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ANNUAL REPORT 2025-26



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

F-17, KARKARDOOMA, DELHI-110032
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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 this 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. 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. J.S Dheer 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. Vinod Kumar**)
DIRECTOR GENERAL HEALTH SERVICES,
GNCTD

OFFICERS / OFFICIALS ASSOCIATED WITH THE PREPARATION OF ANNUAL REPORT 2025-26

TEAM

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Mr. Rajan Kumar Gupta	**:**	**Statistical Officer**
Ms. Pooja Prajapati	**:**	**Statistical Assistant**
Mr. Pradumn Prasad	**:**	**Statistical Assistant**
Mr. Virender Singh	**:**	**C.D.E.O. / Data Asst.**
Mr. Hemender Kumar	**:**	**D.E.O.**
Mr. Tarun Kumar	**:**	**Non-Peon**

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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, Polyclinics & Health Centres, School Health Clinics, and Mobile Health Clinics.

To cope with the situation regarding increasing need for health facilities, many more health facilities 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. Their registration is done subject to the fulfilment of pre-requisites of Delhi Nursing Home Registration Act (DNHRA) 1953 and renewed after every three years. The registration of all private nursing homes is mandatory under the DNHR Act.

As far as the monitoring of various health schemes being run by DGHS, the regular information / data is being obtained from various health facilities under the direct administrative 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. which is the highest in India amongst all states / Union Territories. People come from all over India for livelihood and settle in Delhi being the economic hub for development.

In Delhi, health care facilities are being provided by both government & non-government organizations. Besides, local self governance agencies such as Municipal Corporations of Delhi, New Delhi Municipal Council and Delhi Cantonment Board are instrumental in delivery of health care facilities in their respective areas. Various agencies of Government of India such as Ministry of Health and Family Welfare, CGHS, ESI, Railways are also providing health care to general public as well as to identified beneficiaries. Amongst the government organizations, Directorate General of Health Services (DGHS) of Government of NCT of Delhi is the major agency related to healthcare delivery.

This Directorate actively participates in delivery of healthcare facilities and coordinates 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 coordination 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 matters in Delhi. Various Directorates, hospitals, Departments and autonomous bodies functioning under the Department 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.''

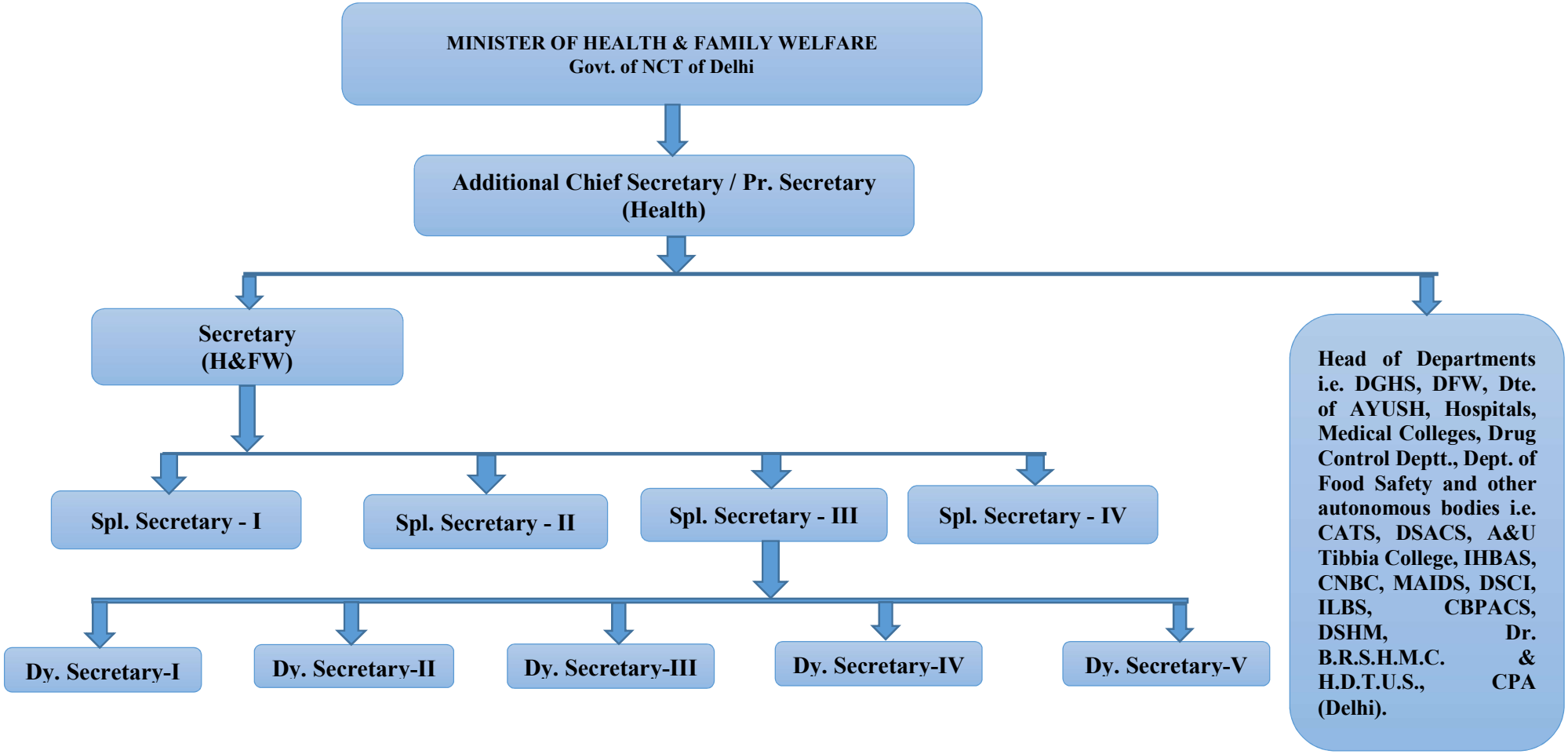
Aims:

- 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
		3. Nursing Home Cell	16. Grant in Aid	3.CDMO North
		4. EWS	17. RTI Cell	4.CDMO South
		5. DAK	18. Public Grievance Cell	5. CDMO North East
		6. Delhi Govt. Employee's Health Scheme (DGEHS)	19. Disaster Management Cell	6. CDMO North West
		7. CPA	20. PPP Dialysis	7. CDMO South East
	10.State Award Scheme 11.Silicosis Control Programme 12.Fluorosis Mitigation Programme 13.Health Mela	8. Court Case Cell	21. Project Cell	8. CDMO South West
		9. Central Store & Purchase	22. Computer Cell	9. CDMO Central
	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).	10. Bio Medical Waste Management Cell	23. SHIB	10. CDMO Outer North
	18. Mobile Health Scheme (MHS)	11. Anti-Quackery Cell	24. Central Diary & R&I	11. CDMO New Delhi
	19. School Health Scheme (SHS)	12. Disability Cell	25. Care Taking	12. CDMO Old Delhi
	20.PM-ABHIM(AAM)	13. Hospital Coordination Cell	26. Vigilance	13. CDMO Central North

CHAPTER 2

2. ACHIEVEMENTS AT A GLANCE

Important health statistics of Delhi Govt. Dispensaries / Schemes / AYUSH / Hospitals during 2025-26 as on 31.03.2026

Sl. No.	Performance Indicators	Nos. (2024-25)	Nos. (2025-26)
1	**OPD Attendance**		
	Dispensaries (Allopathic)	78,87,620	1,25,08,191
	Dispensaries (Ayurvedic)	6,88,631	6,28,028
	Dispensaries (Unani)	2,71,536	3,01,065
	Dispensaries (Homoeopathic)	18,54,079	18,07,291
	Hospitals	2,04,52,172	1,92,06,584
	Mobile Health Clinics	1,19,307	1,32,435
	School Health Clinics	26,560	10791
2	**IPD Attendance in Hospitals**	6,71,562	6,59,254
3	**Laboratory Test**		
	Dispensaries (Allopathic)	11,32,822	13,03,425
	Aam Aadmi Mohalla Clinics (No. of patients)	2,05,206	Phased out and converted into AyAM
	Hospitals	4,41,54,992	3,68,06,007
4	**No. of X-rays done**	20,56,193	28,97,886
5	**Ultrasound**	3,64,288	3,40,372
6	**Other Investigations**		
	ECG	10,30,364	1023956
	Autopsies	13,463	13552
	Dialysis	1,19,276	156382
7	**No. of Hospitals**	40	40
8	**No. of Santioned Beds in Hospitals**	14,371	
9	**Health care Facilities**	Allopathic Dispensaries - 176 Polyclinics - 32 Seed PUHCs - 64 Total – 272	Allopathic Dispensaries - 103 Polyclinics - 2 Seed PUHCs - 64 Total – 169
		Mobile Health Clinics -16	Mobile Health Clinics -15
		School Health Clinics-36	School Health Clinics-37
		Aam Aadmi Mohalla Clinics – 553	Phased out and converted into AyAM
		Ayurvedic Dispensaries -57	Ayurvedic Dispensaries -58
		Homoeopathic Dispensaries-121	Homoeopathic Dispensaries-121
		Unani Dispensaries -28	Unani Dispensaries -28

Note: The Data w.r.t Dispensaries is of 11 Districts.

CHAPTER 3

3. PRIMARY HEALTH CARE SYSTEM UNDER GNCTD

Delivery of Primary care:

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

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 13 administrative districts for the purpose of health administration, each headed by a CDMO. All 13 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 13 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 Central North District
12. CDMO Outer North District
13. CDMO Old Delhi District

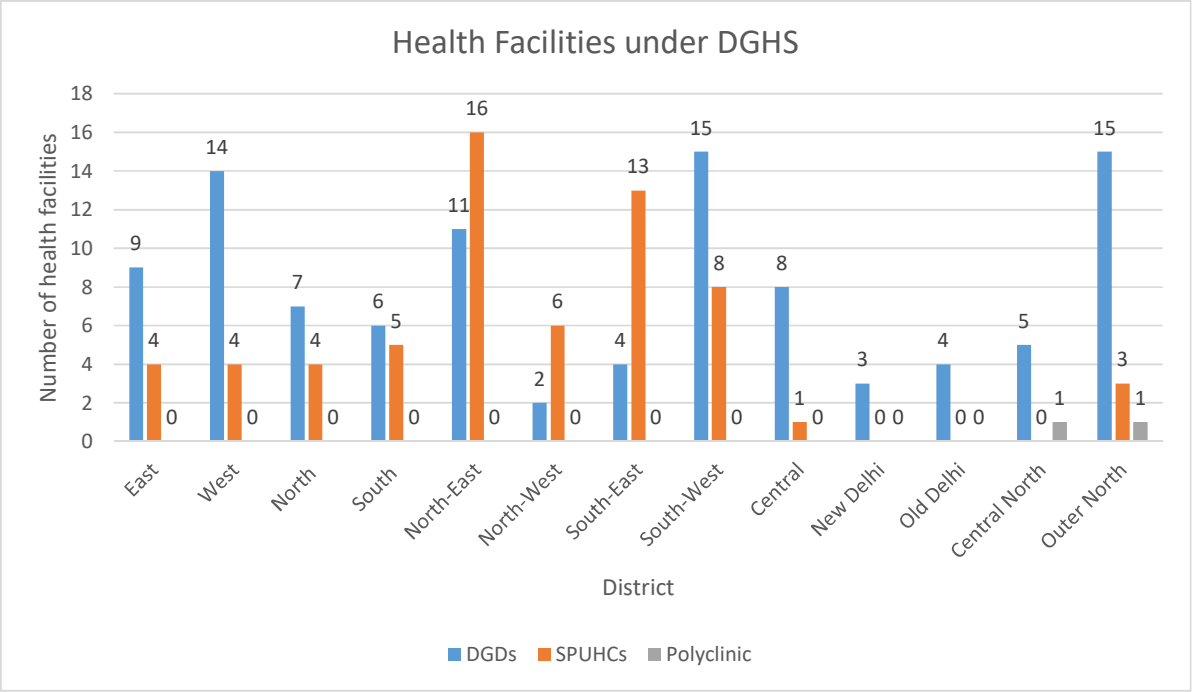
DISTRICT HEALTH PROFILE OF DELHI



Healthcare Infrastructure

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 (SPUHCs), Ayushnan Arogya Mandir (AyAM) and various traditional medicine dispensaries (Homeopathic, Ayurvedic, Unani). There are 40 Delhi Government Hospitals across the districts.



District-wise list of Primary Health Care facilities under DHS are as under:

EAST DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Chander Nagar: C-50, New Gobind Pura Gali No. -10, Chander Nagar - 51
2	DGD Jagatpuri: H. No. 276, Gagan Vihar, Delhi - 51
3	DGD Kalyanpuri: Block 1/1 Khichri Pur, Kalyanpuri, Delhi - 91
4	DGD Trilokpuri: Block-5, Near Chand Cinema, Trilokpuri, Delhi - 91
5	DGD Mandawali: Mandawali, Fazalpur, Nr. Railway Crossing, Delhi - 92
6	DGD Laxmi Nagar: L-102, Near. Jagat Ram Park, Delhi - 92
7	DGD Himmatpuri: Block-32, Himmat Puri, Delhi - 91
8	DGD Bhola Nath Nagar: Gurudwara Shri Guru Singh Sabha, Teliwara Shahdara, Delhi-32.
9	DGD Jhilmil: Basti Vikas Kendra, B-Block, Jhilmil, Delhi - 11009
S.No.	**Name of Seed PUHC with full address**
1	SPUHC Rajbeer Colony: B-277, GALI NO -2 , Rajbeer Colony, Gharoli Extn., Delhi - 96
2	SPUHC New Ashok Nagar: C-II/57, New Ashok Nagar, Delhi - 96
3	SPUHC Ghazipur: C 19, Ghazipur Village, Ghazipur, Delhi - 96
4	SPUHC Jheel: Banke Bihari Temple (1st Floor), Scooter Market, Jheel, Delhi – 31
WEST DISTRICT	
S. No	**Name of Dispensary with full address**

1	DGD Bakkarwala: Block-H, J.J. Colony Bakkarwala, New Delhi - 41
2	DGD Baprolla: H.NO.105, Khasra No. 24/16, P.P. Colony Baprolla, Village & PO Baprolla, Nangloi, Najafgarh Road, New Delhi - 43
3	DGD Khayala: A-Block, Near SBI Bank, Khyala, New Delhi -18,
4	DGD Nangloi: C Block, Camp No.-2, J.J. Colony Nangloi, New Delhi -41
5	DGD Raghubir Nagar: 4 Storey Quarters, Near Holy Child School Tagore Garden Delhi - 27
6	DGD Tilangpur Kotla: Village Tilangpur Kotla Najafgarh Road Delhi - 43
7	DGD Nangli Jalib: WZ - 54, Nagnli Jalib, B-1,Janak Puri, New Delhi -110058
8	DGD Nawada: House No. 59-60, Kh.no. 138, Sainik Enclave, Vipin Garden, New Delhi - 59
9	DGD Ramdutt Enclave: A1/16 Ramdutt Enclave
10	DGD Janakpuri (A4A): A-4/A Block,Sardar Mota Singh Marg, Near Chander Nagar, Janakpuri New Delhi - 58
11	DGD Janakpuri C 4B: Post Office Compound,Opp. Maharaja Suraj Mal College, Behind Fire Brigade Stn. C-4/B, Janak Puri New Delhi - 58
12	DGD Shiv Vihar: Shiv Vihar, Hastsal, Uttam Nagar New Delhi - 59
13	DGD Vikaspuri: KG-1 Block,Vikas Puri, New Delhi - 18
14	DGD Jeevan Park: D-2/61, Jeevan Park, (Pankha Road) New Delhi - 59
S.No.	**Name of Seed PUHC with full address**
1	SPUHC Chander Vihar: A-187 Kh. No. 26 / 7 Chander Vihar Nilothi Extn. Delhi - 41
2	SPUHC, Nihal Vihar: RZK-2 367A, Near Hanuman Mandir, 50 Ft. Road, Nangloi, Nihal Vihar, Delhi - 41
3	SPUHC Sitapuri: House No.- 25, Gali No. 7, Salapur Khera, Delhi-110061
4	SPUHC Mohan Garden: 12B, P Extn., Mohan Garden, Uttam Nagar, Delhi
NORTH DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Jahangir Puri, H Block: H Block, Resettlement Colony, Near BJRM Hospital, Delhi - 33
2	DGD Jahangir Puri B, Block: B Block, Jahangirpuri, Near BJRM Hospital, Delhi
3	DGD Bhalswa J.J. Colony: Block - D1, Behind MCD Primary School, Bhalaswa J.J. Colony, near Mother Dairy, Delhi
4	DGD Mukhmelpur: Village Mukhmelpur, Delhi
5	DGD Mukundpur: Delhi Govt. Dispensary, Main Road, Near Shiv Mandir, Mukundpur, Delhi
6	DGD Jharoda Majra: Delhi Govt. Dispansary, Burari Gaon, Jharoda Majra, Delhi – 84
7	DGD Wazirabad: Delhi Govt. Dispansary, Gali No.3, Wazirabad Gaon Near Cooperative Bank, Delhi - 84
S.No.	**Name of Seed PUHC with full address**
1	Seed PUHC Swaroop Nagar: D-75, Gali No. 1, Swaroop Nagar
2	Seed PUHC, Jagatpur: H.No 2 Village Jagat Pur, Khasra N0 309 Jagat Pur Ext. Delhi – 84
3	Seed PUHC, Nathupura: Gali No-7, Village Nathupura Delhi - 84
4	Seed PUHC, Samta Vihar: C/o R.S.Dubey, H.No.1, Gali No.11, Main Road, Samta Vihar, Delhi - 42

SOUTH DISTRICT	
S. No.	**Name of Dispensary with full address**
1	DGD Chirag Delhi: General Chopal, Near Sheetala Mata Mandir, Chirag Delhi, New Delhi
2	DGD Khanpur: J.J. Colony, Khanpur, Delhi (SCSP), New Delhi - 62
3	DGD Madangir: Block No. J-2, J.J. Colony Madangir, PH-II, New Delhi – 62
4	DGD Court Complex Saket: In District Court Complex, Saket, New Delhi
5	DGD Motibagh: Basti Vikas Kendra, Shashtri Market, Nanakpura Gurudwara, Moti Bagh, New delhi(SCSP)
6	DGD Rajokari: Near Tower & Community Centre, village Rajokari, New Delhi-38
S.No.	**Name of Seed PUHC with full address**
1	SPUHC Aya Nagar: H. No. 73, Ghora Mohalla, Near Raj Public School Aya Nagar, New Delhi
2	SPUHC Jawahar Park: H. No. B - 76 Jawahar Park near Jawahar Park Gurudwara, Devli Road, New Delhi-110062,
3	SPUHC Neb Sarai: H. No. 447, IGNOU Road, Neb Sarai, New Delhi-110068,
4	SPUHC Sangam Vihar L-II: L-1557/27, L-Block, Near Shiv Shakti MandirSamiti, Sangam Vihar, New Delhi-110062
5	SPUHC Sangam Vihar B Block: B-839/1 Shiv Mandir Sangam Vihar, New Delhi.
NORTH-EAST DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Bhagirathi Vihar: H.No. 60 / 73, Gali No. 7, Bhagirathi Vihar, Delhi – 94
2	DGD Johripur: Shani Bazar Gali, Guzzar Mohalla, Johripur, Delhi-94
3	DGD Shiv Vihar Tiraha: SPS Double Story Building, Shiv Vihar Tiraha, Mustafabad, Delhi - 94
4	DGD Nand Nagri: A-2 Block, Nand Nagri,Delhi-93
5	DGD Old Seemapuri: E - Block, Behind Main Bus Stand, Gole Chakkar, Old Seemapuri, Delhi - 95
6	DGD Ashok Nagar: D - 542/1, Gali No. 9, Ashok Nagar, Delhi-32
7	DGD Maujpur: Gali No.2, Arjun Mohalla, Maujpur, Delhi
8	DGD New Seemapuri: BVK DUSIB, 70 Feet Road, D Block, Adjacent to CNG Station, New Seemapuri
9	DGD Durgapuri: 1449/221, Durgapuri, Delhi-93
10	DGD Babarpur: 30/16 Inder Gali, Babarpur Extn, Shahdara, Delhi-32
11	DGD Saboli: H.No.7, Gali No.7, Saboli Village, Near Nand Nagri, Delhi-93
S.No.	**Name of Seed PUHC with full address**
1	SPUHC Bhagirathi Vihar: Gali No. 2, Indra Vihar, Bhagirathi Vihar, Delhi, Delhi - 94
2	SPUHC Bhrampuri Property No.-X-10 / 10B, Gali No. 10, Brahmpuri, Delhi - 53
3	SPUHC Chandu Nagar: H. No.B-200, Gali No.-2, Chandu Nagar, Delhi - 94
4	SPUHC Chauhan Patti: Khasra No. 167, Transfarmer Wali Gali, Chauhan Patti, Delhi - 94
5	SPUHC New Mustafabad: Property No. 201 / 4, New Mustafabad, 25 ft. Road, Delhi – 94
6	SPUHC Old Mustafabad: Khasra No. 1 / 2, Shop No. 897, Gali No. 9, Old Mustafabad, Delhi - 94

