	7502	3493	2769
2022-23	650	219	51776	158499	10469	0	7060	1309	1130
2023-24	650	250	41859	160922	11875	0	5313	1182	1494
2024-25	650	250	50052	185727	14375	0	7639	1182	1494

Major Departments providing super Speciality medical services to the society are as under:

- **Cardiology Department:** The Department of cardiology was established in year at RGSSH with initial facilities for out patients and Non-invasive diagnostic services. It became fully functional with state of art facilities like coronary Angiography and PTCA with stenting from year. Gradually the patient load increased and emergency services were added. The aim to establish this department with teaching and research is being achieved by starting DNB in cardiology programme since last three years. There are certain short comings like shortage of faculty and trained paramedical staff. Also due to lack of funds, timely maintenance and repair of costly high tech equipments get delayed which affects patient care.

- **Pulmonology:** The Department of Pulmonology is a teaching department of RGSSH and a premier referral Centre for complex lung disorders in Delhi. We receive referrals from all corners of Delhi and offer state-of-the-art services to address the growing demand for specialized care due to the rising prevalence of lung disorders in the area in recognition of our commitment to excellence.

- **Urology Department:** Department of Urology & Kidney Transplant started in 2016 at RGSSH. Department is providing free of cost urological services since then. We are providing complete urological care including Endo-Urology, Uro-oncology, Reconstructive Urology, Andrology and female urology with advanced laser and laparoscopic technique.

- **Anaesthesia Department:** Anaesthesia Department imparts super specialities services to the department cardio vascular thoracic. Anaesthesia gastrological procedures and neurological surgeries.

- **Blood Bank:** Since 2016 till 2021, Blood Centre RGSSH has worked as storage centre, under mother Blood Bank (GTBH). The role of blood storage Centre was to store blood and blood components procured from, other blood banks. Thereafter, inauguration of blood centre at RGSSH was done on 3rd February, 2022 with the approval of DCGI and FDCA for collection and preservation of whole blood.

Blood Centre looks forward to rendering help to numerous patients during Dengue season with the commencement of Apheresis. This will fulfil the blood and blood component requirements for all in-house as well as other hospital's patients.

- **Radiology Department:** The department of Radiology at RGSSH providing excellent support services to various clinical departments of the Hospital. The facility installed in the departments include: -
    a. 256 slice CT scan unit: One
    b. High end Ultrasound unit: One
    c. Ultrasound unit: One
    d. 1000m A Digital Radiography unit: One
    e. Digital Portable Radiography Machine: One
    f. Conventional Portable X-ray machine: Three

- **GI Surgery Department:** Department started in 2016, April department in running 5 OT's/week with 30 bedded ward and 8 bed SICU support. GI Surgery department is the major only Gastroenterology centre in East Delhi Department is performing almost all major radical surgery with minial innovative approach. Department is one of the few centre providing Laparoscopy Wipple Surgery. Department is making persistent effort to bulk run liver transplant procedure in the next 3 years' time.

- **Nephrology Department:** Department of Nephrology started in 2024 at RGSSH. Department is providing free of cost haemodialysis services since then. We are providing free of cost Haemodialysis Catheter insertion since then. We are capable for providing nephrology care including haemodialysis, Haemodialysis Catheter insertion. A-V fistula creation including OPD services.

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

- Nephrology started in 2024 at RGSSH. Department is providing free of cost haemodialysis services since then. We are providing free of cost Haemodialysis Catheter insertion since then. We are capable for providing nephrology care including haemodialysis, Haemodialysus Catheter insertion. A-V fistula creation including OPD services.

- NABL accreditation of haematology, clinical pathology, cytology and histopathology section. (MC-6259, dated 12-01-2025
  The department of pathology is also involved in various research programmes, at present involved in funded ICMR research projects in collaboration with Amity University Noida. Memorandum of understanding with IHBAS and Swami Dayanand Hospital.

Proposed Physical Targets for 2025-26 to be completed / achieved.

- In the future, Pathology Department RGSSH plan to develop our own molecular diagnostics as a branch of surgical pathology that will utilize the techniques of molecular biology (FISH/PCR) for Oncopathology as well as other cytogenetic studies. Establishment of whole slide imaging and storage facility as well as tele pathology. To include ourselves in active and productive research activities. Fellowship programmes in GI Pathology and Uropathology to organize seminars / conferences / CMEs and other academic events. CAP accreditation and various student exchange programmes with reputed international and national universities.

- Department of Radiology is proposed to expand the scope of services. For this purpose, proposal for installation of 3 Tesla MRI has already been submitted to hospital authorities. Specification for 1000 mA Digital Radio Fluoroscopy has been formulated and they would be submitted soon.

- For F.Y. 2025-2026, the Blood bank department focuses on strengthening infrastructure, enhancing voluntary blood donation, ensuring compliance with national standards, and adopting technological innovations for better efficiency and safety.
    - Strengthening Blood Storage & Distribution Infrastructure: Procure advanced equipment (centrifuges, automated analysers), and ensure uninterrupted cold chain maintenance.

- Voluntary Blood Donation Promotion: Organize awareness camps in colleges, workplaces, and collaborate with NGOs for social media campaigns.
- Quality Assurance & Accreditation: Train staff on NABH / NACO standards, conducts quality audits, and maintain strict quality systems for safety.
- Rare Blood Group Registry: Build a network and database for rare blood group donors, including emergency contact systems.
- Capacity Building & Skill Enhancement: Conduct hands-on workshops, internship programs, and exposure visits for staff.
- Hemovigilance & Adverse Event Reporting: Strengthen reporting systems, train staff on transfusion-related complications, and integrate with national programs.

➢ CTVS Department wishes to start paediatric cardiac surgery programme for which a plan has duly been submitted. Department also aspires to increase the yearly major cardiac surgery number to 350+ for which a functional second cardiac operation theatre is needed.

➢ **Future Plans of Cardiology Department RGSSH**

a. Upgrade Non-invasive lab with state of art 3D Echocardiography treadmill and Ambulatory BP Monitoring Machine.
b. Start specialized clinic like Heart Failure clinic in afternoon.
c. Increase Numbers of seats for DNB training & research.
d. Start "Hear Centre" for 24x7 Emergency case of Acute MI patients (Heart Attack) catering to residents of East Delhi.

7.31. RAO TULA RAM MEMORIAL HOSPITAL

Rao Tula Ram Memorial Hospitalis 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 inAugust 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 2024-25 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
2020-21	100	138	113706	67252	60266	5023	668	411	315
2021-22	100	146	176173	106914	98029	6944	9079	669	293
2022-23	100	108	240547	108991	126452	6996	10913	782	1156
2023-24	100	110	246323	133458	140615	6421	11145	346	9103
2024-25	100	110	232311	100948	127385	4972	9102	980	7424

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

1. Bed occupancy – 54.44 %
2. Average number of patients in In-Patient Department (IPD) per month 759
3. Average number of patients in Out-Patient Department (OPD) per month including polyclinic – 32440.
4. Average number of patients in casualty / emergency per month - 10615.
5. NBEMS Diploma course in specialit of Paediatrics (01 seat) and Family Medicine (01 seat)

accreditation has been granted fromNBEMS. The course is likely be started in session 2025-26.

6. **Machinery and Equipment purchased during the year:**
    - Laryngoscope (For OT)
    - Height measuring scale
    - Lab Incubator
    - Digital BP Instrument
    - Blood Oressure (Adult)
    - Plaster Saw
    - Double Surface Phototherapy
    - LED Phototherapy
    - OAE
    - BPApparatus Manual Adult Cuff
    - BP Apparatus Manual Paediatric Cuff
    - Pharmaceutical Refrigerator
    - Dressing Drum (250X230mm)
    - Doppler Foetal
    - Walker Adult Size
    - Portable Mobile single Dome OT Light
    - Bench top centrifuge
    - Indirect Opthalmoscope
    - CTG Machine
    - Radiant Warmer
    - OT Light Double Dome Ceiling

Future proposals (2025-26)

1. Bed Occupancy – 85%.
2. Average number of patients in In-Patient Department (IPD) per month – 1250.
3. Average number in OPD per month including polyclinic – 50000.
4. Aver-+age number of patients in casualty / emergency per month – 14000
5. Construction work of new block of RTRMH, Jaffar Pur Kalan for 342 beds is almost completed and finishing work is under process. The expected date of completion of the new building is November, 2025.
6. Machinery and Equipment is to be purchased in the year:
    - Advanced Phaco emulsification system.
    - Anesthesia work stations.
    - 4K Arthrosocopy camera system.
    - Autopsy Saw Machine with Bone dust collector.
    - Cautery Nachines.
    - Dental Chair units.
    - ENT Surgical Instruments.
    - Orthopaedic Surgical Instruments.
    - O.T. Instruments
    - Miscellaneous (As per demand received form Casualty, Wards, Labour room, Nursery, OPD's, Mortuary, etc)

7.32. 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 Government of NCT of Delhi during the 6th five-year plan under Special Component Plan for Schedule Cast / ScheduleTribes. Later it was augmented to 300 beds in 2010.

The hospital now caters to the health needs of apopulation of 15-20 lakh residing in the J.J. 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 2024-25 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
2020-21	300	300	195588	192135	652600	20877	41722	3651	23622
2021-22	300	300	319191	304499	396505	29939	53870	2085	23349
2022-23	300	300	478491	329324	371573	26337	42517	5827	34076
2023-24	300	300	558772	282092	394716	27111	40803	5282	24585
2024-25	300	300	484839	252694	429552	27355	40192	5270	25398

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

- Whole SGM hospital oxygen supply through LMO.
- During Internal Assessment Hospital was selected amongst 16 best facilities under Kayakalp programme.
- 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 no. of cases are being referred under the scheme to put the approved private Hospital.
- Implementation of JSSK and JSY scheme: -Janani Shishu Suraksha Karyakaram and Janani Suraksha Yojana are running in the department of Obs. & Gynae for benefit of pregnant mothers and children up to one year. Under this scheme free treatment and any investigation required is provided along with free transportation of newborn and mothers after deliveryon request.
- Benefits for Physically Handicapped Persons.
- Hospital complex has been made friendly for physically handicapped persons.
- Reservation in Senior Resident and Junior Resident recruitment for physically handicapped person as per roster.
- Dedicated section of the hospital for issue of disability certificate.
- Availability of free medicine to all patients is ensured.

Proposed physical targest for 2025-26: to be completed / achived

- **MusQan-** As a part of Quality Assurance Improvement initiative and GOI guidelines, within the ambit of NQAS, in new activity named "MusQan" is being launched to target delivery of quality service to children within the health facilities.
- Recertification of NQAS National Level.
- Recertification of Lakshya level.
- Starting functioning of 362 bedded Trauma Block and Utility Block at SGMH.
- Up gradation of library facilities.

7.33. SARDAR VALLABH BHAI PATEL HOSPITAL

Sardar Vallabh Bhai Patel Hospital is a 50 bedded secondary level hospital located in thickly populated colony of Patel Nagar. Earlier this was Municipal Care Health Centre with which was taken over from MCD by Government of NCT of Delhi 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 healthcare delivery outlet in the area.

Vision: - To achieve excellence in patient care, this hospital provides the best healthcare facility (primary) to patients with the qualified doctors, nurses, para-medical & non para-medical staff in a comfortable, caring and safe environment.

The brief performance statistics of the hospital during 2024-25 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
2020-21	50	50	184896	122634	51952	0	3976	452	9895
2021-22	50	50	230205	146705	63393	0	2773	465	9375
2022-23	50	50	261422	159274	74111	0	4234	925	13995
2023-24	50	50	283685	154545	76058	0	4142	1082	14718
2024-25	50	50	285051	144360	81258	0	3415	937	14134

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

	Achievements 2024-25	Proposed Targets 2025-26
Bed occupancy	91%	--
IPD (per month)	372	450
OPD (per month)	35887	48000
Emergency (per month)	6772	7500
No. of X-rays (per month)	3864	4000
Minor surgeries (per month)	1178	1500
Major surgeries (per month)	78	100
Average deliveries (per month)	79	120
Average caesarean (per month)	24	0
Average patient for free medicines	43030	50000
Blood test (per month)	155307	100000
Complaint redressed	100%	100%

Key Targets

1. 100 % availability of drugs included in ED list.
2. Available machinery and equipment are to be made fully functional.
3. Filled up sanctioned post on need basis.

7.34. SATYAWADI RAJA HARISH CHANDRA HOSPITAL

Satyawadi Raja Harish Chandra 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 2024-25 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
2020-21	200	200	49661	14191	11995	843	2413	0	1068
2021-22	200	200	186398	71245	51912	2871	4748	0	9196
2022-23	200	200	393382	168495	114653	3537	7972	271	16345
2023-24	200	200	446066	229938	155665	4168	10259	892	17584

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2024-25	200	200	445477	207371	138422	4917	9436	799	20471

7.35. SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA

Shri Dada Dev Matri Avum Shishu Chikitsalaya is a 106 bedded hospital established in May-2008 in South-West District under GNCT of Delhi with a vision that hospital provide comprehensive maternal, child health and family planning services and to reduce maternal and child morbidity and mortality in the community.

The brief performance statistics of the hospital during 2024-25 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
2020-21	106	80	69548	24751	36446	11	10261	1706	467
2021-22	106	80	114548	38286	56992	25	9844	1867	576
2022-23	106	80	128843	60305	60495	41	12246	2472	679
2023-24	106	80	113366	67116	53495	53	17800	2128	814
2024-25	106	106	113655	65864	41699	48	14537	1685	453

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

- Accredited with National Quality Assurance Certificate (NQAS) (2019-21) and NQAS re-accreditation (Apr 2023-March 2026) by MoHFW, Govt. of India.
- Pre-accreditation entry-level certificate by NABH (2017)
- Accredited by the National Board of Examination in Medical Sciences (NBEMS) for DNB-Paediatric (Jan 2024-Dec 2028)
- Kayakalp Awards:
    - 1st Prize (2016-17)
    - Commendation Awards (2021-22, 2022-23, 2023-24)
    - 1st Prize-Eco-friendly Hospital (2022-23, 2024-25)
- Individual Recognitions:
    - Dr. Archana Kumari-Appreciation certificate, Anaemia Mukt Bharat Abhiyan (2024)
    - Dr. Mukesh-Highest NSV (Sterilization) during WED week in Delhi (2024)
- DPCC Award for outstanding performace in Bio-Medical Waste Management.

Key targets 2025-26

- Expansion of hospital capacity from 106 to 281 beds.
- Construction of:
    - 5-bedded OBG ICU
    - 5-bedded PICU
    - Expansion of SNCU from 16 to 18 beds

7.36. 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 annex of Lok Nayak Hospital under over all 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 Centreas 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 as including head injuries only with latest facilities.

The brief performance statistics of the hospital during 2024-25 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
2020-21	49	49	0	13112	14385	2629	6065	786	2662
2021-22	49	49	0	12775	16569	3052	4059	1286	4406
2022-23	49	49	0	21009	19619	3268	3563	1589	12444
2023-24	49	49	0	21071	19524	3450	3044	1362	13822
2024-25	49	49	0	19026	16658	2697	2851	1179	12508

7.37. DEEP CHAND BANDHU HOSPITAL

Chief Minister inaugurated OPD services of 250-bedded Deep Chand Bandhu Hospital at Kokiwala Bagh, Ashok Vihar, in the presence of Union Communication Minister. The hospital has been dedicated to late Deep Chand Bandhu, who represented Wazirpur Constituency in the Legislative Assembly. Health Minister, local MLA and other eminent personalities were present on the occasion. OPD started w.e.f.22/12/2013 & 24 Hrs. Casualty along with 200 bedded IPD wef 17/9/2015.

The brief performance statistics of the hospital during 2024-25 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
2020-21	213	200	72376	30786	115913	0	4783	1664	412
2021-22	213	213	191461	114030	67030	6913	2613	70	105
2022-23	200	230	296604	184546	159447	8797	15937	2576	11815
2023-24	250	250	292096	213647	151180	6682	17363	1687	12411
2024-25	250	304	313575	191536	141751	6139	18922	1767	16242

Key targets 2025-26

- To complete the on going project of Expansion/Remodeling of hospital upto 400 beds.
- Ensure 100% bed occupancy.
- Available machinery and equipment are to be made fully functional.
- Maintain performance indicator.
- To set up Microbiology department.
- To set up Sakhi Centre Services.
- To set up Ayushman Bharat Services.
- To set up Jan Aushdhi Kendra/Center.
- To finalize tender for Eye Equipments to start Cataract Surgeries.
- To fill all the sanctioned post.

- To improve quality of hospital and patient care.
- To promote regular basis training to prevent infection and improve quality.
- To decrease HAI (Hospital Acquired infection) in hospital premises.
- BMW & Infection Control is being done.

7.38. BURARI HOSPITAL

Burari Hospital was inaugurated on 25/07/2020. This hospital was started as a fully dedicated COVID hospital in the wake of pandemic. As the pandemic abated, non-COVID services were started w.e.f. 06.04.2022. The hospital is providing emergency and casualty 24*7, OPD services in General Medicine (including Pulmonology), General Surgery, OBG, Pediatrics, ENT, Ophthalmology, Orthopedics, Dermatology, Psychiatry, Geriatric Medicine, IPD services (24*7) with separate male & female wards for patients in General Medicine, General sSurgery/Ortho/ENT, OBG, Pediatrics, Geriatric Medicine, vaccination services, laboratory services, radiology services, pharmacy & DOT center.

Vision:

- To provide accessible, equitable, high-quality healthcare to all.
- To provide seamless delivery of services with enhanced patient satisfaction.
- To discharge duties while upholding professional ethics and values.
- To honor patient rights, dignity and confidentiality.
- To promote patient and healthcare worker safety and welfare.

The brief performance statistics of the hospital during 2024-25 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
2020-21	768	320	24418	0	0	-	1436	-	-
2021-22	768	600	18202	0	0	0	1088	0	0
2022-23	768	768	229003	99705	120756	749	5130	0	4891
2023-24	768	320	370513	213406	121068	3191	7758	118	16018
2024-25	768	320	407660	252574	148997	4609	11698	643	26621

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

❖ **Department of Obstetrics and Gynecology:**

- Labor services started in Nov 2023
- First LSCS done on 12/12/23 when the OT became functional.
- First abdominal hysterectomy done on 12/01/24.
- Caesarian section auti meeting started & portal entry started.
- PPIUCD insertion started.
- First implant insertion on 24th April 2025.
- Successfully running cancer clinic.
- Received best video presentation award in state for Anemia room.

❖ **Department of Pediatrics:**

- With the initiation of labor room services, the Department commenced a level II Neonatal unit in tandem to provide essential and preterm New born care.
- In order to maintain continuum of care to all newborns delivered, High Risk Clinic and Well baby Clinic once a week in the afternoon have been initiated for babies discharged from NICU and post natal ward respectively.

❖ **Department of ENT:**

- Audiology started and the data of the same is maintained and uploaded on NPPCD portal, on a monthly basis.
- Major OT procedures have been started w.e.f. October-23 after the initiating of OT wing.

❖ **Department of Microbiology and Biomedical Waste Management**

- Bigger autoclave in BMW department for sterilization of hospital biomedical waste by the end of January 2024.
- In-house facility for blood culture and sensitivity testing by automated blood culture system to provide quicker and reliable results which would help in better patient management.
- Immunoassays through automated analyzers which will help in testing more number of samples in shorter span of time with higher accuracy helping in early diagnosis thus leading to improved patient outcome.
- The department has established processes to enhance hospital acquired infection surveillance for Central Line Associated Blood Stream Infection (CLABSI), Catheter associated Urinary Tract Infection (CAUTI) and Ventilator Associated Pneumonia (VAP), Surgical Site Infections (SST) in the hospital as per national guidelines and meeting international standards which is of utmost importance in the interest of the patients as well as to prevent and control spread of various infections in the hospital.
- The DRP Residency scheme has been implemented in the department.
- The department is running a successful External Quality Assurance Scheme.
- A plan is on way for Antimicrobial Stewardship programme in the hospital to rationalize antibiotic usage and prevent emergence of resistant organisms thus preventing spread of untreatable MDR infection in the patients. The department plans to enroll with ICMR for the same.

Key targets 2025-26

S.No.	Action Point	Description
1.	Operationalization of Dialysis	For providing dialysis services to patients of kidney failure
2.	Operationalization of in-house radiological services (special X-ray and USG)	As part of services to be provided in-house.
3	Operationalization of Blood Blank	Collection and storage of blood and blood products is already being done. Donor screening and blood bank to be started in coming year as soon as health personnel posted.
4.	Operationalizatin of New conference hall	For conducting meetings and trainings
5.	To start ophthalmology surgeries	To request for posting of an ophthalmologist
6.	Operationalization of Dental OPD	To provide treatment to dental patients
7.	Quality certification like by NQAS	To maintain high level of cleanlinessk hygiene and infection control in the hospital
8.	Quality certification of hospital by NABH	To maintain high level of cleanlinessk hygiene and infection control in the hospital
9.	Computerizatin of file monitory system/e-office	For mplemention of HIMS and e-office program of the government
10.	To make all OTs functional	To arrange adequate manpower
11.	Issuance of Disability Certificate	Start and implement UDID portal
12.	Open Pradhan Mantri Jan Aushadhi Kendra	To provide the space to open PJK in the hospital premises
13.	To start sample collection in Gyane Department	To provide sample collection in Gyane Deptt.

7.39. AMBEDKAR NAGAR HOSPITAL

Ambedkar Nagar Hospital was inaugurated by Hon'ble Chief Minister, Delhi on 9th August 2020 as a 600 bedded dedicated COVID hospital to cater to the needs of residents of Delhi. The Hospital provides OPD services of department of Gynaecology & Obstetrics, Paediatrics, Medicine, Chest, Orthopaedics, Psychiatry, Skin, Geriatric and provides IPD services of department of Gynaecology & Obstetrics and Paediatrics and Labor Room services. The hospital also provides OT services for LSCS. The hospital provides emergency services and radiology services (X-Ray) to the patients. The emergency department also has a functional round the clock Anti-Rabies clinic. A Special De-addiction Clinic has been started in the Ambedkar Nagar Hospital. The hospital is providing the in-house lab facility for providing the services like Haematology, Biochemistry, Complete urine examination and Serology etc. Anaemia room facility is also available in hospital for line listing and tracking of patients of anaemia in pregnancy. A Juvenile Deaddiction ward has also been started during march-2025 in the hospital.

The brief performance statistics of the hospital during 2024-25 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
2020-21	200	200	7279	0	831	0	418	0	0
2021-22	600	200	10450	2021	5169	0	818	0	0
2022-23	600	200	4141	455	833	0	25	0	0
2023-24	600	200	32441	29439	12313	0	645	0	0
2024-25	600	200	68469	72674	58437	0	1761	24	2

Major achievements during the period from 01.04.24 to 31.03.25 or any other relevant information:

- The OPD services of department of Medicine, Chest, Orthopaedics, Psychiatry, Skin and Geriatric has also been started during 2024-25. The OPD and IPD services of Gynecology & Obstetrics and Pediatrics has already been started in Ambedkar Nagar hospital.
- A Special De-addiction Clinic has been started in the Ambedkar Nagar Hospital during November, 2024.
- Also, Geriatric Care has been started during November-2024, as an evening OPD twice a week in the hospital.
- The OT services for LSCS has also been started in the hospital w.e.f. September, 2024.
- A Juvenile De-addiction ward has been started during March-2025 in the hospital.
- The Department of Pathology has started a Blood Storage centre during October-2024.
- The hospital also provides 24 x 7 (round the clock) emergency services to the patients. The emergency department also has a functional round the clock Anti-Rabies clinic.
- The hospital also provides the family planning services to postabortal, postpartum (NVD & LSCS) and for interval period using various methods and introduce implant insertions.
- The hospital started surgical MTP on daily basis. Colposcope is available in OPD and Paps smear can also be taken.
- The Minor procedure including D and C, EA and caesarian section, manual removal of placenta Marsupialization of bartholin cyst are also done.
- A Neonatal Resuscitation corner is set up in OT for LSCS deliveries. JSSK scheme has also been implemented in the hospital.
- U-win portal for immunisation services has been started for all beneficaries (children & pregnant woman).
- Daily Counselling Service are available (by Clinial Psychologist) in the hospital.
- Anaemia Room is functional for testing, treatment, counselling and tracking of Anaemia patients and hospital achieved a state award for adoption of IV iron strategy for anaemia in pregnancy.
- All vaccines under universal Immunization programme are provided to pediatric patients attending OPD and to all the newborn delivered in the hospital.
- Training program is conducted for staff for MSSK, IDC, IYCF, SOP for SAM, SAANS programme and for doctors for NRP, SAM-SOP, SAANS etc.

7.40. INDIRA GANDHI HOSPITAL

Indira Gandhi Hospital, Delhi Government is planned as a 1725 bedded Teaching Hospital and Medical College to be made operational in two phases. The hospital was planned initially for 500 beds, thereafter it was scaled up to 700 bedded Teaching Hospital, which was further, scaled up to 1725 beds teaching hospital with multi-specialty and superspecialty services and a medical college. At present, Indira Gandhi Hospital has capacity of 1241 beds. In the second phase, hospital will add 484 bedded MCH Block and a medical college with 150 MBBS students' intake and different post-graduate programmes including MD / MS / DNB / DM / MCH / Diploma etc within 54 months.

The Hospital is planned as a facility with state-of-the-art technology in its construction and operations. It is a certified green building with all its bed being Oxygen beds. It has been envisaged as a super speciality hospital which will also have a Medical College in its next phase of construction.

Indira Gandhi Hospital was made operational in the second wave COVID Pandemic in Delhi since 10-5-2021 in which it had to achieve a target for operationalising 1241 beds and 330 ICU beds for COVID management.

The target for operationalisation of 1241 beds with 330 ICU beds has been achieved in time i.e 20th October 2021. All 1241 beds are Oxygen supported beds with MGPS and manifold gas system.

It also started its OPD services with effect from 22nd November 2021 and IPD services were started from 31st January 2022. The IPD services were declared open on 31st December 2021 however it had to be halted due to rising cases of COVID 3rd Wave pandemic. Emergency services were started on 11/04/2022 and Major OT / Emergency OT services on 6/7/2022.

The brief performance statistics of the hospital during 2024-25 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
2021-22	1241	1241	27006	10311	0	0	322	0	0
2022-23	1241	200	442478	159479	94865	10746	5179	557	12669
2023-24	1241	500	609650	433882	183716	21666	10592	1618	10864
2024-25	1241	500	555991	419095	210429	27887	9235	1070	1504

Major achievements during 2024-25 or any other relevant information: -

- At present on house lab is providing round the clock service catering to emergency IPD and OPD patients on an average performing 100000 (approx.) tests per month.
- Successfully established culture and DRUGS sensitivity testing and reporting to process and system foe various clinical samples.
- To successfully establish ELISA testing.
- 3 more Dental Chairs have been purchased in Jan, 2025.
- Our Hospital Infection Control (HICC) team & BioMedical Waste management (BMW) team is actively working towards the giving quality services to the patients.
- The Occupational therapy department catering services for autism, intellectual disability, cerebral palsy and neurological disorders.
- In anesthesia department, MGPS-2 medical gas pipeline system has been initiated (LMO tank -20 MT (functional) & 50 MT (for storage, non-functional), PSA plant -6 functional)
- NICU (inborn) strengthened and upgraded to 10 bedded level –III and NICU/SNCU (Out born) strengthened and upgraded to 10 bedded level – III.
- PICU strength of beds with ventilator increased to 2.
- Started NIV (Noninvasive ventilator) services in gynecology department.
- In ophthalmology department suture less PHACO cataract surgery with foldable intra ocular lens is done & laser services like ND YAG LASER for posterior Capsulotomy (for visual enhancement in

old Post Surgery patients) and YAG PI (peripheral capsulotomy) for GLAUCOMA patients is being done.

- Delhi's first dedicated brain health clinic has been set up at the Indira Gandhi hospital in Dwarka. The clinic was inaugurated by Delhi health minister on May 17, 2025, for neurological treatment and rehabilitation of the patients.

Any other future proposal/ relevant information of the hospital: -

- Integration of lab information services and android application for registration of online appointment for OPD services.
- To start TB lab
- To start color Doppler ultrasound, vacuum assisted breast biopsy unit bone mineral densitometry system, digital mobile radiography system, 1000MA digital radiography, digital OPG & mammography, fibro scan system and MRI services in radiology department subject to availability of manpower.
- To start special clines well baby clinic/High risk clinic in pediatrics department.
- To start BERA service in ENT department for hearing loss as it is an objective assessment & we will be able to issue ENT related disability certificate.
- Starting of post mortem in forensic department.
- Starting of super specialty service subject to available specialized manpower.
- Initiating 2nd phase of Indira Gandhi teaching hospital and medical college to be achieved in 4 years.

CHAPTER 8

8. CENTRALISED ACCIDENT & TRAUMA SERVICES (CATS)

Introduction: Centralized Accident & Trauma Services (CATS) is a 100 % funded Autonomous Body of GNCTD providing 24x7x365 free of cost ambulance service since 1991 in Delhi for accident & trauma victims, transportation of pregnant women for delivery and post-delivery, rape victim, vitriolage cases, inter hospital transportation etc. The main objective of CATS to provide tmely medical help to the accident & trauma victims with the vision to save precious human life and to improve overall availability of ambulances on road and better response time, quality manpower, better management and supervision of the resources.

Input from Vision 2030 / 2047 of the Department:
At present CATS has a fleet of 277 ambulances to attend all types of medical emergency. Average response time of these ambulances is 15 minutes. Presently due to increase in the numbers of calls and to maintain average response time of 10 minutes, it is necessary to increase Ambulance fleets up to 400 numbers, further, keeping in view of increasing population of Delhi / NCR in future as well as to face any medical emergency situation in Delhi, approx. 1000 Ambulances will be required by 2047. For smooth operation of Ambulances, a state of Art control room will be setup with a sitting of 100 operations in 04 (Shift).

ACHIEVEMENTS 1ST APRIL 2024 TO 31 MARCH 2025

Basic Statistics

1.	Total number of ambulances	:	277
	a) Advance Life Support Ambulances	:	62
	b) Basic Life Support Ambulances	:	196
	c) Patient transport Ambulances	:	08
	d) Neo-Natal Ambulance	:	11
2.	Hired ALS /BLS ambulances	:	140 (90 BLS + 39 ALS – 11 Neonatal)
3.	CATS owned ambulances	:	137
4.	Centralized Modern CATS Control Room	:	30 seats

Key Performance Indicator (on basis of the National Level) / Delhi.

1. In the last Financial Year (01.04.2024 to 31.03.2025)-CATS ambulance has attended Numbers of Call – 5,28,736
2. In the last Financial Year (01.04.2024 to 31.03.2025) patient has been shifted by CATS Ambulances – 4,13,695.
3. In the last Financial Year 2024-25 average response time of CATS ambulance is 16.91 minutes.

Future Plan & Ongoing Projects

1. Up-gradation of CATS Control Room.
2. Hiring of 50 BLS ambulances and 20 ALS ambulances (Geriatric Friendly) including manpower and maintenance of the same under CATS.