7	SPUHC Nehru Vihar: D-2/177, Shiv Mandir Gali, Dayalpur, Nehru Vihar, Delhi – 94
8	SPUHC Shiv Vihar Phase-II: Khasra No. 82, Punchal Vihar, Shiv Mandir, Karawal Nagar, Delhi - 94
9	SPUHC Shiv Vihar Phase-V: Khasra No. 49 / 5 / 3, Gali No. 6, Phase V, Shiv Vihar, Delhi – 94
10	SPUHC Sonia Vihar, 0 Pushta: Khasra No. 332, Gali No-9, A Block, Circular Road, Sonia Vihar 0 Pusta, Delhi - 94
11	SPUHC Sonia Vihar 4.5 Pushta: E-1 / 1017, Gali No. 25, Sonia Vihar 4.5 Pusta, Near Sai Mandir, Sonia Vihar, Delhi.
12	SPUHC Shri Ram Colony: D-523 / 15, D-Block, Sri Ram Colony, Rajiv Nagar, Delhi – 94
13	SPUHC Zafrabad: House No. 559, Street No.-15, Zafrabad, Delhi-53
14	SPUHC Shaheed Bhagat Singh Colony: H. No.-702, Gali No.-14, SBS Colony, Delhi – 94
15	SPUHC Kabir Nagar: A-174, Gali No.4, Kabir Nagar, Delhi
16	SPUHC Amar Colony: A-8/540, Harijan Basti, Gokulpuri, Amar Colony, Delhi-94
NORTH-WEST DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Kirari: Kirari Village, Sultanpuri, Delhi – 86
2	DGD Rohini Court: Rohini Court Complex, Delhi.
S.No.	**Name of Seed PUHC with full address**
1	Seed PUHC Budh Vihar: Ph-I, V-26, Budh Vihar
2	Seed PUHC Inder Enclave-II: Plot No. B-117, Inder Enclave - II, Delhi - 86
3	Seed PUHC Laxmi Vihar: C-1/1, Khasra No. 21/8, Prem Nagar-III, Suleman Nagar, Kirari, Delhi – 86
4	Seed PUHC Pratap Vihar: Plot no. 89, Khasra No. 518, Pratap Vihar-II, Suleman Nagar, Kirari, Delhi - 86
5	Seed PUHC Prem Nagar II: U-1686, Prem Nagar - II
6	Seed PUHC Prem Nagar III: B-41, Agar Nagar, Prem Nagar - III
SOUTH-EAST DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD D-1 Sangam Vihar: D1/37, Sangam Vihar, Mangal bazaar Road, N.D. - 62
2	DGD Sunlight Colony: Behind Jeevan Nursing Home, Sunlight Colony N.D. - 14
3	DGD Sriniwaspuri: K-Block, Private Colony, Sriniwaspuri
4	DGD Trade & Taxes: Trade & Tax Building, Ist Floor Near Help Desk, ITO, New Delhi
S.No.	**Name of Seed PUHC with full address**
1	SPUHC Jasola: House No.-256/5, Pocket 10B, Jasola Village, New Delhi-110025.
2	SPUHC Lal Kuan: E-Block - House No.2, Panchmukhi Mandir, Lal Kuan, Near Barat Ghar, New Delhi.
3	SPUHC Meethapur: 118, Mata wall Gali, Meethapur Extn., Badarpur, New Delhi

4	SPUHC Pul Pehladpur: D-381, Sharma Market, Near Apollo Diagnostic Laboratory Centre, near by New Life Hospital, Pul pehladpur, New Delhi.
5	SPUHC Sangam Vihar G-10: G-10/21 Sangam Vihar,Near Agarwal Sweets Gali No 10, Ratiya Marg, Sangam Vihar, New Delhi.
6	SPUHC Sangam Vihar F-II: F-2/474, Near Gurudwaara Before Peepal Chowk (Sarkari Dispensary), Sangam Vihar, New Delhi.
7	SPUHC Sangam Vihar H-Block: H-161/413, Kumar Sweets Gali (via Ratiya Marg) Sangam Vihar, New Delhi.
8	SPUHC Tuglakabad Extn: RZ - 49A/1 Tuglakabad Extn., Tara Apartment Red Light, Gali No. 1, First Right Turn First Floor, Near Jagdamba Mandir Backside, New Delhi - 19.
9	SPUHC Abul Fazal: A-27, Thokar No. 6, Gali No. 4, Behind Ek Minar Masjid, Shaheen Bagh, Abul Fazal-Il, New Delhi
10	SPUHC Jaitpur: House No. 1199, Gali No.-16, Block A, Jaitpur Extn.-II, Badarpur, New Delhi-110044.
11	SPUHC Zakir Nagar: H. No.-32, Street No.-22, Madarse wali gali, Zakir Nagar, Okhla, New Delhi-25.
12	SPUHC Tehkhand: 36, Aalla Mohalla, Tehkhand Village, Okhla Industrial Estate, Okhla Phase-I, New Delhi-20.
13	SPUHC Aali Village: 79/223, Aali Village, Sarita Vihar, New Delhi-110076.
SOUTH-WEST DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Bamnoli: VPO Bamnoli, Dwarka Sec-28, New Delhi.
2	DGD Chhawla: Delhi Govt. Dispensary, Phirni Road, Near Radha Krishan Mandir, Village Chhawla, New Delhi - 71.
3	DGD Dhansa: H near pole no. 44, Village dhansa, Jafferpur, New Delhi - 110043.
4	DGD Dindarpur: Pole no. 1, Dindapur village, near radha swami satsang, Najafgarh, New Delhi - 43.
5	DGD Issapur: Near Community Centre (Red Color Building), Village Issapur, Delhi.
6	DGD Jharoda Kalan: Near Punjab National Bank, Village Jharoda Kalan, New Delhi - 72.
7	DGD Jhatikara: DGHC Jhatikara, Village Jhatikara, New Delhi – 43.
8	DGD Kanganheri: Kanganheri Village, New Delhi.
9	DGD Kapashera: DGD Kapashera, Gali no. 9, Yadav Chaupal Kapashera, New Delhi-110037.
10	DGD Malikpur: Near Bus Stand, Village Malik Pur, Delhi - 73.
11	DGD Nangli Sakrawati: Khasra No. 254 Village Nangli Sakrawati, Near MCD Primary School New Delhi - 43.
12	DGD Rawta: Near Community Centre, Phirni Road, Village, Rawta, New Delhi-110073.
13	DGD Mahipalpur: Choupal road, A block Mahipalpur Village, Mahipalpur, New Delhi-110037.
14	DGD Sahabad Mohammadpur: DGD, More wali Habeli, Sahabad Mohammadpur village, New Delhi-110061.
15	DGD Sagarpur: DGD, Sagarpur, Gali No.6/7 Delhi 110046.
S.No.	**Name of Seed PUHC with full address**

1	SPUHC Dharampura: RZ-94, R-Block, Dharampura Extn Dispensary, Najafgarh, New Delhi - 110043.
2	SPUHC Gopal Nagar: 366, Nanda enclave, Gopal Nagar, New Delhi.
3	SPUHC Qutub Vihar: R 97, r-98, Samta Enclave, Khasra no. 28/63 Main 25 feet road, Qutub Vihar, Ph-1, New Delhi
4	SPUHC Ranaji Enclave: H.No. 13-14 gali no. 3, Near pillar no. 46, Ranaji enclave, Najafgarh, New Delhi-110043.
5	SPUHC Kakrola: RZ-29 & 30, Hari Vihar, kakrola, Delhi-110078.
6	SPUHC Salahpur Khera: Sh. Ramesh Chand Sharma Shop in Plot No. 61, 62, 63 Kh. No. 25/6, 7/2, G/F, Gali No. 3, Salahpur khera bijwasan, New Delhi-110061
7	SPUHC Mansarampark: B-39, Mansa Ram Park, Uttam Nagar, Near Metro Pillar No.-750, Delhi.
8	Seed PUHC Samalka: Telephone Exchange Road, Village Samalkha, New Delhi
10	AyAM Sector-1, Dwarka: D-279, Sector-1 Dwarka Delhi 110045
CENTRAL DISTRICT	
S.No.	**Name of Dispensary with full address**
1	DGD Motiakhan: Shop No. 63, 68 Janta Market Near Jhandewalan Mandir, New Delhi - 55
2	DGD Regarpura: 100 Quarters Jagjeewan Niwas Community N. Delhi
3	DGD Inder Puri: Near Mother Dairy, Inderpuri, New Delhi-12 (SCSP)
4	DGD, New Ranjit Nagar: XYZ Block, New Delhi - 08
5	DGD Anand Parbat: Nai Basti, Anand Parbat, New Delhi, Delhi - 05,
6	DGD Jai Dev Park: Ashok Park Extension, East Punjabi Bagh, Punjabi Bagh, Delhi – 26
S.No.	**Name of Seed PUHC with full address**
1	Seed PUHC Sudarshan Park: B - 311 Sudershan Park - 15
NEW DELHI DISTRICT	
S. No.	**Name of Dispensary with full address**
1	DGD Delhi High Court: Delhi High Court Complex, Bhagwan Das Road, Delhi-110001
2	DGD Supreme Court: Tilak Marg, Supreme Court, New Delhi-110002
3	DGD Patiala House Court: Patiala House Court Complex, New Delhi-110002
OUTER NORTH DISTRICT	
S. No.	**Name of Dispensary with full address**
1	DGD Sannoth: Village Sannoth, Delhi
2	DGD Katewara: Village Harewali, Delhi
3	DGD Harewali: Village Harewali, Delhi
4	DGD Khera Kalan: Village Khera Kalan, Delhi
5	DGD Holambi Kalan, Phase-2: Village Holambi, Near Metro Vihar, Delhi - 40
6	DGD Bakhtawarpur: Village Bhaktawarpur, Near Subhash Chowk, Delhi
7	DGD Daryapur Kalan: Village Daryapur Kalan, Delhi

8	DGD Bhorgarh: Village Bhorgarh, Delhi - 40
9	DGD Madan Pur Dabas: Madan Pur Dabas Village
10	DGD Rani Khera: DGD Building, Rani Khera Village
11	DGD Jaunti: Village Jaunti
12	DGD Majra Dabas: Village Majra Dabas
13	DGD Nizampur: Village Nizampur, Nizampur RashIDpur Village
14	DGD Mundka: MPCC Building Near Takia Talab Mundka, New Delhi -41
15	DGD Tikri Kalan: Khadi Gram buidling, V & P.O Tikrikalan, New Delhi - 41
S.No.	**Name of Seed PUHC with full address**
1	Seed PUHC Niothi: H - 83, Nilothi Village, New Delhi - 41
2	Seed PUHC Kamruddin Nagar: A-38 Yadav Park Kamruddin Nagar, New Delhi - 41
3	Seed PUHC Begampur: Near Indraprastha Public School
S.No.	**Name of Polyclinic with full address**
1	Punjabi colony Narela
CENTRAL NORTH DISTRICT	
S. No.	**Name of Dispensary with full address**
1	DGD Gurmandi: MCD Building, Rajpura, Gurmandi
2	DGD Paschim Puri: Flat No. 1 to 4, Janta Flats, Pocket-1, Paschim Puri, New Delhi – 63
3	DGD Shakur Pur: Block-I, DDA Resettlement Colony, Delhi - 34
4	DGD Keshav Puram: C-7, Keshavpuram, Near Gurudwara, Delhi - 35
5	DGD Wazirpur J.J. Colony: K Block, Wazirpur, J.J. Colony, Delhi
S.No.	**Name of Polyclinic with full address**
1	Polyclinic Rani Bagh (Shakur basti)
OLD DELHI DISTRICT	
S. No.	**Name of Dispensary with full address**
1	DGD Majnu Ka Tilla: Delhi Govt. Dispensary, 2nd Floor, Barat Ghar, Majnu Ka Tilla, Delhi
2	DGD Pul Bangash: Delhi Govt. Dispensary,Tokriwala Mohlla, Nawab Ganj, Pul Bangash, Delhi - 06
3	DGD Nabi Karim: Nabi Karim, Gali No 4 Bagchi Alaudin Paharganj, N.D – 55
4	DGD Sarai Rohilla: Delhi Govt. Dispansary,Chandershkher Azad Colony, Sarai Rohilla, Delhi

District wise Staff position under CDMO offices.

3.1. East District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	69	69	0	0	0
Medicine	1	0	0	0	1
Paeds	1	1	0	0	0
CAS Dental / Dentist	1	0	0	0	1
Total	**74**	**72**	**0**	**0**	**2**
NURSING STAFF					
PHN	12	11	1	0	0
Nursing Officer / Staff Nurse	1	1	0	0	0
ANM	45	22	5	0	18
Total	**58**	**34**	**6**	**0**	**18**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	1	1	0	0
Junior Medical Lab Technologist (Lab Assistant)	28	11	3	0	14
Pharmacist	82	39	7	0	36
Dental Hyginist	1	1	0	0	0
Refractionist	1	0	1	0	0
Dresser	32	25	0	0	7
Total	**146**	**77**	**12**	**0**	**57**
ADMINISTRATIVE					
AAO	1	1	0	0	0
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	2	0	0	1
LDC/Junior Assistant	2	2	0	0	0
SA/SI	2	1	0	0	1

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Driver	1	1	0	0	0
DEO	2	0	0	2	0
Total	**14**	**10**	**0**	**2**	**2**
OTHERS					
NO/Peon/ Attendant	37	13	0	0	24
NO Out source	13	0	0	13	0
SCC	76	9	0	55	12
SCC (Out Source)	21	0	0	21	0
Safai Karamchari	2	0	0	0	2
Total	**149**	**22**	**0**	**89**	**38**
Grand Total	**441**	**215**	**18**	**91**	**117**

3.2. West District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	55	53	0	0	2
Skin	1	0	0	0	1
Eye	1	0	0	0	1
Total	**59**	**55**	**0**	**0**	**4**
NURSING STAFF					
PHN	9	7	1	0	1
ANM	37	30	7	0	0
Total	**46**	**37**	**8**	**0**	**1**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	21	9	9	0	3
Pharmacist	65	26	4	0	35
Dental Hyginist	1	1	0	0	0

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Dresser	25	9	0	0	16
Total	**113**	**46**	**13**	**0**	**54**
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
UDC/Senior Assistant	2	1	0	0	1
LDC/Junior Assistant	2	2	0	0	0
Personal Assistant(PA)/ Steno II	1	1	0	0	0
SA/SI	2	1	0	0	1
Driver	1	0	0	0	1
DEO	2	0	0	2	0
Total	**12**	**6**	**0**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	29	9	0	7	13
NO Out source	10	0	0	10	0
SCC	59	14	0	41	4
SCC (Out Source)	15	0	0	15	0
Total	**113**	**23**	**0**	**73**	**17**
Grand Total	**343**	**167**	**21**	**75**	**80**

3.3. North District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	30	29	0	0	1
Skin	1	0	0	0	1
Medicine	1	0	0	0	1

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
CAS Dental / Dentist	1	0	0	0	1
Total	**35**	**31**	**0**	**0**	**4**
NURSING STAFF					
PHN	5	3	2	0	0
ANM	15	9	6	0	0
Total	**20**	**12**	**8**	**0**	**0**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	0	0	1
Junior Medical Lab Technologist (Lab Assistant)	10	3	4	0	3
Pharmacist	28	12	4	0	12
Dental Hyginist	1	0	0	0	1
Dresser	13	6	0	0	7
Total	**53**	**21**	**8**	**0**	**24**
ADMINISTRATIVE					
AAO	1	1	0	0	0
Private Secretary(PS)	1	0	0	0	1
Head Clerk/ASO	1	0	0	0	1
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	0	0	1
SA/SI	1	1	0	0	0
Driver	1	0	0	0	1
DEO	1	0	0	1	0
Total	**10**	**5**	**0**	**1**	**4**
OTHERS					
NO/Peon/ Attendant	12	8	0	4	0
NO Out source	4	0	0	4	0
SCC	25	7	0	18	0
SCC (Out Source)	7	0	0	7	0
Total	**48**	**15**	**0**	**33**	**0**
GRAND TOTAL	**166**	**84**	**16**	**34**	**32**

3.4. South District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	40	39	0	0	1
Paeds	1	1	0	0	0
CAS Dental / Dentist	1	0	0	0	1
Total	**44**	**42**	**0**	**0**	**2**
NURSING STAFF					
PHN	7	5	1	0	1
Nursing Officer / Staff Nurse	1	0	0	0	1
ANM	26	21	1	0	4
Total	**34**	**26**	**2**	**0**	**6**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	14	4	5	0	5
Pharmacist	43	21	4	0	18
Jr. Radiographer	1	0	0	0	1
Refractionist	1	1	0	0	0
Dresser	18	12	0	0	6
Total	**78**	**39**	**9**	**0**	**30**
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
UDC/Senior Assistant	2	0	0	0	2
LDC/Junior Assistant	2	1	0	0	1
Personal Assistant(PA)/ Steno II	1	0	0	0	1
SA/SI	1	1	0	0	0

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
DEO	1	0	0	1	0
Total	**9**	**3**	**0**	**1**	**5**
OTHERS					
NO/Peon/ Attendant	19	8	0	4	7
NO Out source	7	0	0	7	0
SCC	40	9	0	20	11
SCC (Out Source)	11	0	0	11	0
Total	**77**	**17**	**0**	**42**	**18**
GRAND TOTAL	**242**	**127**	**11**	**43**	**61**

3.5. North-East District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	55	53	0	0	2
CAS Dental / Dentist	1	0	0	0	1
Total	**58**	**55**	**0**	**0**	**3**
NURSING STAFF					
PHN	9	8	1	0	0
ANM	34	22	8	0	4
Total	**43**	**30**	**9**	**0**	**4**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	20	8	9	0	3
Pharmacist	62	27	7	0	28
Dresser	24	23	0	0	1
Total	**107**	**59**	**16**	**0**	**32**

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
Head Clerk/ASO	1	0	0	0	1
UDC/Senior Assistant	3	2	0	0	1
LDC/Junior Assistant	2	1	0	0	1
Personal Assistant(PA)/ Steno II	1	1	0	0	0
SA/SI	2	2	0	0	0
Driver	1	1	0	0	0
DEO	2	0	0	2	0
Total	**14**	**8**	**0**	**2**	**4**
OTHERS					
NO/Peon/ Attendant	28	19	0	5	4
NO Out source	10	0	0	10	0
SCC	56	7	0	39	10
SCC (Out Source)	15	0	0	15	0
Total	**109**	**26**	**0**	**69**	**14**
GRAND TOTAL	**331**	**178**	**25**	**71**	**57**

3.6. North-West District

Human Resource:

Name of the post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	40	39	0	0	1
CAS Dental / Dentist	1	0	0	0	1
Total	**43**	**41**	**0**	**0**	**2**
NURSING STAFF					
PHN	6	6	0	0	0

Name of the post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
ANM	24	22	2	0	0
Total	**30**	**28**	**2**	**0**	**0**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	13	7	6	0	0
Pharmacist	41	27	4	0	10
Refractionist	1	1	0	0	0
Dresser	17	10	0	0	7
Total	**73**	**46**	**10**	**0**	**17**
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer (Plg./Stats.)	1	1	0	0	0
Private Secretary(PS)	1	1	0	0	0
Programmer			0		0
Head Clerk/ASO	1	0	0	0	1
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	1	0	0	1
SA/SI	2	2	0	0	0
Driver	1	0	0	0	1
DEO	1	0	0	1	0
Total	**12**	**7**	**0**	**1**	**4**
OTHERS					
NO/Peon/ Attendant	18	2	0	11	5
NO Out source	6	0	0	6	0
SCC	37	11	0	21	5
SCC (Out Source)	10	0	0	10	0
Total	**71**	**13**	**0**	**48**	**10**
GRAND TOTAL	**229**	**135**	**12**	**49**	**33**

3.7. South-East District

Human Resource:

Name of the post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	34	29	0	0	5
Total	**36**	**31**	**0**	**0**	**5**
NURSING STAFF					
PHN	5	3	2	0	0
ANM	20	11	1	0	8
Total	**25**	**14**	**3**	**0**	**8**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	0	0	0	1
Junior Medical Lab Technologist (Lab Assistant)	11	7	3	0	1
Pharmacist	34	10	9	0	15
Dresser	15	9	0	0	6
Total	**61**	**26**	**12**	**0**	**23**
ADMINISTRATIVE					
AAO	1	0	0	0	1
UDC/Senior Assistant	1	1	0	0	0
LDC/Junior Assistant	2	1	0	0	1
SA/SI	1	1	0	0	0
DEO	1	0	0	1	0
Total	**6**	**3**	**0**	**1**	**2**
OTHERS					
NO/Peon/ Attendant	15	8	0	0	7
NO Out source	5	0	0	4	1
SCC	31	6	0	14	11
SCC (Out Source)	9	0	0	9	0
Total	**60**	**14**	**0**	**27**	**19**
GRAND TOTAL	**188**	**88**	**15**	**28**	**57**

3.8. South-West District

Human Resource:

Name of the post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	0	0	0	1
GDMO/MO/ SMO/CMO	66	66	0	0	0
CAS Dental / Dentist	1	0	0	0	1
Total	**69**	**67**	**0**	**0**	**2**
NURSING STAFF					
PHN	12	10	2	0	0
ANM	48	41	6	0	1
Total	**60**	**51**	**8**	**0**	**1**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	2	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	26	16	7	0	3
Pharmacist	80	45	5	0	30
Dental Hygienist	1	0	0	0	1
Dresser	30	15	0	0	15
Total	**139**	**78**	**12**	**0**	**49**
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer (Plg. / Stats.)	1	0	0	0	1
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	3	2	0	0	1
LDC/Junior Assistant	2	2	0	0	0
SA/SI	2	2	0	0	0
Driver	1	1	0	0	0
DEO	2	0	0	2	0
Total	**13**	**8**	**0**	**2**	**3**
OTHERS					
NO/Peon/ Attendant	34	8	0	16	10
NO Out source	12	0	0	12	0
SCC	71	6	0	64	1
SCC (Out Source)	20	0	0	14	6
Total	**137**	**14**	**0**	**106**	**17**
GRAND TOTAL	**418**	**218**	**20**	**108**	**72**