CHAPTER 9

9. DIRECTORATE OF FAMILY WELFARE

Directorate of Family Welfare (DFW) is responsible for planning, co-coordinating, supervising the implementation, monitoring and evaluating following programs / initiatives related to Maternal, adolescent, newborn and child health along with implementation of certain statutory Acts like MTP Act and PNDT Act.

1. Provision of Antenatal, Natal and Post Natal services to pregnant women with an aim to reduce maternal morbidity and mortality.
2. Implementation of maternal health programs i.e. Janani SurakshaYojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), PMSMA, LaQshya.
3. Provision of Essential new born care (at every 'delivery' point at time of birth).
4. Operationalization of Facility based sick newborn care (FBNC) (at FRUs & District Hospitals) through Special Newborn Care Units.
5. Provision of Home Based Newborn Care (HBNC) & Home Based Young Child Care (HBYC) Programmes.
6. Promotion of Infant and Young Child Feeding Practices (IYCF) under Mother's Absolute Affection (MAA) Programme.
7. Prevention and management of Childhood Diarrhoeal Diseases & implementation of STOP Diarrhoea Campaign.
8. Prevention and management of Acute Respiratory Infections & implementation of Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) Campaign.
9. Provision of Kangaroo Mother Care (KMC)at Delivery Points.
10. Setting up of District Early Interventions Centre (DEIC): To counter 4Ds (Defects, Deficiencies, Diseases and Developmental Delays &Disabilities).
11. Nutrition Rehabilitation Centre (NRC): Establishment &strengthening of NRC to take care of facility based management of severely malnourished children (SAM).
12. Strengthening of Early Intervention Center - Centre of Excellence (CoE) at Maluana Azad Medical College & Lok Nayak Hospital of Delhi.
13. Provision of family planning services (Basket of Contraceptives, female/male sterilization, Counseling, follow-up, support & referral etc.).
14. Support ASHA in providing support to eligible couples through scheme likes Home Delivery of Contraceptive (HDC).
15. Implementation of UIP (Universal Immunization Program), Intensified Pulse Polio Immunization Programme (IPPIP) and U-WIN and e-VIN Portal.
16. Surveillance of VPD (Vaccine Preventable Diseases) Services.
17. Bi-annual rounds of National De-Worming Day (NDD) are held in the state as part of Anemia prevention and control strategy among children and Adolescents.
18. Operationalization of "UDAAN" scheme with an aim to improve accessibility of Sanitary napkins for adolescent girls (non-school going) and also to increase their awareness of Menstrual Hygiene Management.
19. Weekly Iron & Folic Acid Supplement (WIFS) program to ensure provision of a weekly prophylactic dose of IFA tablet to adolescents to prevent Anemia.
20. Health & Wellness programs in schools by training of teachers who then work as Health & Wellness Ambassadors with focus on adolescent centric issues with school children.
21. Implementation of PC & PNDT, MTP (Medical Termination of Pregnancy), ART & Surrogacy Acts.
22. Co-ordination and execution of IEC activities, campaigns through Mass Education Media.
23. Weekly Iron & Folic Acid Supplement (WIFS) program to six age groups viz. Children (6 months- 5 years), Children (5-9 years), Adolescents (10-19 years), pregnant women, lactating women and women of reproductive age group through ASHA workers, ANMs, Anganwadi centers and schools to prevent Anemia
24. Point of care treatment & testing in by digital hemoglobinometers in T4 (Test-Treat-Talk- Track) Anemia camps across schools & colleges of Delhi and in the community, under Anemia Mukt Bharat Scheme.
25. Procurement of vaccines (through CPA), stocking, maintaining cold chain, disbursing vaccines and family welfare logistics to all health providing agencies in the state.

26. Capacity Building to update knowledge & skills of various categories of health functionaries by providing RMNCHA+N trainings by the H&FW Training Centre.

1. Essential Immunization Program:

Directorate of Family Welfare (DFW) through its Immunization Section, is implementing Routine Immunization Services under Universal Immunization Programme (UIP), which are one of the largest public health interventions, providing specific protection to the catered beneficiaries against the Vaccine Preventable Diseases (VPDs), by marked reduction in morbidity and mortality. The same is provided through a network of more than 600 Vaccine Cold Chain Points, and more than 9500 Immunization Session Sites. Further, AEFI Surveillance and VPD Surveillance are also conducted as a component of the programme.

To achieve 100% vaccination coverage and to vaccinate all left out, dropout & refusal beneficiaries, special immunization campaigns were organized in Januray, February and March 2025 for one week each to reach unvaccinated and partially vaccinated children.

Under UIP, the Full Immunization Coverage (FIC) is approx 100% for the period of 2024-2025, with 3,02,962 beneficiaries vaccinated against a target of 3,01,449 children for the period as per MoHFW, GoI estimates.

As a part of the programme, the State is working intensively towards the Measles-Rubella (MR) Elimination Goal, which aims to eliminate these diseases. Fever with rash surveillance actively rolled out. Focused activities towards MR elimination initiated in state. NMNR (Non-Measles Non-Rubella Discard Rate) in the state is now above 2, in line with the National requirements of rate required to be above 2. All 11 districts are currently having NMNR >2.

UWIN Portal (Data Portal for Routine Immunization) in line with Co-WIN Platform has been successfully scaled-up in all 11 districts of the State. On U-WIN, sessions are being held digitally, and recording the vaccination records of infants, pregnant women and children in the age group of 1-5 years. The goal is to bring the private health facilities under its ambit.

Continued Roll out of Quality Management System in AEFI. State has been consistently performing well in AEFI surveillance with no silent district and improvement reporting and recording.
Cold Chain Augmentation: The cold chain space is being monitored on a regular basis, with utilization of e-VIN Platform, along with strict vigil on the Cold chain temperature, through Temperature Loggers.

The SNID on 8th December 2024 was in a complete decentralized manner, under the direct control of District Magistrates (DMs) and Chief District Medical Officers (CDMOs), who managed the manpower, logistics, IEC, vaccine distribution, Cold Chain & location of booths, which was granularly planned and coordinated by the respective District Immunization Officers (DIOs). More than 18 lakh children were administered Oral Polio Vaccine during this Pulse Polio Round SNID under IPPIP (from 8th to 17th of December 2024), including 6,08,097 children were vaccinated against Polio in 6323 no. of booths, on Sunday, 8th December. More than 48 lakh households have been visited by HTH teams during the 5 days of HTH Activity from 9th to 13th December 2024 and Mop-Up, for administering Polio Vaccine to all left out children who could not take the Polio drops on Sunday.
Immunization Indicators:

Code	Parameters	Total 2024-25
4.1.1.a	Live Birth - Male	139700
4.1.1.b	Live Birth - Female	128444
4.4.2	Number of Newborns having weight less than 2500 gms	58741
4.4.3	Number of Newborns breast fed within 1 hour of birth	214842
9.1.1	Child immunisation - Vitamin K (Birth Dose)	240164
9.1.2	Child immunisation - BCG	273229
9.1.3	Child immunisation - Pentavalent 1	290215
9.1.4	Child immunisation - Pentavalent 2	283896
9.1.5	Child immunisation - Pentavalent 3	281606

9.1.6	Child immunisation - OPV 0 (Birth Dose)	252566
9.1.7	Child immunisation - OPV1	287463
9.1.8	Child immunisation - OPV2	282908
9.1.9	Child immunisation - OPV3	279879
9.1.10	Child immunisation - Hepatitis-B0 (Birth Dose)	245072
9.1.11	Child immunisation - Inactivated Injectable Polio Vaccine 1 (IPV 1)	285073
9.1.12	Child immunisation - Inactivated Injectable Polio Vaccine 2 (IPV 2)	281317
9.1.13	Child immunisation - Rotavirus 1	290485
9.1.14	Child immunisation - Rotavirus 2	284514
9.1.15	Child immunisation - Rotavirus 3	280918
9.1.16	Child immunisation - PCV1	289998
9.1.17	Child immunisation - PCV2	282353
9.2.1	Child immunisation(9 - 11 months) - Inactivated Injectable Polio Vaccine 3 (IPV 3)	294132
9.2.2	Child immunisation (9-11months) - Measles & Rubella (MR)/Measles containing vaccine(MCV) - 1st Dose	301441
9.2.3	Child immunisation (9-11months) - JE 1st dose	1335
9.2.4	Child immunisation - PCV Booster	295508
9.2.5.a	FULLY IMMUNIZED children aged between 9 and <12 months- Male	159538
9.2.5.b	FULLY IMMUNIZED children aged between 9 and <12 months- Female	143424
9.4.1	Child immunisation - Measles & Rubella (MR)/ Measles containing vaccine(MCV)- 2nd Dose (16-24 months)	281059
9.4.2	Child immunisation - DPT 1st Booster	287478
9.4.3	Child immunisation - OPV Booster	285883
9.5.1	Child Immunization- Typhoid	249297
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	216477
9.5.3	Children more than 10 years received Td10 (Tetanus Diptheria10)	176548
9.5.4	Children more than 16 years received Td16 (Tetanus Diptheria16)	35434
9.7.1	Immunisation sessions planned	144007
9.7.2	Immunisation sessions held	141126

Source: HMIS Portal

2. Child Health

Child Health is one of the important components of RCH Programme. The State is making concerted efforts to reduce Mortality and Morbidity among children. Infant Mortality Rate (IMR) of Delhi has shown decline from 24 (SRS 2013) to 14 (SRS 2023).

Parameters	SRS 2023	SRS 2013
Neonatal Mortality Rate	9	16
Infant Mortality Rate	14	24
U5 Mortality	16	26

The aim of the State is to reduce Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5-MR) to single digit. To reduce Neonatal Mortality Rate, State has improved Newborn Care Facilities by establishing Special Newborn Care Units (SNCUs) and Kangaroo Mother Care & New Born Care Corners (NBCCs). The Key Strategies to decrease the LBW prevalence through Optimum Antenatal care and maternal nutrition and to ensure Essential Newborn Care, State has mapped NBCCs with trained care providers for all 61 delivery points. To ensure prompt identification, stabilization and management of sick Newborns, strengthening of well-equipped and staffed NBSUs, SNCUs and NICUs is being carried out. Furthermore, for prompt and seamless referrals of sick neonates requiring higher level of neonatal care, well defined Referral

Linkages are also being created.

Comprehensive Screening of the Newborns for Developmental Anomalies is being done in the hospitals. Screening for early intervention through Field Workers under Home Based Newborn Care (HBNC) &Home Based Care for Young Children (HBYC) is also being carried out. Early recognition of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) to facilitate Intervention at DEICs and referral hospitals is being undertaken. An effective system of Child Death Review is also being operationalized as a key strategy to reduce the delay in delivery of Health Care to sick children. The programs/ interventions with aim to reduce Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5-MR) to single digit are as follows:

To reduce Neonatal Mortality Rate, State has improved Newborn Care Facilities by establishing and strengthening of Neonatal Care set-ups like NBCC (New Born Care Corner), Facility Based Newborn Care (SNCU/ NICUs), Kangaroo Mother Care (KMC), Lactation Management Units (LMUs) at District hospitals. The Key Strategies to decrease the LBW prevalence through Optimum Antenatal care and maternal nutrition and to ensure Essential Newborn Care, State has mapped NBCCs with trained care providers for public health delivery points. To ensure prompt identification, stabilization and management of sick Newborns, strengthening of well-equipped along with availability of trained staff at NBCCs, NBSUs, SNCUs and NICUs is being carried out. Furthermore, efforts for prompt and seamless referrals of sick neonates requiring higher level of neonatal care, well defined Referral Linkages are also being undertaken.

Comprehensive Screening of the Newborns for Developmental Anomalies is being done in the hospitals. Screening for early intervention through Field Workers in the community under Home Based Newborn Care (HBNC) &Home Based Care for Young Children (HBYC) is also being carried out. Early intervention and management of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) under RBSK is facilitated at DEICs and referral to hospitals is being undertaken. An effective system of Child Death Review is also operational as a key strategy to reduce the delay in delivery of Health Care to sick children.

Delhi has 34 public hospitals providing intensive & resuscitative care to the new born babies who are sick. 30 hospitals are Special Newborn Care Units (SNCU) providing level-II and above care. 3 public health facilities are Stabilizing units for Newborn.

New Born Care Corners (NBCCs) are functional at all 60 delivery points within the Labour Room and Operation Theaters, ensuring essential New born care at delivery points.

Kangaroo Mother Care (KMC): KMC is a family participatory technique that involves skin-to-skin contact between a mother/ care giver and newborn baby to meet the baby's needs for warmth, nutrition especially for Low Birth Weight (LBW) babies. Kangaroo mother care has been started in 34 Newborn care units for improving survival of premature and LBW babies.

Establishment of LMUs: A Lactation Management Unit (LMU) is a specialized unit within a healthcare facility that provides comprehensive support and management for mothers and their babies, focusing on breastfeeding and lactation, particularly for sick, preterm, and low birth weight babies in intensive care. 04 LMUs were functional in F.Y. 2024-25 at Dr. Baba Saheb Ambedkar Hospital, CNBC, Swami Dayanand Hospital and Lok Nayak Hospital to provide mother's own milk to sick newborns in hospitals' SNCU/NICU. 29368 mothers received Lactation Counseling; 7775 mothers used LMU facility for Expression of breast milk; 1190 litres of expressed breast milk (EBM) was collected and 10244 newborns/ infants received expressed breast milk from own mothers using LMU facility in 4 LMUs in Delhi at BSAH, CNBC, SDNH and LNH.

Strengthening of Public Sector Nurseries: In order to strengthen reporting on the FBNC portal by existing SNCUs/NICUs, State is providing Human Resource and capacity building activities to the existing SNCUs/NICUs.

Mother Absolute Affection (MAA) Programme: MAA Programme focuses on building an enabling environment for breastfeeding through awareness generation activities, targeting pregnant and lactating mothers, family members and society in order to promote optimal breastfeeding practices as an important intervention for child survival and development, to reinforce lactation support services at public health facilities through trained healthcare providers and through skilled community health workers.In Delhi MAA was implemented at 59 public health delivery points. Total of 567077 mothers (including 263242 pregnant

women and 309438 lactating mothers) participated in 65336 mothers' meetings conducted by ASHAs in the community, in F.Y. 2024-25. (Source: Annual MAA report 2024-25). The key deliverable under Early initiation of breastfeeding (within an hour of birth) rate was 80% in F.Y. 2024-25. (Source: HMIS Portal).

Nutrition Rehabilitation Center (NRC): NRCs are facility-based management centers for under-5 children with Severe Acute Malnutrition (SAM) and medical complications. Also, the skills of mother on child care and feeding practices are improved so that child receives care at home. There are 5 functional NRCs in Delhi hospitals viz. Kalawati Saran Children Hospital, Hindu Rao Hospital, Bhagwan Mahavir Hospital, Lok Nayak Hospital & CNBC Hospital. Total sick SAM child admissions were 1363; discharged with target weight gain-1083 i.e. 80% successful discharge rate. Bed occupancy rate achieved was 79% in 5 NRCs functional in Delhi at HRH, KSCH, BMH, LNH & CNBC during F.Y. 2024-25. (Source: Annual NRC report F.Y. 2024-25 of Delhi).

STOP Diarrhoea Campaign (rebranded Intensified Diarrhoea Control Fortnight): Intensified Diarrhoea Control Fortnight (IDCF) was implemented in 2014, with an aim of achieving improved coverage of essential life-saving commodity of ORS, ZINC dispersible tablets and practice of appropriate child feeding practices during diarrhoea. Delhi observed STOP Diarrhoea Campaign 2024 (rebranded IDCF Campaign) w.e.f. 1st July to 31st August 2024 across the State to address potentially high incidence of diarrhoea during the summer/monsoon season and floods/ natural calamity. This is a 2-months campaign, in which ORS packets and tab. Zinc are distributed amongst under 5 children. Campaign was observed to ensure universal availability and use of Oral Rehydration Solution (ORS) and zinc tablets as effective treatment for diarrhoea, to advocate for improved hygiene practices, including hand washing, safe drinking water and sanitation to prevent diarrhoea, to educate communities about diarrhoea management, emphasizing home-based care and timely referral and to train healthcare workers and strengthen health infrastructure for management of Diarrhoea.

1207974 out of 1207558 (100.3%) under 5 children were pre-positioned with ORS packets during the campaign. Delhi also carried out the activities like ORS preparation and hand washing demonstration in 849 UHNDs. Focused group discussions and sessions on improved hygiene practices, including hand washing, safe drinking water and sanitation to prevent diarrhoea were held in schools and Aanganwadi centers. IEC activities were done to create awareness on prevention and management of childhood diarrhoea. Convergence meetings of stakeholders like DoWCD (AWW), Delhi Jal Board (DJB) were also conducted.

3. Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) Campaign:

The SAANS campaign is an initiative to reduce morbidity and mortality of childhood pneumonia. The campaign was launched in 2019 to combat childhood pneumonia, a leading cause of death among children under five years of age. The campaign implemented during 12th November – 28th/ 29th February of every financial year. SAANS campaign 2024-25 was implemented successfully from 12th Nov 2024 to 28th Feb 2025,to raise awareness about pneumonia symptoms, prevention, and treatment among parents, caregivers, communities, and for orientation about treatment and timely referral of Pneumonia cases to health care facilities through involvement frontline workers like ASHAs (Accredited Social Health Activists) and Anganwadi workers in spreading key messages related to pneumonia prevention, proper nutrition (including breastfeeding), hand washing and sanitation. Orientation and training of the health care staff at District/ hospitals/ facility/ community level for adoption and adherence to Guidelines of childhood pneumonia treatment algorithm. IEC disseminated to all health facilities for Display and to ensure Basic drugs and equipment availability with all facilities. Mass Media activity at state level was also carried out.

The report of SAANS 2024-25 campaign (from 12th Nov 2024 to 28th Feb 2025) is as under:

Community level activities:

No. of ASHAs trained on home visits for SAANS?	5942
No. of ANMs trained on SAANS?	1449
No. of nurses in PHCs, CHCs, Hospitals trained on SAANS?	195
No. of Doctors trained on SAANS?	564
No. of ASHAs that did house-to-house visits of under-five children for SAANS	5905

No. of under-five-children assessed by ASHAs for symptoms and signs	416737
No. of under-five-children having symptoms and signs of acute respiratory illness	66894
No. of under-five-children administered pre-referral dose of Amoxicillin	5853
No. of under-five-children referred to health facilities	66894
No. of homes where counseling was done using MCP card	534157

Health facility level activities:

No. of under-five-children treated with cough and cold in OPD	238326
No. of under-five-children treated with Pneumonia in OPD.	80925
No. of under-five-children treated with Severe Pneumonia by ad mission	5261
No. of under-five-children administered medical oxygen	9886
No. of Skill Station functional against approval	665
Number of infants given PCV-1vs number of infants given Penta-1	78724/76934
Number of infants given PCV-Booster vs number of infants given MR-1	72414/72780

Child Death Review (CDR): A systematic process of reviewing the deaths of children (typically from birth to five years old) to understand the causes, identify gaps in child health delivery mechanisms and taking corrective actions, and pinpoint social factors contributing to these deaths, is being done periodically in the Districts of Delhi. MPCDSR Portal entries have been initiated in all 11 Districts. Last State Level Task Force meeting for CDR was held in April 2024.

4.Activities under Rashtriya Bal Swasthya Karyakram (RBSK):

Newborn Screening- Mission NEEV Project: Comprehensive Newborn Screening (CNS) undertaken in Delhi as Neonatal Early Evaluation Vision (NEEV) Project, currently being run in project mode at MAMC & Lok Nayak Hospital, carried out in 56 Hospitals/ delivery points.

District Early Intervention Centers (DEICs): To facilitate intervention for children identified to be suffering from 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities), under RBSK initiative of MoHFW, GOI, operational in medical college/ district hospitals. 03 EICs in Delhi viz. one COE-EIC at Lok Nayak Hospital & MAMC and 02 more DEICs at Swami Dayanand Hospital and Guru Gobind Singh Govt. Hospital were functional, 26519 children were managed in F.Y. 2024-25 in these EICs. DEIC at Guru Gobind Singh Govt. Hospital became functional in May 2024. Centre of Excellence- Early Intervention Centre at Lok Nayak Hospital (COE-EIC LNH) became operational in Delhi w.e.f. October 2021 and 14153 children were managed in COE-EIC-LNH in F.Y. 2024-25.

MusQan: AQuality Assurance and Certification initiative of MoHFW, GoI, for Paediatric services in health facilities like Medical College/ District/Sub district hospitals (NRCs, SNCUs, Paediatric OPD/ IPD etc.). There are 6 National MusQanCertified hospitals in Delhi viz. Acharya Shree Bhikshu Hospital, Lal Bahadur Shastri Hospital, Sanjay Gandhi Memorial Hospital, Guru Gobind Singh Govt. Hospital, Dr. Baba Saheb Ambedkar Hospital, Chacha Nehru Bal Chikitsalyain year 2024. There are 3 State MusQan Certified hospitals viz. Pt. Madan Mohan Malviya Hospital, Bhagwan Mahavir Hospital, Babu Jagjivan Ram Memorial Hospital in year2024. (Source: DSHM website).

Capacity Building: Facilitating IYCF, NSSK, FBNC, CDR, SAM & IMNCI/ F-IMNCI training for enhancing skills of Health personnel.

Best Practices undertaken by the Department: Provision of 11 Neonatal ambulances under CATS services was been initiated and made available since October 2024 for safe transport of sick newborns in Delhi, following the efforts undertaken by DFW in collaboration with CATS ambulance.

Family Planning:

FP services are provided through primary, secondary and tertiary care facilities.

Permanent or Limiting methods of Contraception: Delhi Provides high quality sterilization services through hospitals of different agencies (Delhi Govt., MCD, NDMC, CGHS, ESI, NGOs and accredited private facilities). The Revised compensation scheme is followed for incentivizing the beneficiaries through PFMS portal. Adverse events following sterilization services are covered through Family Planning Indemnity Scheme (FPIS).

During the year 2024-25, 2 and 13 Female and male complication following sterilization respectively and 38 Female sterilization failure cases were reported (source: HMIS 2024-25).

Temporary methods:
Condoms, Oral pills (3 types), IUCD (2 types) and Injectable contraception services are provided at all health facilities and are available to the masses at nearest dispensaries. Besides, pills for emergency use in contraceptive accidents (ECP) are also available. Special emphasis is laid to fulfill contraceptive needs of Postpartum and Post abortion women.
The performance figures (2024-25) are submitted in Table below.

A	**Permanent Method**	
	Male Sterilization	301
	Female Sterilization	14242

B	**Temporary Method**	
	IUCD	100476
	MPA	43726
	Centchroman	126746
	OCP	152905
	ECP	46763
	Condom	5040294

Family Planning Coverage for F.Y 2024-25(Source: HMIS)

Health &Family Welfare Training Centre (HFWTC): All the trainings are primarily conducted based on guidelines received from GOI under various programs from time to time. HFWTC conducts two broad categories of trainings: - Knowledge based trainings – Immunization and Adolescent Health. Knowledge based trainings are conducted at Health and Family Welfare Training Centre -Skill Based Trainings – Family Planning, Child Health, Maternal Health and nutrition. Skill basedTrainings are conducted at the Collaborating Govt. Hospitals (technical support.)

Brief Overview of Training:

S.No	Trainings under Maternal Health Program		Trainings under Family Planning Program
1	DAKSH & DAKSHATA	1	Laparoscopic sterilization
2	Comprehensive Abortion Care(CAC)	2	IUCD & PP- IUCD insertion
3	Skilled birth Attendant (SBA) & Basic Emergency Obstetric care(BEmOC)	3	Family Planning counselor's training
4	Maternal Death Review trainings(MDR)	4	No Scalpel Vasectomy
5	LaQshya Training	5	Injectable & Oral contraceptives
	Trainings under Child Health Program		Trainings under Nutrition Program
1	Facility Based Newborn Care (FBNC)	1	Infant Young and Child Feeding

S.No	Trainings under Maternal Health Program		Trainings under Family Planning Program
2	SAANS trainings for Pneumonia	2	Severe Acute Malnutrition
3	Child Death Review trainings	3	National Deworming Day
4	NavjaatShishu Suraksha Karyakram (NSSK)	4	Prevention & Management of Childhood Diarrhea under IDCF fortnight
5	Training on IMNCI	5	Anaemia Mukt Bharat
6	Training on F- IMNCI		
	Trainings under Immunization Program		
1	Safe Immunization practices		
2	Cold Chain Handlers Training		
3	Training of frontline workers on BRIDGE		

Total Trainings batches : 54
Total Training days :217
Maximum duration of training : 16 (FBNC; 4 room classroom + 12 observer ship)
Minimum duration of training :1/2 day
Average duration of training : 2-3 days
Batch size : Average 24 (Max 100 -Minimum 3

Physical Achievement F.Y. 2024-25			
Budget Head	Physical Targets	Physical Achievement	% Achievement
Maternal Health	245	287	117.1
Child Health	222	149	67.1
Adolescent Health	115	50	43.5
Family Planning	206	97	47.1
Immunization	268	227	84.7
Nutrition	525	623	118.7
Total	**1581**	**1433**	**90.6**

Major Achievements, 2024-25

1. A total of 1581 HealthCare professionals have been trained till March 25 despite major staff constraint.
2. 90 % of the proposed physical targets proposed for FY 2024-25 have been trained.
3. 279 Medical Officers and 291 Nursing Personnel have been trained on RMNCH+trainings.
4. State level training of the trainers (ToT) have been completed.
5. Trainers of trainers (TOT) on "Hypertensive Disorders in Pregnancy (HDP)"
6. Trainers of trainers (TOT) on "Maternal Health Schemes".
7. Training on Anaemia Mukt Bharat wherein the frontline workers (ASHA, ANM, LHVs, Lab Tech. Staff Nurses etc.) will be sensitized on Anemia and also hands - on training on use of Hemoglobin meter and data handling.
8. Trainers of trainers (TOT) on Adolescent Friendly Health Services (AFHS)
9. Trainers of trainers (TOT) on F – IMNCI.
10. 15 Skill based training have been done in association with various hospitals.

5. Adolescent Health:

Delhi has an adolescent Population of nearly 35.0 Lac which is nearly 21% of its entire population. This represents a huge opportunity that can transform the social and economic fortunes of the State if substantial investments in their education, health and development are made.
As a part of strategy to address the Health & Development needs of adolescents a strategy in the form of 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.

Weekly Iron & Folic Acid Supplementation (WIFS) Program:

WIFS Program is being implemented through Govt./Govt. aided Schools under the Directorate of Education as well as through AnganwadiCentres under the Department of Women & Child Development in Delhi wherein IFA supplement in the form of "BLUE" tablet is administered to adolescent girls & boys on every Wednesday throughout the year. 2,26,403 was the average monthly coverage of IFA Blue tablets in Govt. and Govt. aided schools among class 6th to 12th girls,1,82,930 among class 6th to 12th boys for F.Y. 2024-25(source HMIS portal). For out of school adolescent girls (10-19yrs) IFA Blue tablet is administered through Anganwadi Centres.

National De-worming Day Campaign

Improving the health of children and adolescents is priority areas of NHM. National De-Worming Days aims to improve the health and well-being of pre-school and school age children by reducing soil transmitted Helminths (STH) infections through Mass De-Worming Campaign. Deworming is a scientifically proven method of mitigation of intestinal worms and is a key intervention to curb anemia along with other proven interventions like sanitation, safe drinking water and hand washing.
A total of 39.49 lakh children were covered during December, 2024 NDD round
(Against a target of 48 lakhs i.e. coverage of 82.2%).

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. In FY 24-25 473 AH&WDs were celebrated.

Menstrual Hygiene Scheme:

"UDAAN" scheme has been rolled out with an aim to improve accessibility of adolescent girls (non-school going) to sanitary napkins and make them more aware of Menstrual Hygiene Management. Under the scheme a pack of 10 sanitary napkins is provided every month completely "Free of Cost" to Out of School Adolescent Girls (OOSAG) and 10- 19 years' age group girls of MCD schools.78 lacs sanitary napkins (pieces) were procured in December 2024 and 43 lacs sanitary napkins have been distributed till March, 2025.
A study to understand the menstrual hygiene practices among adolescent girls in rural and urban resettlement areas of Delhi was conducted by Maulana Azad Medical College (supported under National Health Mission). The report has been disseminated and the recommendations have been adopted by the State.

Anemia Mukt Bharat:

Under Anemia Mukt Bharat Program (AMB), Prophylactic Iron Folic Acid (IFA) Supplementation is provided in six age groups viz. Children (6 months- 5 years), Children (5-9 years), and Adolescents (10-19 years), pregnant women, lactating women and women of reproductive age group (20- 49 years). For Children, Adolescents and Women of reproductive age group, Weekly Iron Folic Supplementation (WIFS) is provided through schools and in community through ASHA workers and Anganwadi centers. For pregnant (2nd trimester onwards) and lactating women (up to 6 months), IFA Tablets are provided daily. Average monthly 1,92,693 children from 6- 59 months; 60,378 children of 5-9 years in schools and 3,27,105 women of reproductive age (WRA) 20-49 years (non-pregnant, non-lactating), received the required doses of Iron and folic acid (IFA) drugs monthly for F.Y. 2023-24 for prophylaxis of anemia under Anemia Mukt Bharat.
T4 (Test, Treat, Talk & Track) Anemia Camps has been initiated in community and schools of Delhi in which Point of care treatment & testing by digital hemoglobinometers is being done.
In addition to it, other measures to reduce prevalence of anemia are also implemented like promoting iron rich diet through awareness generation in the community, monitoring all the preventable causes contributing to

anemia apart from iron deficiency, availability of lab facilities for Thalassemia diagnosis and complete anemia profile in government hospitals. All mild and moderate anemic cases are treated diligently so as not to land up in severe anemia and timely referral to designated facilities for severe and refractory anemia.

6. Maternal Health:

Maternal health is an important program under RMNCHA and is aimed to reduce Maternal morbidity and mortality through facilitating provision of quality antenatal and delivery services and ensuring postnatal services to pregnant women and implementation of maternal health programs/ schemes i.e. JSY, JSSK, PMSMA, LaQshya, etc.

Janani Suraksha Yojana: It is a centrally sponsored scheme. The scheme aims to promote institutional delivery amongst Pregnant women (PW) belonging to Scheduled Caste, Scheduled Tribe & BPL families. PW are incentivized for undergoing institutional delivery in urban and rural area @Rs. 600/- and Rs.700/- respectively and BPL women is also incentivized with Rs. 500/- in case of home delivery.
The Accredited Social Health Activist (ASHA) is an effective link between the Govt. health facility and the pregnant women to facilitate in implementation of this program and she is also incentivized for facilitating the scheme in her allocated area.

The scheme is being implemented in all 11 districts of Delhi w.e.f. 2006.
All the health facilities enroll the eligible JSY beneficiaries i.e. PW belonging to SC/ ST/ BPL families during Antenatal clinics and then register them on RCH Portal and fetch the Aadhar linked Bank Account details of the client and necessary documents and she is given the JSY payment after delivery.