3.9. Central District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	34	30	0	0	4
Total	**36**	**32**	**0**	**0**	**4**
NURSING STAFF					
PHN	5	4	0	0	1
Nursing Officer / Staff Nurse	2	1	0	0	1
ANM	19	9	3	0	7
Total	**26**	**14**	**3**	**0**	**9**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	12	8	2	0	2
Pharmacist	33	15	6	0	12
Dresser	15	3	0	0	12
Total	**61**	**27**	**8**	**0**	**26**
ADMINISTRATIVE					
AAO	1	1	0	0	0
Statistical Officer (Plg./Stats.)	1	1	0	0	0
Head Clerk/ASO	1	1	0	0	0
UDC/Senior Assistant	2	2	0	0	0
LDC/Junior Assistant	2	2	0	0	0
Personal Assistant(PA)/ Steno II	1	0	0	0	1
SA/SI	2	1	0	0	1
Driver	1	0	0	0	1
DEO	1	0	0	1	0
Total	**12**	**8**	**0**	**1**	**3**
OTHERS					
NO/Peon/	13	8	0	2	3

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Attendant					
NO Out source	4	0	0	4	0
SCC	25	11	0	9	5
SCC (Out Source)	8	0	0	8	0
Total	**50**	**19**	**0**	**23**	**8**
GRAND TOTAL	**185**	**100**	**11**	**24**	**50**

3.10. New Delhi District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	1	0	0	0
ACDMO	1	1	0	0	0
GDMO/MO/ SMO/CMO	16	16	0	0	0
Gynae	1	0	0	0	1
Pathology	1	1	0	0	0
CAS Dental / Dentist	1	0	0	0	1
Total	**21**	**19**	**0**	**0**	**2**
NURSING STAFF					
PHN	3	3	0	0	0
Nursing Officer / Staff Nurse	1	1	0	0	0
ANM	6	4	2	0	0
Total	**10**	**8**	**2**	**0**	**0**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	2	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	4	4	0	0	0
Pharmacist	10	5	3	0	2
Dental Hyginist	1	1	0	0	0
Occupational Therapist	1	0	1	0	0
Jr. Radiographer	2	2	0	0	0
OT Technician	1	0	1	0	0

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Audiometry Asstt	1	0	1	0	0
Dresser	7	3	0	0	4
Total	**29**	**17**	**6**	**0**	**6**
ADMINISTRATIVE					
AAO	1	0	0	0	1
UDC/Senior Assistant	1	1	0	0	0
LDC/Junior Assistant	2	1	0	0	1
SA/SI	1	1	0	0	0
DEO	1	0	0	1	0
Total	**6**	**3**	**0**	**1**	**2**
OTHERS					
NO/Peon/ Attendant	4	1	0	0	3
NO Out source	2	0	0	2	0
SCC	9	4	0	4	1
SCC (Out Source)	4	0	0	4	0
Total	**19**	**5**	**0**	**10**	**4**
GRAND TOTAL	**85**	**52**	**8**	**11**	**14**

3.11. Central North District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
CDMO	1	0	0	0	1
ACDMO	1	0	0	0	1
GDMO/MO/ SMO/CMO	49	25	0	0	24
Total	**51**	**25**	**0**	**0**	**26**
NURSING STAFF					
PHN	8	3	1	0	4
ANM	30	22	8	0	0
Total	**38**	**25**	**9**	**0**	**4**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	2	2	0	0	0
Junior Medical Lab	19	7	4	0	8

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Technologist (Lab Assistant)					
Pharmacist	56	19	1	0	36
Dresser	22	12	0	0	10
Total	**99**	**40**	**5**	**0**	**54**
ADMINISTRATIVE					
AAO	1	0	0	0	1
Statistical Officer(Plg./Stats.)	1	0	0	0	1
UDC/Senior Assistant	2	0	0	0	2
LDC/Junior Assistant	2	0	0	0	2
SA/SI	1	0	0	0	1
DEO	2	0	0	2	0
Total	**9**	**0**	**0**	**2**	**7**
OTHERS					
NO/Peon/ Attendant	25	2	0	3	20
NO Out source	9	0	0	9	0
SCC	51	5	0	22	24
SCC (Out Source)	13	0	0	12	1
Total	**98**	**7**	**0**	**46**	**45**
GRAND TOTAL	**295**	**97**	**14**	**48**	**136**

3.12. Outer North District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
GDMO/MO/ SMO/CMO	46	19	0	0	27
Total	**46**	**19**	**0**	**0**	**27**
NURSING STAFF					
PHN	8	4	3	0	1
ANM	30	25	5	0	0
Total	**38**	**29**	**8**	**0**	**1**
PARAMEDICALS					
Medical Laboratory Technologist (Lab	2	1	0	0	1

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Technician					
Junior Medical Lab Technologist (Lab Assistant)	17	8	5	0	4
Pharmacist	53	21	1	0	31
Dresser	22	16	0	0	6
Total	**94**	**46**	**6**	**0**	**42**
ADMINISTRATIVE					
DEO	2	0	0	2	0
Total	**2**	**0**	**0**	**2**	**0**
OTHERS					
NO/Peon/ Attendant	23	13	0	0	10
NO Out source	9	0	0	9	0
SCC	48	6	0	27	15
SCC (Out Source)	13	0	0	13	0
Total	**93**	**19**	**0**	**49**	**25**
GRAND TOTAL	**273**	**113**	**14**	**51**	**95**

3.13. Old Delhi District

Human Resource:

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
MEDICAL STAFF					
GDMO/MO/ SMO/CMO	46	16	0	0	30
Total	**46**	**16**	**0**	**0**	**30**
NURSING STAFF					
PHN	7	3	1	0	3
ANM	29	19	8	0	2
Total	**36**	**22**	**9**	**0**	**5**
PARAMEDICALS					
Medical Laboratory Technologist (Lab Technician	1	1	0	0	0
Junior Medical Lab Technologist (Lab Assistant)	17	7	3	0	7
Pharmacist	50	11	5	0	34

Name of the Post	Sanctioned	Filled Regular	Filled Contract	Daily wages/outsourced	Vacant
	a	b	c	d	e=a-b-c-d
Dresser	20	5	0	0	15
Total	**88**	**24**	**8**	**0**	**56**
ADMINISTRATIVE					
DEO	1	0	0	1	0
Total	**1**	**0**	**0**	**1**	**0**
OTHERS					
NO/Peon/ Attendant	22	4	0	5	13
NO Out source	8	0	0	8	0
SCC	45	13	0	24	8
SCC (Out Source)	12	0	0	10	2
Total	**87**	**17**	**0**	**47**	**23**
GRAND TOTAL	**258**	**79**	**17**	**48**	**114**

4. 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 (2025-26)

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
Financial Indicators (2025-2026)	
Total Budget	17,42,28,000/
Total Expenditure	15,99,10,104
Details of the health care delivery units under jurisdiction of Office	
No. of Mobile Health Clinics as on 01.04.2025 (A)	16
No. of Mobile Health Clinics opened during 01.04.2025 to 31.03.2026 (B)	2
No. of Mobile Health Clinics closed during 01.04.2025 to 31.03.2026 (C)	3
Total no. of functional Mobile Health Clinics as on 31.03.2026 (A+B-C)	15
Number of shleters covered	174
No. of teams functioning	15
Details of the patient footfall	
No. of OPD (M)	56703
No. of OPD (F)	28341
No. of OPD (Children)	9523
Total No. of OPDs (M+F+Ch)	94567
No. of old OPD (M)	23470
No. of old OPD (F)	11679
No. of old OPD (Children)	2719
Total No. of old OPDs (M+F+Ch)	37868
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.

5. 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)
- 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 2025-26

Name of the scheme	**School Health Scheme**
Address	DGD Building ,Karkardooma, Delhi-110092
Phone	011 20824133-36
E-mail	schoolhealthscheme.dghs1@gmail.com
Financial Indicators (2025-26)	(In Thousand)
Budget Expenditure	Rs. 288850
Revised Expenditure	Rs. 294100
Total Budget	Rs. 213920
Total Expenditure	Rs. 198847.533
Details of the health care delivery units under jurisdiction of the office	
No. of School Health Clinics as on 01.04.2025 (A)	36 (34 - School Health Clinics+ 2 Special Referral Centre)
No. of School Health Clinics opened during 01.04.2025 to 31.03.2026 (B)	1
No. of School Health Clinics closed during 01.04.2025 to 31.03.2026 (C)	0
Total no. of functional School Health Clinics as on 31.03.2026 (A+B-C)	37 (35 - School Health Clinics+ 2 Special Referral Centre)
Number of schools covered	535
No of school children examined	373858
No. of teams functioning as on 31.03.2026	37 (35 - School Health Clinics+ 2 Special Referral Centre)
Details of the patient footfall	
Total No. of new OPDs (M+F+Ch)	10791
State health programmes	Annexure II Attached
Details, if any	
Any other information, if any	

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

Various activities conducted at SHS during year 2025-26:

Annexure No.2

S.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 Nursery to 12th class. Training & Orientation programme for Nodal teachers of all Government & Government Aided Schools was conducted through SHS District offices.
2.	National De-Worming Program (NDD)	Delhi has been implementing the program for school going children through School Health Scheme of GNCTD for all Govt. /Govt. Aided/Cantonment Board/ and Private schools. Training of nodal teachers of approx 1072 schools were conducted for successful completion of the program. NDD was conducted in August month from 26th August 2025 to 4th September 2025, administered Tab. Albendazole to approx. 20.72 lakhs students & followed by one Mop Up Round on 11th November 2025, covering 4.02 lakhs students.
3.	School Health & Wellness Program	Training of Nodal Teachers in coordination with the respective Deputy Directors of Education (DDEs) & DPOs. Data collection and reporting are undertaken by District Incharges (SHS) for onward submission to the Directorate of Family Welfare (DFW).
4.	NPCB (National Program for Control of Blindness)	• Positive Health talks and Spectacles distributions in various districts through NGO. • As per data received from NPCB Nodal officers, spectacles were distributed to school students, who were identified with refractive error in the following districts of SHS: ✓ Central- 825 spectacles ✓ NWA- 783 spectacles ✓ South East -831 spectacles ✓ West - 800 spectacles

S.No.	Programmes / Acts	Achievements
5.	HPV Vaccination Campaign	Virtual training for nodal teachers of Government, Government-Aided, and Private schools in all Districts of School Health Scheme. Further, nodal teachers have been directed to motivate eligible girls to avail the vaccination and ensure maximum coverage, with the objective of achieving high compliance under the campaign.
6.	NPPCD (National Program for Prevention and Control of Deafness)	Regular Screening & Health talks
7.	Project NEEV (Mobile Dental Clinic project)	In Central District under Project NEEV (Mobile Dental Clinic project) screening of 2810 students done.
8.	Medical coverage for NCC	Medical coverage was provided to Cadets of NCC
9.	Medical Coverage for Kanwar Camp 2025	Teams from SHS were posted to provide health facilities to Kanwar Yaris in camps.
10.	Medical coverage for Department of Education, SCERT	Medical coverage was provided to teachers attending the training conducted by DoE/ SCERT & the dignitaries
11.	Medical coverage for Department of Education (Sports)	Medical coverage was provided at State level Para Sports Meet for Children with Disabilities Medical teams were deployed during the Delhi Khel Mahakumbh Opening Ceremony held at Chhatrasal Stadium to ensure necessary health support. Medical Teams were deployed for 69th National School Games 2026
12.	Drug and Substance Abuse including Tobacco intake	Health talks were given in schools. Pledge taking on Nasha Mukt Abhiyan.
13.	Vector Borne Disease like Dengue, Malaria, Chikungunia etc.	Awareness on Vector Borne Diseases was spread among School children through Assembly talks, health talks during regular screening, poster competition and various other activities like quiz competition, debates etc, so that they can understand prevention of VBD
14.	Health related Activities on Communicable diseases	Magic show on Leprosy Awareness.
15.	Health Awareness Activities on Special days	Various awareness activities are organised at school level on special days like WHO day, World Population day, World Leprosy Day, World Mental Health Day, Yoga Day, Global Iodine deficiency prevention, World Diabetic Day by conducting quiz, poster competition, health talks etc.
16.	Health talk on various health related topics	Adolescent health, Mental health, Balanced diet, Vector born disease, Obesity, Menstrual Hygiene, Anemia, Substance Abuse, Mental Health, Good touch and bad touch, Oral Hygiene, Personal hygiene, Career counselling in medical and paramedical, Vaccination etc. was given in Govt. & Govt. Aided Schools.
17.	Various trainings of staff	• Training from UTCS of staffs of SHS

CHAPTER 6

6. FUNCTIONS OF BRANCHES AND STATE SCHEMES

6.1. PLANNING BRANCH

A total of 203 Delhi Govt. Dispensaries/ Ayushman Arogya Mandir (PHC) are running successfully for primary health care and providing preventive, promotive and curative 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 boundary wall of vacant plots allocated for health services.
- 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.
- Monitoring & progress of Budget Action Point.
- Compilation of monthly vacancy position under DGHS. Planning Branch deals with continuation /conversion of all categories of temporary posts.
- Creation of posts of DGHS and its subordinate offices.
- 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.
- Submission of monthly Departmental Achievements to H&FW Department.
- Compilation and onward submission of weekly TBR Report to H&FW Department.
- Various miscellaneous work/report assigned time to time by H&FW/DGHS.

Achievements of Planning Branch, DGHS (HQ)

1. **Outcome Budget**: Successfully coordinated the preparation and submission of the Outcome Budget 2025-26 of DGHS, GNCTD. The preparation started with collection of physical achievements and targets from different branches and subordinate offices under this Directorate ensuring strengthened monitoring of departmental performance.

2. **Write-up**: Prepared comprehensive departmental Write-up for F.Y. 2025-26 of all the schemes of DGHS, GNCTD. The write-up provides standard departmental information and compilation of achievements of all health schemes/programmes under DGHS.

3. **Annual Action Plan**: Coordinated preparation of the Annual Action Plan 2025-26 (AAP) for implementation of health schemes/programmes to strengthen planning mechanism and improved resource utilization.

4. **Monthly Departmental Achievements**: Regularly prepared Monthly Departmental Achievement Reports highlighting progress under various health programmes including public health initiatives for monthly monitoring of departmental performance.

5. **Continuation of Posts**: Preparation of detailed proposals alongwith justification for Timely approval of continuation of 246 essential temporary posts functioning under DGHS for the period 01.03.2025 to 28.02.2026 in order to prevent disruption in health service delivery.

6. **Creation of Posts:** Prepared proposals for creation of necessary posts including Administrative Officers, Medical Officers, Clerical staff, Accounts personnel, and Group D/Support staff following

the creation of new Chief District Medical Offices (CDMO). This included, financial calculations, justification of manpower requirement to strengthen district-level health administration & improved accessibility of health services.

7. **Ex-post Facto Continuation of Lab Technician Posts:** One of the significant achievements of the Planning Branch was processing the proposal for Ex-post Facto Continuation of 16 Lab Technician posts from 01.03.2018 to 28.02.2026 and further continuation from 01.03.2026 to 28.02.2027.
   The procedure included collection and verification of various sanction orders and compilation of year-wise continuation details in order to regularize continuation of Lab Technician posts ensuring uninterrupted laboratory services and continuity of essential health manpower.

8. **Redistribution of Sanctioned Strength of DGHS and Subordinate Offices:** Undertook a comprehensive exercise for redistribution of sanctioned strength of all categories of staff under DGHS and subordinate offices from erstwhile 11 districts to 13 districts.
   The redistribution exercise involved Analysis of vacancy position, Assessment of workload & Rationalization of manpower for Better utilization of sanctioned posts and improved administrative efficiency for strengthened health service delivery.

9. **Resolution of Legacy Audit Observations**: Successfully compiled comprehensive records and drafted detailed chronological defenses to address and resolve decade-old audit queries, ensuring financial accountability and regularizing past expenditures.

10. **Successful Legal Liaison & Case Resolution**: Diligently facilitated the department's defense in two complex legal matters involving a land parcel at **Sangam Vihar** (a Review Petition and a Contempt Petition). By maintaining constant liaison with the Government Counsel and ensuring the submission of accurate, timely documentation and in shifting the judicial perspective from an earlier critical stance to a **favorable judgment**. The consistent physical presence of officer from Planning Branch in the Hon'ble High Court on every date of hearing ensured that the department was ready to provide immediate clarifications and records as required by the Court, effectively safeguarding the government's interest in high-stakes land infrastructure.

11. **Ayushman Arogya Mandir (AAM) Project Rollout**: Officer from the Planning Branch played a key role in the rapid rollout of the AAM project by conducting initial site inspections and ensuring seamless inter-departmental coordination for the transition of primary health centers to AAM-PHC & SHC in the first quarter of FY 2025-26.

12. **Demolition & Reconstruction of 21 DGDs**: Diligently processed the administrative proposals for the demolition of 21 DGDs structures and their subsequent reconstruction as upgraded AAM-PHCs, including the successful movement of files for the approval of the Hon'ble Lt. Governor, Delhi.

13. **Processed A/A & E/S of the Preliminary estimates submitted by the PWD for the construction of Boundary wall at for Hospital Land parcels at:**

    a. PSP, Pocket-3, Sector G-7 & G-8, Narela, Delhi
    b. Lawrence Road, Keshavpuram, Delhi
    c. Chowki No. 4, G.T. Karnal Road, Model Town, Delhi
    d. Pocket FC-29, Sector-35, Rohini, Delhi.

14. **Digital Transformation & Efficiency**: Actively contributed to the modernization of the Planning Branch by converting legacy physical files into the **e-File system**, ensuring the creation of a robust digital record and improving the overall pace of departmental functioning.

15. **Public Grievances:** Managed VIP references, RTI applications and PGMS (Public Grievance Monitoring System) references for the assigned Districts, maintaining zero pendency.

16. **Budgetary Record-Keeping & Analysis**

- **Financial Record Maintenance**: Maintained accurate and up-to-date records of the Budget Estimate

(B.E.) for 2025-26, ensuring the availability of funds for various infrastructure projects.

- **Projections & Estimations**: Assisted in the preparation of requirements for Revised Estimates (R.E.) 2025-26 and the upcoming B.E. 2026-27, compiling data for funds under Demand No. 7 (H&FW) and tracking allocations to PWD under Demand No. 30.

17. **Total Station Survey of Forest Land:** Processed an important pending work related to the Hospital plot at Village Chattarpur where a request has been processed and communicated Chief Engineer, Public Works Department (PWD), GNCTD for Total Station Survey of Forest Land required for connecting 100 feet Main Chattarpur Road to the proposed 225-bedded Hospital plot at Village Chattarpur.

18. **Relocation & Up-gradation**: Facilitated the administrative requirements for shifting / relocating DGDs due to dilapidated condition of Health facilities and processed requests for the renovation/Upgradation including CDMO Offices/ DPMU.

19. **Facilitation of Land Acquisition & Infrastructure Development**

    i. **Case Processing**: Diligently processed files for the identification and acquisition of land parcels from various agencies (DDA, DUSIB, Panchayat, etc.), ensuring all proposals aligned with the department's mandate for expanding health infrastructure.

    ii. **Liaison & Verification**: Assisted in the coordination with land-owning agencies and District Administration to verify the encumbrance-free status of sites; maintained active follow-up to ensure clear titles for departmental use.

    iii. **Financial Concurrence**: Prepared and moved proposals for Administrative Approval (A/A) and Expenditure Sanction (E/S), ensuring all necessary documentation was in place for the Finance Department and Secretary (Health) to facilitate timely payments to PWD and land agencies.

    iv. **Site Protection Support**: Assisted in the formal handover process and coordinated with executing agencies to initiate preliminary works, such as boundary walls and fencing, to secure acquired government land in collaboration with executing agencies to prevent encroachment.

6.2. HOSPITAL CELL

Introduction:

The Hospital Cell, functioning under the Directorate General of Health Services (DGHS), GNCTD, is responsible for the planning, development, and establishment of new hospital infrastructure in Delhi under the direct supervision of the Director General of Health Services.

The key responsibilities of the Hospital Cell include:

- Planning and commissioning of hospitals
- Preparation of Medical Functional Programme (MFP)
- Site inspections and monitoring of projects
- Coordination with various Government, Semi-Government, Autonomous, and Private agencies
- Financial planning, including processing of SFC/EFC Memorandum covering cost estimates for manpower, equipment, and other essential components.

The Hospital Cell works in close coordination with executing agencies and undertakes site inspections along with engineering teams. The executing agencies engage architects and hospital consultants for preparation of building plans and detailed project reports.

Other Responsibilities:

1. Plantation-related matters in hospitals
2. Club Foot Management Programme

Status of Ongoing Hospital Projects under Hospital Cell, DGHS (HQ):

1. 691-Bedded Hospital Project at Madipur.
Initially proposed as a 200-bedded hospital, the project was revised to a 691-bedded facility. The Preliminary Estimate was approved by the Expenditure Finance Committee (EFC) on 18.11.2019.
Current Status: Approximately **65% physical progress** achieved.

2. 691-Bedded Hospital Project at Jwalapuri (Nangloi).
Originally proposed as a 200-bedded hospital and subsequently revised to 691 beds. Approved by EFC on 18.11.2019.
Current Status: Approximately **65% physical progress** achieved.

3. 691-Bedded Hospital at Hastasal, Vikaspuri.
Initially planned as a 200-bedded hospital and later expanded to 691 beds. Approved by EFC on 18.11.2019.
Current Status: Approximately **75% physical progress**.

4. 1164-Bedded Hospital Project at Siraspur.
Initially proposed as a 200-bedded hospital and later revised to an 1164-bedded facility. Approved by EFC on 10.12.2019.
Current Status: Approximately **80% physical progress**.

Policy Decisions:

- **Cabinet Decision No. 3277 dated 04.12.2025:** Approved engagement of **Transaction Advisors** for completion of 11 under-construction hospital projects through **PPP Mode**. The tender process has been finalized and the **Letter of Award has been issued**.

- **Cabinet Decision No. 3299 dated 14.01.2026:** Approved completion of **Madipur, Jwalapuri, Hastasal, and Siraspur hospitals by PWD, GNCTD**, while continuing efforts for selection of operators through PPP mode.

Seven Semi-Permanent ICU-Bedded Hospital Projects:

Vide **Cabinet Decision No. 3033 dated 28.08.2021**, approval was accorded for setting up of **6836 ICU beds** across seven locations:

S. No.	Hospital Project at	Bed Strength	Physical Progress as on 03/04/2025
1	Shalimar Bagh	1430	63 %
2	Kirari	458	00 %
3	Sultanpuri	525	63 %
4	CNBC	610	52 %
5	GTB	1912	52 %
6	Sarita Vihar	336	58 %
7	Raghubir Nagar	1565	40 %

These projects are under construction, and their current physical progress is indicated above.

Further, **Cabinet Decision No. 3277 dated 04.12.2025** also approved engagement of Transaction Advisors for these projects under **PPP mode**. The tender process has been finalized and the **Letter of Award has been issued**.

Projects under Planning Stage:

The following hospital projects are currently under the planning stage:

i. Hospital Project at Bindapur, Delhi
ii. Hospital Project at Deendarpur, Delhi
iii. Hospital Project at Baprola, Delhi
IV. Hospital Project at Jaunti, Delhi

6.3. NURSING HOME CELL

Nursing Home Cell was established in the DHS with a view to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953 and the rules made thereunder and amendment from time to time. 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 task as assigned
The responsibilities assigned to the cell include:

1 Registration & Renewal of Nursing Homes under Delhi Nursing Home Registration Act
2 Various Court Case matters pertaining to Pvt. Nursing Homes.
3 Complaints against Private Nursing Homes in Delhi.
4 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 fulfillment of prerequisites of Delhi Nursing Home Registration Act and renewed in every third year.

The following guidelines are online submission of application for registration/ renewal of registration/ modification in number of beds.

- The applicant has to download all the necessary forms/checklist from website https://dgehs.delhi.gov.in/dghs/nhc/about-us. Refer following links to download the necessary forms/documents.

  For Forms: https://dgehs.delhi.gov.in/dghs/nhc/nursing-home-registration-renewal-forms
  For Fees: https://dgehs.delhi.gov.in/dghs/nhc/nursing-home-registration-renewal-charges.

- The applicant has to apply online for registration/ renewal of registration/ modification in number of beds. After Successful submission of the online form, applicant will get an auto generated Application Reference ID with the Acknowledgement Page.

- The applicant has to deposit the prescribed fee to account of Director General Health Services.

- After downloading relevant forms, from website link: https://dgehs.delhi.gov.in/dghs/nhc/nursing-home-registration-renewal-forms , the applicant has to fill the application form correctly, attaching all the necessary documents as per checklist, and Proof of depositing the prescribed fees, the applicant will send the scanned copies of application form with all the necessary documents as per checklist to the email nursinghomecell2024.dghs@delhi.gov.in clearly mentioning the reference ID generated at the time of online submission of details for convenience of applicant and to save on processing time of application.

- Submitted forms along with all the documents, will be checked and deficiencies (if any) will be communicated to the applicant through official email only.

- After rectifying all the deficiencies, the applicant will communicate through official e-mail of concerned nursing home/hospital only, that deficiencies have been rectified along with submission of proof of rectification mentioning the original reference ID generated at the time of online submission of details, only after this the file with all necessary documents will be submitted to Nursing Home Cell in physical form for further processing.

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

Status (1 April 2025 - 31 March 2026)

- Total No. of new Nursing Homes registered during said period (Appx.) : 136
- Total No. of renewal of registration of Nursing Homes during said period : 240 (Appx.)
- Total No. of Registration cancelled during said period : 30

6.4. ECONOMICALLY WEAKER SECTION (EWS)

The Economically Weaker Section is working in accordance with the Hon'ble High Court of Delhi WP (C) 2866/2002 in the matter of Social Jurist Vs GNCVT & Ors;

The EWS Cell facilitates to the patients who are belonging to EWS category of the society for getting treatment in the Identified Private Hospital which are constructed on the Land of DDA which was issued on concessional basis by the Land Owning Agencies of Delhi.

Every Identified Private Hospitals has obligation to provide free treatment on 25% of total and 10% of total beds to the eligible patients of EWS category.

For the ANNUAL YEAR 2025-26 - 927522 (OPD), 51131 (IPD) patients have availed treatment in Identified Private Hospital in the Delhi.

6.5. 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 2025-26 the DAK/ achievements in brief are as follows:

Sl. No.	Name of Scheme	Eligibility Criteria	Nature of assistance
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
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
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
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
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 3 yrs Patient requiring treatment for any life threatening illness/ diseases covered 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.	Financial Aid provided to the treating Govt. Hospital upto Rs. 5 lakhs per patient

6.6. 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.

6.7. 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 and Machinery &Equipment's.

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.
- Effectively utilize the ₹200.00 crore fund allotted under mh 4210 01 110 56 (machinery & equipment) by CPA & state drug authority during FY 2025–26.
- To assess and prioritize the procurement needs of Delhi government hospitals through a consultative process.
- To conduct meetings with all government hospitals under h&fw department to gather essential requirements for machinery and equipment.
- To compile and evaluate the consolidated list of m&e required over the next 6 months.

- To strengthen healthcare infrastructure and improve patient care services through timely procurement and installation of necessary medical equipment.

Achievements 2025-26:

During 2025–26, significant progress was made in strengthening the availability and supply of essential medicines under the Essential Drug List (EDL). The number of drugs covered under valid/finalized rate contracts increased substantially, resulting in improved procurement and availability. The supply chain was strengthened through better fulfilment of hospital indents, with a higher proportion of Delhi's essential drug requirement being met by CPA. Timely disposal of EDL requests was maintained at a high level, reflecting continued improvement in procurement and distribution efficiency.

6.8. 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	Districtcourt	Consumer Form	Delhi High Court		Supreme Court	CAT	District Court	Consumer Form	Delhi High Court		Supreme Court	CAT	District Court	ConsumerForm	Delhi High Court		
2025-26	15	46	51	04	80	196	Nil	48	6	01	43	98	Nil	32	15	Nil	49	96	198

6.9. STORE & PURCHASE

I. Aims & Objectives of the Branch

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

- Procurement of General items, Stationery items & Printing, BMW Management Items.
- Procurement of Lab consumables items & medical equipments as demanded for the DGDs & Seed PUHCs.
- Maintenance of cold storage for temperature sensitive items.
- Misc. matters RTI, Public Grievances, LG Listening etc.
- Distribution of Linen, Surgical, Medicine items to Hospital under GNCTD procured from CPA

II. Achievements in 2025-26

- Printing work / items done through GOI.
- Procured General items, Lab consumables items and stationary for DGHS HQ, DGDs, and Seed PUHCs through GEM.
- Storing & issuance of medicines, equipment, surgical (non-consumables) and linen items as received, procured by CPA to Hospital under GNCTD.

III. Expenditure Incurred for the procurement of above for the Year 2025-26

- Govt. Dispensaries (Supplies & Materials):- 2210 01 110 900021- Rs. 37,31,587/-
- Health Centre (SCSP) Supplies & Materials: 2210 01 789 980021 – Rs. 89,83,174/-/-

6.10. 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 : 11057 (Approx)
(Bio Medical Waste collected by the two CBWTF)

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

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

Objectives

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

Achievements during the year 2025-26

Trainings: 2025-26

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 in 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 2025-26. The details of training programme conducted by Districts during 2025-26 are given as under:

Total No. of Training Programmes conducted by CDMOs during the year 2025-26	71
Total No. of Health Care Workers trained including Doctors & Paramedical Staffs during the year 2025-26	1091

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 235 HCFs in Delhi during the year 2025-26 including Govt. Hospitals, Private Hospitals and DGDS.

SN.	Subject	Total No.
1	DLMC Meetings conducted for the year 2025-26	11
2	Health Care Facilities inspected by the Districts	235

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.

Implementation of Bar Coding Management System

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

6.11. ANTI QUACKERY CELL

Aims & Objectives

To stop the practice of unauthorized/unqualified medical practitioners (quacks) within the National Capital Territory (NCT) of Delhi, ensuring public health and safety.

Functions:

- Efficiently manages and resolves all complaints, grievances, and issues related to illegal medical practices (i.e on Email, RTI & Jan Sunwai Portal etc.)
- Operates as a zero-expenditure cell at the DGHS Headquarters (HQ).
- Actively participates in and supports the Delhi Medical Council (DMC) Anti-Quackery Action Committee.
- 80 complaints (from Sep to June) were successfully received at the Anti-Quackery Cell, DGHS (HQ), and all cases were systematically processed for further legal or administrative action

6.12. CHILD RIGHTS BRANCH

Roles & Responsibilities

- **Healthcare Coordination**: Coordinates all matters and initiatives related to child health.
- **Inter-Departmental Liaison:** Manages official communications and correspondences with associated government departments and commissions.
- **Reporting & Compliance**: Prepares detailed reports, official replies, and parliamentary responses as required.
- **Regulatory Oversight:** Ensures strict adherence to all prevailing Government guidelines and statutory frameworks.

6.13. 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.

6.14. 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 has nominated its nominees to Hospital Based Authorization Committee of all the licensed hospitals in Delhi. Nominates representatives 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 verifying the documents related to organ transplantation and ensure that the organ transplantation process is legal and ethical, as a committee member.

6.15. 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:

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

Achievement of CME w.e.f 1st April 2025 to 31st March 2026

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
1.	UTCS Training for the Month of April 2025 Topic Wise:-participant 1. AD-1 Noting Drafting: 03 2.AD-1Public Procurement under GFR-2017 including e-procurement: 07 3. AD-6 E-Office: 02 4. AD-1 Personnel &Establishment Matters (Including FR &SR, Reservation, MACP, APAR, Leave 5 6. AD –V .Rules LTC & Medical Rules): 07 7. AD-VI Computer Operation (Advance Course): 05 8. AD-V Cyber Security: 01 9. AD-VI Basic Computer Operation: 01 10. AD-VI RTI Act-Capacity Building 02	UTCS Training Centre Karkardooma	33
2.	UTCS Training for the Month of May2025 Topic Wise:-participant 1. AD-VI RTI Act Capacity Building, 05 2. AD-VI Basic Computer Operation, 05 3. AD-VI Computer Operation (Advance Course), 06 4. Interpersonal Skill & Team Building, 02 5. Interpersonal Skill: Art of Communication, 01 6. Sensitization Programme Regarding North East India, 01 7. AD-V Retirement Planning, 01 8. AD-VI E-Office, 02 9. AD-II Basic Of Disaster Management 01 10. AD-I Office Procedure 02	UTCS Training Centre Karkardooma	26
3.	Nomination for the North India Paediatric Infection Disease-3 (NIPID-3) on 21st to 22nd June 2025	Hotel Le-Meridian New Delhi	13
4.	UTCS Training for the Month of June 2025 Topic Wise:-participant 1. AD-I Noting & Drafting - 04 2. AD-V Right & Welfare of person with	UTCS Training Centre Karkardooma	34

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	Disabilities - 04 3. AD-VI Basic Computer Operation - 01 4. AD-I Settlement of Pensionary Benefits (including calculation of qualifying service, calculation of personal benefits of the Pensioners -02 5. AD-I Vigilance Matter (including Disciplinary Proceedings) - 02 6. AD-II Management of Contracts -01 7. AD-VI E-Office -06 8. AD-V Protecting the Right of Children -Save the future - 01 9. AD-IV Personal Skills: Managing Stress &Anger -02 10. AD-V Training on Health &Fitness -02 11. AD-VI Computer Operation (Advance Course) - 05 12. AD-I Certificate Course in Vigilance Matters (including Disciplinary Proceedings) for SO/AD/DS/Vigilance Officer -01 13. AD-VI RTI Act-Capacity Building - 02 14. AD-V Sensitisation for Prevention of Sexual Harassment at work Place – 01		
5.	"Orientation Course on the Mental Healthcare Act 2017 Delhi Judicial Academy organised Video Conferencing The Programme is to be Conducted through virtual mode on 19th July	virtual mode Video Conferencing	14
6.	UTCS Training for the Month of July 2025 Topic wise No's of participant:- 1. Personnel & Establishment Matter (Including, MACP, APAR, Leave Rules, LTC & Medical Rules) - 02 2. Basic Computer Operation - 05 3. Pay Fixation (Fixation & Revision of Pay) – 01 4. RTI Act - Capacity - 07 5. Computer Operation (Advance Course) -06 6. Personal Skill: Time Management – 05 7. Interpersonal Skill: DO's and DON'T's Workplace Etiquettes - 02 8. Public Procurement under GFR-2017 including e- Procurement & GeM - 01 9. E-office AD-VI 03 10. Noting &Drafting AD-I 03 11. Pay Fixation (Fixation Revision of Pay) AD-I 02	UTCS Training Centre Karkardooma	36
7.	Nomination for Workshops on "Patients Safety"& Quality in Maternal Care"-31st Annual Conference of NARCHI (National Association of Reproductive and Child Health of India) Delhi Chapter 2025		21
8.	UTCS Training for the Month of August 2025 Topic wise No's of participant:	UTCS Training Centre	27

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	1. Environment and Climate:-01 2. AD-I Office Procedure (including Dak Receipts, File, Numbering, Filling Fill Movement Checks on Delays, Forms of Communication & Record Management) :-03 3. AD-VI E-Office:-12 4. AD-II Basic of Disaster Management: - 01 5. AD-VI Computer Operation (Advance Course):-06 6. AD-Personal Skills: Managing Stress and Anger:-03 7. RTI ACT-Capacity Building: - 01	Karkardooma	
9.	Nomination Details1. Practical Course on CME:- Department: Obstetrics and Gynaecology, Maulana Azad Medical College (MAMC) - Dates: 1st to 3rd August 2. North Zone PEDICON 2025 &PCNI Conference is being organized by Indian Academy of Paediatric Delhi State on Saturday 30th&31st August, 2025 at Hotel Le-Meridien, New Delhi 3. "Patient Care and "Quality in Maternal Care" 31st Annual Conference of NARCHI (National Association of Reproductive & Child Health of India), Delhi Chapter, 2025 4. Schedule of Various CBHI In-Service Orientation Training Course (short Term i.e. one week) for the August year 2025-26	MAMC Hotel Le-Meridien virtual mode Video Conferencing	17 32 30 14
10.	UTCS Training for the Month of September 2025 Topic wise No's of participant:- 1.Vigilance Matters (including Disciplinary Proceedings) AD-I =01 2. Basic Computer Operation AD-VI = 02 3. E-Office AD-VI = 17 4.Sensitization for Prevention of Sexual Harassment at work place AD-V = 02 5. Computer Operation (Advance Course) = 01	UTCS Training Centre Karkardooma	23
11.	1. Nomination for the 47th Annual Conference of a (AOGD) and Pre-conference workshop to held at Indian Habitat Centre, New Delhi from 11th to 14th September. Total Nomination 16 2. NQOCN 3rd International Conference on Health care Quality and Patents Safety, Delhi NCR, India on September 7th to 8th 2025:- Total Nomination 38 3. Nomination for Global Nursing Summit on Nursing and Digital Health:-Total Nomination 04 (19th -21st September2025) 4. One Day National Consultation Workshop on	Indian Habitat Centre, New Delhi Mumbai Convention Hall Goa International Centre, Institute of Management (GIM)	16 38 04 01

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	Prioritization of Vaccine for Adults Scheduled for 24th September 2025 at the Goa International Centre, Institute of Management (GIM) Total Nomination 01		
12.	Calendar Training Programme for the Month of October in UTCS Topic wise No's of participant: 1. E-Office AD-V1: - 07 2. Basic Computer AD-VI: - 01 3.Computer Operation (Advance Course):- 03 4. Personal Establishment Matters (Including FR&SR, Reservation, MACP, APAR, Leave Rules, and LTC&Medical Rules AD-I: - 01 5. RTI Act-Capacity Building AD-VI: - 01 6. Public Procurement under GFR-2017including e-Procurement and GeM: - 02 7. Noting &Drafting AD-I: - 04 8. Sensitisation for Prevention of Sexual Harassment at work Place: - 02		21
13.	Permission to attend 80th NATCON2025,(National Conference on Tuberculosis &Chest Disease) to be held on at Kolkata from 19th 21th December 2025 r/o Dr.Vishal Khanna file has been Processed in E-office for attending NATCON 2025	Kolkata	01
14.	Calendar Training Programme for the Month of November in UTCS Topic wise No's of participant: - 1. E-Office (AD-VI) – 08 2. RTI Act – Capacity Building – 03. 3. Sanitation for Prevention of Sexual Harassment at Workplace – 09 4. Computer Operation (Advance Course) – 19. 5. Noting & Drafting - 05 6. Training on Health & Fitness – 01 7. Rights & Welfare of Persons with Disabilities – 05. 8. Vigilance Matters (including Disciplinary Proceedings)–05 9. Basic Computer Operation (Advance) –12 10.Accounts Matter (Basic Principles of Pay Structure, Allowances, DDO/Cashier Rules, Income Tax, Pay Fixation, Pension & Audit) - 05 11. Personal Skill: Time Management -01 12. Personal Skill: Managing Stress & Anger - 01. 13. Basics of Disaster Management - 01	UTCS Training Centre Karkardooma	75
15.	1. Workshop on Anti-Microbial Stewardship Date: 26.11.2025Total Nominated Officers/Officials: 14Category: Doctors/Nurses Objective: Promotion of rational use of antimicrobials and control of antimicrobial	Bangalore Medical	14

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	resistance. 2. International Conference on BMW (ISHWMCON–2025) Venue: Bangalore Medical College & Research Centre, Bangalore Dates: 28th & 29th November 2025 Total Nominated Officers/Officials: 15 Nominations forwarded to CME Branch 3. 66th Annual Delhi State Medical Conference, aptly named "MEDICON 2025 at the Esteemed Hotel Le-Meridien on dated 23.11.2025 Total No of Nomination for participation in this Conference 46.	College & Research Centre, Bangalore Hotel Le-Meridien	15 46
16.	UTCS Calendar Training Programme for the Month of December 2025 Topic wise No's of participant: - 1. E-Office Nomination 08 2. RTI Act-Capacity Building Nomination 03 3. Sanitation for Prevention of Sexual Harassment at work place Nomination 09 4. Computer Operation (Advance Course) 19 5. Noting &Drafting 05 6. Training on Health&Fitness 01 7. Right Welfare of Person Disabilities 05 8. Vigilanac.Matter (Including Disciplinary Proceedings) 08 9. Basic. Compute Operations (Advance) 12 10. Accounts Matters (including basic Principles, Pay Structure & Allowances Role of DDO/Cashier, Income Tax, Pay Fixation Pension & Audit) 05 11. Personal. Skill: Time Management 01 12. Personal Skills: Managing Stress and Anger 01 13. Basic of Disaster Management 01	UTCS Training Centre Karkardooma	63
17.	UTCS Calendar Training Programme for the Month of January 2026 Topic Wise No's of participant: -: 1. Basic Computer Operation AD-VI 08 2. Office Procedure AD-I 04 3. Procurement/Purchase Cycle AD –II 05 4. E-Office AD-VI-11 5. Certificate Course in Vigilance Matters (Including Disciplinary Proceedings) for S.O/AO/DS/Vigilance Officer AD-I 04 6. RTI-Act Capacity Building AD-VI 05 7. Computer Operation (Advance Course)AD-VI 09	UTCS Training Centre Karkardooma	46
18.	1st National Summit to Eliminate Cervical Cancer in India. The national-level conference was held from 16th to 18th January 2026 at Jawaharlal Nehru Auditorium, AIIMS New Delhi, Nature of	Jawaharlal Nehru Auditorium, AIIMS New Delhi,	11

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	activity: National CME / Faculty-based Summit Total nominations: 11		
19.	UTCS Calendar Training Programme for the Month of February 2026 Topic Wise No's of participant: -: 1. Basic Computer Operation AD-VI 03 2. Office Procedure AD-I 04 3. Procurement/Purchase Cycle AD –II 05 4. E-Office AD-VI-03 5. Certificate Course in Vigilance Matters (Including Disciplinary Proceedings) for S.O/AO/DS/Vigilance Officer AD-I 04 6. RTI-Act Capacity Building AD-VI 02 7. Computer Operation (Advance Course) AD-VI 01 8. Interpersonal Skill: Do & Dont's Workshop Course code GG 01 9. Noting & Drafting Course Code FE 02 10. Account Matters (Including Basic Principal, Pay Structure &Allowance, Rule DPCC 03 11. Sanitation Programme on Prevention of Atrocities against SC/ST Course Code 01 12. Sanitation for the Prevention of Sexual Harassment at work Place Course Code 03 13. Basic of Disaster Management Course Code MC 01	UTCS Training Centre Karkardooma	29
20.	The Department of Community Medicine Maulana Azad Medical College New Delhi is Organizing an Interdisciplinary Cancer Conference namely "INTERNOC-2026 ON 5TH to 7th February 2026 Total No of Nominations 13.	Maulana Azad Medical College New Delhi	13
21.	UTCS Calendar Training Programme for the Month of March 2026; Topic Wise No's of participant: -: 1. Noting & Drafting Course – Course Code FE-02. 2. Account Matters (including Basic Principles, Pay Structure & Allowances, and Role of 3. DDO/Cashier, Income Tax, Pay Fixation) – Course Code FE- 03 3. Pension Course - Course Code FE - 03 4. Basic Computer Operations – Course Code GG - 01 5. E-Office Course – Course Code GG- 03 6. Nomination. Interpersonal Skills: Do's & Don'ts Workshop - Course Code ELS - 02 7. RTI Act – Capacity Building – Course Code GG-01 8. Sanitation: Programme on Prevention of Atrocities against SC/ST – Course Code 01 9. Computer Operation (Advance Course) -	UTCS Training Centre Karkardooma	21

S. No.	Name of Training – Programme Subject Wise /Object	Venue of Training Program	No. of Participants
	Course Code GG- 01 10.Sensitization For Prevention of Sexual Harassment at Workplace – Course Code GA 03. 11. Basics of Disaster Management – Course Code MC - 01		

6.16. GRANT IN AID CELL

The Grant-in-Aid Cell facilitates the deployment of emergency first-aid and medical relief operations during crises and major public gatherings. Support is provided on demand during natural disasters (e.g., earthquakes, fires) and catastrophic events, as well as during high-density public congregations, including cultural festivals, sports events, high-level conferences, and national celebrations (Republic Day and Independence Day).