The mode of payment is Direct Benefit Transfer (DBT) into the account of beneficiaries.

Year	Physical Achievement	Approved Budget (in lakhs)	Financial Achievement (in lakhs)
2024-25	5200	50.90	38.17

Source : State Report

Janani Shishu Suraksha Karyakram (JSSK): This scheme was launched in Delhi State w.e.f. September 2011.This is a centrally sponsored scheme. It aims to provide free and cashless service to all pregnant women reporting in all Government health institutions irrespective of any caste or economic status for normal deliveries / caesarean operations, for antenatal / postnatal complications and sick infants (from birth to 1 year of age).

The scheme aims to mitigate the burden of out of pocket expenses incurred by families of pregnant women and sick infants. Under the scheme no cash benefit is directly provided to beneficiary. Only the health facilities/ delivery points are provided fund under JSSK to enable them to provide free services to pregnant women and sick infants to fill the gap in demand under various subheads i.e. Diet, Drugs and Consumables,
Diagnostics, Blood Transfusion, Transport & no User Charges levied by the facility, if any.

Sl. No.	JSSK service delivery	Free Drugs & Consumables	Free Diet	Free Diagnostics	Free blood
1.	Total No. of Pregnant Women who availed the free entitlements.	179051	92899	198918	10188
2.	Total No. of sick infant who availed the free entitlements.	17666		14422	1508

Source: State Report

Service Utilization: Referral Transport (RT) under JSSK (2024-25)

S No.	Referral transport services		State vehicles (CATS) + others
1.	No. of Pregnant Women who used RT services for:		
	i	Home to health institution	20719
	ii.	Transfer to higher level facility for complications	6474
	iii	Drop back home	2938
2.	No. of sick infant who used RT services for:		
	i.	Home to health institution	-
	ii	Transfer to higher level facility for complications	805
	iii.	Drop back home	-

Comprehensive Abortion Care Services (CAC) Annual Report: Unsafe abortion with its associated complications remains a public health challenge in spite of legalization of induced abortion through MTP Act 1971. Comprehensive Abortion Care (CAC) is an attempt to provide guidance on safe, quality and comprehensive care for abortion within the frame work of MTP Act. It is an integral component of Maternal Health Intervention as a part of National Health Mission (NHM).

Annual performance under CAC for 2024-25 is as under:

Facility Type	Number of Facilities providing CAC services	Number of MTP conducted	Post- Abortal Contraceptive Services
Public Health Facilities	52	6232	3787
Private Health Facilities	715	23870	17775
Total	767	30102	21562

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

PMSMA was implemented in Delhi State as per MOHFW, GOI guidelines w.e.f. July2016. It aims to provide quality antenatal care, identifying High risk PW beneficiaries and initiating appropriate treatment without delay so that IMR and Maternal mortality ratio can be reduced.

It is held on 9th of every month at all the Govt. health facilities. A due list of all missed out/dropped out pregnant women in 2nd& 3rd trimester &High-risk pregnant women from the community is prepared by ASHAs and mobilized to the Govt. health facilities for ANC check-up.

Services provided on PMSMA day is given below:

Year	Total no. of Pregnant women received antenatal care under PMSMA & e-PMSMA	Total no. of Pregnant women received PMSMA & e-PMSMA Services for the 1st time	High risk Pregnant Women clients identified
2024-25	85973	22772	28136

Source: PMSMA Portal

Kilkari messages: This is a mobile service that delivers time-sensitive 72 audio messages (Voice Call) about pregnancy and child health care directly to the mobile phones of pregnant women/ mother/ parents. Essentialities-Entry in RCH portal, Correct mobile no of the beneficiary, LMP, Date of delivery etc.

LaQshya: Labour Room Quality Improvement initiative---

Ministry of Health and Family Welfare, India has launched an ambitious program "LaQshya- Labour room quality improvement initiative on 11th Dec. 2017. The program is targeted as an approach to strengthen key processes related to Labour room and Maternity OTs to reduce maternal mortality and morbidity. In Delhi Eleven Public Health facilities (Pt. Madan Mohan Malviya, Sanjay Gandhi Memorial, Guru Gobind Singh Govt. Hospital, Lal Bahadur Shastri, Acharya Shree Bhikshu, Shri Dada Dev Matri Avum Shishu Chikitsalya, Deen Dayal Upadhyay Hospitals) are LaQshya certified as of now (2024-25).

Maternal Death Surveillance and Response: Maternal deaths occurring in state are reviewed at facility, district and State level so that gaps are identified and corrective actions are taken to prevent future deaths. Most maternal deaths are reported from Medical Colleges Hospitals and high case load delivery points. Nearly 48% maternal deaths reported belong to neighboring state.

During 2024-25, total 621 Maternal Deaths were reported (Source-HMIS Portal). Out of these 557 (90%) were reviewed.

8. PC & PNDT: Directorate of Family Welfare is the nodal department for the implementation of PC & PNDT Act in Delhi. The PC PNDT Act is being implemented through statutory bodies i.e., State Supervisory Board, State Advisory Committee, State Appropriate Authority, District Appropriate Authority & District Advisory Committee as per the provisions of PC & PNDT Act.

Sex Ratio at Birth as per Civil Registration System data for 2024 is 920

The various IEC/ BCC Activities were carried out for the awareness of society in regard to the important girl child.

Sensitization cum State Level Training on effective implementation of the Act for Stake Holders with District Appropriate Authority, SDM, District Nodal Officers, District Advisory committee, State Advisory Committee members.

Community Awareness programs are being conducted by organizing Health Talks, Focal Group Discussion, NukkadNatak, Beti Shakti Abhiyan and the BetiUtsav was celebrated 18th Jan – 31st Jan 2025 and is celebrated every year.

On the occasion of International Girl Child Day, on 11thOctober, 2024 the newspaper advertisement was given in 6 local newspapers PC& PNDT Program.

Public notice in newspaper advertisement was given in 6 local newspapers under PC& PNDT regarding awareness on provisions of the Act and District Appropriate Authorities

The State Appropriate Authority, PC& PNDT has conducted 3 attempts of Competency Based Test (CBT) with authorities of Guru Gobind Singh Indraprastha University (GGSIPU) under Six months training rules, 2014 and amendment on 2020 and Certificates have been issued to 61 , 35& 17 qualified Candidates in 1st, 2ndand 3rdattempt who appeared in CBT under PC PNDT.

The Six months training programme has been initiated in coordination with
GGSIPU under Six Month Training Rule, 2014 of PC&PNDT Act.

The annual report in term of physical achievements is as:

Year April 24 - March 25									
Sl. No.	Total No. of Centers	Inspection	Ultrasound machine sealed	Cancellation/ Suspension	DAC meeting	Show Cause notice issued	Ongoing Court cases	New court Case during this period	Convictions
Q.1	1777	138	2	26	17	9	66	1	0
Q.2	1801	319	5	8	13	32	68	1	0

Q.3	1799	170	15	32	14	29	69	4	0
Q.4	1774	88	2	10	11	10	68	1	0
Total	1774	715	24	76	55	80	68	7	0

ART & Surrogacy (Regulation) Act, 2021

The Assisted Reproductive Technology (Regulation), Act 2021 and Surrogacy (Regulation), Act 2021, have come into force on 25th January, 2022 for the regulation and supervision of the assisted reproductive technology clinics and the assisted reproductive technology banks, prevention of misuse, safe and ethical practice of assisted reproductive technology services for addressing the issues of reproductive health where assisted reproductive technology is required for becoming a parent or for freezing gametes, embryos, embryonic tissues for further use due to infertility, disease or social or medical concerns and for regulation and supervision of research and development and for matters connected therewith and for regulation of the practice and process of surrogacy and for matters connected or incidental thereto.

The Directorate of Family Welfare is implementing both the Acts in the State of Delhi. All the facilities providing ART & Surrogacy services are to be registered and comply with the Act.

Total Registrations issued under ART &Surrogacy Act for the clinics are as:

ART Level -1 = 21,
ART Level -2 = 54
ART Bank = 16
Surrogacy clinics = 31
Total =122

CHAPTER 10

10. DELHI STATE AIDS CONTROL SOCIETY

1. INTRODUCTION

1.1. Delhi State AIDS Control Society, a society under Department of Health and Family Welfare, Govt. of NCT of Delhi, implements National AIDS and STI Control Programme (NACP) and Blood Transfusion Services Programme, centrally sponsored schemes in Delhi. Presently Phase V of National AIDS and STI Control Programme is being implemented. The society became functional on 1st November, 1998.

1.2. 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. Programme activities are implemented through various Government institutes/ hospitals and non-government organizations in Delhi. The NACP's response to the HIV/AIDS epidemic comprises of a comprehensive three-pronged strategy focusing on prevention, testing, and treatment. This strategy is supported by critical enablers such as Information, Education, and Communication (IEC), Laboratory Services, and Strategic Information.

1.3. The activities under the Blood Transfusion Services programme of Directorate General of Health Service, MoHFW, Govt. of India are also implemented by DSACS through Blood Centres in Delhi.

1.4. The Society also implements Delhi Government Financial Assistance scheme for PLHIV/CLHIV/affected children on ART Treatment in Delhi and Travel Concession scheme for PLHIV getting treatment from ART Centres in Delhi.

2. STATUS OF HIV /AIDS IN DELHI

2.1. NACO estimated adult HIV prevalence (15–49-year age group) to be 0.31% with 59705 persons living with HIV, 2954 new HIV Infections every year and 1033 HIV related deaths in Delhi for 2023. These estimates are based upon data from HIV Sentinel Surveillance data and programme data. 19th round of HIV Sentinel Surveillance activities was carried out in Delhi at 10 ANC sites and 02 Prison sites during Jan-Mar-2025.

2.2. As per 'India HIV Estimation 2023' report, there were an estimated 25.44 lakh (21.68 lakh–30.38 lakh) people living with HIV (PLHIV), with an adult (15-49 years) HIV prevalence of 0.20% (0.17%-0.25%) in India and estimated 58869 (47456-71876) people living with HIV (PLHIV), with an adult (15-49 years) HIV prevalence of 0.31% (.25-0.38) in Delhi. The comprehensive summary of the HIV/AIDS epidemic in 2023 is provided in Table 1.

Table 1. Epidemic Estimates (2023) - Delhi and India (Source: Sankalak 2024, 6th Edition NACO)

	Indicator	Delhi			India		
		Male	Female	Total	Male	Female	Total
1.	Incidence Prevalence Ratio (IPR)	-	-	4.60	-	-	2.69
2.	Incidence Mortality Ratio (IMR)	-	-	2.01	-	-	1.15
3.	Adult (15-49 yrs) HIV Prevalence (%)	0.36	0.25	0.31	0.22	0.19	0.20
4.	Estimated people living with HIV	36,588	22,281	58,869	13,92,268	11,52,097	25,44,365
5.	ART coverage (%)	73.30	64.34	70.64	66.84	74.39	70.54
6.	Estimated children living with HIV	733	622	1,355	33,074	29,970	63,044
7.	Annual new HIV infections	1,626	1,085	2,711	40,293	28,164	68,457
8.	Annual AIDS-related deaths (ARD)	480	546	1,026	23,977	11,885	35,862
9.	Change in annual new HIV infections since 2010 (%)	-25.48	-15.56	-21.83	-43.12	-45.73	-44.23
10.	Change in annual ARD since 2010(%)	-17.10	67.48	13.37	-77.37	-82.25	-79.26
11.	EMTCT need	-	408	408	-	19,961	19,961

2.3. The number of facilities under the National AIDS Control Programme and Blood Transfusion Services

provided in various hospitals/ institutions in Delhi are depicted in Table 2. These facilities include:

a. Integrated Counselling & Testing Centres (ICTC): For HIV detection that includes Counselling and Testing including EID services and EVTHS, situated in hospitals and dispensaries
b. Targeted Intervention (TI) Projects for High-Risk Groups: For prevention and control of HIV/STIs in high risk groups viz. Female Sex Workers (FSW), Men having Sex with Men (MSM), Transgenders (TG) Injecting Drug Users (IDU), Migrants, Truckers, the projects are run by NGO partners
c. Opioid Substitution Treatment (OST) Centres: For Opioid Substitution Treatment of IDUs, situated in Government hospitals, and community
d. Designated STI/RTI Clinics (DSRC) (Suraksha Clinics): for diagnosis and treatment of STIs, situated in Government hospitals supported by State Reference Centre and Regional STI/RTI Training, Research & Reference Laboratory for support for STI Component.
e. Antiretroviral Treatment (ART) Centres: For care and support of persons/children with HIV
f. National/State Reference Laboratories and other centres: include National and state reference laboratories, Viral Load Laboratories and Early Infant Diagnosis Laboratory, to provide laboratory support.
g. Red Ribbon Clubs: Formed in colleges, for HIV/AIDS awareness amongst college students
h. Blood Transfusion Services: Support in select Government and NGO blood centres in Delhi to promote voluntary blood donation
i. Others: Apex STD Teaching, Training & Research Centre, Centre of Excellence, Pediatric Centre of Excellence, for support at regional/national level.

Table 2: Facilities /services under National AIDS Control Programme and Blood Transfusion Services in Delhi

Service/Facilities	**Number of facilities (as on 31st March 2024)**
Integrated Counselling & Testing Centres (ICTC)	**Confirmatory Facilities:** 87 (including 1 Mobile ICTC) **Screening facilities:** 465 Facility Integrated Counselling and Testing Centres (F-ICTCs) in Govt. facilities and 411 F-ICTCs in Private Hospitals **Sampoorna Suraksha Kendra (SSK):** 8
Targeted Intervention (TI) Projects for High-Risk Groups	**79 TIs:** (29 FSW, 10 MSM, 8 TG, 16 IDUs, 4 Truckers and 12 Migrant projects)
Opioid Substitution Treatment (OST) Centres	**12 Centres:** DSACS run 8- (BJRM, DDUH, GGSGH, JPCH, SGMH, LHMC, Chandni Chowk & Central Prison Tihar) **4 NGO sites**- (Krishan Foundation, SPYM, Sahyog Charitable Trust, Bhartiya Parivartan Sansthan) **17 satellite OST Centres**- (17 Spoke)
Designated STI/RTI Clinics (DSRC) and Laboratories/Centre	**28 DSRCs:** 1 State Reference Centre at GTBH, 1 Regional STI/RTI Training, Research & Reference Laboratory at MAMC, and 1 Apex STD Teaching, Training & Research Centre at Safdarjung Hospital
Antiretroviral Treatment (ART) Centres	**12 ARTC:** (AIIMS, BSAH, DCBH, DDUH, GTBH, KSCH, LBSH, LNH, NITRD, RMLH, SJH and Central Prison Tihar), 1 Centre of Excellence at MAMC and 1 Pediatric Centre of Excellence at KSCH
National/State Reference Laboratories and other Laboratories	2 National Reference Laboratories (NCDC, AIIMS), 4 State Reference Laboratories (LHMC, MAMC, SJH, UCMS), 2 Viral Load Testing Laboratories (AIIMS, IHBAS), 8 CD4 Testing facilities (AIIMS, BSAH, DDUH, GTBH MAMC, NCDC, RML, SJH) and 1 DNA-PCR Laboratory for Early Infant Diagnosis (EID) at AIIMS.
Red Ribbon Clubs	87 (in Colleges/Universities)
Blood Transfusion Services	**20 supported Blood Centres**: (includes 11 designated as Regional Blood Transfusion Centres)

2.4. Status of HIV Burden in Delhi

2.4.1. HIV Burden Estimation is a process to provide updated information on the status of the HIV Epidemic in lndia. For programmatic purposes, the evidence generates in HIV Burden estimation, not only guide the location prioritization but also the fundamental to monitor the progress on 95-95-95. The status of HIV burden in Delhi from year 2010 to 2024 is depicted as under:

Table 3. Status of HIV burden in Delhi

Indicators	Adult (15-49 years) HIV Prevalence (in %), 2010 – 2024	Number of People Living with HIV, 2010 – 2024	HIV Incidence per 1,000 Uninfected Population, 2010 – 2024	AIDS-related Deaths per 1,00,000 Population, 2010 – 2024	Need of Services for Elimination of Vertical Transmission of HIV, 2010 – 2024
2010	0.29 (0.24-0.35)	34830 (28617-42256)	0.22 (0.17-0.28)	5.82 (3.60-9.43)	411 (334-506)
2011	0.30 (0.25-0.35)	37282 (30815-44900)	0.22 (0.17-0.28)	5.78 (3.57-9.40)	402 (325-484)
2012	0.31 (0.26-0.36)	39707 (33130-47390)	0.21 (0.16-0.27)	5.48 (3.44-8.94)	425 (340-512)
2013	0.32 (0.27-0.37)	42013 (34942-50044)	0.19 (0.14-0.25)	4.91 (3.16-7.98)	422 (338-511)
2014	0.32 (0.27-0.38)	44184 (36417-52591)	0.18 (0.12-0.24)	4.56 (2.93-7.59)	441 (355-547)
2015	0.33 (0.27-0.39)	46090 (37552-54903)	0.15 (0.10-0.21)	3.33 (2.33-5.11)	452 (362-550)
2016	0.32 (0.26-0.39)	47642 (38567-57401)	0.11 (0.07-0.17)	2.01 (1.44-2.91)	472 (380-573)
2017	0.32 (0.26-0.39)	48970 (39795-59510)	0.09 (0.06-0.15)	1.70 (1.19-2.64)	445 (360-550)
2018	0.32 (0.26-0.39)	50383 (40844-61319)	0.10 (0.06-0.15)	1.78 (1.17-2.87)	446 (362-551)
2019	0.32 (0.26-0.39)	51906 (42151-63602)	0.10 (0.06-0.16)	2.08 (1.32-3.66)	457 (370-552)
2020	0.31 (0.25-0.38)	53568 (43544-65940)	0.12 (0.07-0.18)	2.91 (1.69-5.97)	406 (333-499)
2021	0.31 (0.25-0.38)	55269 (44770-68540)	0.13 (0.08-0.20)	4.29 (2.22-9.10)	397 (320-499)
2022	0.31 (0.25-0.38)	56723 (46157-70524)	0.14 (0.08-0.22)	4.76 (2.28-9.35)	392 (312-503)
2023	0.31 (0.24-0.38)	57857 (46873-72336)	0.12 (0.07-0.19)	4.58 (2.23-8.57)	384 (304-490)
2024	0.30 (0.24-0.37)	59079 (47815-74103)	0.12 (0.07-0.19)	4.32 (2.14-8.25)	377 (295-486)

Data Source: lndia HIV Estimates 2025, NACO-SI (Surveillance & Epidemiology)

Table 4. Adult (15-49 years) HIV Prevalence, HIV Incidence Rate, Annual New HIV Infections, AIDS-related Deaths (ARD), Need of Services for EVTHS 2024

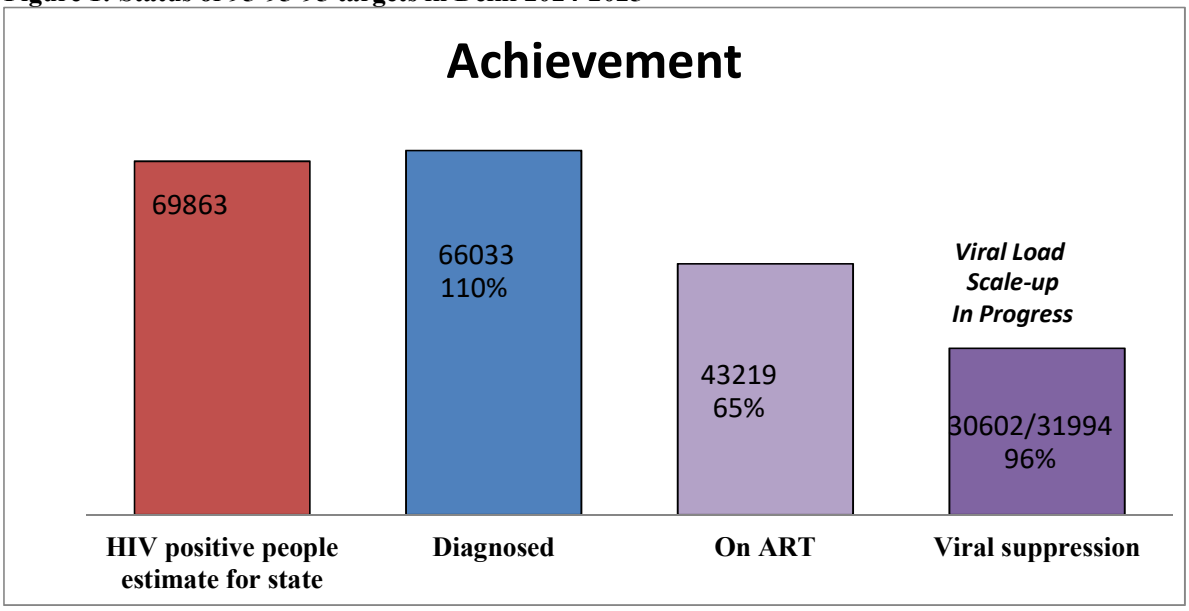
Adult (15-49 years) HIV Prevalence (in %) and Number of People Living with HIV (PLHIV) in 2024 Delhi		HIV Incidence Rate, Annual New HIV Infections (ANI) and Changes in ANI (%) in 2024 Delhi			AIDS-related Mortality Rate, AIDS-related Deaths (ARD) and Changes in ARD (%) in 2024			Need of Services for Elimination of Vertical Transmission of HIV (EVTH) in 2024 Delhi
Prevalence	Total Number of PLHIV	HIV Incidence per 1,000 Uninfected	Total Number of ANI	Changes in ANI, 2010-2024 (%)	AIDS-related Deaths per 1,00,000 Population	Total Number of ARD	Changes in ARD, 2010-2024 (%)	
0.30 (0.24-0.37)	59079 (47815-74103)	0.12 (0.07-0.19)	2590 (1507-3969)	-27.45	4.32 (2.14-8.25)	927 (460-1769)	-2.11	377 (295-486)

Data Source: India HIV Estimates 2025, NACO-SI (Surveillance & Epidemiology)

2.5. Status of 95-95-95 in Delhi

2.5.1. 95-95-95 is a strategy to achieve Sustainable Development Goal of ending the AIDS epidemic by 2030. The 95-95-95 strategy aims at 95% of all people living with HIV knowing their HIV status, with 95% of these people with diagnosed HIV infection on sustained antiretroviral therapy and 95% of these people receiving antiretroviral therapy having effective viral suppression.

Figure 1: Status of 95-95-95 targets in Delhi 2024-2025



2.5.2. Status of Epidemic in Delhi FY-2024-25

	rmula	rrent Status
95	Nummber of PLHIV who know their status	66033 (110%)
95	Number of PLHIV who know their status, are on ART	43219 (65%)
95	Number of PLHIV are on ART, have less than 1000 Viral load per ml (Virally suppressed)	30602 (96%)

Table 5. HIV detection and ART registration among different populations in Delhi during FY 2024-25

Category	HIV tests done	HIV detections (Positivity)	% of Positivity	Registration at ART Centre (% out of detections)	% of on ART
Client other than Pregnant Women	617938	6351	1.03	5457	85.9
Pregnant Women	422755	360	0.09	354	98.33
Key & Bridge population	242530	644	0.27	702	109.01
Prisoners	19447	349	1.79	307	87.97
Prisoners (Pregnant Inmates)	15	0	0.00	0	0

(Data Source: Monthly Progress Report of TI, ICTC, ART (April-2024-March-2025)**)**

Figure 2: HIV Positivity Among different population

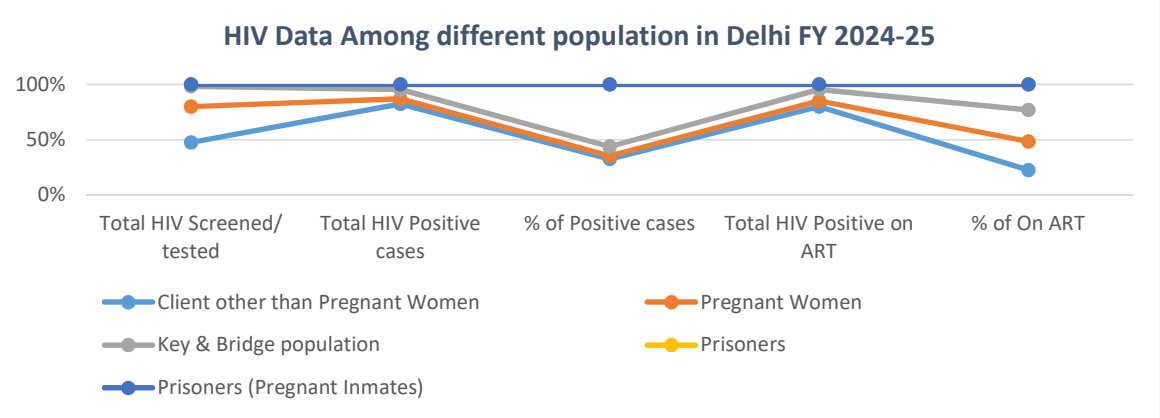
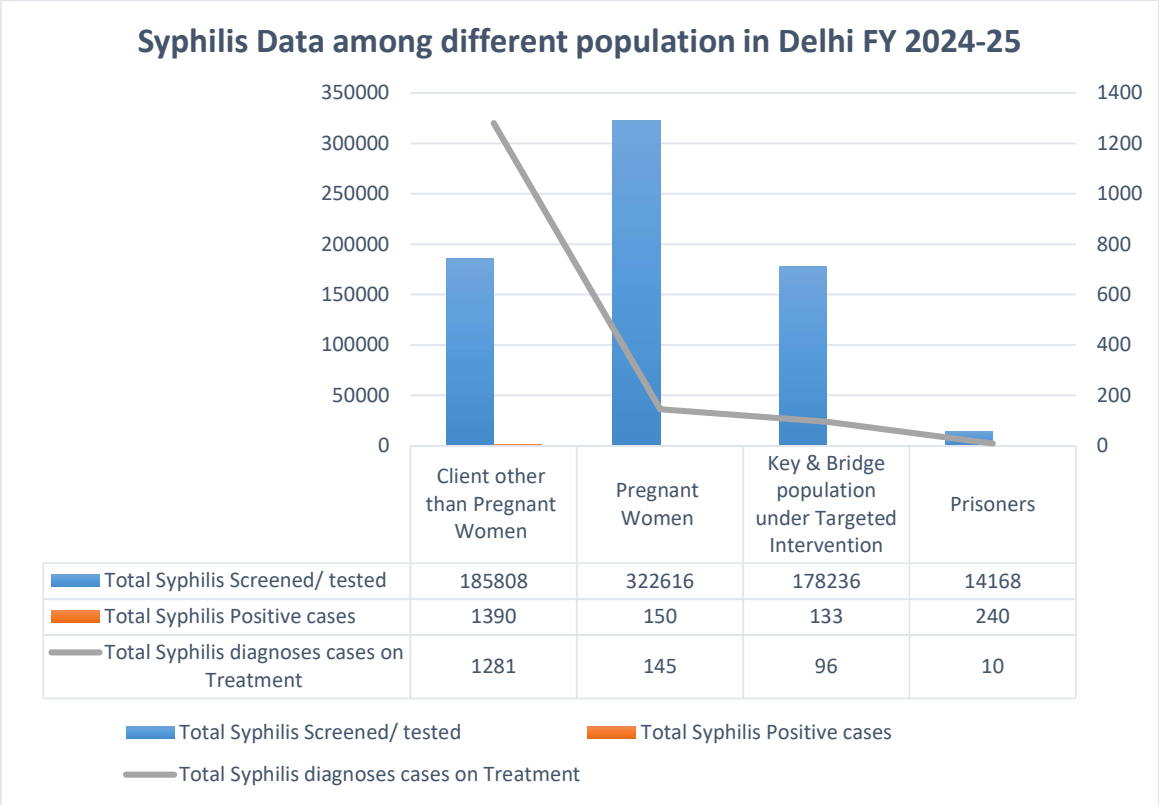


Table 6: Syphilis Data among different population in Delhi FY 2024-25

Population Category	Total Syphilis Screened/ tested	Total Syphilis Positive cases	Total Syphilis diagnoses cases on Treatment
Client other than Pregnant Women	185808	1390	1281
Pregnant Women	322616	150	145
Key & Bridge population under Targeted Intervention	178236	133	96
Prisoners	14168	240	10

Figure 3: Syphilis Positivity Among different population



3. BASIC SERVICES DIVISION

3.1. Basic Services Division deals with HIV Counseling and Testing services and sexually transmitted infections/reproductive tract infections facilities. The STI component deals with awareness, prevention, and management of the sexually transmitted infections/reproductive tract infections.

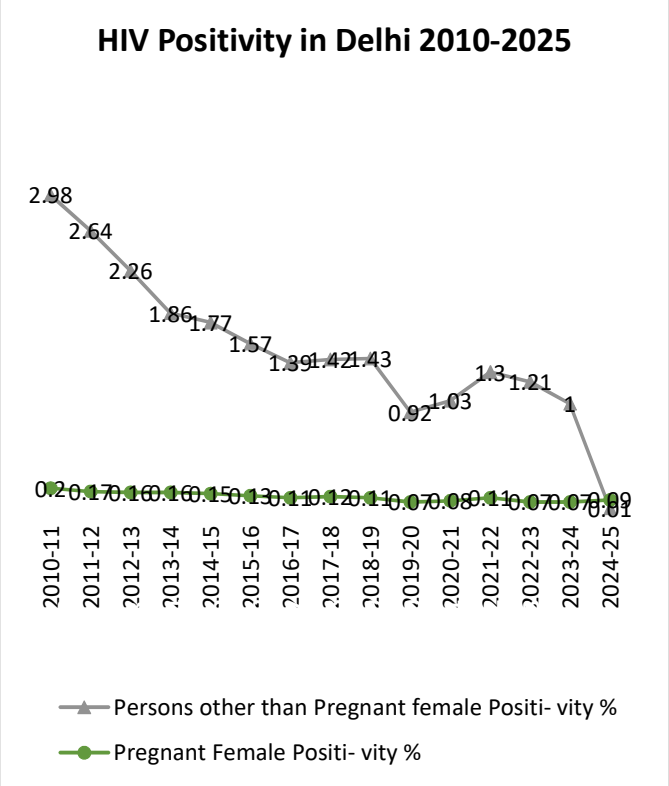
3.2. HIV Counseling and Testing Services

3.2.1. HIV Counseling and Testing Services (HTCS) is first step in detecting and linking people with HIV to access treatment and care. The goal of these services is to identify people living with HIV at the earliest (after acquiring the HIV infection), and linking them appropriately to prevention, care and treatment services. Integrated Counseling and Testing Centers (ICTCs) functioning under Basic Services Division provide the following services:

i. Counselling and testing of clients and linkage of detected HIV positives to ART Centres
ii. Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) (Previously Prevention of Parent-To-Child Transmission of HIV (PPTCT) and elimination of Mother-To-Child Transmission of syphilis (EMTCT) and Early Infant Diagnosis (EID))
iii. HIV-Tuberculosis collaborative activitie

Figure4: HIV test in gand positivity at ICTC/FICTCs in Delhi–2010to2025

Year	Tests	Detec-tions	Positi-vity %	Tests	Dete c-tion s	Positi - vity %
2010-11	229732	6838	2.98	161043	329	0.20
2011-12	278550	7366	2.64	204241	356	0.17
2012-13	306465	6936	2.26	206199	338	0.16
2013-14	350391	6523	1.86	212366	332	0.16
2014-15	378025	6709	1.77	222574	332	0.15
2015-16	403014	6334	1.57	236216	307	0.13
2016-17	433837	6051	1.39	242253	268	0.11
2017-18	439868	6249	1.42	260440	315	0.12
2018-19	454097	6478	1.43	284580	306	0.11
2019-20	650828	5861	0.92	330934	247	0.07
2020-21	330732	3422	1.03	253870	207	0.08
2021-22	256616	3327	1.30	93534	104	0.11
2022-23	511919	6172	1.21	318776	213	0.07
2023-24	635653	6135	1.00	351343	259	0.07
2024-25	1156415	6351	0.01	422755	360	0.09
Total	**6816142**	**90752**	**22.79**	**3801124**	**4273**	**1.8**



HIV testing and positivity in Delhi since 2010 are depicted in Figure2.

Performance of Basic Services Division in 2024-25

Table 7A. HIV testing at ICTCs/PPTCTs and FICTCs 2024-25 HIV Testing Data 2024-25

Sl. No.	Indicator	Client group					
		General Clients (including HRGs)			ANC Clients		
		SA ICTC	Govt. ICTCs /FICTCs/CBS	Total	SA ICTC	Govt. ICTCs/ FICTCs/CBS	Total
1	Annual Target	581053	615102	**1196155**	180500	180000	**360500**
2	No. of HIV Tests conducted	617938	538477	**1156415**	209030	213725	**422755**
3	Achievement (% of target)	106.4%	87.5%	**0.97**	115.8%	118.7%	**117.3%**
4	HIV+ve Detected	6351	655	**6351**	360	42	**195*** (total 360 incl 165 old cases)
5	HIV Positivity %	1.03%	0.12%	**0.01%**	0.17%	0.02%	**0.09%**
6	Registrations at ART Centers (% out of detected)	5457		**5457**	354		**98%**
7	Initiated on ART (Out of registered during the year %)	86%		**0.86**	100%		**100%**

*These 655 General reactive cases are included in the 6351 total General positive and 42 PW reactive cases are included in 360 total PW detected confirmed positive

Table 7B. HIV -TB Cross referrals FY-2024-25

Sl.No.	Indicator	ICTC to RNTCP	RNTCP to ICTC
1	Annual Target for referrals	28365	90909
2	Number of clients referred	19443	71832
3	Achievement (% of annual target)	69%	79%
4	Numbers detected with TB (% out of referred)	214 (1.10%)	
5	Numbers treated for TB (% out of detected)	196(91.50%)	
6	Numbers detected with HIV(% out of referred)		643(0.90%)
7	Registered/started on ART (% out of detected)		643

Table 7C. Designated STI/RTI Centres: ICTC (DSRC-ICTC) cross referrals 2024-25

	Indicator	DSRC to ICTC	ICTC to DSRC
1	Annual Target for referrals	151404	34038
2	Number of clients referred	92663	38614
3	Number actually reached	56799	31815
4	Achievement (% of annual target)	61.20%	82.39%
5	Nos. detected with HIV (%)	603	1.89%
6	Nos. registered at ART (% out of detected)	561	
7	Initiated on ART (% out of registered)	93.03	
8	Nos. detected with STI/Syphilis reactive (% out of clients reached DSRC)	950(1.67%)	
9	Treated for STI (% Out of diagnosed STI)	803(84.52%)	

3.3. Elimination of vertical transmission of HIV and/or Syphilis (EVTHS):

3.3.1. Elimination of vertical transmission of HIV and/or Syphilis (EVTHS) to infants is a major goal for the Government of India. The approach includes better screening, identification, and care for infected pregnant women and exposed infants, validating the program's potential for broader impact. The activity of screening is done at the ICTCs and all facilities provided.

3.3.2. During 2024-25, HIV and syphilis testing among pregnant women achieved 117.3% and 78% coverage, respectively (HIMS and SOCH data). The sero-positivity for HIVwas 0.03 % and for syphilis was 0.04% among pregnant women.

3.3.3. The ICTCs carry out in screening of children born to HIV infected mothers under EVTHS initiative (Elimination of Vertical Transmission of HIV and Syphilis), earlier known as EMTCT (Elimination of Mother to Child Transmission). HIV exposed babies are initiated on ARV prophylaxis at births and Early Infant Diagnosis (EID) at (6 weeks, 6 months, 12 months and 18 months). The samples are collected at the ICTC though dry blood spot test and sent to Early Infant Diagnosis lab at AIIMS for testing. The exposed new born is also given prophylaxis (Nevirapine to exposed newborns born to low-risk mothers (with suppressed viral load and on ART for more than 6 months, Zidovudine to exposed newborns born to low-risk mothers exposed to nevirapine and dual prophylaxis (both Zidovudine and Nevirapine) to exposed newborns born to mothers with high viral load (more than 1000 copies per ml).

Table 8A. Early Infant Diagnosis activities FY 2024-25

Period	**No of Positive women**	**No of Live births**	**No of tests on babies (6-8 weeks)**	**Babies confirmed Positive**	**Reported Deaths**	**Total EID Test Conducted**
Sept 22- Mar 2023	194	107	151	7		468
Apr– Sep 2023	70	178	136	4		498
Oct 23- Mar 2024	96	170	149	5		510
Apr - Sep 2024	219	181	116	9	03	386
Oct 24- Mar 2025	167	193	163	3		414

Table 8B. Early Infant Diagnosis activities FY 2024-25

Age of the Baby	Eligible/Target	Tested	Positive	HIV detections	Linkage to ART	Remark
6 week to 8 week	309	279	4	4	4	
6 week-6 month	305	255	7	4	4	03 babies died
6month -12 month	298	259	1	1	1	
12 month-18 month	301	286	3	3	3	
18 month +	54	52	0	0	0	
Total	**1277**	**1131**	**15**	**12**	**12**	

Table 8C. Early Infant Diagnosis activities FY 2024-25

Early Infant Diagnosis activities		
S.No.	**Indicator**	**Status**
1	Live births to HIV positive mothers during the year	340
	No of deaths reported during the year amongst the births	3
2	Babies given ARV Prophylaxis (% out of total live births amongst Positive Mothers)	98.46%
3	Babies tested first time within 2 months (Anti-body+ DNAPCR)	279
4	Babies tested between 6 weeks to 6 months (using DNAPCR)	255
5	Babies screened +ve by Dried Blood Spot Test (1st PCR test)- (% of screened +ve to tested)	12%
6	Babies confirmed +ve by 2nd PCR test (% of confirmed +ve to screened positive)	4%
7	Babies initiated on ART (% out of confirmed detections)	4%
8	HIV exposed children tested beyond age of 18 month (% of total born to +ve mothers) @eligible babies born between (Oct 2022- Sep 2023) Tested/Eligible/Percent	95%
9	Confirmed HIV +ve beyond the age of 18 month (% of confirmed +ve to screened)	3%
10	Number initiated on ART beyond the age of 18 month (% initiated out of confirmed detections)	1.05%

4. SAMPOORNA SURAKSHA STRATEGY (SSS)

4.1.1. The objective of SSK is to reach out to populations 'at risk' for HIV and STI/RTIs; going beyond to provision of HIV Counselling and Testing services and to provide a comprehensive services package to mitigate risk of getting infected. This strategy facilitates NACO's vision of building an integrated response by reaching out to diverse populations - where every person is safe from HIV/AIDS having access to Integrated Counselling & Testing Centres (ICTCs), is treated with dignity and has access to quality care with a healthy and safe life supported by technological advances. Sampoorna Suraksha Strategy has been implemented in Delhi with 5 Sampoorna Suraksha Kendras being functional since September 2023. The performance of SSKs is depicted in Table 4.

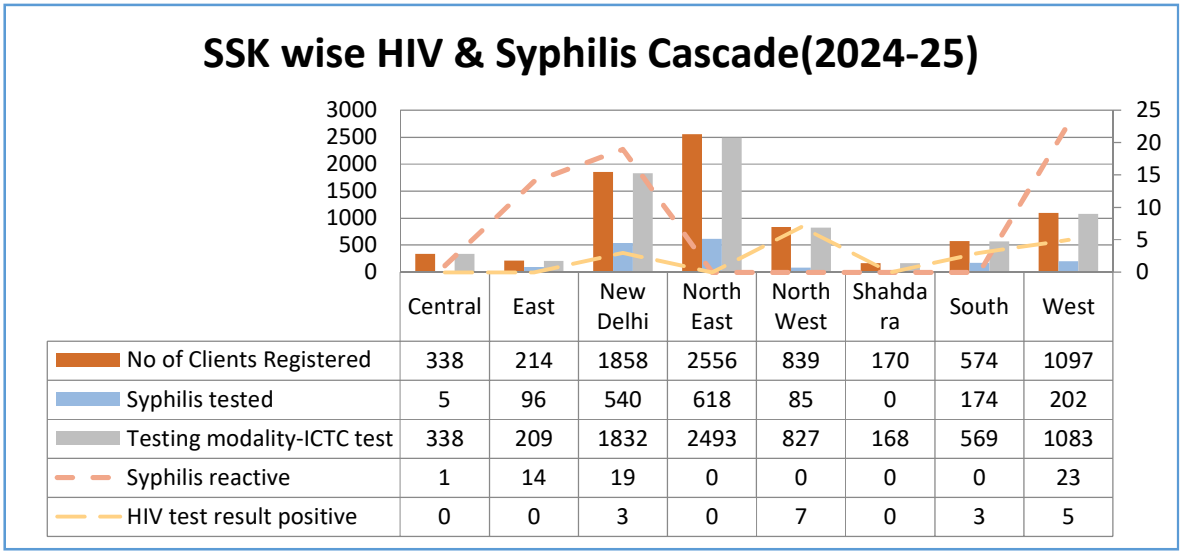
4.1.2. **Target population for SSK:** The population "At Risk" for HIV & STIs is defined as 'any individual who is at risk of acquiring HIV or STI due to risky behaviors of self or partner(s)'. This will include the core population, bridge population, their spouses/partners and other populations who are engaged in risky behaviors. 'At Risk' Population includes:

- Self-initiated clients at ICTC and DSRC with risky behavior
- Social and sexual network of self-initiated clients / individuals.
- Regular and Non-Regular Partner/s/Spouse of HRG (FSW, MSM, TG/TS) who are not associated/covered with TIs & LWS
- Needle/Syringes sharing Partners (IDU/FIDU) and their sexual Partners (who are not associated with TIs/ LWS)
- Youth and adolescents who are at risk due to their risky behavior
- Individuals having casual sexual relation with regular/non-regular partner/s
- STI/RTI clients visiting DSRC with STI complaints
- HIV negative but 'at-risk' clients identified through virtual outreach, NACO Help line etc.

Table 9. SSK wise Annual Target & Coverage for 2024-25

District	Central	East	New Delhi	North East	North West	Shahdara	South	West	Total Coverage	Percentage (%)
SSK Target - Registrations	300	275	1075	1075	1075	300	1075	1075	6250	
No. of Clients Registered	338	214	1858	2556	839	170	574	1097	7646	122.3
Client History	338	209	1832	2493	827	168	569	1083	7519	98.34
Risk Assessment	343	208	1858	2556	839	170	574	1096	7644	100.0
No. of Partners	24	0	103	167	50	1	168	42	555	7.3
Client Visits	331	139	1763	2481	874	165	567	1075	7395	96.7
Syphilis tested	5	96	540	618	85	0	174	202	1720	22.5
Syphilis reactive	1	14	19	0	0	0	0	23	57	3.3
Testing modality-ICTC test	338	209	1832	2493	827	168	569	1083	7519	98.3
HIV test result positive	0	0	3	0	7	0	3	5	18	0.24

Figure 5: SSK wise HIV & Syphilis Cascade data (2024-25)



4.1.3. The five aforementioned Sampoorna Suraksha Kendra's (SSKs) were approved for 2024-25, with provision of one (1) Sampoorna Suraksha Manager (SSM) and two Sampoorna Suraksha Outreach Workers (SSORW) engaged for each SSK. The engagements of aforesaid SSMs and SSORWs have been made through the TI-non- governmental organizations (TI-NGOs). Fund provisions for the operation of the SSKs is approved & allocated under the Global Fund grant by the National AIDS Control Organization (NACO).

5. SEXUALLY TRANSMITTED INFECTION (STI) COMPONENT:

5.1.1. STIs continue to present a major burden of morbidity and mortality both directly, through their impact on quality of life, reproductive health and child health, and indirectly, through their role in facilitating sexual transmission of HIV. Failure to diagnose and treat STIs at an early stage may result in serious complications and sequelae, including infertility, fatal loss, ectopic pregnancy, ano-genital cancers, and premature death, as well as neonatal and infant infections.

5.1.2. The objective of the component of Basic /Preventive services is to prevent new HIV infections by prevention, presumptive/ syndromic management of the existing STI amongst the general and

high-risk patients through

- counseling for STI & HIV,
- awareness generation,
- VDRL/RPR testing of potential clients for early detection of Syphilis,
- Syndromic management of STI cases,
- supply medicine kits for syndromic management to DSRCs and TIs,
- suitable linkages to prevent further infections

5.1.3. Syndromic management of STI cases, supply medicine kits for syndromic 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. Earlier, DSRC clients used to be referred to ICTC for HIV testing. Now testing kits have been made available at DSRC and the staff has been trained for use of these kits and the need to refer the client to ICTC has been curtailed.

5.1.4. In Delhi, 28 Designated STI RTI Clinics (DSRC) in government hospitals, 1 State Reference Centre (UCMS GTBH), 02 Regional STI/RTI Training, Research and Reference Laboratory (MAMC and Safdarjung Hospital) and 01 Apex Regional STD Teaching, Training and Research Centre (Safdarjung Hospital) exists under DSACS in the aegis of NACP for the STI programme.

Table 10. Performance of STI Division from 1st April 2024 to 31st March, 2025 (Total Target 124434)

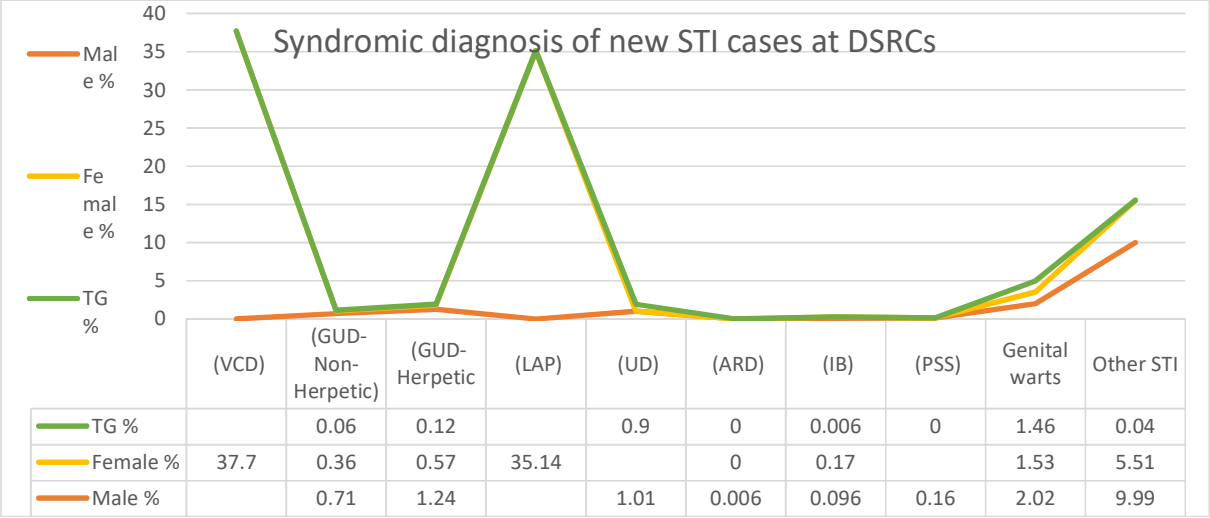
S No.	Indicator	Achievement
1.	No. of new STI cases reported	67447
2.	No. of reporting without symptoms	39957
3.	No. of follow ups	48584
4.	Total Number of attendees	140048
5.	No. of partners notified	48584
6.	No. of partners managed	31877
7.	No. of clients referred to ICTC to DSRC	38614
8.	No. of clients referred to DSRC from ICTC	92663
9.	No. of clients found HIV Positive DSRC to ICTC	603

Table 11: Syndromic diagnosis of new STI cases at DSRCs

S. No.	Syndromes	Male	Male %	Female	Female %	TG	TG %
1.	Vaginal Cervical Discharge (VCD)			25428	37.70		
2.	Genital Ulcer (GUD- Non-Herpetic)	482	0.71	249	0.36	41	0.06
3.	Genital Ulcer (GUD- Herpetic	837	1.24	386	0.57	82	0.12
4.	Lower Abdominal Pain (LAP)			23704	35.14		
5.	Urethral Discharge (UD)	683	1.01			61	0.90
6.	Anorectal Discharge (ARD)	4	0.006	0	0	0	0
7.	Inguinal Bubo (IB)	65	0.096	117	0.17	4	0.006
8.	Painful scrotal swelling (PSS)	114	0.16			0	0
9.	Genital warts	1367	2.02	1032	1.53	99	1.46
10.	Other STI	6740	9.99	3721	5.51	30	0.04
	Total	10292		54637		317	

Percentages shown are out of total attending gender group

Figure 6: Syndromic diagnosis of new STI cases at DSRCs



	(VCD)	(GUD-Non-Herpetic)	(GUD-Herpetic	(LAP)	(UD)	(ARD)	(IB)	(PSS)	Genital warts	Other STI
TG %		0.06	0.12		0.9	0	0.006	0	1.46	0.04
Female %	37.7	0.36	0.57	35.14		0	0.17		1.53	5.51
Male %		0.71	1.24		1.01	0.006	0.096	0.16	2.02	9.99

5.2. The pregnant women coming to facilities/hospitals are also counseled & tested of pregnant women for Syphilis in coordination with Gynecology and Obstetrics departments of hospitals and at health facilities. The medicine kits for treatment of sexually transmitted infections are procured by NACO and supplied to health facilities (to DSRC and TIs) through DSACS.

6. PREVENTION DIVISION

6.1. Prevention Division (previously known as Targeted Intervention Division) works for prevention and control of HIV/STI amongst HRGs (Core population and Bridge Population) and include Targeted Interventions, Harm Reduction services for People with Injecting Drugs (PWIDs) including (Opioid Substitution Treatment (OST) and Intervention in Prisons and other closed settings (OCS). TI are peer led interventions wherein services like regular outreach, behavior change communication, STI treatment and management, free condom distribution counseling, provision of clean needle and syringes, abscess management, Opioid Substitution Therapy (OST) for PWIDs and other services like HIV testing and ART through referral and linkages are provided at their doorstep.

6.2. As on 31.3.2025, Seventy-nine (79) Targeted Intervention Projects were being implemented in Delhi in partnership with Non-Government Organizations (NGOs) and Community Based Organizations (CBOs) amongst High Risk Group (HRGs) during 2024-25.

Figure 7: Typology Wise Targeted Intervention Project (2024-25

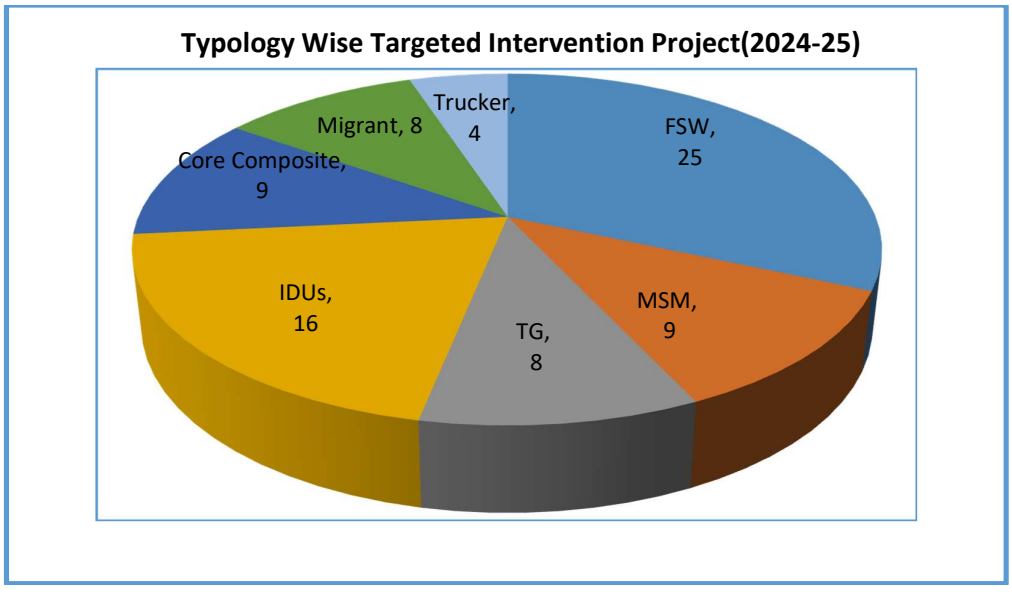


Table 12A. HRG Coverage under TI Projects in Delhi for 2024-2025

S. No.	Typology	No. of TIs	Mapping Estimates	Coverage (April to June,2024)	%	Coverage (July to Sep,2024)	%	Coverage (Oct to Dec,2024)	%	Coverage (Jan to Mar,2025)	%
1	Female Sex Workers (FSW)	29	88400	74882	84.71	76128	86.12	76831	86.91	78659	88.98
2	MSM	10	27026	26481	97.98	26670	98.68	26966	99.78	27281	100.94
3	Transgender (TG)	8	17908	14929	83.36	15295	85.41	15258	85.20	15718	87.77
4	People with Injecting Drugs (PWIDs)	16	32484	19005	58.51	20588	63.38	23406	72.05	23325	71.80
5	Migrant	12	277882	274844	98.91	284535	102.39	291395	104.86	306899	110.44
6	Truckers	4	60000	46754	77.92	43447	72.41	41829	69.72	44010	73.35

*Percentage has been calculated against the mapping estimates (Source: - TI MPR 2024-25)

Table 12B. Performance of HIV testing at Targeted Interventions from April 2024 to March 2025

		April to Sep,2024					Oct 2024 to March,2025					April 2024 to March,2025*				
S. No.	**Typology**	**HIV Test Conducted**	**HIV+**	**% of HIV +**	**On ART**	**% On ART**	**HIV Test Conducted**	**HIV+**	**% of HIV +**	**On ART**	**% On ART**	**HIV Test Conducted**	**HIV+**	**% of HIV +**	**On ART**	**% On ART**
1	Female Sex Workers (FSW)	54877	66	0.1	55	83.3	63103	48	0.1	45	93.8	117980	114	0.1	100	87.7
2	MSM	10489	70	0.7	30	42.9	13425	30	0.2	25	83.3	23914	100	0.4	55	55.0
3	Transgenders (TG)	8791	29	0.3	20	69.0	11673	23	0.2	20	87.0	20464	52	0.3	40	76.9
4	People with Injecting Drugs (PWIDs)	15546	164	1.1	100	61.0	19488	96	0.5	96	100.0	35034	260	0.7	196	75.4
5	Migrant	21422	53	0.2	50	94.3	16769	46	0.3	40	87.0	38191	99	0.3	90	90.9
6	Truckers	3538	8	0.2	7	87.5	3409	11	0.3	11	100.0	6947	19	0.3	18	94.7

Figure 8: HIV Positivity among estimated HRG & Bridge Population

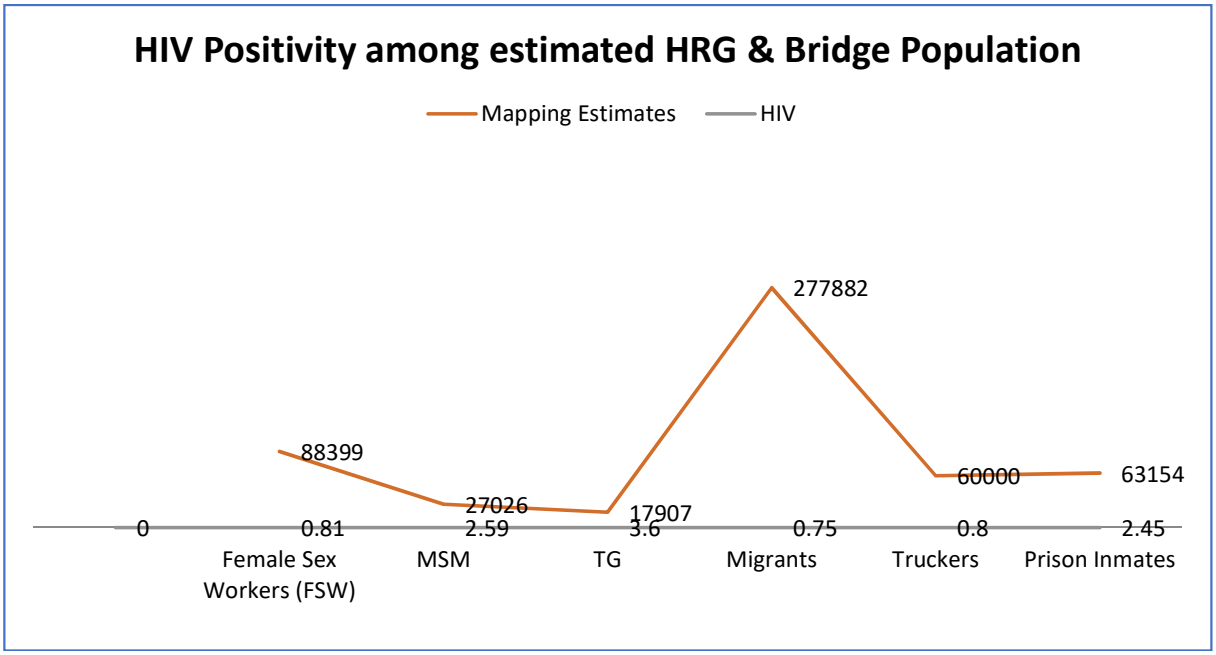


Table 12C. Cumulative Number of HRG PLHA on ART till March, 2025

S. No.	Typology	Cumulative HIV+	Cumulative on ART	Percentage on ART
1	Female Sex Workers (FSW)	1206	648	53.7
2	MSM	574	364	63.4
3	Transgenders (TG)	533	388	72.8
4	People with Injecting Drugs (PWIDs)	2284	1597	69.9
5	Migrant	1126	803	71.3
6	Truckers	143	55	38.5

Figure 9: HIV Testing, Positivity, On ART (2024-25)

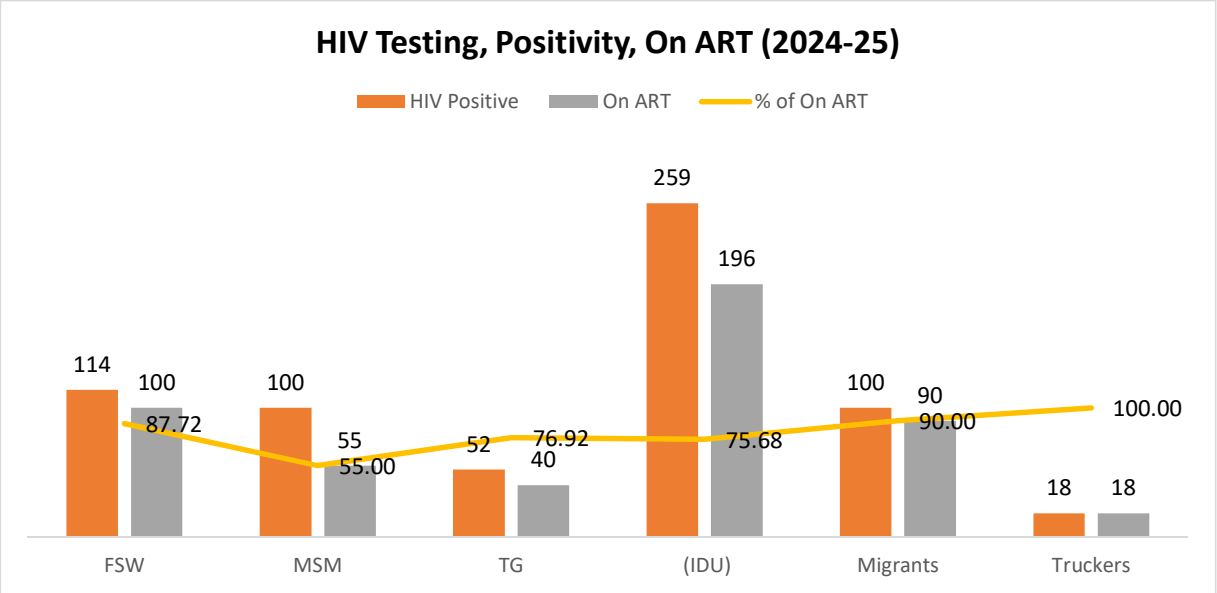


Table 13A. Performance of clinics at Targeted Intervention Projects for 2024-2025

		April to June,2024				**July to Sep,2024**				**Oct to Dec,2024**			
S. No.	Typology	Clinic Attendance	STI diagnosed	STI treated	% STI Treated	Clinic Attendance	STI diagnosed	STI treated	% STI Treated	Clinic Attendance	STI diagnosed	STI treated	% STI Treated
1	Female Sex Workers (FSW)	68070	964	935	96.9	68476	980	946	96.5	69227	938	937	99.9
2	MSM	21950	64	53	82.8	23225	57	42	73.7	23134	61	45	73.8
3	Transgenders (TG)	13606	50	48	96.0	14123	63	48	76.2	13899	52	39	75.0
4	People with Injecting Drugs (PWIDs)	16310	31	17	54.8	17642	27	20	74.1	20449	36	12	33.3
5	Migrant	26142	429	410	95.6	26706	385	351	91.2	27462	339	321	94.7
6	Truckers	5896	70	65	92.9	5921	65	63	96.9	5882	64	63	98.4

Table 13B. Performance of clinics at Targeted Intervention Projects for 2024-2025

		Jan to March ,2025				**Over All April 2025 to March,2025**			
S. No.	Typology	Clinic Attendance	STI diagnosed	STI treated	% STI Treated	Clinic Attendance	STI diagnosed	STI treated	% STI Treated
1	Female Sex Workers (FSW)	69707	955	877	91.8	275480	3837	3695	96.3
2	MSM	23365	70	56	80.0	91674	252	221	87.7
3	Trans genders (TG)	13357	59	48	81.4	54985	224	183	81.7
4	People with Injecting Drugs (PWIDs)	20900	39	23	59.0	75301	133	72	54.1
5	Migrant	26919	385	364	94.5	107229	1538	1446	94.0
6	Truckers	5891	78	77	98.7	23590	277	268	96.7