Functions:

1. A total of ₹5.00 lakhs was allocated under the Grant-in-Aid scheme for FY 2025–26.
2. The entire allocated amount of ₹5.00 lakhs was successfully released to St. John Ambulance in March 2026 to support their ongoing emergency relief and first-aid operations.

Healthcare Worker COVID-19 Compensation Scheme (PMGKP)

Roles & Responsibilities

- Claim Processing: Manages and processes compensation claims for healthcare workers who lost their lives due to COVID-19 while on active duty.
- Document Verification: Conducts thorough verification of submitted documentation to ensure compliance.
- Inter-Agency Coordination: Serves as the nodal liaison between the Ministry of Health and Family Welfare (MoHFW) and relevant insurance agencies.
- Financial Disbursement: Facilitates the timely disbursement of the ₹50 lakh compensation package under the Pradhan Mantri Garib Kalyan Package (PMGKP).
- Record Management: Maintains comprehensive case files and actively follows up on all pending claims.
- Scheme Extension Status: The Pradhan Mantri Garib Kalyan Package Insurance scheme officially expired on July 31, 2023. However, as the branch continues to receive pending compensation claims, a formal request for a scheme extension has been submitted to the higher authority (MoHFW) for review.

6.17. 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 to 31.03. 2026

Direct	Indirect	Transfer to PIO / Other Public Authority	Fee	Additional Fee
691	738	1354	6880	372

6.18. PUBLIC GRIEVANCE CELL

1. The Public Grievance Cell receives grievances via Email/Offline Letters/CM Jan Sunwai Portal/CPGRAM Portal/LG Listening Post/Eoffice regarding health related issues like:
    - Complaint against staff of Dispensaries/Ayushman Arogya Mandirs/CDMO offices
    - Complaint related to Facilities/Medicines availablity in Dispensaries/Ayushman Arogya Mandirs
    - Complaint related to Opening of Dispensaries/ Ayushman Arogya Mandirs in various areas
    - Complaint related to Opening of new hospital
    - Complaint related to Fake/Jhola Chhap Doctors
    - Complaints of EWS patients related to treatment in private hospitals

- Complaint of poor patients related to financial assistance for treatment
- Complaint related to Unauthorized Hospitals/Nursing Homes
- Complaint related to CPA Matters
- Complaint related to Medical Negligence
- Complaint related to DGEHS empanelled hospitals/ clarification regarding DGEHS Medical Facility Card
- RTI Matters
- Complaints/Matters related to branches (NTCP/ Public health wing/Disability Cell/ State TB Cell/ NLEP/ Project/ PPP Dialysis/ Hospital Cell/ School Health Scheme/Mobile Health Scheme) of Directorate of Health Services.

2. The matter is examined by I/C PG Cell and forwarded to the concerned departments for comments/ necessary action (Hard and Soft Copies) via Email/Offline Letters/Portals and received ATR are forwarded to all concerned.
3. **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 **CM Jan Sunwai Portal/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.

Annexure – 1 CM JAN SUNWAI PORTAL

Level & Location Wise Complaint Report On CM Jan Sunwai Portal					
Generated on: 24/6/2026					
Department	Department of Health and Family welfare		Complaint Type	All	
Reference Type	All				

From Date	20/02/2026	To Date	24/06/2026

Sl. No.	District	Total	Disposed	Pending	Over Due
1	Central	16	12	4	0
2	East	12	8	4	0
3	New Delhi	4	2	2	0
4	North	4	2	2	0
5	North-East	14	11	3	0
6	North-West	14	12	2	0
7	Others	1	1	0	0
8	Shahdara	14	5	9	0
9	South	6	5	1	0
10	South-East	7	4	3	0
11	South-West	14	11	3	0
12	West	5	2	3	0
		111	**75**	**36**	**0**

On DGHS Level

Details of all references

S. no.	References	Total	Disposed	Pending	Over Due	Total Feedback	Positive	Negative
1	CM References	39	38	1	0	7	0	7
2	CPGRAM References	5	4	1	0	2	1	1
	Total	44	42	2	0	9	1	8

Annexure – 3 CPGRAM PORTAL



Annexure – 2 LG LIstening PORTAL

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Date From DD/MM/YYYY To DD/MM/YYYY

-------All--------- Submit Click to view Disposal Breakup

S.no.	Department	Total Received	Total Pending	Total Overdue	Disposed Unclosed	Disposed Closed	Disposed Total	Disposed %
1	ADMIN BRANCH	149	0	0	149	0	149	100%
2	MSNH	140	0	0	119	21	140	100%
3	CDMO CENTRAL	130	0	0	122	8	130	100%
4	DGEHS CELL	100	0	0	82	18	100	100%
5	MOHALLA CLINIC	93	0	0	65	28	93	100%
6	AGRO	81	2	0	63	16	79	98%
7	EWS	74	1	0	62	11	73	99%
8	CDMO NORTH WEST	64	0	0	48	16	64	100%
9	CDMO SOUTH WEST	47	1	1	40	6	46	98%
10	CDMO NORTH EAST	42	2	0	32	8	40	95%
11	CDMO NORTH	38	0	0	27	11	38	100%
12	CDMO WEST	38	0	0	32	6	38	100%
13	CDMO SHAHDARA	28	0	0	26	2	28	100%
14	CDMO EAST	27	0	0	25	2	27	100%
15	DAN DAK	20	0	0	19	1	20	100%
16	CDMO SOUTH	17	0	0	17	0	17	100%
17	CDMO SOUTH EAST	16	0	0	15	1	16	100%
18	HOSPITAL CELL	12	0	0	9	3	12	100%
19	AD SHS	10	0	0	9	1	10	100%
20	ADDI DHS HQ	10	0	0	7	3	10	100%
21	CDMO NEW DELHI	10	0	0	7	3	10	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	MHS PH III	2	0	0	1	1	2	100%
27	PIO RIT DGHS	2	0	0	1	1	2	100%
28	PLANNING BRANCH	2	0	0	1	1	2	100%
29	PROJECT DIRECTOR	2	0	0	2	0	2	100%
30	ANTI SMOKING PH I B	1	0	0	1	0	1	100%
31	CDMO CENTRAL NORTH	1	0	0	0	1	1	100%
32	CDMO OUTER NORTH	1	0	0	1	0	1	100%
33	Computer Cell, DGHS	1	0	0	1	0	1	100%
34	DISABILITY CELL, DGHS, GNCTD	1	0	0	1	0	1	100%
35	HOSPITAL COORDINATION CELL	1	0	0	1	0	1	100%
36	LEPROSY BRANCH	1	0	0	1	0	1	100%
37	PPP DIALYSIS	1	0	0	1	0	1	100%
38	STORE AND PURCHASE BRANCH	1	0	0	1	0	1	100%
	Total	**1180**	**6**	**1**			**1174**	**99%**

6.19. DISASTER MANAGEMENT CELL

Introduction

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 2025-26

A. Observance of Fire Safety week w.e.f. *21st to 26th April 2025* in all health care institutions in Delhi
B. Guidelines for Preparedness Measures for Fire Safety in all Health Care institutions
C. Celebration of CPR Awareness Week from 13-17 October in all health care institution. CPR hands-on trainings were conducted at DGHS (HQ) along with CDMO offices and hospitals during the week.
D. CPR training was conducted at National Health Agency at Jeewan Jyoti Building.
E. A Consultative workshop on Draft of Delhi Specific Crisis Management Plan was conducted with joint collaboration of National Institute of Disaster Management at Delhi Secretariat. Various Stakeholders i.e. NDRF, NCDC, CPCB, NIDM, MOHFW GOI, Medical College & Hospitals (Central and State) were participated.
F. Preparation of draft of Delhi Specific Crisis Management Plan for Biological Disasters
G. SOPs for Medical Response in Emergency has been prepared and issued to all institutions
H. State Action Plan and SOPs for management of cold wave affected victims has been prepared and issued to all health care institutions.
I. 05 Batches of Emergency Medical Response training program were conducted for St. John Ambulance Volunteers.
J. Capacity Building of Human Resource for centrally sponsored scheme for Districts and Hospital level officers under Disaster Management.
K. Up-dation of Hospital Disaster Management Plan & QRT status under Disaster Management

6.20. 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	Old Delhi	10
2	Dr. Hedgewar Aarogya Sansthan	East	20
3	Rajiv Gandhi Super Speciality Hospital	North East	30
4	Janakpuri Super Speciality Hospital	West	45
5	Ambedkar Nagar Hospital	South	10
6	Sanjay Gandhi Memorial Hospital	North West	20
7	Dr. Baba Sahib Ambedkar Hospital	North West	10
8	Jag Pravesh Chandra Hospital	North East	10
9	Burari Hospital	North	40
10	Indira Gandhi Hospital	South West	15
Total			**210**

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

a) Income Criteria:– Up to Rs.5,00,000/- (Five 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 (2025-26):

- Number of ESRD patients who received haemodialysis services = 1308
- Number of haemodialysis sessions performed = 97,295

II. Pradhan Mantri National Dialysis Programme (PMNDP):

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

S.No.	Name of the Hospital	District	No. of HD Machines
1	Deen Dayal Upadhyay Hospital	West	5
2	Maharishi Valmiki Hospital	Outer North	10
3	Deep Chand Bandhu Hospital	Central North	10

4	Bhagwan Mahavir Hospital	Central North	10
5	Indira Gandhi Hospital	South West	35
6	Guru Gobind Singh Govt. Hospital	West	10
7	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 (2025-26):

- Number of ESRD patients who received haemodialysis services = 1045
- Number of haemodialysis sessions performed = 83,119

6.21. PROJECTS BRANCH

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

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.

*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

Jan Aushadhi Kendra Scheme is being supervised and monitored at Secretariat level.

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

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

- Guidelines : NA
- Eligibility Criteria : Regular employees (Doctors and Nursing Staff of GNCTD.

IV. Training of Auto Drivers on First Aid

(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:

1. **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

V. Project for outsocurcing of lab service

Diagnostics are an integral part of the health care system and provide information needed by service providers to make informed decisions about care provision related to prevention, screening, detection, treatment and management. Limited availability and access to quality laboratory and radiology services are among the major challenges contributing to delayed or inappropriate responses to disease control and patient management.Out of pocket expenditures on diagnostic tests are high and rising, sometimes even overtaking the costs of medicines. The poor who access public health care facilities have access to limited set of diagnostic services. Other challenges in provision of a set of diagnostics at each facility level include availability of skilled personnel, reagents, consumables and kits.

Ensuring that the comprehensive healthcare facilities are available to all citizens is the responsibility of the State. The ready availability of affordable diagnostic tools enables accurate detection of health risks and disease at an early stage, thereby improving disease management, and also diminishing subsequent health problems and associated costs. Diagnostics therefore play a useful role in influencing the quality of patient care, and health outcomes. Good quality diagnostic tests that are fit for purpose and provide accurate results are therefore of paramount importance in reducing the burden of disease.

A. Key Objectives

The Project to outsource laboratory services in all Delhi Govt. Health Facilities was rolled out in the State on 01-02-2023 (with first phase spanning over nearly 3 years and 6 months till 30-06-2025 and the ongoing phase starting from 01-07-2025 with three new service providers on board) with the following key objectives:

1. A wide range of lab investigations that are currently not available in-house is made available to assist the treating Doctor diagnose a condition better and manage the same accordingly.
2. Avoid the patients being referred from one health facility to other for lab investigation that is not only inconvenient for the patients but at times leads to poor healthcare seeking behaviour.
3. Reduce out of pocket expenditure for general public seeking healthcare services in Delhi Govt. facilities.

B. Basic Principles

1. A health facility is allowed to requisition only those investigations for outsourcing (strictly from the list of tests under the scope of the Project), that are not available with them. This includes the tests for which there is no provision/in-house capacity at all or a test that for some reason is not available on a particular day.
2. Project is not meant to substitute the existing infrastructure/technical capacity to carry out in-house diagnostic tests at any level but to supplement the existing system in the greater interest of the general public seeking healthcare facilities in Delhi Government health facilities.

C. Number of patients benefitted under the Project during F.Y. 2025-26

Month & Year	Patients Tested	Tests Conducted
April, 2025	38266	114990
May, 2025	34662	104569
June, 2025	29507	91620
July, 2025	21840	74395
August,2025	26495	89211
September, 2025	30831	107945
October, 2025	21681	69895
November, 2025	18131	65855
December, 2025	17195	65062
January, 2026	17605	67411
February, 2026	19240	77892
March, 2026	17047	67353
TOTAL	**292500**	**996198**

6.22. COMPUTER CELL

A. Activities of Computer Cell during 2025–26

- Computer Cell is involved in the computerization of DGHS (HQ) and its subordinate offices and carried out the following activities during the period 2025–26.
- Maintenance of the web server portal supporting various applications being used by H&FW, Hospitals, DGHS (HQ) and its subordinate offices.
- Computerization of DGHS (HQ) and subordinate offices, including procurement of hardware, network management, up-gradation of DGHS Intranet Software and E-Office management.
- Condemnation of MFD machines/equipment which have become obsolete/non-functional.
- Maintenance of the 25 Mbps Lease Line and one 4 Mbps DSWAN Line to meet the Intranet and Internet requirements of DGHS (HQ).
- Addition of Computers, Printers, MFDs and other equipment under ACMC/AMC for uninterrupted functioning and maintenance of IT infrastructure.
- Strengthening of the Computer Cell for implementation of various programmes in DGHS (HQ) and subordinate offices through creation of posts in view of the increase in workload and addition of more computers and other peripherals.
- Procurement/Renewal of AMC services for existing computer hardware and peripherals to ensure their proper functioning and minimize downtime.
- Up-gradation of DHS Intranet Software Application as per the requirement of DGHS (HQ) and its subordinate offices.

B. Performance of the Computer Cell during 2025–26

- Computer Cell provided IT support to various branches of DGHS and its subordinate offices.
- Requests received from departments under H&FW for uploading information: Around 1000+.
- New web panels/links created for various Health Departments/Hospitals/DGHS (HQ) and its subordinate offices: 18.
- Modifications carried out on existing web pages for various Health Institutions/DGHS (HQ) and its subordinate offices: 35.
- GeM account roles created/mapped as Buyer/Consignee/PAO/Indented Buyer/Technical Buyer: 200+.
- Accounts created/mapped in the E-Office portal: 150+.

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

- Implementation and support of E-Office for 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 regeneration of Government Email IDs of all officials/officers of DGHS (HQ) and its subordinate offices.
- Creation of NIC E-mail IDs for DGHS (HQ) and its various subordinate offices, including various District Health Administrations such as Mobile Health Schemes and School Health Schemes.
- Creation and configuration of VPN for DGHS (HQ) and its various subordinate offices, including various District Health Administrations such as Mobile Health Schemes and School Health Schemes.
- Provision of remote and telephonic support for E-Office to DGHS (HQ), Hospitals and its various subordinate offices, including various District Health Administrations such as Mobile Health Schemes and School Health Schemes.
- Engagement of 28 Data Entry Operators on an outsourced basis through the GeM portal

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

1. Desktop: 185
2. Printer: 161

6.23. 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.

Physical Targets & achievements (2025-26):

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, and 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.

6.24. 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 2024-25 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.

6.24.1. ICD-10 / Morbidity report Delhi-2025

Updated report may be seen at Annexure I.

6.24.2. Communicable-Diseases report Delhi 2025

Updated report may be seen at Annexure II.

6.24.3. Non-Communicable-Diseases report Delhi 2025

Updated report may be seen at Annexure III.

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

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

Note: The above Communicable & 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'25 to Dec'25).

CHAPTER 7

7. NATIONAL HEALTH PROGRAMS

7.1. 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.

Introduction of the Department:

National Rural Health Mission (NRHM) was launched on 13/04/2005 across the country. In line with NRHM, Delhi State Health Mission was notified in October 2006. On 15/05/2013 National Urban Health Mission was launched as a sub mission of National Health Mission with National Rural Health Mission being the other sub mission.

The implementation is done through State Health Society (Delhi) at the State level under the Chairmanship of Secretary Health and Family Welfare, GNCTD and 11 Integrated District Health Societies at the district level under the Chairmanship of Deputy Commissioner (Revenue).

Basic Statistics:

Various programs implemented under Delhi State Health Mission are as per following details:-

RCH Pool:

Reproductive, Maternal, Newborn, Child and Adolescent Health, Immunization Program.

Strategy:

Child Health

- Dedicated programs e.g. Mother's Absolute Affection (MAA) programme & Infant and Young Child feeding (IYCF) practices to promote breastfeeding and nutrition in children.
- Newborn Screening Neonatal Early Evaluation Vision (NEEV) Project and DEICS in all district hospitals (currently 3 DEIC in Delhi) for management of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) under RBSK.
- MusQan Certification for all District/Sub District Hospitals (NRCs, SNCUs, Paediatric OPD/IPD).
- KMC, LMUs and CLMC at District hospitals.
- Inter-sectoral Coordination with WCD, Education department, UNICEF, UNDP, WHO etc. to eliminate malnutrition by having well established linkages with the community.
- Digital platforms for real time capturing of data on FBNC and MPCDSR Portal.
- Zero pediatrics and neonatal deaths status due to preventable diseases like Diarrhoeal diseases and Pneumonia through campaigns like IDCF, SAANS etc.

Basic Statistics: The present status of Mortality indicators of Delhi as per SRS 2021 is Neonatal Mortality Rate (NMR)-8, Infant Mortality Rate (IMR) - 12, Under Five Mortality Rate (U5MR)-14.

National Disease Control Pool: Integrated Disease Surveillance Project, National Leprosy Eradication Program, National Vector Borne Disease

Control Program, National Tuberculosis Elimination Programme, National Viral Hepatitis Control Program and National Rabies Control Program.

Non-Communicable Disease Pool: National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stoke (NPCDCS), National Program for Control of Blindness, National Programme for Health Care of the Elderly, National Programme for Prevention and Control of Deafness, National Tobacco Control Programme, Pradhan Mantri National Dialysis Program, National Programme for Palliative Care and National Programme on Climate Change & Human Health

Health System Strengthening Pool: Community Process-ASHA, RKS and MAS, Quality and Kayakalp. Blood Disorders and Referral Transport.

Janani Suraksha Yojana (JSY):- The scheme aims to promote institutional delivery amongst BPL/SC/ST families.

Janani Shisu Suraksha Karyakram (JSSK) - The scheme aims to provide free and cashless service to all pregnant women irrespective of any caste or economical status including normal deliveries and caesarean operations, for antenatal & postnatal complications and to sick infants in all Government health institutions.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): Pradhan Mantri Surakshit Matritva Abhiyan envisages to improve the quality and coverage of Antenatal Care (ANC), Diagnostics and Counselling services as part of the Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) Strategy

Coverage of unserved / underserved areas: Almost all the unserved /underserved areas have been identified across the State. 64 Seed PUHCs have been set up under this initiative.

ASHA: The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). At present, State has 6649 ASHAs (approx.) in place

Mobile Dental Clinics Operationalization of 2 Mobile Dental Clinics & 6 Mobile Dental IEC Vans is being done by MAIDS to provide dental care in Primary Health Care facilities of vulnerable area with support of Delhi State Health Mission.

Rogi Kalyan Samitis: Rogi Kalyan Samiti (Hospital) is a simple, effective management structure registered under the Society Registration Act. It is facilitating and supporting structure for supplementing the management at hospital/dispensary.

At present, 26 hospitals in Delhi have a registered Rogi Kalyan Samiti. Quality Assurance: 38 PUHCs and 11 hospitals have been accredited at the National level as per compliance with National Quality Assurance Standards (NQAS) including LaQshya. National level valuation of one hospitals is underway and KAYAKALP assessment has been completed for all 43 Hospitals.

National Tuberculosis Elimination Programme-Delhi has been implementing the NTEP with DOTS strategy since 1997. Delhi State NTEP was been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State NTEP is being implemented through a decentralized flexible mode through 24 Chest Clinics equivalent to District TB Centre (DTC). A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.

PM-ABHIM: Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is one of the schemes under the ambit of Ayushman Bharat Health Schemes. The Cabinet of Ministers approved implementation of Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and Ayushman Arogya Mandirs (AAM) in Delhi vide Cabinet Decision No. 3174 dated 20th Feb 2025.

An MoU for implementation of PM-ABHIM has been signed between Deptt. Of Health & Family Welfare, GNCTD and MoHFW, Gol on 10th April 2025.