Figure 10: Performance STI Treatment at Targeted Intervention Projects for 2024-2025

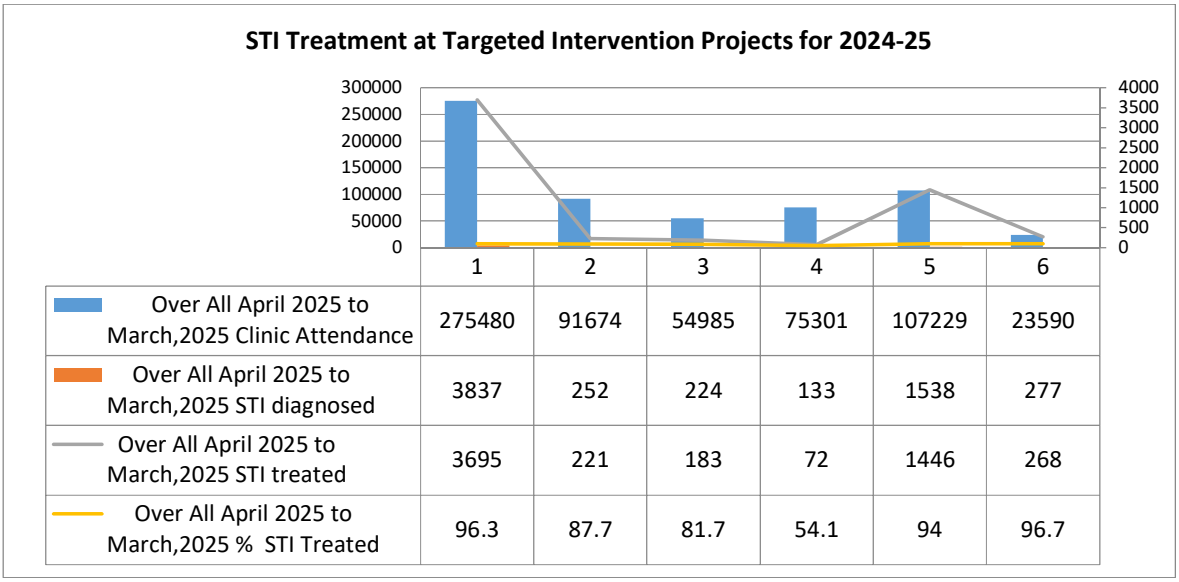


Table 13C. Performance of Syphilis screening at Targeted Interventions (Core Groups) for 2024-2025

Sl. No.	Typology	Syphilis Screening	Syphilis reactive	Syphilis treated	Percent treated
1	Female Sex Workers (FSW)	96395	33	27	0.03
2	Men having Sex with Men (MSM)	24189	62	52	0.21
3	Transgenders (TG)	15212	23	14	0.09
4	Injecting Drug Users (IDU)	26142	4	2	0.01
	Total	**161938**	**122**	**95**	**0.34**

Figure 11: Syphilis Positivity & Treatment among Core group

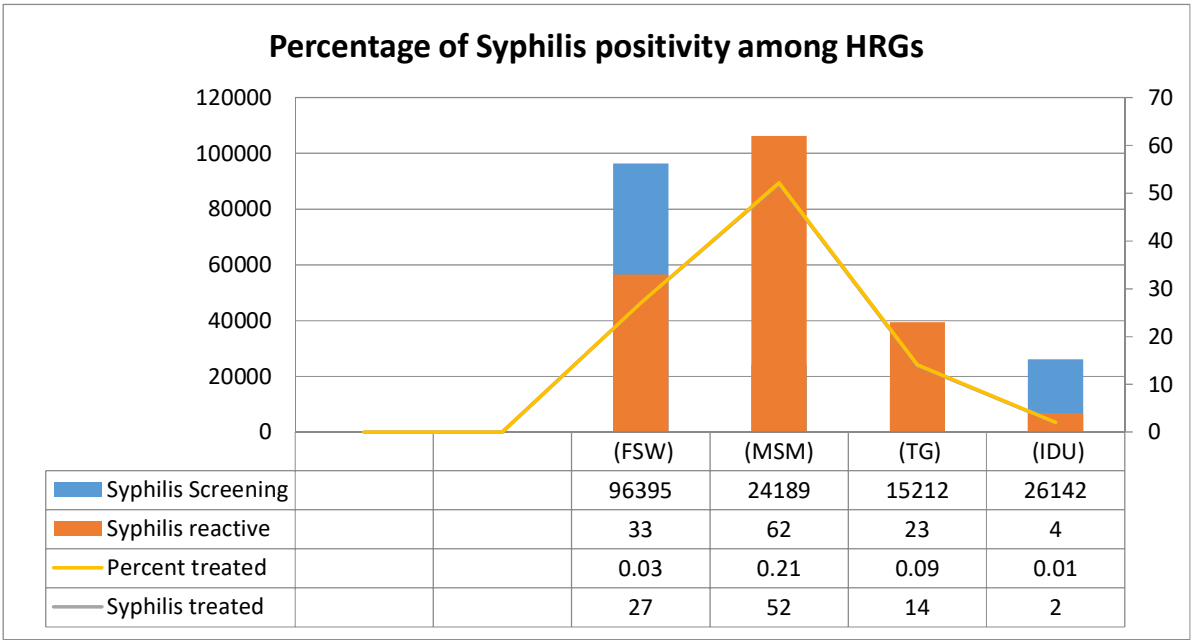


Table 14A. HIV Testing and Treatment Cascade at Targeted Interventions for 2024-2025

		April to Sep,2024					Oct 2024 to March,2025					April 2024 to March,2025*				
Sl. No.	Typology	HIV Tes Conduct ed	HIV+	% o HIV +	On ART	% On ART	HIV Test Conduc ted	HIV +	% of HI V +	On AR T	% On ART	HIV Test Conduc ted	HIV +	% of HI V +	On AR T	% On AR T
1	Female Sex Workers (FSW)	54877	66	0.1	55	83.3	63103	48	0. 1	45	93. 8	11798 0	11 4	0. 1	10 0	87 .7
2	MSM	10489	70	0.7	30	42.9	13425	30	0. 2	25	83. 3	23914	10 0	0. 4	55	55 .0
3	Transge nders (TG)	8791	29	0.3	20	69.0	11673	23	0. 2	20	87. 0	20464	52	0. 3	40	76 .9
4	People with Injecting Drugs (PWIDs)	15546	164	1.1	100	61.0	19488	96	0. 5	96	100 .0	35034	26 0	0. 7	19 6	75 .4
5	Migrant	21422	53	0.2	50	94.3	16769	46	0. 3	40	87. 0	38191	99	0. 3	90	90 .9
6	Truckers	3538	8	0.2	7	87.5	3409	11	0. 3	11	100 .0	6947	19	0. 3	18	94 .7

Figure 12: HIV Positivity, On ART (2024-25)

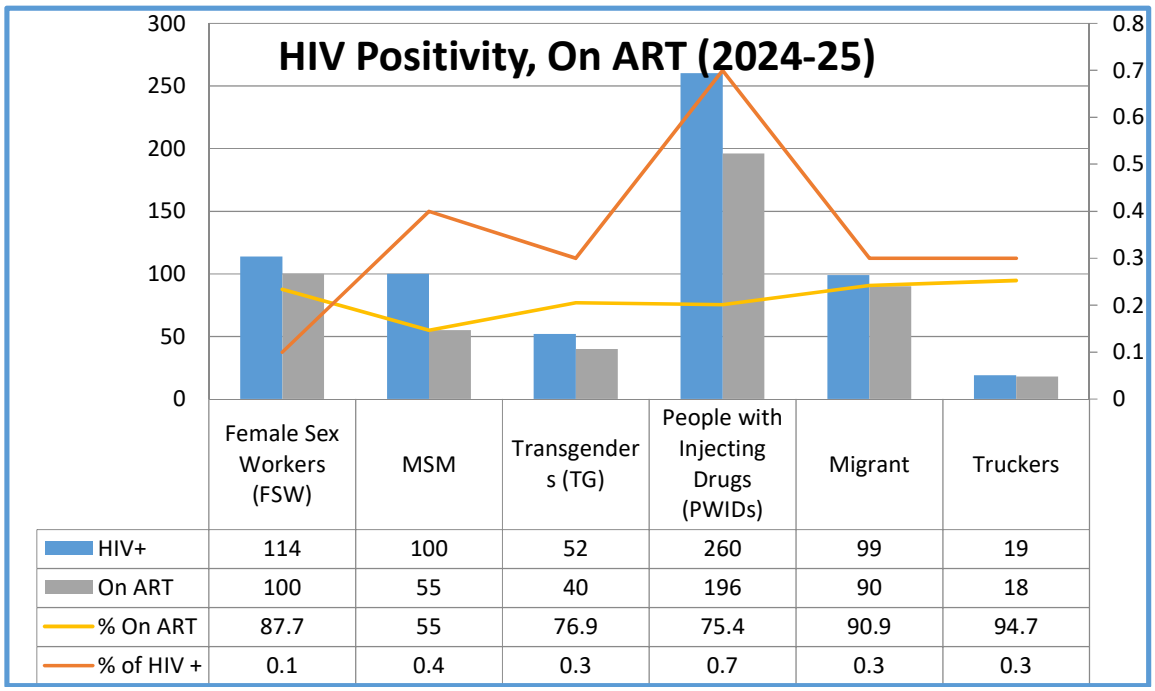
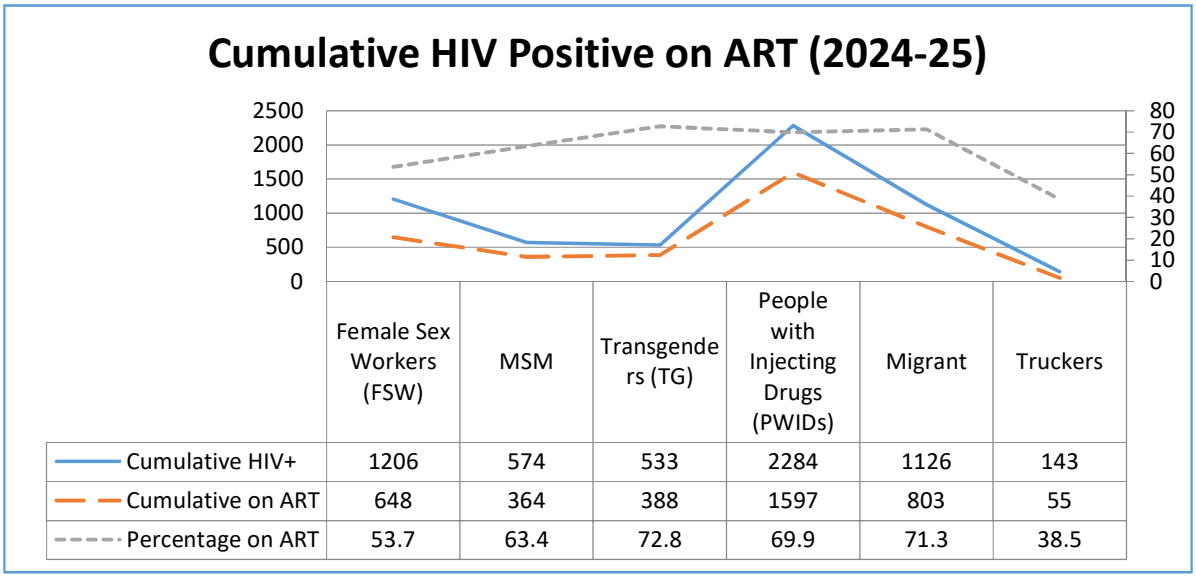


Table 14B. Cumulative Number of HRG PLHA on ART Till March, 2025

S. No.	Typology	Cumulative HIV+	Cumulative on ART	Percentage on ART
1	Female Sex Workers (FSW)	1206	648	53.7

2	MSM	574	364	63.4
3	Transgenders (TG)	533	388	72.8
4	People with Injecting Drugs (PWIDs)	2284	1597	69.9
5	Migrant	1126	803	71.3
6	Truckers	143	55	38.5

Figure 13: Cumulative HIV Positive on ART (2024-25)



6.3. Spa Intervention

6.3.1. Keeping in view the changing pattern of sex work in Delhi, Spas in Delhi are being covered as a strategy through targeted interventions under FSW and MSM interventions. The Spa interventions were first piloted during 2018-19, first time in India by Delhi.

6.3.2. At present the population is covered exclusively through 6 TI Projects viz. FSW TIs- Anchal Charitable Trust (Shahdara), Chelsea (Malviya Nagar), Drishtikon (Rohini), Manch (Rajouri Garden), Samarth (Majnu Ka Tila area), MSM TI - Space (Rajiv Chowk Area). Presently TIs are covering 650 Spas and rendering services to 14018 FSWs and 1008 MSMs associated with these Spas. Total 1511 Spa/ massage parlors have been listed in the state including 25 MSM specific Spa operating in Delhi in 2025.

6.4. Network Operator Approach

6.4.1. Changing patterns in sex work in Delhi has necessitated adopting an approach to cover sex workers operating through networks for HIV prevention. Networks are being covered as a strategy through targeted interventions under FSW and MSM interventions since 2018-19.
By 2025, 3856 Network Operators have been reached under FSW TI intervention program through Network based approach and has been registered in the TIs.

6.4.2. On an average 3470 Network Operator were contacted by TI each month during FY 24-25. As on 31st March 2025, total number of female sex workers associated with the network operator was 72747 and on an average 3817 workers were joining with new network operator per month during the FY 24-25.

Table 15. Network Operator Approach under FSW Targeted Intervention program

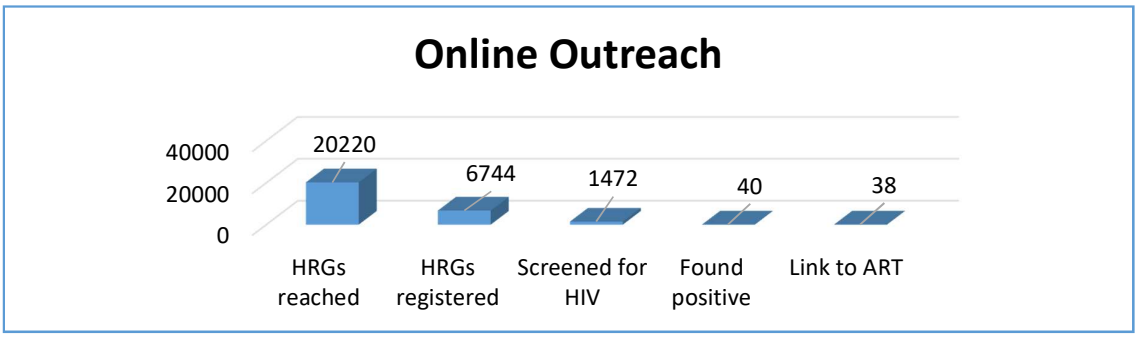
Indicator	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25

Average Monthly Network Operator contacted by TI	2238	1802	2090	2338	2638	3470
Total FSW associated with the network Operator	43512	39826	38273	42716	71909	72747
Average monthly FSW joining new network operator	1590	868	1106	1217	2804	3817

6.4.3. Virtual Intervention for HRG: Delhi State AIDS Control Society (DSACS) has designed and implemented a virtual intervention for MSM to address the challenge of sex work being carried virtually or sex workers being hidden or unwilling to get enrolled in Targeted Interventions. This intervention strategy intends to reach less visible and harder to reach high risk populations (MSM) that are using the internet/mobile apps to ensure the prevention and control of HIV epidemic. This virtual intervention is an innovative web-based communication strategy which aims to identify and link the virtual network based KPs with the service provisions.

6.4.4. Delhi State AIDS Control Society has conducted virtual mapping of MSM to estimate virtually active MSM population in Delhi. Various virtual platforms are used by the MSM to connect to their partners like applications (Eg. Grinder, Planet Romeo, blued), Whatsapp, Facebook etc.28 thousand MSM are using virtual platforms. Majority of the MSMs preferred to be active during night (81%) and on Sunday (94%) in search of their sexual partners. On an average a virtual MSM use 1.67 profiles to their name in different virtual sites. Two-fifth (42%) of the MSMs visited physical location for solicitation in the past one month as per virtual mapping. The performance of interventions is depicted in following graph.

Figure14: Online Outreach Achievement 2024-25



6.4.5. 6744 Virtually active population reached through promotion of Web Application at Social Media Platforms and only 30% registered at TI. Online Outreach is more effective, 58% of the virtually active population reached at TI to seek services.

6.4.6. Micro Site Prevention Approach (MSPA) for PWIDs

6.4.7. MICRO Site Level Prevention Approach (MSPA) is initiated in FY 2024-25 to saturate coverage of IDUs by bringing harm reduction and OST services at micro site level with focus outreach services. MSPA to characterize the opportunities to accelerate impact with primary focus on addressing differentiated service preferences (Harm Reduction, OST, screening of (HIV, Syphilis, TB, & Hepatitis), Index testing and linkages to treatment) and need of unserved and underserved individuals who has been identified as a priority to close outstanding gaps in access to HIV prevention and treatment at Site Level. Focusing and prioritizing prevention options for individual PWID and their risk networks can help interrupt HIV transmission at Site Level. This approach also helps TI to prioritize program efforts based on Micro site level variations in progress with respect to the expansion of HIV prevention, testing and treatment coverage. The following implementation process is proposed:

- Nine MSPA sites were set up at uncovered locations based on the concentration of IDUs mapped in particular district.

- Existing TIs covering other than IDUs typology were given responsibility to manage these micro sites.
- Each micro site is responsible to cover 500 IDUs based on the concentration.
- One ANM is the in charge of micro site along with 2 Outreach Workers and 4 Peer educators.
- Each MSPA site to provide OST services through Hub and Spoke model
- Needle/syringes requirement is proposed 80% as per guideline.
- Medical Officer of TI will visit each micro site once in week for GMC and support for OST initiation.
- All IDUs to be linked on biometric system for OST delivery

Following existing TIs is responsible for management of MICRO Site for service delivery of Harm reduction and OST services.

Table 16. Micro Sites under TIs

Sl.No	District	Name of TI	Typology	MSPA Site	DIC address	Target
1	Central	Janhit Society for Social Welfare	FSW	Karolbagh	House No. 9988,Sarai Rohilla New Rohtak Road	500
2	South East	AADHAR	Migrant	Okhla	Z-17, Okhla Phase-II Near Mahadev Mandir	500
3	Shahdara	Anchal Charitable Trust	FSW	Mansarovar Park	1/907, G.T Road Mansarovar Park	500
4	Shahdara	Bhartiya Parvardhan Shanstha	FSW	Welcome	House No. V-81 Welcome Near Mother Dairy, Delhi 110053	500
5	South East	EFRAH	FSW	Sarita Vihar	A-2, Khadda Colony	500
6	West	Ekta Shiksha Sanstha	Migrant	Zakhira	W-155/22,Chara Mandi Zakhira Delhi-110015	500
7	South	Navjyoti Development Society	FSW	Sangam Vihar	38, Surya House, Ground Floor, Khanpur Devli Mod, New Delhi-110062	500
8	North East	Saraswati Educational Society	MSM	Harsh Vihar	House No. C-7/466, 25 foota Lal Mandir Road Harsh Vihar Delhi 110093	500
9	North East	St. Thomas Multipurpose Society	Migrant	Karawal Nagar	B-50, Gali No.3 Kardam puri Johripur	500

The Program Manager and M&E Officer of TI is responsible for program and data management of each MICRO Site.

7. PRISON INTERVENTION

7.1.1. NACO's prison intervention programs aim to address HIV/AIDS, TB, STIs, and viral hepatitis within prisons and other closed settings in India. These programs are implemented through a comprehensive

package of services, including surveillance, prevention, treatment, and support services, and are supported by the National AIDS Control Organization (NACO) in collaboration with various stakeholders. Key Aspects of NACO's Prison Intervention Programs include HIV Surveillance, Comprehensive HIV Prevention, Treatment and Support Services, Collaborative Approach and expansion to Other Closed Settings. The programme implements harm reduction strategies, including Needle Syringe Exchange Programs (NSEP), abscess prevention and management, and STI treatment, to reduce the risk of HIV transmission among individuals using drugs. Prison Intervention being implemented in 16 Jails of Tihar, Manndoli and Rohini Jail campus. In FY 2024-25, 20441 inmates were covered in the prison and Other Closed Settings (OCS) in the state of Delhi. 19447 inmates who have received the HIV testing during the reporting period. The newly diagnosed inmates were 349 and 307 were linked to the ART. The gap is due to the release of inmates.

7.1.2. The interventions have been expanded to include other closed settings like Swadhar Homes and Ujjwala Homes, where comprehensive packages of services are provided. The list of these OCS is as depicted in Table 18A

Table 17A. List of OCS (Other Closed Settings)

State	District	Name of Prison	Typology
Delhi	West Delhi	Other Closed Settings	Mahila Ashram
Delhi	West Delhi	Other Closed Settings	Ujjawala Home
Delhi	North East Delhi	Other Closed Settings	Ujjawala Home
Delhi	North East Delhi	Other Closed Settings	Ujjawala Home
Delhi	Central Delhi	Other Closed Settings	Ujjawala Home
Delhi	Central Delhi	Other Closed Settings	Ujjawala Home
Delhi	Central Delhi	Other Closed Settings	Swadhar Home
Delhi	Central Delhi	Other Closed Settings	Swadhar Home
Delhi	Central Delhi	Juvenile Home	Swadhar Home
Delhi	Central Delhi	Juvenile Home	Swadhar Home
Delhi	North Delhi	Juvenile Home	Swadhar Home
Delhi	Central Delhi	Juvenile Home	Swadhar Home
Delhi	New Delhi	Observation Home	Swadhar Home
Delhi	Central Delhi	Observation Home	Swadhar Home
Delhi	Central Delhi	Drug de addiction centre	One Stop Centre
Delhi	Central Delhi	Drug de addiction centre	One Stop Centre

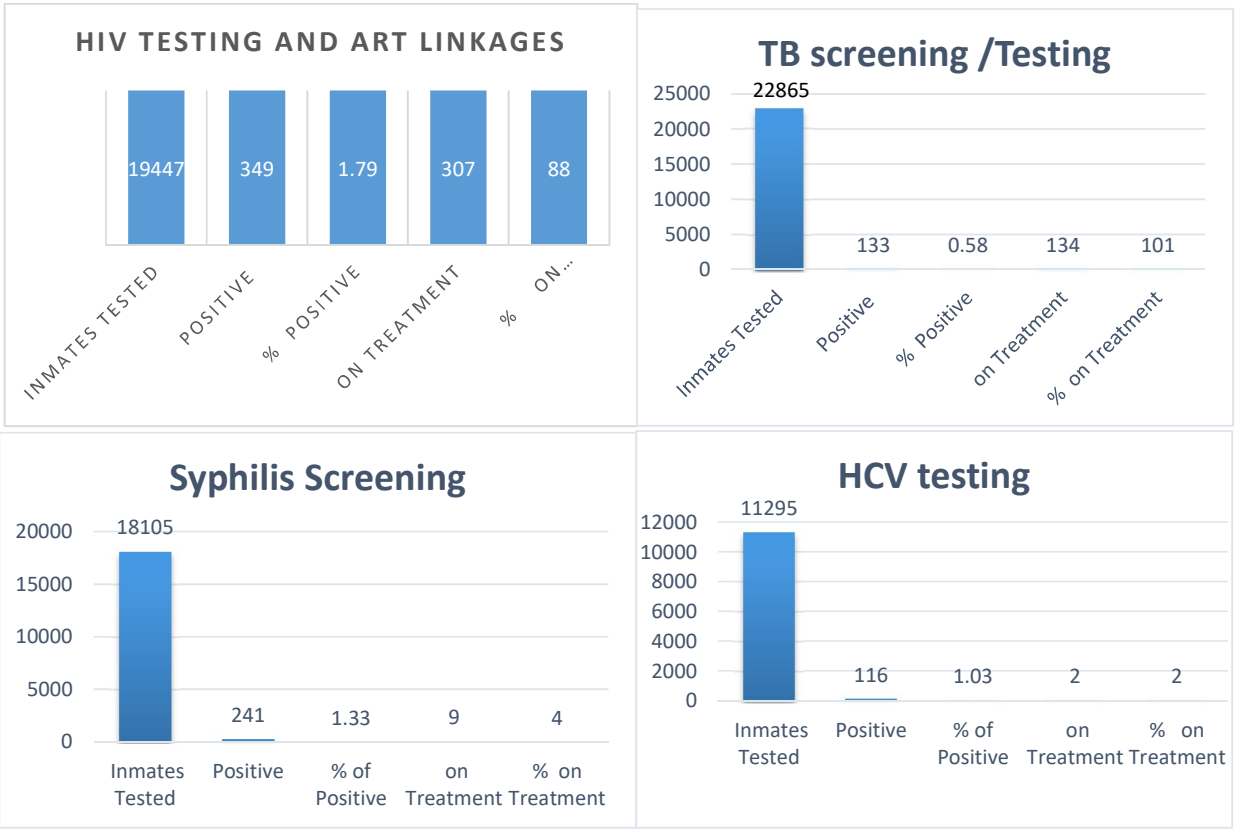
The brief of achievement is as follow:

Table 17B. Achievement of Prison Intervention during 2024-25

S.No	Services	Total Inmates Tested	Positivity(%)	Nos. Initiated on Treatment
1	**HIV Testing and ART linkages**			
	April to June,2024	12732	145(1.1)	113
	July to Sep,2024	1277	80(6.3)	88
	Oct to Dec,2024	2915	70(2)	57
	Jan to March,2024	2915	54(2.1)	49
	Overall, April 2024 to March,2025	19447	349(1.8)	307 (88.0%)
2	**TB screening /Testing**			
	April to June,2024	14627/130	29(22)	29
	July to Sep,2024	2648/202	41(20)	41
	Oct to Dec,2024	2311/313	27(9)	27
	Jan to March,2024	3279/155	36(23)	36
	Overall, April 2024 to March,2025	22865/800	133(17)	133 (100.0%)
3	**Syphilis Screening**			
	April to June,2024	10420	205(2.0)	2
	July to Sep,2024	1146	15(1.3)	7
	Oct to Dec,2024	2542	20(0.8)	0

S.No	Services	Total Inmates Tested	Positivity(%)	Nos. Initiated on Treatment	
	Jan to March,2024	3997	1(0.0)	0	
	Overall, April 2024 to March,2025	18105	241(1.3)	9 (4)	
4	**HCV testing**				
	April to June,2024	8248	7(0.08)	2	28
	July to Sep,2024	747	71(1.0)	0	0
	Oct to Dec,2024	1408	30(2)	0	0
	Jan to March,2024	892	8(0.9)	0	0
	Overall, April 2024 to March,2025	11295	116(1)	2	2

Figure 15: Achievements of Prison Intervention 2024-25



Prison Peer Volunteers (PPV) are identified from inmates and work to generate awareness on HIV/TB/STI/Syphilis/Hepatitis inside the prison, helping in conducting testing camps for HIV/Hepatitis/Syphilis. 1140 PPV were selected and trained on HIV/TB/STI/Syphilis/Hepatitis. About 980 PPV are currently active. The intervention was supported by SAATHI from GFATM funding till May 2024 and thereafter by HLFPPT.

PPMs regularly organize awareness program to generate awareness and to increase testing, also conducted recreational activities to generate awareness on HIV and other disease like Quiz competition, Rangoli and other activities. Total 352 Awareness camps were organized by PPM and 17684 inmates participated in awareness programs during 2024-25.

8. OPIOID SUBSTITUTION THERAPY (OST) CENTRES

8.1.1. Twelve (12) Opioid Substitution Therapy centers were being run in Delhi during 2024-25 under the programme for mitigating the habit of injectable drug use. One centers is being run in Central Prison, Tihar for its inmates. Buprenorphine alongwith Naloxone substitution is now being provided to eligible clients with active injectable opioid use at these centers. The Buprenorphine Naloxone combination has been introduced during 2024-25 in place of buprenorphine only substitution. Four (4) new OST centers were started in NGO settings at Bhartiya Parivardhan Sanstha in Shahdara District, Krishna Foundation in East Delhi, Sahyog Charitable Trust in South East District and SPYM in South District in FY 2023-24.

8.1.2. **Hub & Spoke Model of OST Delivery**: DSACS has implemented hub-and-spoke model of OST delivery to optimize resources and to ensure optimal reach since March 2023. The Hub and Spoke model envisage creating OST dispensing units (Spokes) linked to the existing OST Centre (Hub) with minimal additional resources. OST centre act as a focal point for registering a client to OST after due assessment. Once registered, the client's daily/most often routines are plotted and then assigned to a specific spoke. 17 OST dispensing units have been setup as per the concentration of hotspots. Additional ANMs has been placed at each dispensing unit supported by TI outreach staff operating in the area.