Under the scheme, GoI has approved 1139 Ayushman Arogya Mandir (AAMs), 11 District Public Health Laboratories and 9 Critical Care Blocks for Delhi.

Delhi is in the process of setting up of health infrastructure at various identified locations.

Ayushman Arogya Mandirs (PHCs): Under the National Health Mission (NHM), a total of 123 Ayushman Arogya Mandir (PHCs) have been operationalized in Delhi during the financial year 2025-26.

Key Performance Indicator (on the basis of the National Level)/Delhi Eg. MMR, IMR in Health, GER, Teacher Pupil Ratio etc. in Education

Key Performance Indicator (on the basis of the National Level/Delhi

(Eg. MMR, IMR in Health, GER, Teacher Pupil Ratio etc. in Education)

Indicator	Delhi Value	National Value
Infant Mortality Rate (IMR)	14	25
Maternal Mortality Ratio (MMR)	86	88
Institutional Delivery	99.3	88.6
Full Immunization Coverage	93.4	
Child Sex Ratio (0–6 years)	919	
Sex Ratio (at birth)	920	

Key Targets of the Department

Indicator	Current Value	Proposed Target for 2026
Infant Mortality Rate (IMR)	14	13
Maternal Mortality Ratio (MMR)	86	85
Institutional Delivery	99.3	>99
Full Immunization Coverage	93.4	93.4
Child Sex Ratio (0–6 years)	919	
Sex Ratio (at birth)	920	930

7.2. NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

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 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 Programme with DOTS strategy since 1997. Delhi State NTEP has been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State NTEP is being implemented through a decentralized flexible mode through 24 Chest Clinics equivalent to DTC. Out of 24 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, and GoI-1 Chest Clinics respectively.

- The NTEP has 190 diagnostic centres and 365 treatment centres located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 3 C&DST Labs to diagnose Drug Resistance TB.

Implementation of DOTS Plus services for DRTB Patients is done through 4 Nodal DRTB Centres & 24 District DRTB Centres. 32 CBNAAT labs (GenXpert) & 87 TrueNat Machines in 24 Chest Clinics/Medical Colleges for Rapid TB Diagnosis are in place.

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

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

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

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

- 100 Days TB Campaign was launched on 7th Dec 2024 till 24th March 2025.

- TB Mukt Bharat Abhiyan 2.0 -100 Days Campaign was launched on 24th March 2026

Infrastructure

State TB Training & Demonstration Centre (STDC)	1
District TB Centres (DTCs)	24 Chest Clinics
TB Units (TU)	38
Designated Microscopy Centres (DMCs)	190
Intermediate Reference Laboratory (IRL)	1. IRL–New Delhi TB Centre 2. IRL AIIMS MEDICINE DEPARTMENT
Culture & Drug Sensitivity (C&DST) Labs (excluding IRL)	NRL NITRD MEHRAULI (C&DST Lab for 4 Chest Clinics o Delhi) RBIPMT C&DST Lab
Liquid Culture Laboratories for 2nd line DST	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
TrueNat Sites	87 TrueNat Sites (69 DUO, 17 UNO, 1 Quattro)
Nodal Drug Resistant TB Centre (DRTBC) (MDR TB Wards)	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)	District DR-TB Centers : 24 (All 24 Chest Clinics have District DRTB Centers) (MDR TB Wards- Patparganj & Nehru Nagar)

Ni-kshay Mitra Initiative

- At present **3842 Nikshay Mitra** are supporting TB patients
- **175 New Nikshay Mitras** have registered since 24th March 2026 and **17,127 Food baskets** have been distributed to TB patients during this period

Major donation by

Delhi Transco Limited (DTL), Delhi Power corporation LTD ,Pragati Power corporation LTD (PPCL),Delhi State Industrial and Infrastructure Development Corporation Limited (DSIIDC),Indian Air Force, BSES Yamuna, BSES Rajdhani, Afcons Infrastructure Ltd, Apollo Tyre, Foundation, National Safai Karamcharis Finance & Development Corporation NSKFDC

Budget Status

Period	Budget approved in ROP 2025-26 (In Crores)	Expenditure 2025-26 (In Crores)
2025-26	108.27	51.32

TB Mukt Bharat Abhiyan

- TB Mukt Bharat Abhiyan 2.0 was launched on 24th March 2026
- The campaign focus on early detection, treatment adherence, awareness, and community engagement, bringing together diverse stakeholders, including Government bodies, corporate sectors, Academic institutions, and community organizations.
- Campaign strategy is
- To Map High burden areas & vulnerable Population
- Intensified Case Finding Approach & cover:
- Symptomatic General Population
- Symptomatic & Asymptomatic Vulnerable Population (>60 year, Malnourished, Diabetes, HIV, Smokers, Alcoholic, Household Contacts)
- Screening (Handheld X-ray) & upfront NAAT testing (molecular)
- Scale up preventive TB treatment
- Delhi received the Jan Bhagidari Award during the World TB Day Event (24th March 2025) from Union Minister Hon'ble Sh J.P.Nadda.

Achievements under TB Mukt Bharat Abhiyaan 2.0

- Total *Ayushman Arogya Shivirs* held – 2048
- 527 *Shivirs* in High-Risk wards/areas
- 155 *Shivirs* in Congregate Settings
- Total Population screened: 3,45,908
- X-ray Done: 2,20,413
- NAAT tests done: 76,590
- Total TB patients notified: 29,361
- Total Household Contacts provided TB preventive treatment: 12,467
- Total Ni-kshay Mitras registered: 175
- Total food baskets distributed under Ni-kshay Mitra Initiative: 17,127
- MLA / MPs /Counsellors engaged: 287

Delhi NTEP Plan for achieving End TB Strategy (SDG3)

Keeping in mind the four pillars of the National Strategic Plan, the plans and activities are being listed as follows:

1. DETECT

- Leveraging Ayushman Arogya Mandir (AAM) infrastructure to ensure timely diagnosis and treatment adherence.
- Ensuring screening of the vulnerable population through Chest X Ray, and if 10 S positive, then diagnostic test through NAAT
- Establishing a Sample Collection and Transport Mechanism for timely diagnosis.
- Ensuring Universal Drug Susceptibility Testing (UDST) for each TB case to rule out drug resistance
- Facilitating active engagement of the private sector in NTEP.

2. TREAT

- Ensuring provision of 5 indoor Beds for TB patients at each Hospital of the NCT of Delhi
- Ensuring prompt treatment of all the TB patients (Drug Sensitive as well as Drug Resistant) both in the Public & Private Sector
- Involvement of ASHAs, Community DOT Provider/TB Champions/Family DOT Provider as Treatment Supporter.
- Ensuring Treatment Adherence through 99 DOTS Lite, Community DOT Providers, Ni-Kshay Sathi (Family Care Giver)
- Ensuring early management of Adverse Drug Reactions to prevent LFU.
- Ensuring Differentiated TB Care services.
- Ensuring timely follow up of all patients to always maintain a success rate of more than 90%.
- Ensure scale up of newer regimens such as BPaLM regimen to all MDR patients.

3. PREVENT

- Promote airborne infection control measures in the households, health facilities and community.
- Ensuring screening of all the Household Contacts of TB patients through Chest X Ray and, if eligible, Implementing PMTPT (TB Preventive Treatment)
- Implement TB infection testing via Cy-TB at both public and private health facilities
- Implementation of TB Preventive treatment guidelines among all vulnerable high-risk individuals after ruling out active TB in each of them.
- Ensure adherence of TB preventive treatment and completion of the same.
- Ensure monitoring and reporting of any ADRs that the beneficiaries may experience during treatment.

4. BUILD

- Capacity building of all NTEP manpower, private sector, stakeholders etc.
- Nutritional support to TB patients through DBT- Ni-kshay Poshan Yojna (NPY)Nutritional support to TB patients through DBT- Ni-kshay Poshan Yojna (NPY)
- Nutritional Food Baskets through Ni-Kshay Mitra Initiative.
- Advocacy Communication and Social Mobilisation (ACSM) activities through State TB Forum and District TB Forum Meetings with the involvement of senior state and district-level administrators
- Ensuring Community awareness for all through effective IEC.
- Multi-sectoral collaboration will be strengthened through the involvement of various Stakeholders.
- Strengthening the linkage with ART centres and NCD clinics.
- Large scale digital interventions such as 99 DOTS Lite, TB Aarogya Saathi App, Cough app, etc.

Key Focus Areas for 2026-27

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

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

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

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

5. **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.

6. **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.

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

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

9. **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.

7.3. NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

In Delhi State, NTCP is being implemented in all 13 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. 2025-26):-

1. Capacity Building Including Training:
   - A total of financial year. Training were held. (State Level: 5 trainings conducted & District Level: 79 trainings conducted.
2. Awareness Programmes in Educational Institutions:
   - Awareness activities were conducted in 1734 schools/colleges/educational institutions (Els) by DTCCS
3. Declaration of Tobacco Free Educational Institutions (ToFEI):
   - 731 Els were declared Tobacco Free as per ToFEI Guidelines by DTCCS
   - Cumulatively 4,280 Els had been declared Tobacco Free up to the last financial year.

4. Tobacco Cessation Centres (TCCs):
   - 34 TSCC (Tobacco Satellite Cessation) and 3 TCC (Tobacco Cessation Centres) were setup and made functional.
5. IEC Activities/Campaigns by DTCC:
   - 841 IEC activities/campaigns were undertaken by DTCC.
6. Awareness on Harmful Effects of Electronic Cigarettes/Like Devices
   - 5291 awareness activities were undertaken by DLCC regarding the harmful effects of electronic cigarettes and similar devices.
7. Challan:-

S.NO	Section	Number of challans	Amount collected as fine (INR)
1.	Section 4	600	Rs 2,66,100
2.	Section 6A	2	Rs 400
3.	Section 6b	151	Rs 28,150

8. Enforcement squad are 13 and 249 visits were done by the squads.
9. Number of persons who availed services at the TCC
   - Counselling - 3933
   - Pharmacotherapy - 693
10. TB-Tobacco screening.
    - Total Number of 278 patients were registered at TCC screened for TB symptoms complex and referred to District TB Centre/designated microscopic centre.
    - Total Number of 444 patients were registered TB patients referred to TCC for counselling after 'brief advice' at DOTS centre.
11. Other Activities
    - World No Tobacco Day (WNTD) 2025. WNTD was celebrated in most of the districts on 31 May 2025.
    - Tobacco Free Youth Campaign 3.0 (TFYC 3.0) was celebrated from 09.10.2025 to 08.12.2025.
    - School Teachers and Stakeholders were sensitised for reinforcement of COTPA implementation drive.
12. FINANCIAL PROGRESSES:-

F.Y	Budget approved amount in (IN) lakhs	Total Expenditure in FY Amount (INR)
2025-26	174	42.10 lakhs

13. Complaint and ATR for F.Y 2025-26

F.Y	No. of Complaint Received	No. of ATR forwarded
2025-26	17	09

7.4. 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

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

Meetings under NPNCD:

Date	Agenda of Meeting	Participants	Remarks, if any
13.05.2025	1. To review the performance of all districts during intensified NCD Screening drive. 2. District wise assessment of data gap between online and offline entries during NCD drive. 3. Identification of gaps between linkage, referral & cross referral between District NCD Cells and to resolve them. 4. To ensure 100% coverage of diagnostic cases to put on treatment. 5. Supplementary PIP 2025-26. 6. Celebration of World Hypertension Day 2025	SPO, NP-NCD, All DPO NP-NCD, State NCD Cell team, WHO Consultant, representatives of Tata Trust team	Virtual meeting was conducted under the chairmanship of worthy DGHS. All agenda points were discussed and MoM was issued to all stakeholders. Further, district wise presentation were done in another virtual meeting conducted on 22.05.2025
03.07.2025	State Action Plan to control Obesity	Director DFW, Director AYUSH, HOO Homeopathy, FSOs from Food safety Department, SPO Adolescent Health Program/ RKSK, representative from School Health Scheme and WHO NCD Consultant	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding State Action Plan to control Obesity.

Date	Agenda of Meeting	Participants	Remarks, if any
03.07.2025	Establishment of Day Care Cancer Centers (DCCCs) in district hospitals	Director (DSCI),Director (JSSH), HOO (ILBS), Nodal Officer (TCCC), Nodal Officer NCD (DDU, RTRM & PMMMH)	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding action plan for establishment of District Day Care Cancer Centres (DCCCs) in district hospitals under GNCTD.
14.07.2025	Celebration of Obesity Awareness Week (21.07.2025 to 26.07.2025)	SPO, NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding Celebration of Obesity Awareness Week
15.07.2025	Operationalization of NCD Clinics in district hospitals	SPO, NP-NCD, All DPO NP-NCD, Nodal Officer NCD Clinics, State NCD Cell team, WHO Consultant and tech support team	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding Mapping & Functionality of NCD clinics on National NCD portal, Identification of dedicated human resource & Submission of Monthly Reports
05.08.2025	To review status of NCD screening	All CDMO, DPOs NP-NCD, SPO ASHA, DHS MCD, State NCD Cell & WHO Consultant	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding status of NCD screening in Delhi Government & MCD health facilities. Direction were given for initiation of Joint NCD-TB special drive
19.08.2025	Establishment of DCCC	Representative from RTRM & DDUH, DCCC coordinator, SPO DSHM	Meeting was conducted under the chairmanship of Special Secretary (HFW)/ Mission Director, Delhi State Health Mission regarding assessment of infrastructure at RTRM & DDUH. Direction were received for visit of Pt.MMVH.

Date	Agenda of Meeting	Participants	Remarks, if any
29.08.2025	State Review Meeting	SPO, NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	Meeting was conducted under the chairmanship of SPO NP-NCD. MoM were issued.
22.09.2025	NCD screening in MCD health facilities		Meeting with DHA and Commissioner- MCD on 22.09.25 with sharing performance of MCD on NCD Parameters with WHO NCD Consultant
23.09.2025	To review status of NCD screening status under SNSPA	MD- NHM/DMs/DG-DHS and CDMOs	DO letter have been sent to all 11 DM for monthly review of NCD screening with respective CDMOs
29.09.2025	State Review Meeting	SPO NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	Zero enrollment and Zero screening performance assessed in the virtual meeting.
15.10.2025	Follow-up of lost patients	SPO NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	
03.11.2025	Regarding PIP 2025-26	SPO NP-NCD, All DPO NP-NCD, All 11 districts DPM, State NCD Cell team & WHO Consultant	
24.11.2025	State Review Meeting	SPO NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	
27.01.2026	State Review Meeting	DGHS, SPO NP-NCD, All DPO NP-NCD, State NCD Cell team & WHO Consultant	

IEC activities:

1. **Celebration of World Health Day on 07.04.2025:** Following activities were carried out on occasion of World Health Day:

- Standard Treatment Protocol for Hypertension and Type 2 Diabetes were launched by worthy DGHS, GNCTD at conference Hall, 1st Floor, and Directorate General of Health Services, F-17, Karkardooma, and Delhi.
- Creative brief of IEC material for prevention and control of Obesity, Cancer and 10 commandments of prevention of Non Communicable diseases were launched.
- Total 55 screening camps for Hypertension and Diabetes Mellitus were organized at Dispensary level and 02 camps were organized at DC/DM offices.
- Screening report is enclosed.

2. **Celebration of World Hypertension Day on 17.05.2025:** A month long plan was prepared and following activities were conducted on world Hypertension day w.e.f. 17.05.2025 to 16.06.2025. Report is enclosed.
3. **Celebration of International Yoga Day:** International Yoga Day was celebrated on 21th June, 2025. Health talks on importance of yoga in maintaining healthy lifestyle were given to the beneficiaries attending health facilities.

4. **Celebration of Obesity Awareness Week:** Obesity awareness week was celebrated from 21.07.2025 to 26.07.2025 in all government hospitals and peripheral health facilities (Delhi Government/ MCD/ AYUSH) along with government schools**.** IEC creative's have been developed for obesity prevention & control and importance of less screen time. Posters of obesity control and less screen time were printed and distributed. Report of obesity awareness week is enclosed.

5. **Celebration of World Heart Day on 30.09.2025:** World heart Day was celebrated on 29.09.2025 along with SNSPA. Various IEC activities like health talks, poster making competitions were conducted in all health facilities.

6. **Health Melas:** Health Melas were organized at Ambedkar Nagar Barat Ghar, Meethapur near Molarband Senior Secondary School on 16.07.2025 and at Asha Kiran Home, Kalkajion 14th July 2025. During the helath melas screening of Diabetes and Hypertension were done and awareness generation activities through banners and distribution of pamphlets were conducted. Counseling were also done for risk reduction of NCDs & lifestyle modification for healthy diet, physical activities & obesity prevention.

7. **Celebration of World Stroke Day**: World stroke day was celebrated in South East district on 29.10.2025. Various health awareness generation activities were carried out in health facilities and schools such as health talks, poster competitions etc.

8. **Celebration of National cancer Awareness Day:** National cancer awareness day was celebrated in all peripheral health facilities on 07th November 2026**.**

9. **Celebration of World Diabetes Day**: World Diabetes day was celebrated in all peripheral health facilities with special screening of diabetes and awareness generation activities.

10. **Celebration of World cancer Day**: World Cancer day was celebrated on 04.02.2026 in all peripheral health facilities. Cervical cancer training of VIA was conducted at DSCI.

Training and Workshops:

- **Mapping of Ayushman Arogya Mandir**: An online training session on 04.07.2025 in coordination with TATA TRUST was conducted for mapping of AAM, seeding of NIN ids & ABHA ids on National NCD portal. Officers/officials from State NCD Cell, all DPOs, MIS experts, officials from district NCD Cell, and WHO consultant attended the session.
- **Online training session of NCD Portal**: A half day online training session was conducted on 17.02.2026 in coordination of WHO India. The training was conducted to resolve various issues related to NCD portal i.e. transfer of ANMs & ASHA area, creation of new user ids of staff nurses, mapping of new districts, mapping of population as per newly re-allocated areas and mapping of major hospitals. The online training was attended by DPOs, State & district ASHA coordinators, State & district MIS experts, state NCD Cell team.

District/ State	MO	ANM	PHNO	DEO	Remarks
South East	22	60	01	-	3 batches of training conducted for PBS & National NCD Portal from 25 to 27 August 2025
East	18	-	-	-	01 batches of training conducted for PBS & National NCD Portal on 28.08.2025
Shahdara	29	-	-	-	01 batches of training conducted for PBS & National NCD Portal on 01.09.2025
West	-	71	-	-	02 batches of training conducted for PBS & National NCD Portal on 04.09.2025 & 19.09.2025
North	19	-	-	-	01 batches of MO training conducted for PBS & National NCD Portal on 08.09.2025
South	-	40	-	-	02 batches of ANM trainings conducted for PBS & National NCD Portal
North East	-	23	-	-	01 batches of ANM training conducted for PBS & National NCD Portal on 08.10.2025
North West	52	53	-	52	MO 17.18 November, 29-30 Nov. DEO & ANMs
South west	48	-	-	-	MO on 21.01.2026
New Delhi	31	33+27	-	29	MO training on 31.01.2026, Total 89 ANM, DEO & LHV trained on 20.11.202, 12.02.2025 & 07.08.2025

Central	30	32	-	31	-

Cervical Cancer Screening Training: State NCD Cell has conducted Cervical Cancer screening training through VIA in collaboration with various hospitals.

No. of MO trained	Remarks
67	Total 21 MO were trained at BJRM hospital & BSA hospital
	Total 14 MO were trained at BSA hospital
	Total 32 MO were trained at Delhi State Cancer Institute

Other Activities:

Fixed 02 NCD screening days in a week: Every week Tuesday & Saturday's are earmarked exclusively for NCD screening on a regular basis across all health facilities (DGDs, SPUHCs, Polyclinics, Ayushamn Arogya Mandirs, MCDs- polyclinics, MH Centers, M&CW centers and other peripheral health facilities). Fixing two days for NCD Screening provides state an opportunity to minimize the gap in the goal of screening and offer timely interventions.

Establishment of Day Care Cancer Centers (DCCCs) in district hospitals: Total four hospitals ie. Deen Dayal Upadhayay Hospital, Pt. Mdadan Mohan Malviya Hospital, Maharshi Valmiki Hospital & Indira Gandhi Hospital been approved by MoHFW, GOI for establishment of Day Care Cancer Centers (DCCCs).

Dr. Pragya Shukla, HoD, Clinical Oncology, DSCI has been nominated as DCCC coordinator. 12 Medical Officers and 16 Nursing Officers have been trained for chemotherapy in 04 batches at Delhi State Cancer Institute.

Integrated service delivery for HIV-NCD co morbidities: Joint supervisory visit with collaboration of DSACS for monitoring of implementation of integrated service delivery for HIV-NCD co morbidities at ART centres (LNH & LBS) and linked NCD clinics conducted on 20.06.2025.
Monitoring & Supervision:

i. Joint supervisory visit with collaboration of WHO consultant for effective implementation of Population Based screening and NPNCD program were done on 26.06.2025 at DGD Old Seemapuri & DGD New Seemapuri (Shahdara district).
ii. Supportive supervisory meeting was conducted with MOI/c of DGD Gazipur and DGS Vasundhara Enclave 25.06.2025.
iii. A meeting with MOI/c/ANMs/ASHA of AAM AYA Nagar by SPO and WHO NCD Consultant conducted on 11.07.2025
iv. MCWC Mehrauli with ICMR and AIIMS team for Cervical cancer related Study by SPO and WHO NCD Consultant: 22.07.2025

v. Meeting with CAMO South East with DNO/WHO NCD Consultant and CDMO to review progress of MCD agency on NCD Parameters: 02.07.2025

vi. Joint TB-NCD Screening Drive: A mass level joint TB-NCD community screening drive was conducted mop-up round, for 45 days w.e.f. 16.08.2025 to 30.09.2025 for screening of diabetes and hypertension with special emphasis on the vulnerable groups.

vii. Swasth Naari Shakasth Pariwar Abhiyan: Swasth Naari Swasth Pariwar Abhiyan was celebrated in all health facilities w.e.f. 17.09.2025 to 02.10.2025. Special screening camps were organized and screening of diabetes, hypertension, oral cancer, breast cancer and cervical cancer was conducted during the Abhiyan.