Table 19A. Opioid Substitution Therapy (OST) Hub and Spoke Delivery Model- Linked spokes

Sl. No.	District (No. of OST Centres in the District)	Centre	No. of Linked Spokes	Spoke Area/TI Attached
1	North (1)	1. BJRMH	0	-
2	South West (0)	-	1	Ranhola (RAWAT)
3	West (3)	2. DDUH		
		3. GGSGH	2	Raghubir Nagar(HDS)
				Shadipur(HDS)
		4. Tihar Prison	0	-
4	North West (1)	5. SGMH	3	Rama Vihar (Matrix)
				Sultan Puri(Matrix)
				JJC Bawana (St Thomas)
5	Central (1)	6. Chandni Chowk	2	Nabi Karim (ISDS)
				Yamuna Bazar (ISDS)
6	South (1)	7. SPYM-Dakshin	2	RK Puram(SPYM)
				Lajpat Nagar(SPYM)
7	South East (1)	8. SCT- Ashram	2	Sarai Kale Khan(SCT)
				Madanpur Khadar (SCT)
8	North East (1)	9. JPCH	1	Khajoori Khas (GSF)
			2	Kasim Vihar (BPS)
9	Shahdara (2)	10. BPS- Nand Nagri		Mansarovar Park (BPS)
		11.KF-Vishwas Nagar	2	Sanjay Amar Cly. (KF)
10	East (1)	-		Sapera Basti (KF)
11	New Delhi (1)	12. LHMC:BKS Marg	-	-
Grand Total		**12**	**17**	

HDS- Human Development Society, KF- Krishna Foundation, BPS- Bharatiya Parivardhan Sanstha, GSF-Ganga Social Foundation, SPYM- Society for Promotion of Youth and Masses, SCT- Sahyog Charitable Trust, ISDS-Imperial Service and Development and Society

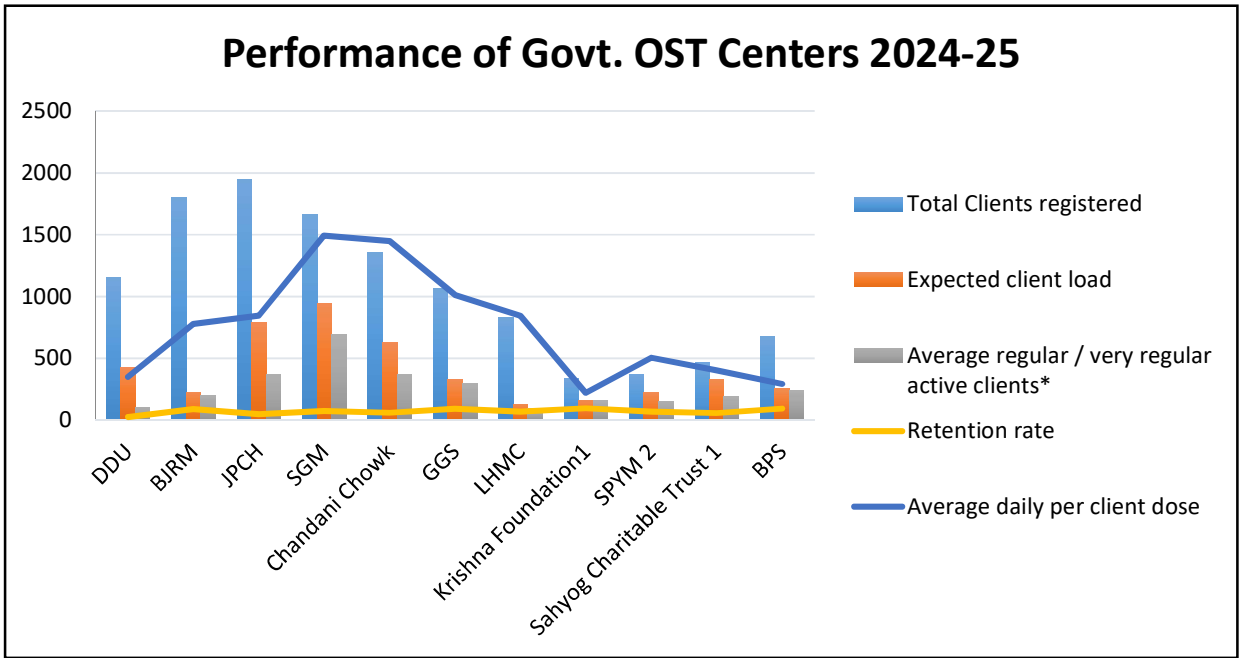
8.1.3. The performance of OST Centers during 2024-25 is depicted in **table 19B:**

Table 18B: Performance of OST Centers in Delhi during F.Y. 2024-25 (April 2024 to March, 2025)

Centre	District	Year of start	Total Clients registered	Expected client load	Average regular/very regular active clients*	Retention rate	Average daily per client dose
DDU	West	Mar 13	1159	423	105	24.82	349
BJRM	North	Dec 12	1804	225	202	89.78	778
JPCH	North East	Oct 12	1948	787	370	47.01	846
SGM	North West	Nov 12	1663	945	691	73.12	1494
Chandani Ch.	Central	Mar 15	1356	633	372	58.77	1449
GGS	West	Jun 15	1061	327	299	91.44	1013
LHMC	New Delhi	Aug 15	833	130	90	69.23	842
Krishna Foundation	East	May 23	338	162	157	96.91	220
SPYM 2	South	May 23	368	223	153	68.61	504
Sahyog Chari. Trust	South East	May 23	464	333	191	57.36	403
BPS	Shahadra, North East	May 23	681	259	243	93.82	294

*Very regular (visiting OST Centre for 25 days or more in a month) and regular (visiting 15-24 days)

Figure 16: Performance of Govt. OST Centers in Delhi during F.Y. 2024-25



9. COMMUNITY SYSTEM STRENGTHENING (CSS)

9.1.1. Community Led Monitoring (CLM) is an initiative under Community System Strengthening (CSS) strategy of National AIDS Control Organization (NACO). The objectives of Community System Strengthening (CSS) are to identify and build up capacity of the communities viz. People Living with HIV (PLHIV), Female Sex Workers (FSW), Men Having Sex with Men (MSM), Transgender/Hijra (TG/H), Injecting Drug Users (IDUs) & Key Population youth, community organizations, and networks, overcome stigma and barriers for their effective and meaningful involvement at all levels of planning and implementation at national and sub national level to ensure proper implementation of HIV/AIDS response in India. The initiative was supported by SATTVA NGO through development partner.

9.1.2. CLM aims to provide feedback about HIV service delivery from community (FSW, MSM, TG, IDU,

PLHIV & KP youth) under CSS. This mechanism aims to increase community feedback on a set of issues related to services - including accessibility, availability, appropriateness, affordability, awareness and acceptability so that desired improvements can be assured for service uptake towards HIV control. It has been established to receive feedback for improvement of service deliveries at Targeted Intervention (TI), Integrated Counseling and Testing Centers (ICTC), Designated STI / RTI Clinic (DSRC), Opioid Substitute Therapy (OST) centers and Anti-Retroviral Treatment (ART) Centres. To implement CSS and CLM, Community Advisory Boards (CAB) have been constituted at the state level (SCRG) and district levels (DCRG) as Community Resource Group to provide community inputs. Community Champions (CC) from DSACS collected feedback from the communities/beneficiaries availing HIV service facilities during two rounds in FY 2024 -25 with details as depicted in Table 20.

Table 19. Feedback from the communities/beneficiaries availing HIV service facilities during two rounds in FY 2024 -25

Sl. No	Particulars	Round 1 (Dec 23-May 24)	Round 2 (Jun-Dec 24)
1	Community Champions (CC) Trained	80	121
2	No of HIV Facilities Covered	100	187
3	No of CC involved in feedback collection	69	90
4	No. of Feedback collection	6384	7239
5	No. of Action Points identified	574	1263
6	No. of Action Points Resolved	540	1189
7	Identification of Best Practices	7	9
8	Identification of Best Service Providers	30	35

10. CARE, SUPPORT AND TREATMENT (CST) DIVISION

10.1. Care, Support & Treatment division at Delhi SACS is entrusted with the responsibility of providing Antiretroviral Treatment services to PLHIVs through 13 ART Centers, 1 Centre of Excellence (CoE), 1 Pediatric Center of Excellence (PCoE)and 4 CSCs. Two of the ART centers at AIIMS & RML Hospital are ART plus centres i.e. centres authorized to start second line treatment for their patients. CoE/PCoE cater to the HIV patients from Delhi and linked ART Centers from surrounding region including Uttar Pradesh, Rajasthan, Haryana, Madhya Pradesh, Uttarakhand and conduct the SACEP for initiating them on second/third line ART Treatment. At present 5 Care Support Centers are being run by NGOs in various districts for providing support services to the PLHIVs.

10.2. ART Centers provide ART Treatment and support to all registered PLHIV. The facilities of laboratory tests, Viral Load testing and CD4 Count are also made available to the patient at the centers. Currently eight CD4 machines are installed in eight centers (AIIMS, SJH, RMLH, MAMC, GTBH, BSAH, DDUH, NCDC). Two viral load laboratories are functioning at AIIMS and IHBAS catering to samples from some other states also.

10.3. Test and Treta strategy was introduced in 2017. Viral Laod testing for allw as introduced in 2018. Treatment for all was introduced in 2017.

10.4. A total of 92213 PLHIVs have been cumulatively registered at ART Centers in Delhi since inception as on 31st March 2025 and 40442 PLHIVs were on regular antiretroviral treatment. The performance of the CST division/ART Centers is depicted in Table 21A and 21B.

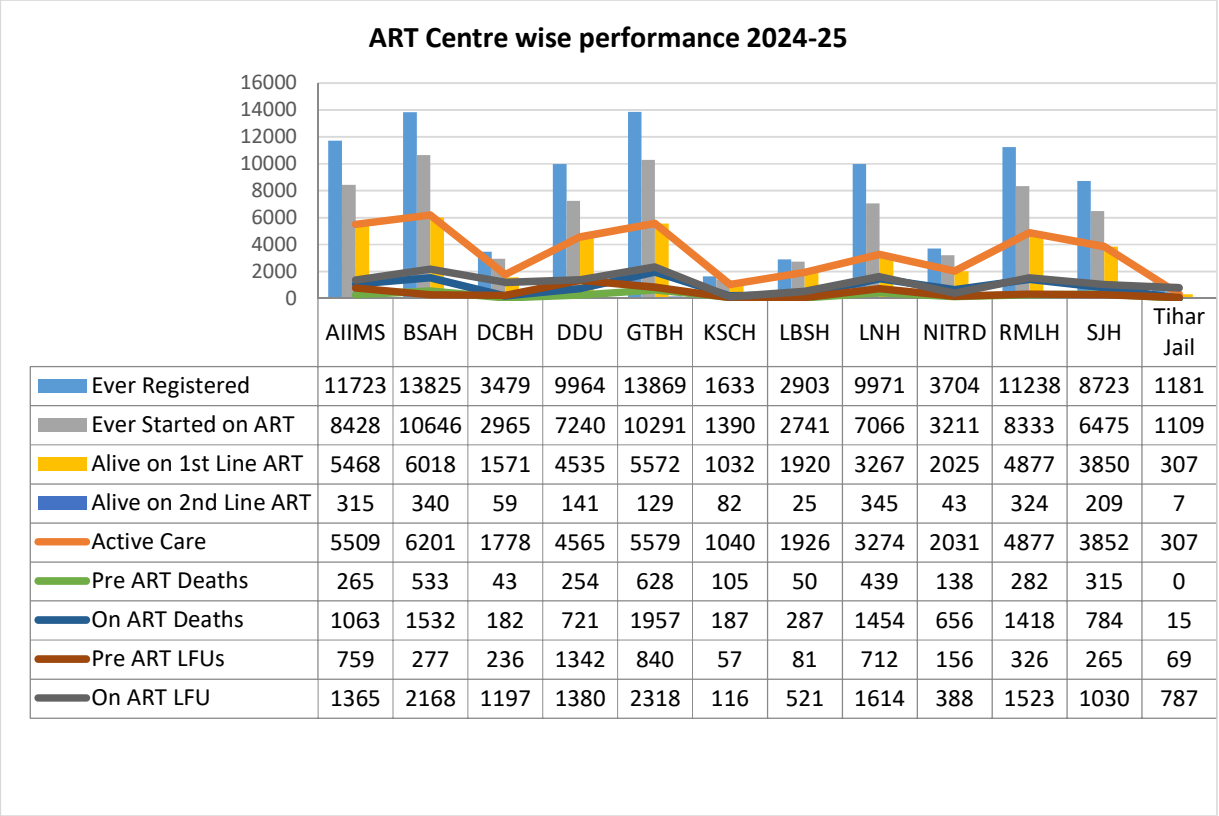
Table 20A. Performance of ART services in Delhi

Sl. No.	Indicators	Status as 31.03.2025	Cohort Data 2023-24 detections	Cohort Data 2024-25 detections
1.	Detections		6394	6711
2.	Reported Deaths		1079	721
3.	Linked to ART Centres in Delhi		86676	92213
4.	Linked to ART Centres outside Delhi			
5.	Linkage Loss (%)			
6.	Registrations	92213	5085	5457
7.	Pregnant women registered			191xx
8.	Permanent LFU	15649		
9.	Reported Deaths	15376		
10.	Under Active Care as on 31.3.2025	40939		
11.	Registration with Delhi Address		4736	5037
12.	Registration with outside Delhi Address		351	397
13.	Initiated on ART		4701	5023
14.	Pregnant women initiated on ART			191
15.	Transfer in (other states only)		671	868
16.	Transfer out (outside Delhi only)		403	353
17.	LFU	15614	408	822
18.	LFU brought Back		1036	1138
19.	Deaths Pre ART		53	42
20.	Deaths On ART		134	146
21.	Deaths From Current year registrations		203	160
22.	Deaths From Previous year registrations		67	64
23.	Opted Out/Stopped Treatment		8	9
24.	No. under active care as on 31st March 2024 (2)/25 (Retention) (1&3)		39278	40939
25.	No on ART as on 31st March 2025	39094		
26.	No reported in treatment at Private Centres		2470	2837
27.	Viral load test conducted			31335
28.	Viral load suppression			29961

Table 20B. ART Centre wise statistics (Cumulative data as on 31st March 2025)

Sl. No.	ART Centre	Ever Registered	Under active Care	Ever Started on ART	Alive on 1st Line ART	Alive on 2nd Line ART	Pre ART Deaths	On ART Deaths	Pre ART LFUs	On ART LFU
1	AIIMS	11723	5509	8428	5468	315	265	1063	759	1365
2	BSAH	13825	6201	10646	6018	340	533	1532	277	2168
3	DCBH	3479	1778	2965	1571	59	43	182	236	1197
4	DDU	9964	4565	7240	4535	141	254	721	1342	1380
5	GTBH	13869	5579	10291	5572	129	628	1957	840	2318
6	KSCH	1633	1040	1390	1032	82	105	187	57	116
7	LBSH	2903	1926	2741	1920	25	50	287	81	521
8	LNH	9971	3274	7066	3267	345	439	1454	712	1614
9	NITRD	3704	2031	3211	2025	43	138	656	156	388
10	RMLH	11238	4877	8333	4877	324	282	1418	326	1523
11	SJH	8723	3852	6475	3850	209	315	784	265	1030
12	Tihar Jail	1181	307	1109	307	7	0	15	69	787
13	HIMSR	0	0	0	0	0	0	0	0	0
	Total	**92213**	**40939**	**69895**	**40442**	**2019**	**3052**	**10256**	**5120**	**14407**

Figure 17A: ART Centre wise performance as on 31st March 2025



	AIIMS	BSAH	DCBH	DDU	GTBH	KSCH	LBSH	LNH	NITRD	RMLH	SJH	Tihar Jail
Ever Registered	11723	13825	3479	9964	13869	1633	2903	9971	3704	11238	8723	1181
Ever Started on ART	8428	10646	2965	7240	10291	1390	2741	7066	3211	8333	6475	1109
Alive on 1st Line ART	5468	6018	1571	4535	5572	1032	1920	3267	2025	4877	3850	307
Alive on 2nd Line ART	315	340	59	141	129	82	25	345	43	324	209	7
Active Care	5509	6201	1778	4565	5579	1040	1926	3274	2031	4877	3852	307
Pre ART Deaths	265	533	43	254	628	105	50	439	138	282	315	0
On ART Deaths	1063	1532	182	721	1957	187	287	1454	656	1418	784	15
Pre ART LFUs	759	277	236	1342	840	57	81	712	156	326	265	69
On ART LFU	1365	2168	1197	1380	2318	116	521	1614	388	1523	1030	787

Table 20C. Year wise ART Cumulative Data 2014-15 to 2024-25

Cumulative ART Data											
Financial Year	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Estimated PLHIV						67940	69830	67940			
PLHIV registered in HIV care	47636	52150	56520	61420	67021	72124	74411	77461	82121	86676	92213
PLHIV Alive & on first line ART	18670	20823	23496	27250	30758	33376	32663	34330	37590	39094	40442
Active Care	23511	24268	26188	28898	32130	36186	34079	35160	38216	39278	40939
Permanent LFU	9674	9499	9435	8936	8544	14062	15016	15269	15203	16375	15649
LFU Pre ART	4330	6187	6926	7104	7394	3119	3541	3760	3937	4155	5120

Cumulative ART Data											
Financial Year	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
LFU On ART	4813	5686	6503	7077	8019	6912	9204	9983	10659	11459	14407
Death Pre ART	1208	1581	1794	2130	2387	2537	2626	2728	2888	2986	3052
Death on ART	3659	4316	4873	5570	6234	6853	7430	7972	8620	9601	10256
alive and on 2nd Line	146	204	905	996	1718	2038	1937	2375	2334	2245	2019
Cumulative data of Death on ART and Pre ART	4867	5897	6667	7700	8621	9390	10056	10700	11508	12587	13308
Year Wise Death		1030	770	1033	921	769	666	644	808	1079	721
Total LFU	9143	11873	13429	14181	15413	10031	12745	13743	14596	15614	19527
Year Wise LFU		2730	1556	752	1232	-5382	2714	998	853	1018	3913
% of LFU		22.77	23.76	23.09	23.00	13.91	17.13	17.74	17.77	18.01	21.18
Permanent LFU %		18.21	16.69	14.55	12.75	19.50	20.18	19.71	18.51	18.89	16.97

Figure17B: Cumulative ART Data 2024-15 to 2024-25

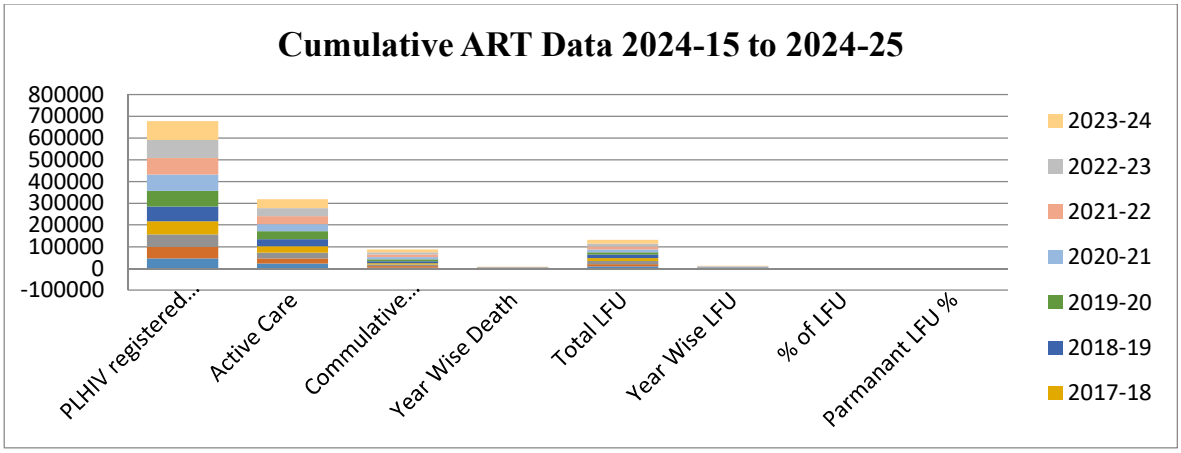
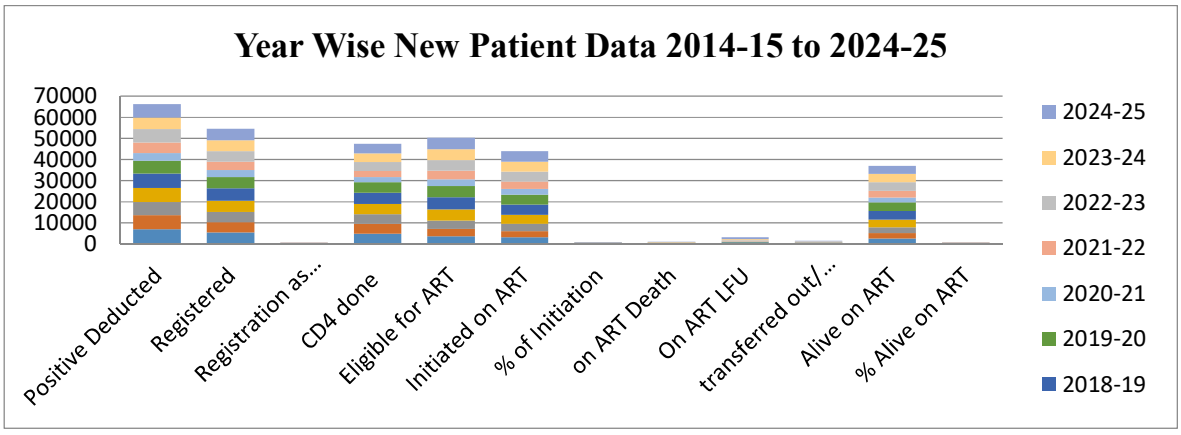


Table 20D. Year wise new patient Data 2014-15 to 2024-25

Year Wise New Patient Data											
Year	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Positive Deducted	7041	6641	6319	6553	6784	6108	3629	4845	6486	5365	6351
Registered	5431	4886	4899	5368	5786	5462	3149	4034	4995	5085	5457
Registration as % of detections in the year	77	74	78	82	85	89	87	83	77	95	86
CD4 done	4929	4597	4620	4766	5307	4936	2582	2868	4212	4066	4472
Eligible for ART	3779	3438	3905	5273	5720	5441	3130	4019	5027	5057	5436
Initiated on ART	3199	3001	3384	4265	4802	4671	2690	3658	4629	4701	5023
% of Initiation	85	87	87	81	84	86	86	91	92	93	92
on ART Death			150	142	153	136	57	107	120	150	118
On ART LFU			236	278	321	343	199	176	337	408	822
transferred out/ opted out			180	196	191	184	98	128	195	183	252
Alive on ART	2669	2471	2793	3632	4121	3989	2333	3241	3969	3960	3831
% alive on ART			83	85	86	85	87	89	86	84	76

Figure17C: Year Wise New Patient Data 2014-15 to 2024-25



10.5. HIV-TB Convergence at ART Centers

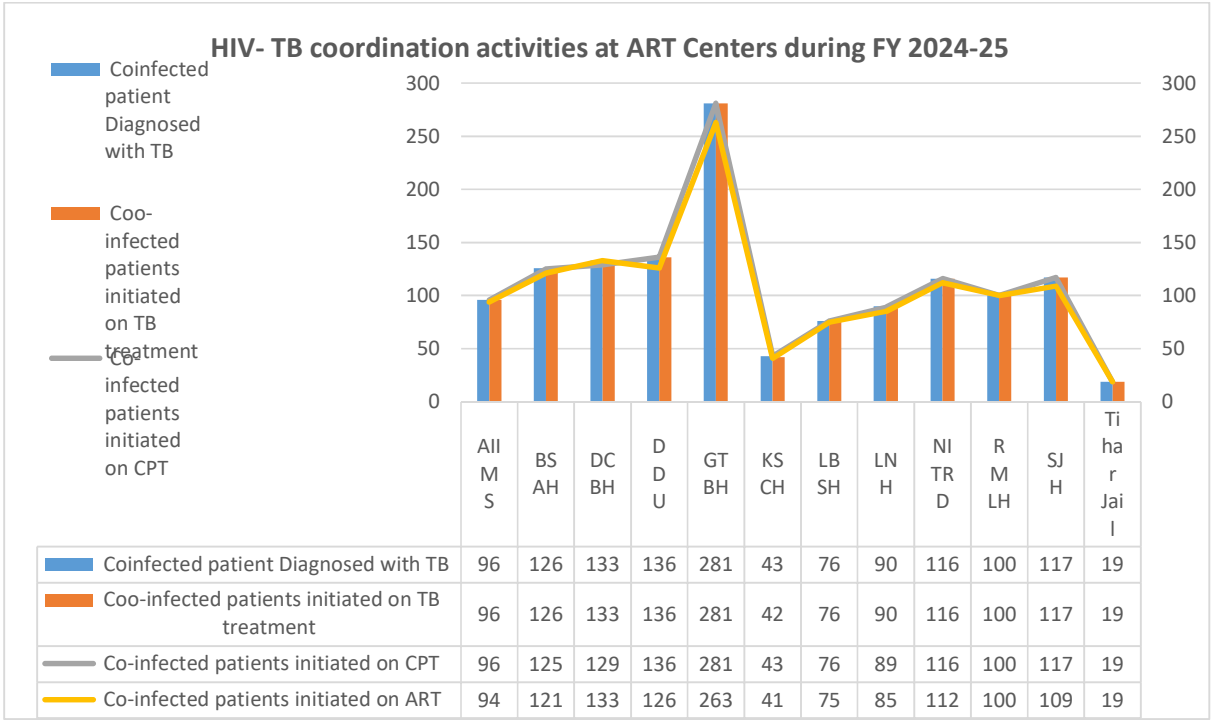
10.5.1. All patients coming to ART Centre are screened for symptoms of TB at every visit (4S Screening). Those suspected to have the infection are referred for testing to Chest Clinic. Patient diagnosed with TB are started on Anti-Tuberculosis Treatment (ATT) at the ART Centre concerned as per RNTCP guidelines. Status of HIV- TB coordination activities is depicted in Table 20C.

10.5.2. PLHIVwho are 4S negative are offered TB Preventive Therapy (TPT) at the ART Centres. The program has adopted the shorter 1 HP regimen for PLHIV more than 13 years of age who do not have TB and are eligible for TPT. However, for CLHIV less than 13 years of age, pregnant women and PLHIV on Protease Inhibitors, the 6H TPT regimen is followed.

Table20C.Status of HIV- TB coordination activities at ART Centers during FY 2024-25

ART Centre	Total Co infected patient Diagnosed with TB	Total Coo-infected patients initiated on TB treatment	number of Co-infected patients initiated on CPT	number of Co-infected patients initiated on ART
AIIMS	96	96	96	94
BSAH	126	126	125	121
DCBH	133	133	129	133
DDU	136	136	136	126
GTBH	281	281	281	263
KSCH	43	42	43	41
LBSH	76	76	76	75
LNH	90	90	89	85
NITRD	116	116	116	112
RMLH	100	100	100	100
SJH	117	117	117	109
Tihar Jail	19	19	19	19
Total	**1333**	**1332**	**1327**	**1278**

Figure 18: HIV- TB coordination activities at ART Centers during FY 2024-25



10.6. HIV–NCD Co-morbidities

10.6.1. NACP and NP-NCD programs have taken the initiative, to develop a framework of integrated service delivery for prevention, screening and management of NCD co-morbidities in PLHIV. A pilot intervention has been started in ART Centre Lok Nayak Hospital and ART Centre LBS hospital in Feb 2025.

10.6.2. A training & capacity building workshop of ART staff on the guidelines for ART staff was carried out during January 2025.

10.7. HR Position under CST Division

10.7.1. The ART centres in public health system are provided with contractual staff to support day to day functioning of the centres. The human resources at the ART Centres/CoE/PCoE are engaged by the concerned hospital/Institute as per guidelines of the NACP through hospital Committee.

Table20D. HR Positions under CST Division

S. No.	Positions	Sanctioned	Engaged
1	Sr. Medical Officer	6	6
2	Medical Officer	16	14
3	Research Fellow Clinical	1	0
4	Lab Technician	16	15
5	Counsellor	38	37
6	Data Manager	21	21

11. LABORATORY SERVICES DIVISION

11.1. Under NACP, access to quality assured HIV related laboratory services is made universally available. These testing laboratories undergo performance assessments through External Quality Assessment (EQA)measures. Lab Services division coordinates and monitors the following activities:

- HIV testing services
- Viral load testing services
- CD4 testing services
- External Quality Assurance Scheme (EQAS) in HIV testing
- NABL Accreditation of Reference Laboratories & STI laboratories (QA)
- NABL Certification of standalone ICTC/PPTCTC under M(EL)T program
- NACO Certification of Excellence for ICTC/PPTCTC
- Conduction of Trainings and workshops

11.2. External Quality Assurance Scheme (EQAS):

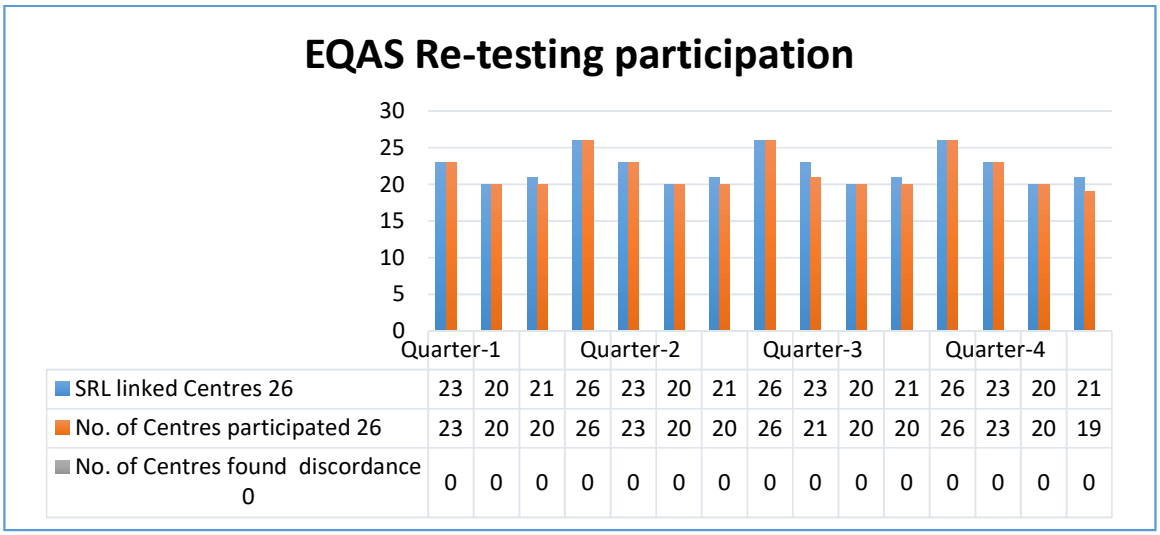
11.2.1. **87**standalone ICTCs, 1 Mobile ICTC and 3 FICTC centers are linked to four State Reference Laboratories in Microbiology departments of 4 Medical Colleges of Delhi viz. Lady Hardinge Medical College, Maulana Azad Medical College, Safdarjung Hospital and University College of Medical Sciences under External Quality Assurance Scheme (EQAS) program. Besides, 2 National Reference Laboratories functioning in Microbiology departments of National Centre for Disease Control and All India Institute of Medical Sciences, Delhi also participated in the program.

11.2.2. 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 centers report the result to the SRL within seven days of receiving the coded samples, to check the level of concordance. NRLs also send coded samples (panels) to SRLs for testing twice in a year, and report the results to the NRL within seven days of receiving the coded samples, to check the level of concordance.

11.2.3. 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 2024-25 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.

11.2.4. The participation in the EQAS scheme during 2024-25 by the centres during Quarter 1, Quarter 2, Quarter 3 and Quarter 4 was reported as 98.88%, 98.88%, 96.66% and 97.77% respectively by ICTC/PPTCTs and mobile ICTC in retesting activities with 100% concordance amongst total 92 Centres participating in the activity.

Figure 19: EQAS retesting participation of ICTC/PPTCT Centres from April 2024- March 2025



11.2.5. During the year, Viral Load Testing services were provided at the designated functional Centres at IHBAS and AIIMS laboratories for all ART Centres. A total of 31335 Viral Load tests of ART patients have been conducted till 31/03/25 (From April 2025- March 2025).

11.2.6. A total of 13 standalone ICTC/PPTCT Centres are NABL Certified (Medical Entry Level Testing) of which three ICTCs get the certification from NABL under M (EL)T program during 2024-25. For Centre of Excellence certificate from NACO, a total of 05 centres are certified of which 02 centres received the COE certification during 2024-25.