National NCD Portal:

- Mapping of Ayushman Arogya Mandirs on National NCD Portal is under progress.
- All 10 District NCD Clinics are mapped on National NCD Portal.
- Linkage of ABHA IDs:

Status of NCD Screening data on National NCD Portal as on 31.03.2026

1. Total enrolled on NCD Portal: 39.12 lakh
2. Enrolled 30 Plus: 27.06 lakh
3. Total CBAC Forms filled: 26.41 Lakh
4. Total screened: 14.64 Lakh
5. Referred for cervical cancer screening: 4.81 Lakh
6. Examined: 31.97K
7. Diagnosed: 14.27K

Reports:

1. **World Health Day on 07.04.2025:**

Details of screening are as under:

No. of person screened		**No. of person diagnosed**			**No. of person put on treatment**		
Hypertension	Diabetes	Hypertension	Diabetes	Both	Hypertension	Diabetes	Both
5420	5348	608	582	129	257	247	125

2. World Hypertension Day on 17.05.2025:

Reporting Format for Celebration of World Hypertension Day (17.05.2025 to 16.06.2025) For Hospital			
Name of Activity		**Hospital**	**District**
No. of person screened	HTN	15363	124577
	DM	12220	129796

Reporting Format for Celebration of World Hypertension Day (17.05.2025 to 16.06.2025) For Hospital			
No. of person diagnosed	HTN	3684	8485
	DM	3067	5903
	Both	2557	2550
No. of person put on treatment	HTN	5141	5742
	DM	3816	4008
	Both	3582	1729
No. of suspected/ diagnosed cases referred	HTN	2	1504
	DM	1	1182
	Both	0	827
IEC/BCC Activities conducted i.e. Quiz/ Poster/ Slogan/Painting/Chart Competitions or Helth talks or any other activity please specify the name with numbers)			Health Talk: 2379 Focus Group Discussion:753 Poster Competition:01
No. of NCD camps organized			319
No. of outreach sessions for NCD conducted (Please specify the area i.e. Slums/Old age home/ Orphanages/Colleges/ Schools/Offices)			292

3. **Obesity Awareness Week:** Obesity awareness week was celebrated from 21.07.2025 to 26.07.2025. Report from Health facilities is as follow:

		Male	**Female**
No. of Person screened for obesity	Weight	9942	14274
	BMI	9942	14274
	Waist Circumference	8586	12207
No. of Person suspected for obesity	Over-weight	2527	4249
	BMI	2141	3503
	Waist Circumference	1887	3191
No. of Person screened for NCDs	Diabetes	4710	6320
	Hypertension	5014	6757
	Both DM & HTN	3206	4498
No. of Person entered on NCD Portal out of screened	HTN	1779	2212
	DM	606	805
No. of person diagnosed	HTN	462	561
	DM	232	327
	Both	386	423
No. of Person entered on NCD Portal out of diagnosed	HTN	289	310
	DM	172	217

		Male	Female
	Both	499	588
No. of person put on treatment	HTN	376	425
	DM	211	290
	Both	192	240
No. of Person entered on NCD Portal out of put on treatment	HTN	158	183
	DM	107	122
	Both	47	99
No. of suspected/ diagnosed cases referred	HTN	38	70
	DM	33	59
	Both	4251	6092
No. of IEC activities conducted (Please specify the name of activity & no. of beneficiaries)	Total 821 Health talks, 12 media activities and 02 Focus Group discussions		

Report from Schools is as follows:

Total Number of student screened for Obesity	Number of Student Under Weight	Number of Student Over Weight	Number of Student Obese	Awareness Generation Activity if any
28384	11266	1020	393	Health talks were given to students in morning assembly about balance diet, mini snacks break and good habits of health & hygiene and harmful effects of over screen time. Counseling session was done about underweight and obesity. Prevention posters / videos ,health talk and counseling

7.6. NATIONAL PROGRAM FOR HEALTH CARE OF THE ELDERLY (NPHCE)

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

The Vision of the NPHCE is:

- To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population

- Creating a new “architecture” for Ageing
- To build a framework to create an enabling environment for “a Society for all Ages”
- To promote the concept of Active and Healthy Ageing.

Program Strategies:

- Community based primary health care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
- Strengthening of Regional Geriatric Centers to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.

The data under The National Programme For Health Care of The Elderly for the financial year 2025-26 is as under:-

Sl. No.		**Total**
1	Number of dedicated IPD beds in the DH	110
2	Number of Elderly persons attended OPD_DH	328467
3	Number of Elderly persons attended OPD_U-PHC	190211
4	Number of Elderly persons attended OPD_U-AAM/SHC	47263
5	Number of Elderly persons attended IPD_DH	9142
6	Number of Persons given Physiotherapy/Rehabilitation services _DH	17166
7	Number of Elderly Diagnosed with Hypertension	73777
8	Number of Elderly Diagnosed with Diabetes	52360
9	Number of Elderly Diagnosed with Vision Impairments	20730
10	Number of Elderly Diagnosed with Hearing Impairments	8683
11	Number of Elderly Diagnosed with CVS Disorders	4277
12	Number of Elderly Diagnosed with Respiratory Disorders (including COPD)	26788
13	Number of Elderly Diagnosed with Common Cancers	2632
14	Number of Elderly Diagnosed with Urinary Disorders (including incontinence, kidney disorders)	6558
15	Number of Elderly Diagnosed with Musculo-skeletal disorders	28488
16	Number of Elderly Diagnosed with Cognitive disorders (including dementia)	5476

Sl. No.		Total
17	Number of Elderly Diagnosed with Skin related disorders	19176
18	Number of Elderly Diagnosed with Dental issues	12547
19	Number of Elderly Diagnosed with GI disorders	19158
20	Number of lab tests performed on elderly patients	325795

7.7. 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 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, and Delhi-110032.

7.8. SILICOSIS CONTROL PROGRAM

Introduction:

Silicon Dioxide or Crystallized Silica causes fine levels of dust to be deposited in the lungs. The lungs react in several ways. They get inflamed, create lesions, and then form nodules and fibroids. There are no perceivable symptoms for a numbers of years. Silicosis is difficult to diagnose at its onset. Silicosis symptoms in varying degrees of severity begin to occur. Those affected may experience shortness of breath, fever, chest pain, exhaustion and dry cough.

Since silicosis affects the lungs, it can also affect the vessels leading to the heart. So heart disease and enlargement are common. In the 1990s silicon dioxide was classified as a known carcinogen, and as such silica exposure is now linked to the development of lung cancer.

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

Objectives:

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

Strategies:

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

Govt. Effort for Silicosis Control in Lal Kuan Area: - Lal Kuan is a small urban village near the Mehrauli-

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

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

Rehabilitation: – Recently the draft Rehabilitation Policy for Silicosis patients was approved and is expected to be notified after approval of Cabinet.

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

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

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

8. Further all patients in this area are being screened under RNTCP Programme and provided free treatment at DOTS centre for tuberculosis
9. Reporting of new cases of Silicosis from Hospitals and districts has been started for further follow up and treatment.

7.9. 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:-

- Dental Fluorosis
- Skeletal Fluorosis
- Non skeletal fluorosis

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

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

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

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

Symptoms of Fluorosis:-

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

Diagnosis of Fluorosis Cases

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

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

Any suspected case with high level of fluoride in urine (>1mg/L).

Any suspected case with interosseous membrane calcification in the forearm confirmed by X-ray Radiograph.

Any suspected case, if kidney ailment is prevailing, serum fluoride need to be tested, besides urine fluoride.

The identified cases shall be confirmed by

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

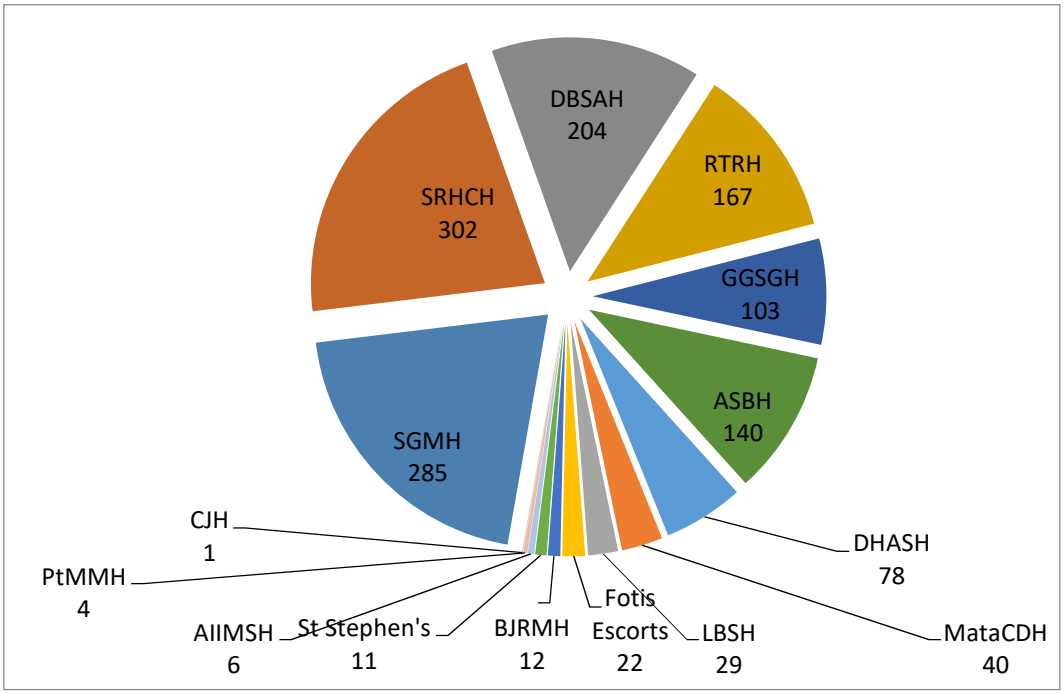
A collaboration of forces with a common goal is always considered more effective in achieving its objective and with more ease. Hence collaboration with NGOs dedicated to the cause of prevention of Fluorosis can never be ruled out. With a mutual understanding and clear definition of roles, a healthy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

Fluorosis Reporting and Status of Fluorosis in Delhi:

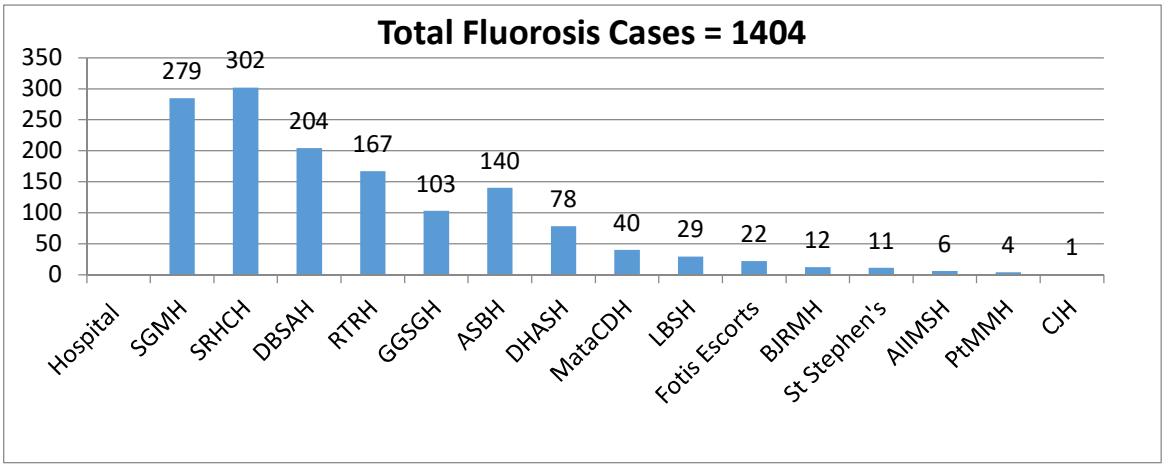
Data of new fluorosis cases from hospitals are collected and compiled for onward submission.

Fortunately, Delhi does not come under the designated endemic areas of Fluorosis. However, the data collected from Hospitals in last five years indicate that North-Wwest, 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.

7.10. HEALTH MELA

The benefit and purpose of Govt. Schemes and Achievements fall 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 the 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 2025-26, this directorate participated in:-

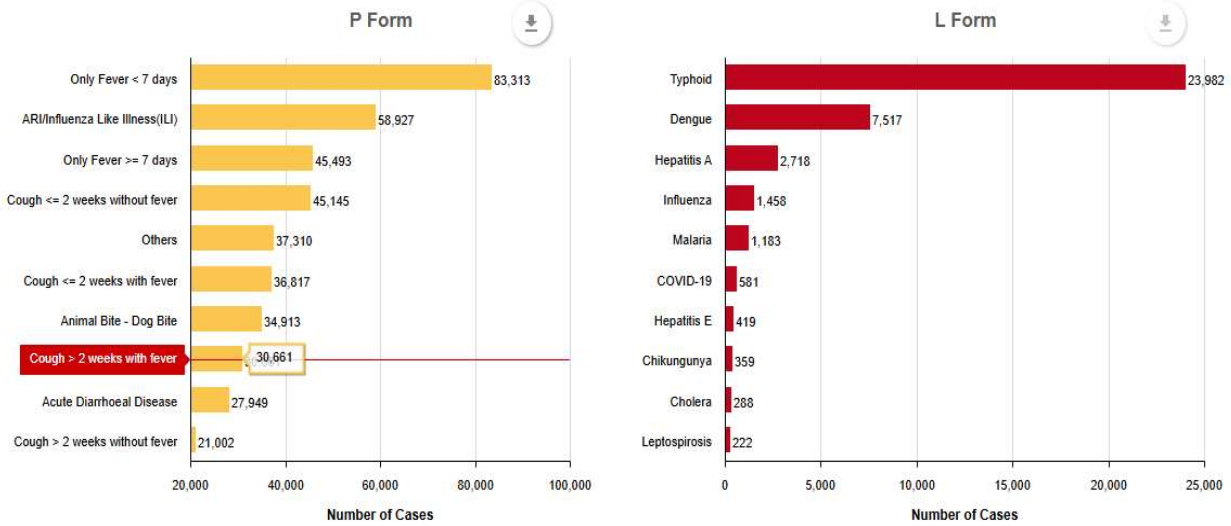
1. Meri Dilli Utsav that was organised w.e.f., 11th to 13th October 2025 at Pitampura Dili Haat, New Delhi and Delhi Development Summit-2026- Delhi Govt. that was organised w.e.f., 21st to 23rd February 2026 at Dilli Haat, Janakpuri, and New Delhi.

7.11. INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

- The Integrated Disease Surveillance Programme (IDSP) aims at early detection of diseases of public health importance and analysis of trends to enable timely preventive action and reduce morbidity and mortality.
- It covers emerging and re-emerging diseases such as COVID-19 and seasonal influenza, along with water-borne, vaccine-preventable, and vector-borne diseases.
- In Delhi, surveillance is implemented through a State Surveillance Unit supported by 11 District Surveillance Units, linked with the National Centre for Disease Control (National Centre for Disease Control) at the central level.
- A District Public Health Laboratory at Pt. Madan Mohan Malviya Hospital (South District) functions under IDSP for diagnostic support.
- Each district has a District Surveillance Committee constituted for monitoring and coordination.
- Rapid Response Teams are in place at each District Surveillance Unit for timely investigation and action.

- On detection of unusual increases in cases, district and state teams take coordinated action with agencies such as Delhi Jal Board, PWD, animal husbandry, and local bodies.
- Disease reporting is done through the Integrated Health Information Platform (IHIP). The Integrated Health Information Platform (IHIP) is a web-enabled, near real-time electronic system that provides a single operating picture with geospatial information for managing disease outbreaks and related resources.
- Data entered on the IHIP portal is continuously analysed on a daily basis to monitor disease trends and support timely public health action.
- Data collection is done in real time through S, P, and L forms, which together provide comprehensive information on disease trends.
- **S-form:** Used for syndromic surveillance by health workers; considered less relevant in Delhi due to its advanced health infrastructure, and exemption is under discussion with the Central Surveillance Unit.
- **P-form:** Used for presumptive surveillance by medical officers, with 1070 reporting units (626 government and 444 private).
- **L-form:** Used for laboratory surveillance with 1007 reporting units (571 government and 436 private
- **Diseases reported on IHIP** under P and L form wef 01.04.2025 to 31.03.2026 on IHIP:





East	14940	0	9129	9194	2301
New Delhi	11496	12	14978	15041	4894
North	92429	11	92449	94105	12739

North East	4162	0	868	869	149
North West	49837	4	5539	5552	3807
Shahdara	35950	1	24589	24653	4538
South	20238	3	16095	16119	7238
South East	18038	3	6451	6456	6207
South West	158373	2	26948	27077	10231
West	38189	4	20293	20354	6540
Total	**501758**	**41**	**243139**	**245298**	**67200**

Status of reporting under P & L form; Delhi



Districtwise status of reporting under P & L form; Delhi

District	Reporting under P Form			Reporting under L Form		
	Total Reporting Units	Numbers of Reporting Units Reporting	% of Reporting	Total Reporting Units	Numbers of Reporting Units Reporting	% of Reporting
Central	118	89	75.3	127	91	71.5
East	63	44	70.14	61	44	71.84
New Delhi	95	66	69.73	54	38	69.51
North	76	63	82.39	76	63	82.55
North East	36	29	81.71	36	29	79.47
North West	136	73	53.7	131	62	47.21
Shahdara	91	71	77.56	94	72	77.02
South	78	62	79.36	67	54	80.12
South East	102	75	73.16	107	78	72.67
South West	151	120	79.51	131	102	77.6
West	124	97	77.88	123	93	75.95
Total	**1070**	**788**	**73.65**	**1007**	**724**	**71.92**

Outbreaks /events reported

- List of major events in which surveillance was done by IDSP (Delhi) with collaboration of districts and other departments:
  a) Food borne illness in IIT Delhi.
  b) A news of outbreak of avian influenza in National Zoological Park, Delhi.
  c) Incidences of falling ill after consuming buckwheat flour in Delhi.
  d) A case of *Neisseria Meningitidis* reported in South Delhi.
  All events were responded timely in-coordination with concerned authorities.
- Total number of outbreak in FY- 2025-26 were 13 and all were responded and investigated timely.

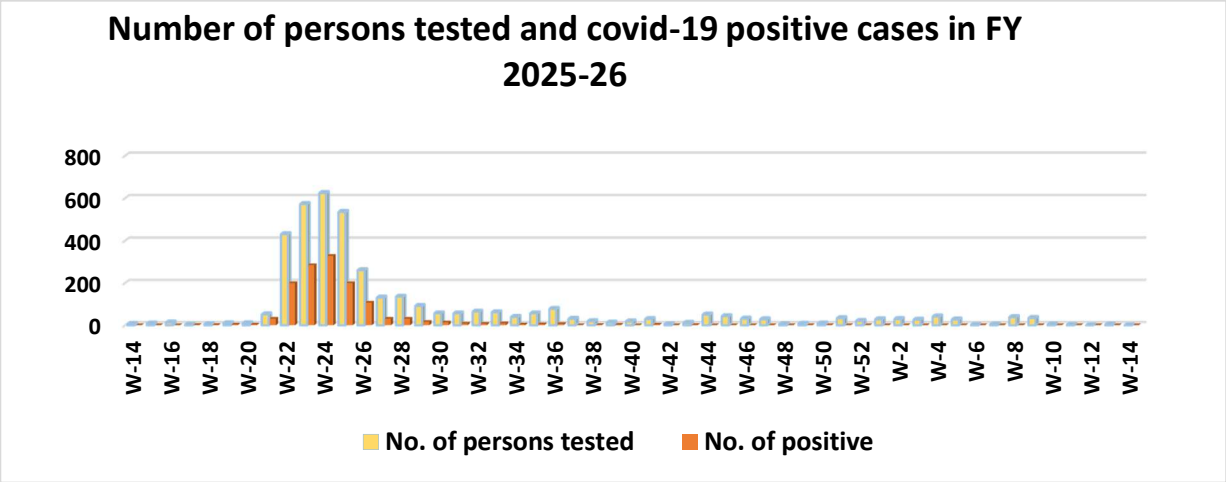


Surveillance of COVID-19

- The surveillance of COVID-19 is continued 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.

- Total 1294 positive cases were reported on IDSP-IHIP portal in FY 2025-26. Maximum cases were reported in May, June and July 2025. Peak of covid-19 cases was observed in June 2025.



(Source: IDSP-IHIP Portal)

- As a part of readiness, a mock drill was conducted on 04.06.2025 to 05.06.2025. A total of 945 Health facilities participated in Mock drill (579 public and 366 pvt).