Table 21. List of M(EL)T Certified and COE certified SA-ICTC from NACO are as under:

S. No.	Name of SA-ICTC	M(ELT) Certified from NABL / COE Certified SA-ICTC from NACO
1	ICTC CNBC Geeta Colony	MELT certified
2	PPTCT Maternity Home Patparganj	MELT certified
3	ICTC, Madipur	MELT certified
4	ICTC Indira Gandhi Polyclinic	MELT certified
5	ICTC, BSA Hospital	MELT certified
6	PPTCT, BSA Hospital	MELT certified
7	ICTC, Maharishi Valmiki Hospital	MELT certified
8	PPTCT Hindu Rao Hospital	M(EL)T Applied
9	ICTC RML Hospital	MELT & COE Certified

10	ICTC LHMC	MELT & COE Certified
11	PPTCT LHMC& SSKH	MELT & COE Certified
12	ICTC NDMC Polyclinic SBS Marg	MELT & COE Certified
13	PPTCTC Kasturba Hospital	MELT & COE Certified
14	ICTC Kasturba Hospital	MELT & COE Certified
15	ICTC DHAS Hospital	COE Certified
16	ICTC, Palika Maternity Hospital, Lodhi Colony	COE Certified

11.3. CD4 Testing

11.3.1. At present CD4 testing is available at 8 Centres viz. AIIMS, BSAH, DDUH, GTBH, MAMC, RMLH, SJH, NCDC. ART Centres at DCBH, LBSH, NITRD and Tihar have been linked to the LNH, NCDC and RMLH.

11.3.2. During April 2023 to March 2024, 23795 number of CD4 tests were carried out.

11.4. Viral Load Testing Laboratories

11.4.1. Viral Load Testing services were being provided at the designated functional centres at IHBAS and AIIMS laboratories for all ART Centers. Some other states are also catered to by these centres. Sample transport agency has been hired for transporting the samples from ART Centres to Viral Load Testing Laboratories and samples are being transported to their linked viral load lab in coldchainwithinthetimeline.

11.4.2. A total of 32236 Viral Load tests of ART patients have been conducted till 31/03/24 (From April 2023- March 2024) at these labs. In Delhi patients the viral suppression has been observed in 96% of cases.

12. PROGRAMME MANAGEMENT AND REVIEW/DISTRICT

12.1.1. The Programme Management and Review (PMR) component plays a central role in ensuring the effective implementation and oversight of the National AIDS Control Programme, being responsible for synchronizing various service delivery components, optimizing resource utilization, and strengthening supply chain mechanisms across state and peripheral levels. The PMR component deals with coordination of planning, budgeting, and execution of annual action plans, while facilitating regular reviews and monitoring of programme performance. The PMR component ensures that interventions are aligned with national goals and that progress is tracked systematically to achieve targets like the 95-95-95 objectives under NACP Phase-V.

12.1.2. The DISHA initiative—short for **District Integrated Strategy for HIV/AIDS**—is a revamped framework introduced by NACO under the National AIDS Control Programme Phase-V to strengthen district-level implementation through State AIDS Control Societies (SACS). Formerly known as DAPCU, DISHA Units serve as the operational arms at the district level, integrating surveillance, service delivery, and programme monitoring. These units coordinate with various stakeholders including health departments, NGOs, and community networks to ensure comprehensive HIV/AIDS prevention, care, and treatment services. DISHA enhances accountability and responsiveness by decentralizing programme management, improving data-driven decision-making, and facilitating real-time supervision of facilities. Through this initiative, NACO aims to intensify efforts toward achieving the 95-95-95 targets and ensure that interventions are tailored to local needs and challenges.

12.1.3. At present following DISHA Clusters/units are functioning:

i. DISHA Cluster – North & North West District
ii. DISHA Cluster – North East and Shahdara District
iii. DISHA Cluster – East, South East and South District
iv. DISHA Cluster – West and South West District
v. DISHA Cluster – Central, New Delhi District

12.1.4. Each district is headed by a District AIDS Control Officer (DACO) who is also the District Tuberculosis Officer. Day to day functioning is looked by the Cluster Programme Manager/District programme Manager supported by Program/M&E Assistant.

12.1.5. During 2024-25 the status of HR in various clusters/units has been decpicted in Table 23.

Table 22. Status of HR in DISHA clusters/Units

Sl. No.	Positions	Sanctioned	Engaged
1	Cluster Programme Manager	2	2
2	District Programme Manager	4	3
3	Clinical Services Officer	3	0
4	Cluster Prevention Officer	7	-
5	Data Management and Documentation Officer	3	0
6	District Assistants	19	7

13. STRATEGIC INFORMATION (SI) DIVISION

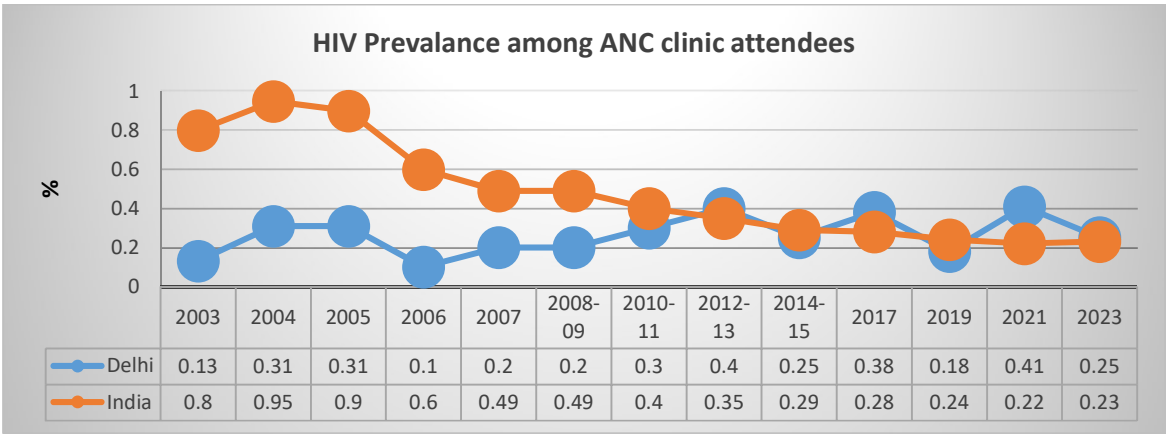
13.1. Strategic Information (SI) Division is responsible for collecting, managing, and analyzing data from various service delivery points such as ART centres, ICTCs, STI clinics, and targeted interventions. This division ensures the accuracy and timeliness of data, enabling effective monitoring of program performance and progress against targets. It facilitates surveillance activities like HIV Sentinel Surveillance and supports operational research to uncover programmatic gaps and inform future strategies. By preparing regular reports and disseminating key findings to stakeholders, the SI Division enhances transparency, accountability, and evidence-based planning, ultimately strengthening the impact of the National AIDS Control Programme.

13.2. HIV Sentinel Surveillance (HSS)

HSS is an activity that is conducted biennially. During 2024-25, 19th Round of HIV Sentinel Surveillance among pregnant women and prisoners was conducted at 10 ANCs (LHMC, GTBH, SGMH, MMMH, LBSH, MVH, SDDSCH, KH and SJH) and 02 Prison sites (Tihar CJ3 and CJ4). In Delhi. Sample collection for HSS 2025 among pregnant women and prison inmates were initiated across in Delhi from 1st January 2025. Total 4000 PW and 800 prison inmates participated in HSS. In this round, the blood specimens are to be tested for four biomarkers, i.e., HIV, Syphilis, Hepatitis B, and Hepatitis C. The results of surveillance are awaited.

Findings of previous surveillance are depicted as under:

Figure 20A: HIV Prevalence among ANC clinic attendees



	2003	2004	2005	2006	2007	2008-09	2010-11	2012-13	2014-15	2017	2019	2021	2023
Delhi	0.13	0.31	0.31	0.1	0.2	0.2	0.3	0.4	0.25	0.38	0.18	0.41	0.25
India	0.8	0.95	0.9	0.6	0.49	0.49	0.4	0.35	0.29	0.28	0.24	0.22	0.23

Figure 20B: HIV Prevalence among FSW & MSM

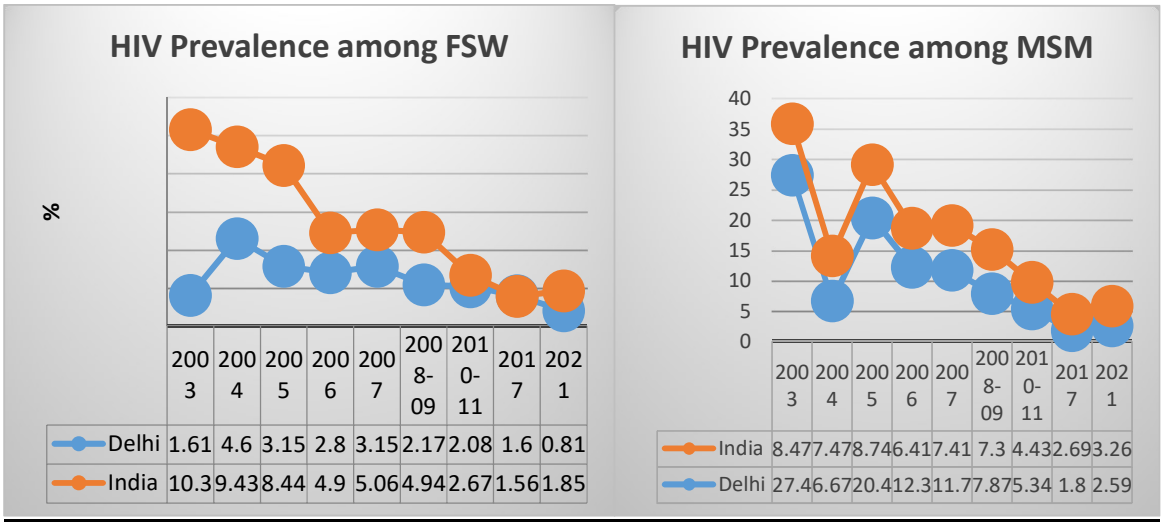


Figure 20C: HIV Prevalence among IDU

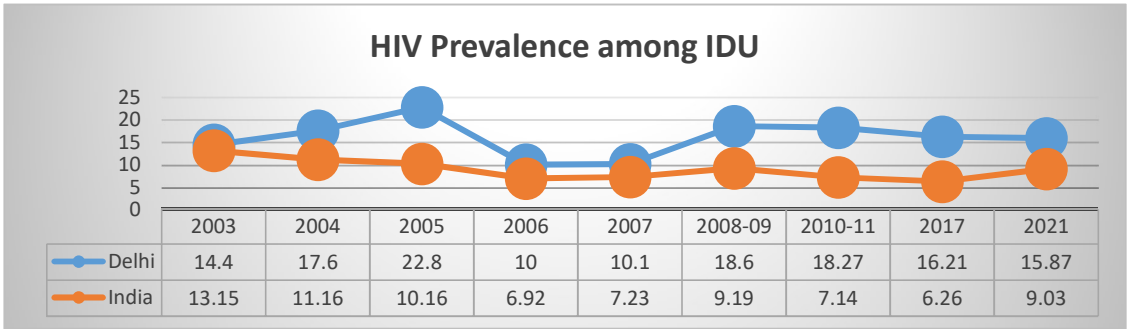
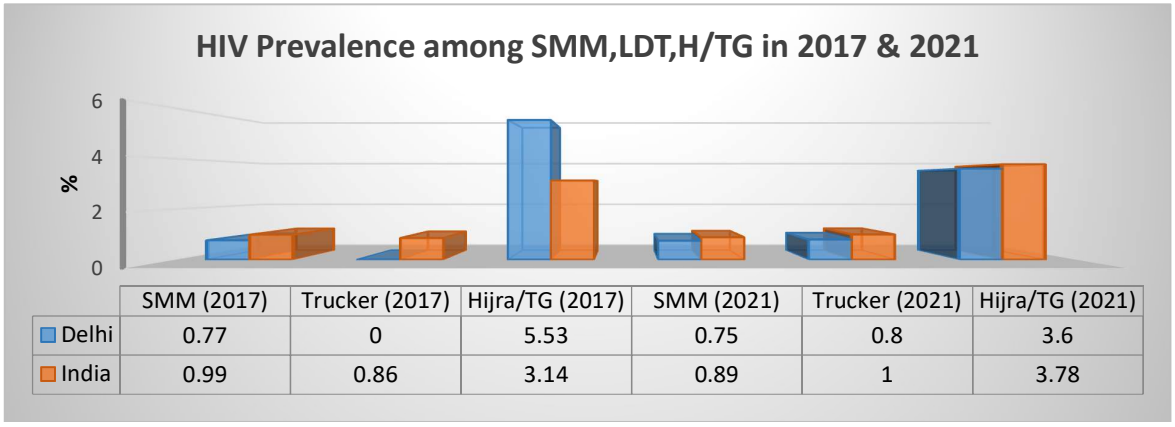


Figure 20D: HIV Prevalence among SMM, LDT, H/TG



13.3. Integrated Biobehaviour Survey of Persons living with HIV (IBBS)

Integrated bio- behavioral surveillance (IBBS) among PLHA has been planned under NACP-V to monitor the level and trend of HIV/AIDS- related behaviors, service uptakes and co –morbidities among PLHIV. The data collection under PLHA IBBS includes data on behavior factors, biological factors including height, weight and blood pressure from PLHIVs selected under surveillance surveys. The sample size for IBBS 2024 has been 225 (100 Male, 100 Female and 25 H/TG). The survey was carried out at 4 sites (ARTCs at RMLH, NITRD, BSAH and DDUH).

13.4. Data Management

13.4.1. The data of the programme from the facilities is captured on 'Strengthening Overall Care of HIV (SOCH)' National NACP portal, maintained by NACO. SOCH is a beneficiary-centric web and mobile based system, to track and record, beneficiary service and inventory transactions in the National HIV program to improve service delivery and beneficiary health outcome. The system captures inventory and service delivery information pertaining to individual beneficiaries throughout the HIV continuum of care, creating a centralized repository of EHR (Electronic-Health Record) and facilitates forecasting, inventory planning and clinical decision support. The following facilities from Delhi were the reporting units registered on the portal during 2024-25:

a. ICTC – 76 Units
b. DSRC – 33 including 5 DSRCS in Gyane departments
c. OSTC- 12 Units
d. TI – 79 Projects
e. ARTC - 12

1.1.2. The FICTCs submit the report on HIMS portal which is mostly in regard of tests done on HIV/Syphilis and amongst pregnant women. These FICTCs are designated in government and private health facilities and are part of their parent organization/facility (Dispensary/M&CW Centre/hospital/Nursing Home etc.).

13.5. Trainings:

i. **Training of Trainers (ToT) on SOCH:** A two days Training of Trainers (ToT) on SOCH portal was organised by the SI division on 13th-14th November-2024. Total 25 participants from DSACS, DISHA & DAPCU attended the ToT. Main objective of the training was to create a pool of trainers, who conduct the upcoming state down level trainings of staff of TI, OST, ICTC, ART & DSRC covering all the districts. The hands-on practice on SOCH was part of training.

ii. **StateLevel Training on HSS Plus Round -19, 2024-25:** A two days' state level training on 19th round of "HIV Sentinel Surveillance among pregnant women attending select antenatal clinics (ANCs) and Prison inmates" was organized by the SI Division, Delhi State AIDS Control Society (DSACS) on 12th-13th December 2024. Participants; Counselors, Lab technicians, Medical Officers, Senior Medical Officers from 10 ANC sites and two Prison sites participated in the training. The HSS exercise was carried out from 1st Jan 2025 to 31st March 2025.

iii. **Down Level Training on SOCH:** Two-days SOCH hands on training for 13 batches with total 432 participants from DSACS and TI projects, was conducted by DSACS. The first three batches were conducted by Resource Persons from NACO and the batches included the Programme Officers and staff from State and District level and field staff. The participants included staff from DSACS, DISHA, selected facilities, and implementing agencies viz. ICTC (Counsellros, Technicians), ART (Doctors, Counsellros, Nurses and Data Managers), DSRC (Counsellors) TI (M&E), OST (Doctors, Counsellors and Data Managers). The objective of the SOCH training was to provide hands-on practice. The facilitator presented each component of the NACP facilities one by one and demonstrated them on the system. This was followed by sample entries and practice sessions on the SOCH training portal and addressal of any issues or queries raised. The key area covered in the SOCH training included overview, Demo & hands on practice on:

a. TI Module
b. OST Module
c. ICTC Module
d. DSRC Module
e. ART Module
f. Viral Load Lab Module
g. EID Modules.

iv. **One-day capacity building training on NACP Data Management:** The Strategic Information (SI) Division of DSACS with the support of DISHA and DAPCU organised 16 batches of one-day capacity

building trainings on NACP Data Management. 456 participants of NACP staff from TI, ICTC, DSRC, OST, ART, SRL, SSK, CoE, CSC, OSC participated in the training. The objective of training was to enhance the knowledge and skills of NACP facility staff involved in HIV/AIDS data management. The training focused on strengthening data confidentiality, improving record-keeping practices, and ensuring compliance with national data-sharing guidelines. Key components of the training included Standard Operating Procedures (SOPs), data protection measures, and hands on practical sessions to reinforce learning.

13.6. Operational Research Studies carried out/ongoing:

DSACS invites proposals for operational research from various medical colleges and other research institutions in Delhi for support under NACP. The topics for research are finalized in consultation with NACO. The study proposals are finalized in consultation with NACO and agreement is signed in between the institution and DSACS. The funds for carrying out the studies are allocated as part of Annual Action Plan and released to the institution in instalments as per NACO guidelines. The status of various studies carried out /in progress is depicted in Table 24.

Table 23. Status of operational research studies carried out /in progress in Delhi

Sl.No.	Study for the Year	Study Name	Study Institute and Principal Investigator	Status
1	2024-25	Enablers and barriers in service uptake in Pregnant Women in availing Syphilis testing at STI/RTI clinics under NACP	University of Delhi Dr Rajesh, Professor, Department of Adult, continuing Education & Extension	MOU under process, to be undertaken during 2025-26
2	2023-24	To assess the reason for LFU and re-engagement in HIV care in Delhi	AIIMS, New Delhi Dr. Sanjay K. Rai, Professor, Centre for Community Medicine,	MOU signed, to be undertaken during 2025-26
3	2023-24	To assess the Stigma and Discrimination among PLHIV and Key population in Delhi	University of Delhi Prof Sanjoy Roy, HOD, Department of Social Work	In Progress
4	2022-23	Understanding enablers and barriers in OST delivery at Public Health Facilities and Community Centres	Institute of Human Behaviour and Allied Science (IHBAS) Dr Mahadev,	Completed
5	2022-23	Relationship of Female Sex Workers and their SPA managers and its implications for HIV/STI prevention	University of Delhi Dr Rajesh, Professor, Department of Adult, continuing Education & Extension	Completed
6	2022-23	Factors influencing access to offline Services of Targeted Interventions amongst virtually active MSM in Delhi	Institute of Human Behaviour and Allied Science (IHBAS) Dr Mahadev Singh Sen, Assistant Professor	Completed
7	2021-22	Barrier in service uptake by Network based Sex Worker	University of Delhi Dr Rajesh, Professor, Department of Adult, continuing Education & Extension	Completed
8	2021-22	Vulnerability assessment and service uptake among Sex partner	AIIMS New Delhi Dr Ravindra Rao,	Completed

Sl.No.	Study for the Year	Study Name	Study Institute and Principal Investigator	Status
		of IDUs	Additional Professor National Drug Dependence Treatment Centre, Department of Psychiatry,	
9	2021-22	Understanding the yield in detection of HIV infected individuals by Community based HIV Screening	Lady Hardinge Medical College, New Delhi Dr Nazish Rasheed Associate Professor, Department of Community Medicine	Completed
10	2021-22	Factor influencing access of ART services among HIV positive key population	UCMS, Delhi Dr Somdatta Patra Professor Department of Community Medicine	Report Submitted

13.7. Research papers:

Following papers based on research were published in various journals:

i. Sethi AK, Haldar P, Rai SK, Kant S, Rajan S, Kumar P, Mishra JK et al. Low awareness but high acceptability of pre-exposure prophylaxis for HIV among men who have sex with men and transgender persons in Delhi, India. Int J STD AIDS 2023;34: 763-76.DOI: 10.1177/ 09564624231174936.

ii. Sethi AK, Haldar P, Kant S, Rai SK, Rajan S, Kumar P. Human Immunodeficiency Virus Preexposure Prophylaxis Awareness and Acceptability among Men Who Have Sex with Men and Transgender Persons in India: Systematic Review and Meta-analysis. Indian Journal of Public Health 68(2): 251-261, Apr–Jun 2024.DOI: 10.4103/ijph.ijph.1027.23.

iii. Darswal M, Gupta AK, Joshi BC, Kumar P. Incentive based continuum of care for people living with HIV including orphan vulnerable children- the Delhi Model. Journal of Pediatrics & Neonatal Care 2024-11-13. DOI: 10.15406/jpnc.2024.14.00564.

14. INFORMATION EDUCATION COMMUNICATION & MAINSTREAMING DIVISION

14.1. IEC &Mainstreaming division of DSACS is entrusted with the responsibility to carry out various IEC activities, coordinating with government departments, private sector etc. for mainstreaming the HIV control activities and welfare of PLHIV, youth intervention in Delhi.

14.2. Intensified IEC Campaign: DSACS launched Intensified IEC campaign on HIV/AIDS awareness on 12 August 2024 in presence of DDG(IEC), NACO at Ambedkar Delhi Skill and Entrepreneurship University, Campus-1, Shakarpur on the occasion of International Youth Day. Awareness Rally in community in surrounding areas, talk on HIV, Poster Making Competition, skits, VBD Camp were carried out as part of the launch event. Intensified IEC campaign was continued till 1st December 2024 i.e. Worlds AIDS Day. As part of the campaign IEC activities were carried out in Delhi in 433 villages and Colonies. 92 schools & 85 colleges were covered during the campaign.

14.3. World AIDS Day: World AIDS Day 2024 was observed on the theme of 'Take the Rights Path' on 1st December 2024 at Auditorium, Dr. Baba Saheb Ambedkar Medical College and Hospital with DGHS, Govt of NCT of Delhi as Chief Guest. Around 700 participants from Community, NGOs, College Students, Facilities officials etc. participated in this event. The best performing facilities (ICTCs, SSKs, ARTCs, DSRC, OSTCs, and laboratories) run by Delhi State AIDS Control Society, TI projects, RRCs were felicitated during the program. Flash mob activities conducted by Community Champions at 58 locations covering all 11 districts of Delhi on awareness of HIV/AIDS as part of the observance

of World AIDS Day 2024. Candle March organized by TI NGOs in Delhi on the observance of World AIDS Day 2024 at 79 locations. HIV/AIDS Awareness campaign through audio spots on AIR FM Rainbow, FM Gold & Prasar Bharati, Bus Wrap on DTC Buses, Public Utilities, LED/LCD Screens at residential societies, Digital Banner on IRCTC Website etc. in Delhi.

14.4. Youth fest 2024: Organized Red Run'24 under Youth Festival at Netaji Subhash University of Technology in the month of August 2024.

14.5. Other IEC /Awareness activities carried out during the year include:

a. Participation in Legal Service Camp organized by Delhi State Legal Service Authority on 10.08.2024 at Sarvodaya Vidyalaya, Jaunti Village, Kanjhawala.
b. Participation in IITF 2024 organized from 14th to 27th November 2024 at Pragati Maidan, Delhi. DSACS provided Counseling & Testing Facility, free distribution of Condom and IEC materials during the expo. 28 Folk Performance were organized for awareness on HIV/AIDS during IITF.
c. 108 posts on HIV/AIDS Awareness posts were shared through social media accounts of DSACS i.e. Facebook, X(Twitter), YouTube, Instagram & LinkedIn.
d. Sensitization session on HIV/AIDS awareness & Nukkad Natak/ Magic Show etc. for workers during celebration of National Safety Week program at CPWD Project, Kasturba Nagar, New Delhi on 5th March 2025.

14.6. Youth Intervention:

14.6.1. Youth Intervention component deals with promoting awareness activities about HIV/AIDS for the prevention amongst youth and to inculcate good health practices in relation to HIV/AIDS and reproductive health.

14.6.2. Adolescence Education Programme (AEP):

AEP focuses on building life skills in adolescent students of class IX and XI, helping them to cope with negative peer pressure, develop positive behaviour, enhance sexual health and prevent HIV infections through a 16-hour curriculum. AEP is being implemented in Government schools in collaboration with SCERT in Delhi who train the teachers of schools who implement the programme further in schools. . A 16-hour curriculum is delivered to adolescent students in classes IX and XI, covering government schools nationwide. The Adolescent Education Program (AEP) sub-components is implemented in secondary and senior secondary schools to build-up life skills of adolescents to cope with the physical and psychological changes associated with growing up.

14.6.3. Red Ribbon Clubs:

RRC target youth aged 15-29 years in colleges. The objective of the RRC is to educate the youth with accurate and comprehensive information, increasing their awareness of HIV/AIDS, sexually Transmitted Infections and related issues. These clubs provide access to information on HIV/AIDS, voluntary blood donation, and safe sexual practices. The Red Ribbon Clubs established in colleges/universities are encouraged to organize various awareness and promotional activities. Various activities carried out under this component include:

a. Participation in annual college fest at RRC colleges/Institutes i.e. BCIIT, DSEU, Rukmini Devi Institute, HMRITM, PGDAV College of Delhi associated with DSACS.
b. Memorandum of Understanding has been signed with three new RRCs of Delhi viz. Indraprastha College of Women, Delhi Institute of Advanced Studies, Rukmini Devi Institute of Advanced Studies.
c. Organized State level quiz competition at DSACS in the month of September 2024 and participated in regional level Quiz Competition at Chandigarh in the month of December 2024.
d. Participation in Youth Festival activities i.e. quiz competition, Red Run'24 in the 3rd quarter of 2024-25.
e. Participation in celebration of important days i.e. International Youth Day 2024, Women's Day 2024, World AIDS Day 2024 etc.
f. Participation in event on the occasion of Women's Day 2024 at BCIIT in the month of August

2024.

g. Participation and felicitate session on HIV/AIDS Awareness at Rukmini Devi Institute of Advanced Studies in the month of October 2024.
h. Organized Red Run'24 under Youth Festival at Netaji Subhash University of Technology in the month of August 2024.
i. Participation in National Red Run organized by NACO at Panjim, Goa in the month of January 2025.

14.7. Mainstreaming

14.7.1. Mainstreaming is a key component of NACP-V to improve capacities of communities to cope with the impact of HIV/AIDS with an aim to prevent new HIV infections. Mainstreaming refers to integrating HIV/AIDS prevention and care programs into the broader framework of various government departments, private sectors, and NGOs. It involves moving beyond a solely health-sector response to a multi-sectoral approach, recognizing that HIV/AIDS impacts various aspects of society and requires coordinated efforts from multiple stakeholders. Mainstreaming component of IEC division of DSACS co-ordinates with various government departments, private sector etc. in Delhi for welfare of PLHIV and mainstreaming the HIV control activities in to the work of the departments/institutions.

Following mainstreaming activities were carried out by IEC & Mainstreaming division during the year:

1. **Joint Working Group Meeting**: The meeting of JWG for HIV & AIDS control activities was convened on 25/03/2025 **Inter-Departmental Meeting** on HIV & AIDS Control activities was convened on 25/03/2025
2. **Training of Anganwadi Workers (AWW):** 502 Anganwadi Workers working in Angaganwadis under Integrated Child Development Schemes under Women and Child Development department of Delhi Government were imparted training with special focus on their role in the HIV/AIDS prevention and control programme, and to build their capacity on HIV/AIDS-related issues during Feb-Mar 2025.
3. **Training of Police personnels:** Around **1050** Delhi Police personnel undergoing training at the Police Training Academies in Jharoda Kalan and Wazirabad, Delhi were trained on HIV awareness, prevention strategies and the HIV and AIDS P&C Act, 2017 in December 2024.
4. **Training of out-of-school children through Jan Shikshan Sansthan:** Session on HIV/AIDS and related issues, including the HIV P&C Act, 2017, were conducted for around 200 school dropout girls—including non-literates, literates, and out-of-school children—of Jan Shikshan Sansthans in four batches during September–October 2025.
5. **Training of DTC Driver and conductors**: Approx 2100 drivers and conductors of DTC were imparted training on HIV/AIDS prevention and related issues, including the HIV P&C Act, 2017 from the period of Jan 2025- March, 2025 at DTC Training Centre Nand Nagari by DTC.
6. **Capacity Building of State/District Level PLHIV Networks (SLN/DLN):** A training programme to build the capacity of netwroks to respond to the issues faced by their members and the HIV P&C Act, 2017 was conducted for 30 SLN/DLN nominees in Feb 2025.
7. **Awareness session for Labour:** Special Awareness session covering over 500 Labors at various Labour Chowks in Delhi were carried out by Central Board for Worker Education (CBWE) as part of mainstreaming activities.
8. **ART Staff training on Social Welfare Schemes and the HIV P&C Act, 2017**: Training and sensitization of 55 ART staff was conducted on Social Welfare Schemes and the HIV P&C Act, 2017 on 27 Aug 2024 at DSACS.
9. **Training of Positive speakers**: A training programme was conducted for 16 Positive Speakers from PLHIV community, who were trained on HIV/AIDS-related issues and the HIV P&C Act, 2017. These speakers are proposed to be engaged in future DSACS training programmes as motivational speakers to share their real-life personal experiences with participants.
10. **The HIV(P&C) Act 2017:**

a. District Magistrates in their respective districts have been designated as Ombudsman under the

HIV P&C Act, 2017. Also Complaint officers have been designated by various departments/hospitals.

b. Advocacy and awareness and on the provisions of The HIV AIDS Act is a component of all the trainings/meeting on awareness, capacity building and mainstreaming activities by DSACS. Various activities specially for the act include:
c. Training programme for 150 Para Medical Staff with support from ESIC Hospital, Okhla.

Table 24. Mainstreaming Trainings & Achievements

Sl.No	Mainstreaming Trainings	Achievements			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Advocacy (No. of Meetings)					
1.	**Joint Working Group Meeting**				1
2.	**Inter-Departmental Meeting**				1
Mainstreaming trainings (No. of person trained)					
3.	**Training of AWWs**				493
4.	**Training of Police personals**			1100	
5.	**Training of ART & ICTC staff**	55			
6.	**Training of Positive speakers**		16		
7.	**Training of Jan Shikshan Sansthan**		200		
8.	**Training of DTC Driver and conductors**				2100
9.	**Capacity building of SLN/DLN**				30
10.	**Dissemination of Act in the State**				150
11.	**Trade unions/Laborers**			500	

14.8. Financial Assistance Schemes of Government of NCT of Delhi

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

People Living with HIV/AIDS require lifelong antiretroviral treatment to prevent severe life-threatening opportunistic infections. They need extra nutrition in addition to balanced diet to cope up with their compromised immune system. Their suffering from stigma and discrimination by family, society and community at large, is compounded by their poverty. Even, the cost incurred to commute to ART centre for antiretroviral treatment is a burden on them.

There are few Double Orphan Children infected or/affected by HIV/AIDS in Delhi, whose parents have died (at least one parent died due to HIV/AIDS) and these children eventually are either living with their grandparents or extended families or are in institutional care. They are often malnourished, suffer from stigma and discrimination and cannot afford proper education including cost of buying education related material and transportation to school, affecting their long-term survival in the community.

Keeping in view the above, the Financial Assistance Scheme was approved vide Cabinet Decision No. 1838 dated 7-12-11. The scheme became operational w.e f. 01-04-2012 as a plan scheme of the Department of Health & FW of Delhi. The schemehas been modified vide Cabinet Decision no.2606 dated 07/08/18, where the quantum of assistance was doubled anddecisions were taken to streamline the functioning of the scheme. The payment under the scheme is made through PFMS through Aadhaar based Direct Benefit transfer.

14.8.2. Travel Concession Scheme for PLHIV on treatment at ART centres in Delhi:

Regular and lifelong Anti-Retroviral Treatment (ART) is crucial for achieving the desired health outcomes among Persons Living with HIV (PLHIV). Consistent adherence to ART is crucial for suppressing the viral load, thereby improving the quality of life and life expectancy of PLHIV, and also significantly reduces the risk of transmission. To maintain treatment continuity, PLHIV are required to visit ART Centres typically once a month for medication refills and management of opportunistic infections. Currently, around 43,000 HIV-

positive individuals are registered at ART Centres, with an estimated annual increase of around 5,000 new registrations.

Most of PLHIV belong to low socio-economic and disadvantaged backgrounds, frequently facing financial hardship in covering the cost of transportation to ART Centres. These barriers hinder regular treatment adherence and negatively impact health outcomes, making it critical to address these support needs alongside medical care.

The Scheme of Travel concession to the eligible PLHIVs/CLHIVs patients attending the ART centres in Delhi for undertaking visits to the ART centres have been approved by the Delhi Government Vide Cabinet Decision No. 2782 dated 6/12/2019.Eligibility criteria for enrolment under the scheme are:

- Person infected with HIV should be on treatment from authorized ART Centre in Delhi under National AIDS Control Programme.
- The person should be resident of Delhi at least for last three years.

Average Rs. 120/- per visit is the quantum of concession to the beneficiary of the scheme. The number of visits shall be limited to a maximum of 12 visits in a calendar year and not more than 2 in a calendar month.

After receipt of the funds by DSACS from Delhi Government through the Department of H&FW, the payment on account of the concession is made on quarterly basis based on number of visits and criteria laid down, through Aadhaar based after verifying their visits through ART centres. Both the schemes have been notified. The applications for enrolment for both the schemes are submitted through the ART Centres where the beneficiary is enrolled. The person is enrolled under the scheme after approval of competent authority on recommendation of the scrutiny committee.

During 2024-25, a total of 504 new beneficiaries Committee from 506 received applications were enrolled under the Financial Assistance scheme for PLHIV on recommendation of the Scrutiny Committee. 1307 new beneficiaries were enrolled under the Travel Concession Scheme on recommendation of the Scrutiny Committee. The meetings of the scrutinizing Committees were held on 25/10/2024, 23/12/2024 and 24/12/2024.

Table25. Enrolment under Delhi Government Financial Assistance schemes of DelhiGovernment

Category /Beneficiary for the scheme	**Eligibility criteria**	**Rate of Assistance per month (As on 31st March 2025)**	**beneficiaries Registered as on 31st March-2025**
Category 1 : People living with HIV/AIDS (including children on ART)	Resident of Delhi for last 3 years Annual family income should not exceed Rs. 1.0 lakh Should be on regular antiretroviral treatment for at least last 1 year at any of 11 Govt. ART centre in Delhi	Rs.2545/-	7127
Category 2 : Orphan Children infected with HIV/AIDS (<18 Years of Age)	Both parents died Child infected with HIV/AIDS Child under caregiver or institutional care in Delhi	Rs.5216	36
Category 3: Destitute children infected with HIV in institutional care (<18 years of age)	Status of parent's unknown Child infected with HIV/AIDS Child in institutional care in Delhi Child should be on ART	Rs.5216	55

Category 4: Orphan Children affected by HIV/AIDS (< 18 yrs of age)	Both parents died and at least one of the parent died of HIV/AIDS Child under caregiver or institutional care in Delhi	Rs. 4453	27

Table 26. Financial Assistance Scheme Achievements since inception of scheme

Financial Year	Budgetary Allocation (in Rs.)	Funds (GIA received + Bank Interest) (in Rs.)	Expenditure	No. of Beneficiaries				
				Applications received	Applications approved	Beneficiaries (Cumulative)	Active beneficiaries	Not eligible / Discontinued*
2012-13	5.00 Cr.	1,27,84,096	90,87,500	1221	1110	1110	1102	8
2013-14	2.50 Cr.	1,29,25,746	74,21,700	452	430	1540	1449	91
2014-15	1.50 Cr.	2,06,78,957	1,95,73339	388	357	1897	1785	112
2015-16	2.30 Cr.	3,33,23,109	2,92,87,350	757	722	2619	2479	140
2016-17	3.90 Cr.	4,32,05,337	94,28,850	383	367	2986	2840	146
2017-18	3.90 Cr.	6,38,61,550	4,14,43,759	911	882	3868	3418	450
2018-19	5.20 Cr.	7,57,08,489	4,84,66,927	268	265	4133	3818	315
2019-20	12.00 Cr.	14,83,65,471	7,29,14,901	807	800	4933	4584	349
2020-21	12.00 Cr.	16,64,21,192	10,02,95,259	326	324	5257	4735	522
2021-22	12.00 Cr.	12,15,49,976	11,50,94,013	268	268	5525	5000	525
2022-23	17.24 Cr.	17,29,56,172	16,20,27,503	228	226	5751	5224	527
2023-24	20.00 Cr.	20,07,36,766	13,43,40,329	1013	990	6741	6042	699
2024-25	21.00 Cr.	15,86,78,355	15,84,09,588	506	504	7245	6546	699

A total amount of Rs.15,84,09,588/- has been disbursed to eligible beneficiaries during F.Y.2024-25.

Table 27. Travel Concession Scheme Achievement **(**Financial Year wise**)** cumulatively

Financial Year	Expenditure	No. of Beneficiaries				
		Applications received	Applications approved	Beneficiaries (Cumulative)	Active beneficiaries	Not eligible / Discontinued*
2022-23	-	361	361	361	359	2
2023-24	1,88,280	300	298	659	644	15
2024-25	8,82,960	1329	1307	1966	1951	15

The grant available under the Delhi Government Financial Assistance Scheme for PLHIV is utilized for disbursement under Travel Concession Scheme for PLHIV.A total amount of Rs. 8,82,960/- has been disbursed to eligible beneficiaries during the F.Y.2024-25.

15. BLOOD TRANSFUSION SERVICES DIVISION

15.1. Seventy-Nine (79) blood centers were functioning in Delhi as on 31st March, 2025. Out of these, 20 blood centres of these are DGHS supported. DGHS supported blood centres are supported through:

- Provision of additional manpower,
- Provision of testing kits, blood collection bags and
- Financial assistance for holding voluntary blood donation camps.

15.2. Prior to 2022-23, the grants for this scheme were received through NACO. During 2022-23, the programme was transferred to Directorate General Health Services (DGHS), Ministry of Health and Family Welfare, Govt. of India with grant now routed through DGHS.

15.3. The supported blood centres get HR support based on their status as depicted in Table 30.

Table 28A. Details of DGHS Supported Blood Centres in Delhi

Particulars	Blood Centres	Numbers
i. Total No. of Districts		11
ii. No. of Districts with Blood Centres		11
iii. No. of DGHS Govt. of India supported Blood Centres	-	20
iv. Model Blood Centres with BCSU	DDUH, IRCS	02
v. Major Blood Centres with BCSUs	KH , SDNH	02
vi. District level Blood Centres with BCSUs	DHAS, LBSH, SGMH, Kasturba Hospital	04
vii. Regional Blood Transfusion Centres	AIIMS(Main), AIIMS (CNC), BSAH, DDUH, GTBH, HRH, IRCS, LNH, LHMC	11
viii. Blood Mobile (Total/Working)	IRCS, RMLH, DDUH	3/0

Table 28B:

S.No.	Sttaus	Numbers	Situated in	HR Support
1	Regional Blood Transfusion Centres (RBTC)	11	AIIMS(Main), BSAH, DDUH, GTBH, HRH, IRCS, LNH, LHMC, Rotary, Safdarjung Hospital, RML Hospital	1 Counsellor, 1 technician
2	Model Blood Centre	1	DDU Hospital and Indian Red Cross Society	
3	District Level Blood Centre	4	DHAS, LBSH, SGMH, Kasturba Hospital	
4	Major Blood Centre		KH and Swami Dayanand Hospital	
5	Blood Component Separation Unit	19		1 Laboratory TechnicianT
6			AIIMS.(Trauma Centre)	

15.4. Out of the 20 supported Blood Centres,11 are supported as (RBTC), 2 as Model Blood Centres, 4 as District Level Blood Centres and 2 as Major Blood Centres. 20 blood Centres are having Blood Component Separation Units (BCSUs).

Table 28C. DGHS Supported Blood Centres in Delhi

DGHS Supported Blood Centres in Delhi			
Central Government	**Delhi Government**	**Local Bodies**	**NGOs**
AIIMS(Main)	Dr BSAH	Hindu Rao Hospital	Indian Red Cross Society
AIIMS(CNC)	DDU Hospital	Kasturba Hospital	Rotary Blood Bank
AIIMS(JPNATC)	DHAS	Swami Dayanand Hospital	
RML Hospital	GBP Hospital		
Safdarjung Hospital	GTB Hospital		
LHMC	ILBS		
	LBS Hospital		
	LN Hospital		
	SGM Hospital		

Table 28D. Details of Blood Component Separation Units (BCSUs) and Blood Storage Centres

Particulars	Blood Centres	Numbers
Total No. of Districts	-	11
No. of Districts with Blood Centres	-	11
No. of DGHS Govt. of India supported Blood Centres	-	20
a. Model Blood Centres with BCSU	DDUH, IRCS	02
b. Major Blood Centres with BCSUs	KH , SDNH	02
c. Major Blood Centres without BCSU	-	0
d. DLBBs with BCSUs	DHAS, LBSH, SGMH, Kasturba Hospital	04
e. DLBBs without BCSUs	0	0
f. Regional Blood Transfusion Centres	AIIMS(Main), AIIMS (CNC), BSAH, DDUH, GTBH, HRH, IRCS, LNH, LHMC	11
4. Blood Storage Centers	-	12
5. Blood Mobile (Total/Working)	IRCS, RMLH, DDUH	3/0
6. Blood Transportation Van (Total/Working)	1	1/1

Table 28E. Details of Blood Component Separation Units (BCSUs) and Blood Storage Centres

Details	Govt.		NGO/Trust /Charitable		Private	
	With component	Without component	With component	Without component	With component	Without component
Blood centers-80	24	0	12	0	43	
Total Blood Storage centers	15		24		0	

Table 29A. Performance of DGHS Supported Blood Centres in Delhi (Apr 2024 to Mar 2025, source- e-Raktkosh Portal)

Sl.No.	Indicator	Grand Total
1.	In-house Voluntary Collection	52434
2.	Camp Collection	20995
3.	Total Voluntary Collection	83418
4.	Number of Camps	979
5.	Replacement Collection	197112
6.	Total Collection	294727
7.	Voluntary Collection % of total	28.3%

Table 29B. Statement on Blood Unit Collection in Delhi since 2015-16 to 2024-25.

Year	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
2015-16	125606	124692	250298	2292	299687	549897
2016-17	110753	136466	247219	2514	299771	546990
2017-18	117874	134840	252714	2419	298162	550876
2018-19	141297	147010	288307	2541	308546	596853
2019-20	145553	135035	280588	2286	290980	571268

Year	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
2020-21	104965	55988	160953	1364	231329	392282
2021-22	42736	39102	81838	657	140638	222481
2022-23	86383	37166	122549	822	200799	331544
2023-24	83617	135790	160438	??	292454	452892
2024-25	111261	38378	196335	2778	363497	559832

16. HR STATUS AS ON 31ST MARCH-2025

16.1. Various positions at DSACS sanctioned under the programme are depicted in Table 33A.

Table 30A. Status of HR at DSACS HQ under NACP/BTS

S. No.	Component	Positions	Sanctioned		Engaged/Working against the positions
			NACP	BTS	
1	Regular	PD, APD, DDF Joint Director 2 (BSD, CST), Dy. Director -2 (STI,Proc.), AD-2 (BS-QM, QM-LS), Store Officer, FA-3, Others-4	16	1	9 (2 Regular on deputation, 7 Contractual)
			16	1	
2	Contractual	Joint Directors (Prev, IEC)	2	-	2
		Deputy Directors SI, BSD, CST, MS, Prev, LS,	6	-	1
		Assistant Directors ICTC, Prev(2), LS, YA, IEC, Doc., SI, Admin, GIPA, VBD	9	1	4
		Divisional Assistant	11	1	8
		Others	1	-	1
			29	2	
Total			45	3	28
Peripheral Units					
	DISHA		24		12
	BSD/ICTC				
	BSD/STI				
	OST				
	CST				
	Lab Services				
		Subtotal NACP			
	BTS				
		Subtotal NACP	507		
	GRAND TOTAL				

Table 30B. Status of contractual positions in peripheral units/facilities under Blood Transfusion Services (DGHS)

Sl. No.	Component	Positions	Sanctioned	Engaged
1	Blood	Divisional Assistant (at SBTC)	1	1

	Transfusion Services	Accountant (at SBTC)	1	1
		Lab Technician	40	34
		Counsellors	16	11
		Other staff (Driver/Attendant etc.)	13	11
Total (BTS)			71	58
Grand Total (NACP and BTS)			**574**	**514**

In addition to above:

i. 6 security staff is engaged on outsourcing basis
ii. And 6 personnel have resigned & 7 personnel have been engaged on various positions during the year 2024-25.

CHAPTER11

11. DRUGS CONTROL DEPARTMENT

The Drugs Control Department of Delhi is a Regulatory Department under Health & Family Welfare Department, Govt. of NCT of Delhi. It regulates manufacture of drugs & cosmetics and sales of drugs. For the enforcement of various Drug Laws, Delhi State has been divided into two Divisions. Each Division is comprised of two Zones and is headed by one Dy. Drugs Controller. North-West Zones comprises one Division and south-East Zones comprises of the other Division. The Drugs Control Organisation was functioning, as a subordinate office under Directorate of Health Services till January 1986 and Director Health Services was the Ex-Officio Drugs Controller. Thereafter, the Drugs Control Department became an independent Department with **Drugs Controller as Head of Department.** The Drugs Control Department of Delhi State is enforcing the provisions of following statutes, enacted by Government of India:

(1) Drugs & Cosmetics Act, 1940 and Rules made there under.
(2) Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954.
(3) Drugs (Prices Control) Order, 2013.

Vision: To ensure availability of safe, efficacious and quality Drugs and cosmetics to the consumers.

Basic Statistics

- Inspections of Manufacturing Unit : 302
- No. of cases where violation detected : 26
- Inspections of Sales Establishment : 3915
- No. of cases where violation detected : 443

Key Performance Indicators

Number of inspections carried out in Manufacturing Units: 302
Number of drug licences cancelled /suspended by licencing authority/ surrendered by Manufacturing Units: 0
Number of inspection carried out in Sales Establishment: 3915
Number of drug licences cancelled /suspended by licencing authority/ surrendered by Sales Units: 249

A. INSPECTIONS

a.	Manufacturing Units:	302
b.	No. of cases where violation detected	26
c.	Sales establishments:	3915
d.	No. of cases where violation detected	443

B. SPECIAL INSPECTIONS

a.	Manufacturing Units:	302
b.	No. of cases where violation detected	26
c.	Sales establishments:	952
d.	No. of cases where violation detected	430

C. COMPLAINTS

a.	No. of complaints received	214
b.	No. of cases where violation detected	103
c.	No. of cases where stock of drugs /cosmetics/ documents seized	06

D. SAMPLE FOR TEST/ANALYSIS

1.	No. of Samples collected	439
2.	No. of test reports received	472
3.	No. of samples reported as standard quality	445
4.	No. of samples reported as not of standard quality	25
5.	No. of samples found spurious	06

E. DEPARTMENTAL ACTION

a.	No. of cases where licences cancelled	14
b.	No. of cases where licences suspended	235
c.	No. of cases were warning issued	09

F. PROSECUTION

1.	No. of cases launched	07
2.	No. of cases decided	04
3.	No. of cases convicted	02
4.	No. of cases acquitted/ discharged	02
5.	No. of cases pending in the court	98

G. DETAILS OF FIRMS WHERE LICENCES GRANTED/CANCELLED

(1) Sales Establishments granted licences

a.	Total Sales Establishments	2645

(2) Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	00
2.	Homoeopathic Medicines Mfg. Units	00
3.	Cosmetics Mfg. Units	53

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

1.	Total Sales Establishments	331

(4) No. of manufacturing firms where licences surrendered and cancelled

1.	Allopathic drugs mfg. Units	01
2.	Homoeopathic drugs mfg. Units	00
3	Cosmetics mfg. units	13

H. NO. OF LICENCED FIRMS.

1.	Sales Establishment	35483
1.1	Allopathic Drugs	34778

1.2	Restricted Drugs	164
1.3	Homeopathic	541

2.	Mfg. Establishment	978
2.1	Allopathic Drugs	89
2.2	Homoeopathic Drugs	08
2.3	Cosmetics	742
2.4	Blood Banks	82
2.5	Approved Testing Laboratories	17

CHAPTER12

12. DEPARTMENT OF FOOD SAFETY

The Department of Food Safety, Govt. of NCT of Delhi has the mandate to implement the Food Safety and Standards Act, 2006, Rules & Regulations, made their under in the NCT of Delhi to ensure the availability of Safe and Wholesome Food.The important issues concerning to the Department of Food Safety is as follow:

1. **Major achievements during the year2024-25.**

- The Department of Food Safety has issued 3808 online **FSSAI Licenses and 24054 Registrations** to Food Business Operators from 01/04/2024 to 31/03/2025 which is mandatory requirement to carryout or commence Food Businesses under provision of FSS Act, 2006 Rules and Regulations made their under. Further, the department has lifted 3070 4161 surveillance samples for analysis.

- Further, during this FY the Department of Food Safety has under the compliance of"minimizing Regulatory Compliance Burden" issued office order and through FSSAI owned FoSCoS (Food Safety and Compliance System) portal, which is completely web based PAN India Software. Earlier **License and Registration were issued within 60 days and 07 days from the date of filing application respectively but now under reducing the compliance burden the issuance time of License and Registration has been decreased from 60 to 30 days and for registration, it has been decreased from 07 to 04 days.** This will enable the applicant to get License / Registration with in much less ertimeandalsoen courage the Food Business Operators towards these services.

- Furthermore, the Department of Food Safety has **randomized inspection examination and auditing** of Food Business premises and also made register and records **online.**

- During the said F.Y.2024-2025 Department has lifted 3070 **formal samples** of various types of Food articles for its analysis and also drawn 4161 **surveillance samples** for the purpose of analysis and surveillance, survey and research under provision of FSS Act, 2006 Rules and Regulations made their under.

- Department of Food Safety has created awareness among consumer and Food Business Operators to follow the COVID appropriate behaviour through **Food Safety on Wheel (FSW)** in the markets across NCT of Delhi by **distributing pamphlets** and on the **spot testing demonstration about adulterants** in various food articles and conducting all three activities of FSW (Testing, Training and Awareness)

- In this current financial year, all **11 districts of Food Safety Department** had participated in a PAN **India Eat Right Challenge initiative of FSSAI.**

- Till date 130 Eat Right Campuses has been certified by FSSAI. 8 Eat Right Stationsand 24 Private & Government Hospital Initiated. 31 Eat Right School have also been Certified. As on date 67 Eat Right Campuses have been certified by FSSAI in Delhi in the FY 2024-25. Eat Right campuses have seen renewal for their certification for promoting safe, healthy & sustainable food with campuses, schools, hospitals, workplaces etc. across the country.

- Name of Eat Right Campus by FSSAI in Delhi which is given in tabular form as follows.

District	Number of Eat Right Campuses	Name of Eat Right Campus
West	15	i. Police Station Hari Nagar
		ii. MIG Chowki Shubhash Nagar
		iii. Police Station Khyala
		iv. Police Station Moti Nagar
		v. Police Station Punjabi Bagh
		vi. Police Station Tilak Nagar
		vii. Children Home for Girls I, II,III,IV & Foster Care Adoption Center
		viii. Punjabi Bagh Club
		ix. Kalra Hospital SRNC Pvt. Ltd.
		x. Police Station Kirti Nagar
		xi. Kukreja Hospital and Heart Center Pvt. Ltd.
		xii. Khetarpal Hospital
		xiii. Maharaja Agresen Hospital
		xiv. Tihar Prison Jail No.2
		xv. Sri Balaji Action Medical Insititute
New Delhi	16	i. Police Station Sarojini Nagar
		ii. Police Station Vasant Kunj
		iii. Police Station R.K. Puram
		iv. Police Station Connaught Place.
		v. Police Station Sagarpur
		vi. ITC Sheraton New Delhi
		vii. ITC Maurya Hotel
		viii. Bihar Niwas
		ix. Baroda House, Northern Railway
		x. Andhara Pardesh Bhawan
		xi. New Custom House, C/O Delhi Custom
		xii. Police Station Mandir Marg
		xiii. Police Station Tilak Marg
		xiv. YMCA Tourist Hostel
		xv. Institute of Liver and Biliary Sciences
		xvi. Police Station Barakhamba Road
Central	16	i. Police Station Timar Pur
		ii. Police Station Bara Hindu Rao
		iii. Police Station Gulabi Bagh
		iv. Police Station Darya Ganj
		v. Police Station Civil Lines
		vi. RPSF, Head Quarter Battalion
		vii. Place of Safety, Special Home for Boys
		viii. Observaton Home for Boys-1
		ix. Missionaries of Charity Mother Teressas Home
		x. Delhi Council for Child Welfare
		xi. Lok Nayak Jaiparkash Hospital
		xii. Gandhi Smriti and Darshan
		xiii. Aruna Asaf Ali Hospital

District	Number of Eat Right Campuses	Name of Eat Right Campus
		xiv. Sir Ganga Ram Hospital
		xv. Legislative Assembly National Capital Territory of Delhi
		xvi. BLK MAX Super Specialty Hospital
South West	19	i. DCP Complex - Sector 19, Dwarka
		ii. Delhi Police Mess Kapashera
		iii. Police Station Palam Village
		iv. Police Station Uttam Nagar
		v. Police Station Najafgarh
		vi. Police Station Mohan Garden
		vii. Police Station Jaffarpur
		viii. Police Station Dwarka North
		ix. Police Station Dwarka Sec 23
		x. Police Station Dwarka South
		xi. Police Station Malviya Nagar
		xii. JW Marriot New Delhi Aerocity
		xiii. Police Station Vikas Puri
		xiv. Police Station Janakpuri
		xv. Police Station Inderpuri
		xvi. Police Station Naraina
		xvii. Bhaskaracharya Collage of Applied Science
		xviii. Human Care Medical
		xix. Charitable Venkateshwar Hospital
North West	5	i. Pitampura Police Station
		ii. Mess Max Healthcare Shalimar Bagh
		iii. Saroj Medical Institute
		iv. Sanjay Gandhi Memorial Hospital
		v. Fortis Hospital
Shahdara	8	i. Institute of Human Behaviour & Applied Sciences
		ii. Police Station Vivek Vihar
		iii. Police Station Seemapuri
		iv. Police Station Shahdara
		v. District Police Line Shahdara
		vi. Police Station GTB Enclave
		vii. Directorate of training (Union Territory Civil Services) GNCTD
		viii. Guru Teg Bahadur hospitalGNCTD
North	6	i. Aadharshila Observation Home for Boys II
		ii. Holy Cross Social Service Centre
		iii. New Police Line Kingsway Camp Model Town
		iv. Police Station Samaypur Badli
		v. New Police lines Kingsway Camp GTB Nagar
		vi. Maharishi Valmiki Hospital GNCTD
North East	5	i. Police Station Bhajanpura
		ii. Police Station Seelampur

District	Number of Eat Right Campuses	Name of Eat Right Campus
		iii. Police Station Khajuri Khas
		iv. Police Station Usmanpur
		v. Police Station Gokal Puri
South East	9	i. Police Station Sangam Vihar
		ii. Police Station C.R. Park
		iii. Police Station Kotla Mubarkpur
		iv. Police Station Lodhi Colony
		v. Police Station Defense Colony
		vi. Cheshire Home
		vii. Holy Family Hospital
		viii. Escorts Heart Institute Research Centre
		ix. Indraprastha Apollo Hospital
South	12	i. Police Station Neb Sarai
		ii. Police Station Maidan Garhi
		iii. Police Station Sangam Vihar
		iv. Police Station Saket
		v. Police Station Mehrauli
		vi. Police Station Hauz Khas
		vii. Police Station Fatehpur Beri
		viii. Police Station Greater Kailash-1
		ix. Police Station Dr. Ambedkar Nagar
		x. Madhukar Rainbow Children's Hospital
		xi. Medeor Hospital
		xii. Max Saket & Max Smart Hospital
East	16	i. Police Station Anand Vihar
		ii. Police Station Madhu Vihar
		iii. Police Station Kalyan Puri
		iv. Police Station Shakar Pur
		v. Police Station Krishna Nagar
		vi. Police Station Geeta Colony
		vii. Police Station Gandhi Nagar
		viii. RK Hospital
		ix. Aruna Asif Ali Hospital GNCTD
		x. Metro Hospital and Institute
		xi. Lal Bhaadur Shastri Hospital, GNCTD
		xii. Chacha Nehru Bal Chikitsalaya
		xiii. Malik Radix Healthcare Pvt. Ltd.
		xiv. Mother Diary Fruit & Vegetable Pvt. Ltd.
		xv. Dharamshila Naryana Specialty Super Hospital
		xvi. Max Super Specialty Hospital, Patparganj

➢**DATA on BHOG:**

Department of Food Safety has also certified following 20 **temples** under **Blissful Hygienic Offering to God (BHOG) FSSAI initiative** namely:

1	Pratidin Nishulk Bhojan Sewa Shri Ram Kuti Mandir, Narela
2	Hanuman Balaji Mandir, Vivek Vihar
3	Sai Sharnam Mandir, Kabul Nagar
4	Malai Mandir, R. K. Puram
5	Rajouri Garden Sanatan Dharam mandir
6	Tilak Nagar Sanatan Dharam mandir
7	ISKCON Rohini
8	Golak Dham Mandir, Dwarka
9	Shri Sanatam Dharam Shiv Mandir, Yusuf Sarai
10	Jagannath Temple, Hauz Khas
11	Swaminarayan Akshardham Temple
12	Shri Sai Baba mandir, Najafgarh
13	Uttara Guruvayurappan Temple,
14	Pracheen Hanuman Mandir, New Delhi
15	Shree Adya Katyayani Shaktipeeth Mandir
16	ISKCON, Punjabi Bagh
17	ISKCON, east of Kailash
18	Shri Sai Baba Mandir, Lodhi Road
19	Shree Swaminarayan mandir, Civil Lines
20	Shree Vishwanath Sanyaas Asharam, Civil Lines

➢ **Clean and Fresh Fruit & Vegetable Market:**

Department of Food Safety has also certified Fruit and Vegetable Markets, namely:

1. INA Fruit and VegetableMarket
2. Fruit and VegetableMarket, Kotla Mubarkpur
3. Sabzi Mandi Ghanta Ghar, Kamla Nagar
4. Rishi Nagar (RaniBagh) SabziMandi.
5. Chotti SabziMandi, Janakpuri.

➢**Clean Street Food Hub:**

Department of Food Safety has also certified 08 Clean Street Food Hub namely:

1. ISBT Anand Vihar, East Delhi
2. Dilli Haat, INA Market, NewDelhi
3. JainaHouse Commercial Complex, Dr. Mukerjeenagar
4. Front of Ansal Building, Dr. Mukerjee Nagar
5. Jhilmil market 7 ChaskaRestaurantLane
6. Yashvwant Palace
7. ISBT Kashmere Gate
8. Qutab Minar market

And 10 are under process.

- Innovative Activity: Nukkad Nataks have been organized at various districts i.e. North West, North, West, East, New Delhi, South, Central, Shahdara, North East, South East.
- License / Registration Camps to facilitate Food Business Operators foron spot License / Registration:
- Department of Food Safety has played Eat Right videos at various locations in Delhi places & also displayed posters of Eat Right at all these venues.
- Department of Food Safety has also organized **49 and License Camps** and Registration facilitated **Food Business Operators** who applied at the spot for Registration and License.
- **Training of Anganwadi Workers and ANMs:** Department of Food Safety imparted training on safe and hygienic food under **Food Safety Training and Certification** (FoSTaC) FSSAI initiative in coordination with Department of WCDand trained **Aanganwadi workers** as wellas **ANMs**. Total 12301 FoST ac training imparted in F.Y.2024-25.

Department of Food Safety has implemented various **FSSAI Initiatives / programmes** as described above, **and elaborated as below;**

i.e. Clean Street Food Hub, Clean and Fresh Fruits and Vegetable Markets, Eat Right Campuses @ Schools, @ Institution, @ Govternment Offices, @ Hospitals, @ Jails, @ Canteen Club, @ Police Station, @ Kitchen Canteen of running under Department of WCD. Templesand Gurudwara (Holy Places) have been certified under FSSAI BHOG initiative, implementation of RUCO, Save Food or Hygiene Rating, Clean and Fresh Meat, Serve Safe initiative, Food Fortification and FoSTaC.

All above mentioned initiatives are being undertaken by the Department of Food Safety to improve the quality of delivery of services in respect of safe and wholesome food to the Consumer / public in the NCT of Delhi.

The Government of India sponsored the proposal for **International Year of Millets (IYM) 2023** which was accepted by the United Nations General Assembly (UNGA). The declaration has been instrumental for the Government of India to beat the fore front in celebrating the IYM. As Nutri cercals Sorghum (Jowar), Pearl Millet (Bajra), Finger Millet (Ragi / Mandua), Minor Millets i.e. Fox tail Millet (Kangani / Kakun), Pros 0 Millet (Cheena), Kodo Millet (Kodo), Barnyard Millet (Sawa / Sanwa / Jhangora), Little Millet (Kutki) and two Pseudo Millets (Buck- wheat (Kuttu) and Ameranthus (Chaulai).

Department of Food Safety Delhi also will be conducting millet centric activitics including mahotsavs / melas and food festivals, training of farmers, awareness campaigns, workshops / seminars, placement of hoardings and distribution of promotional material at various key locations in the state, etc. Millets are important by the virtue of its mammoth potential to generate livelihoods, increase farmer's income and ensure food & nutritional security all over the world.

The Department of Food Safety Delhi remains committed to ensure availability of safe and whole some food to the citizens of Delhi by implementing the provisions of FSS Act and Rules / Regulations made the reunder in the letter and spirit and by creating awareness for promoting safe and healthy diets.


PUBLIC HEALTH
Healthy People In Healthy Communities

DIRECTORATE GENERAL OF HEALTH SERVICES
GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
F-17, KARKARDOOMA, DELHI-110032
Phone: 011-22309220

https://dgehs.delhi.gov.in/
E-mail:dirdhs@nic.in