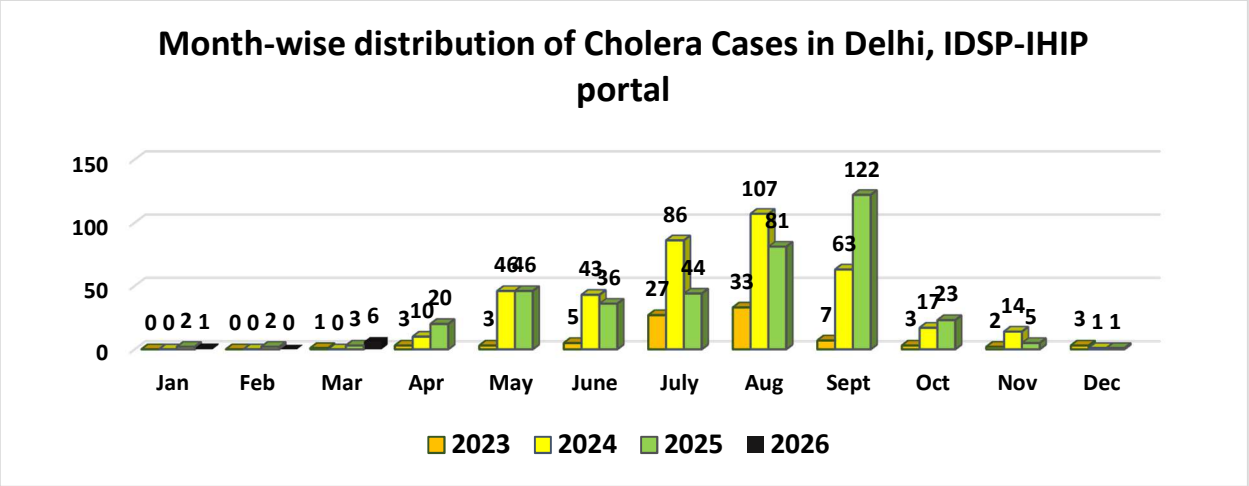
- Another mock-drill was also conducted on 04.09.2025 to 09.09.2025 for assessing the readiness for Seasonal diseases. A total of 1680 Health facilities participated in Mock drill (1334 public and 346 pvt)

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 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, (from 2023 to 31.03.2026)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
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	20	46	36	44	81	122	23	5	1	385
2026	1	0	6	-	-	-	-	-	-	-	-	-	07

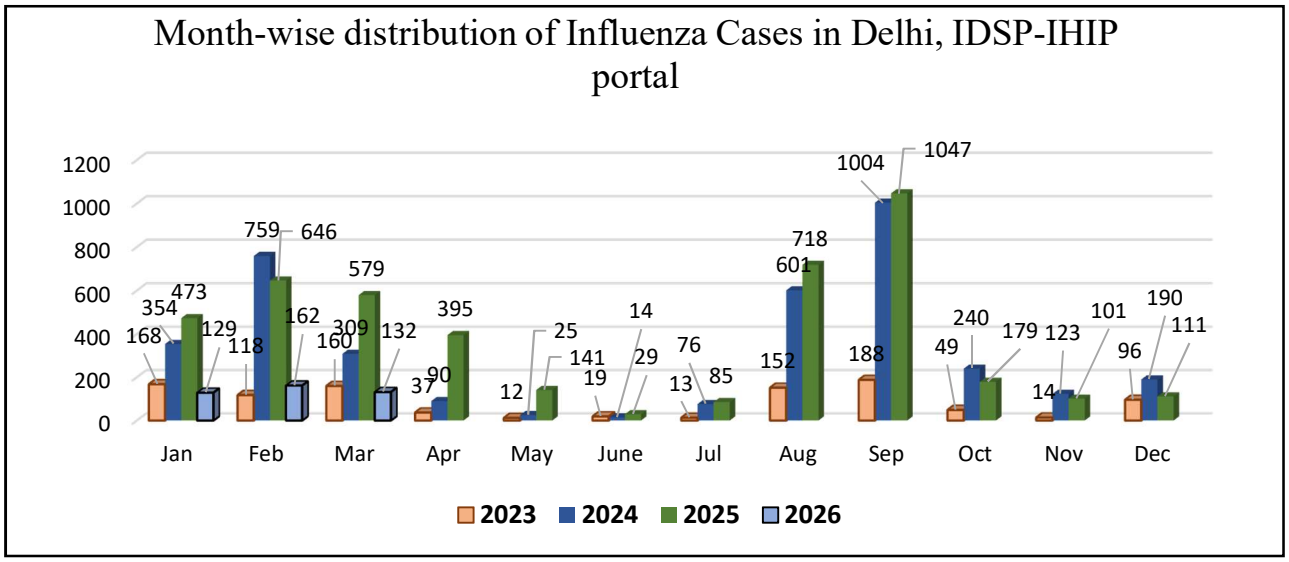


Surveillance of INFLUENZA:

- Due to its seasonal patterns, rapid transmission, and potential for severe complications and pandemics, systematic surveillance of influenza is essential. India experiences two seasonal peaks of influenza annually and the same trend of influenza is also followed in Delhi.
- Multiple influenza advisories have beenshared with all districts to Strengthen the reporting of ILI/SARI cases under IDSP and raise the community awareness in the patients with ILI in the OPD of health facilities/ hospitals

Month wise distribution of Influenza cases, Delhi (2023 to up to 31.03.2026), on IHIP Portal,

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Total
2023	168	118	160	37	12	19	13	152	188	49	14	96	1026
2024	354	759	309	90	25	14	76	601	1004	240	123	190	3785
2025	473	646	579	395	141	29	85	718	1047	179	101	111	4504
2026	129	162	132	-	-	-	-	--	-	-	-	-	423



Trainings under IDSP:

- Training under IDSP was conducted in May 2025 for all District Surveillance Officers (DSOs), their link officers, and IDSP nodal officers from medical colleges and hospitals in Delhi in a single batch. Since Vaccine Preventable Disease (VPD) surveillance is integrated under IDSP, both virtual and offline trainings and meetings have been conducted to support its smooth implementation and transition within the programme.





Total 12 DSOs/link officers and Nodal officers in Govt hospitals-IDSP from districts were trained under TOT training programme conducted by PHFI for 5 days in Gurgaon in the month of December 2025 and 5 DSOs/link officers and Nodal officers in Govt hospitals were also trained under TOT training programme conducted for 5 days at Chandigarh in the month of February 2026.

- Evaluation of reporting on IDSP-IHIP portal & IDSP Programme was done by Independent verification agency (IVA) deputed by Govt. of India (from in two districts of Delhi, west & south, 4 Govt. & 2 private health facilities in each district were visited by team. A team from SSU, Delhi also accompanied the said NCDC, GOI team in their visits at their marked health facilities in South and West Districts of Delhi. Team also had interaction with SSU & DSU staff.







The MoU for establishing **Metropolitan Surveillance Unit (MSU)** in Delhi under PM-ABHIM was signed in February 2026 among the 3 parties viz. Municipal Corporation of Delhi (1st party), State Government of GNCTD of Delhi (2nd party), and GoI (acting through NCDC) (3rd party).



Signing of tripartite MoU at Delhi Sachivalay

7.12. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (NVBDCP)

- The Public Health Wing-IV branch serves as the nodal branch for the implementation of the National Vector Borne Disease Control Programme (NVBDCP). The branch coordinates with various stakeholders to undertake interventions aimed at the prevention and control of vector-borne diseases (VBDs). The programme focuses on six major vector-borne diseases: Dengue, Malaria, Chikungunya, Lymphatic Filariasis, Kala-azar, and Japanese Encephalitis.
- Three local bodies—the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Council (NDMC), and the Delhi Cantonment Board (DCB)—are the primary implementing agencies responsible for carrying out public health activities related to the prevention and control of VBDs in the National Capital Territory of Delhi. Their responsibilities include anti-larval and anti-adult vector control measures, source reduction activities, and epidemiological investigation of confirmed cases, public awareness campaigns, and community mobilization.
- In Delhi, 35 hospitals have been designated as Sentinel Surveillance Hospitals (SSHs), and two Apex Referral Laboratories (ARLs) have been established at AIIMS and NCDC for Dengue and Chikungunya surveillance. ELISA-based IgM diagnostic kits are supplied through the National Centre for Vector Borne Disease Control (NCVBDC) via NIV Pune. Additionally, ELISA-based NS1 Antigen kits are procured and provided by the State as per programme requirements.
- Delhi is currently in the category 1 of malaria elimination, and a Malaria Elimination Action Plan has been prepared by the Municipal Corporation of Delhi. A State Reference Microscopy Laboratory for malaria diagnosis and quality assurance is functional at Maulana Azad Medical College.
- A Death Review Committee, chaired by the Municipal Health Officer (MHO) of MCD, has been constituted to review deaths due to vector-borne diseases reported by various government and private hospitals.

- District Vector Borne Disease Officers (DVBDOs) have been designated in all eleven districts of Delhi to monitor, supervise, and coordinate with stakeholders regarding activities undertaken for the prevention, control, and containment of vector-borne diseases.
- ***A 24X7 control room is functional at DGHS, GNCTD Headquarters with helpline numbers – 01122307145, 01122300012, 011-22300036.***

Surveillance and Reporting:

- Near Real-time reporting of vector-borne disease cases by hospitals and laboratories is being carried out regularly through the Integrated Health Information Platform (IHIP).
- Cases reported on IHIP are monitored on a daily basis. The line list of reported cases is shared with the Municipal Corporation of Delhi (MCD) every day for epidemiological investigation and implementation of appropriate preventive and control measures at the field level.
- The situation of Dengue and other vector-borne diseases is reviewed regularly to monitor disease trends through surveillance data and reporting mechanisms, enabling timely implementation of preventive and control interventions.
- The status of Malaria, Dengue, and Chikungunya cases reported in Delhi from 2021 to 2026 (up to the week ending 28.03.2026), as per the weekly reports received from MCD, is presented below:

Disease	2021	2022	2023	2024	2025	2026*
Malaria	167	263	426	792	744	15
Dengue	9613	4469	9266	6391	1509	55
Chikungunya	89	48	65	267	180	02
*(Data till 29.03.2026)						

- Serotyping of Dengue for the year 2025: The predominant Dengue serotype during the year 2025 as reported by the Apex Referral Lab (AIIMS) & NCDC and Microbiology laboratory, MAMC is DENV-2.

Meetings, Trainings and Other activities:

- During 2025, extensive efforts were undertaken in Delhi for the prevention and control of dengue, malaria, chikungunya, and other vector-borne diseases through high-level reviews, intersectoral coordination, surveillance, capacity building, and programme strengthening. Key meetings were held under the chairpersonship of the Hon'ble Union Health Minister, Hon'ble Chief Minister of Delhi, Secretary (H&FW), GNCTD, Commissioner, MCD, and Director, National Centre for Vector Borne Diseases Control to review disease trends, preparedness, dengue control measures, and malaria elimination strategies. An inter-ministerial meeting involving state authorities and municipal corporations from nine states was also conducted to strengthen convergence for dengue control. Regular death review meetings were held. Capacity-building initiatives included training of district and MCD officials on the Integrated Health Information Platform (IHIP), training of laboratory technicians in malaria microscopy, and training of doctors and paramedical staff on malaria, dengue, and chikungunya. In addition, field investigations were carried out for reported Japanese Encephalitis cases, while continuous monitoring of programme implementation and development of the malaria elimination action plan further strengthened the public health response to vector-borne diseases in Delhi.

Observance of World Malaria Day 2025: World Malaria Day was observed on 25th April to promote action toward ending malaria. Thisyearthethemewas: "Malaria Ends with Us: Reinvest, Reimagine, Reignite."


विश्व मलेरिया दिवस
25 अप्रैल 2025
मच्छर कैसे पैदा होता है और कैसे बीमारी फैलाता है?
मलेरिया से बचाव
जांच एवं उपचार
मलेरिया के मुख्य लक्षण
जानकार बनें– मलेरिया खत्म करें




Malaria

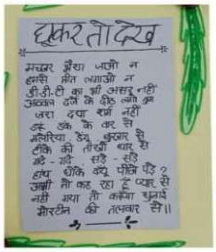



WORLD MALARIA DAY
GBSSS NO 2
MEHRAULI-1923015











Observance of 'National **Dengue Day**': Dengue Day was observed on 16th May 2025 in all the 11 districts of Delhi with the theme "Check, Clean, Cover: Steps to Defeat Dengue" (देखें, साफ करें, ढकें: डेंगू को हराने के उपाय करें). To observe the anti Dengue month (July 2025) in all the Districts, VBD officers coordinated with stakeholders in the district for undertaking different activities.







During 2025, awareness activities on vector-borne diseases were strengthened through a series of webinars and observance days organized by National Centre for Vector Borne Diseases Control. Webinars were conducted during Anti-Malaria Month and in observance of the 10th National Dengue Day to promote public awareness on the prevention and control of malaria and dengue. Additionally, World Mosquito Day was observed on 20 August 2025 with the theme "Accelerating the Fight Against Malaria for a More Equitable World," emphasizing the importance of intensified malaria elimination efforts and equitable access to prevention, diagnosis, and treatment services..

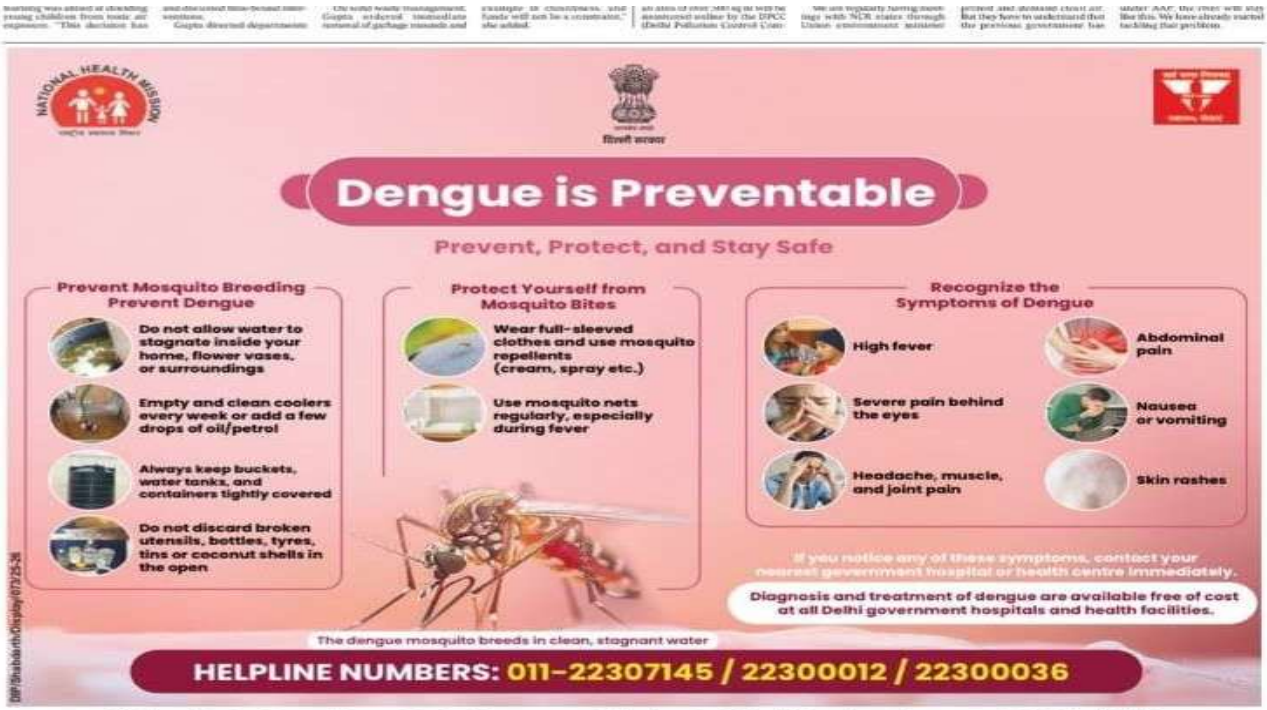
Various advisories issued by Dte. GHS, GNCTD:

During 2025, multiple advisories and communications were issued to stakeholder departments, local bodies, hospitals, educational institutions, infrastructure agencies, and other organizations to strengthen prevention and control measures for dengue and other vector-borne diseases. IEC materials, guidelines, audio messages, training videos, and Do's and Don'ts were widely disseminated, and departments were advised to designate nodal officers for implementing preventive measures. District Magistrates and field officials were directed to conduct regular inspections of mosquito breeding conditions, while specific advisories were issued for construction agencies and hospitals to ensure effective vector control and timely disease reporting. Instructions were also issued to government hospitals, blood centres, and blood storage units to enhance preparedness and ensure safe blood supply during the transmission season. Additionally, regular monitoring and distribution of diagnostic kits were undertaken, with 795 dengue and chikungunya IgM ELISA kits and 4 Japanese Encephalitis kits supplied to designated surveillance hospitals in coordination with National Centre for Vector Borne Diseases Control.

Awareness campaign:

Community awareness and participation are emphasized as key to the prevention and control of vector-borne diseases by promoting simple preventive actions to stop mosquito breeding. Awareness activities include print media campaigns through repeated half-page coloured advertisements in leading newspapers, and wide dissemination of IEC materials such as audio messages and Do's & Don'ts across departments like Delhi Police, DTC, Transport and Education for public broadcasting. IEC materials and banners are also displayed in hospitals and health facilities. At the district level, teams conduct inspections of public institutions, along with health talks and interpersonal communication in the community. Schools are actively engaged through slogan, drawing, poster and quiz competitions, distribution of training videos on dengue prevention, and regular health talks delivered by school health teams to educate children on vector-borne disease prevention.

Copy of Newspaper advisory for prevation and control of Dengue.



7.13. 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 LokNayak Hospital & 7 Treatment Centers Delhi are functional (Currently No HR posted At MTC & TC), and 2 treatment provider also functional at RML hospital and Outreach clinic (AIIMS) Sunder Nagari.
- **Training and Capacity Building:** Standardized training modules for all cadres. One (1) batches of Trainings for Medical Officers has already been held during F.Y 2025-26.

The current status of NVHCP in Delhi is:

- A State Program Steering Committee has been constituted under the chairpersonship of the Secretary (H&FW) to monitor and guide programme implementation.
- A Model Treatment Centre (MTC) is functioning at Lok Nayak Hospital, providing screening, viral load testing, and treatment for eligible Hepatitis B and C patients.
- In addition, 7 Treatment Centres (TCs), 1 Model Treatment Centre, and 2 treatment providers have been designated in Delhi to strengthen hepatitis services.
- Screening and treatment facilities for Hepatitis B and C, along with free medicines supplied by the Government of India based on demand, are available through these centres.
- Surveillance of Hepatitis A and Hepatitis E is being conducted through the IDSP surveillance system.
- Regular meetings have been held with the Central Programme Division for technical guidance and programme strengthening.
- Inter-sectoral coordination is maintained with RCH Division, blood banks, and DSACS for data reporting and patient referral services.

Trainings:
A training was conducted on 28.11.2025 under NVHCP in coordination with ILBS and District viral hepatitis control unit of South district





List of Treatment Centres under NVHCP

Sl.No	State	District	Name of District Hospital/ Polyclinic
1	Delhi	Central	Lok Nayak Hospital (Model Treatment Centre) MTC
2	Delhi	Central	Aruna Asaf Ali Hospital (TC)
3	Delhi	New Delhi	**Ayushman Arogya Mandir UPHC Basant Gaon (TC)**
4	Delhi	West Delhi	Tilak Vihar Polyclinic (TC)
5	Delhi	South West	Pandwala kalan Polyclinic (TC)
6	Delhi	South West	Dwarka Sector -14 Polyclinic (TC)
7	Delhi	North	Ayushman Arogya Mandir Rohini, Sector-18 (TC)
8	Delhi	North East	**Ayushman Arogya Mandir UPHC Arvind Nagar. (TC)**
9	Delhi	New Delhi	RML Hospital (TP)
10	Delhi	North East	AIIMS Sunder Nagri community Clinic (TP)

Hepatitis B Monthly Data 2025-26 (April-25 to March-26)

Sl. No	Month	Total patients Screened	Total number of Hepatitis B positive patients tested for viral load	No of patients who put on the treatment of Hepatitis B continuing on treatment (Cumulative)
1	April 2025	282	210	364
2	May 2025	334	209	358
3	June 2025	277	203	362
4	July 2025	374	251	401
5	Aug 2025	1166	236	413
6	Sep 2025	1305	241	442
7	Oct 2025	819	218	457
8	Nov2025	948	227	474
9	Dec2025	708	184	426
10	Jan 2026	813	171	464
11	Feb 2026	1090	224	438
12	March 2026	1036	241	435

Hepatitis C Monthly Data 2025-26 (April-25 to March-26)

S No	Month	Total number of persons screened for Hepatitis C	Total number of persons found positive for Hepatitis C	Total number of patients put on treatment	Total number of Hepatitis C patients completed treatment
1	April 2025	282	122	58	54
2	May 2025	334	149	63	52
3	June 2025	277	112	38	91
4	July 2025	374	135	36	52
5	Aug 2025	1184	134	46	36
6	Sep 2025	1320	158	86	30
7	Oct 2025	736	144	67	38
8	Nov2025	935	172	49	67
9	Dec2025	705	182	69	72
10	Jan 2026	822	166	103	78
11	Feb 2026	1004	194	81	37
12	March 2026	1000	207	73	81

7.14. NATIONAL RABIES CONTROL PROGRAMME (NRCP)

Rabies is a neglected tropical zoonotic disease mainly transmitted through bites or scratches from infected animals, especially dogs. It is almost always fatal once symptoms appear, but is 100% preventable through timely vaccination. The National Rabies Control Programme (NRCP), implemented by the Ministry of Health and Family Welfare, Government of India since the 12th Five Year Plan, is currently supported under the National Health Mission for human health components at the State and District levels since 2019–20. In Delhi, the Rabies Control Programme (2025–26) focuses on reducing human rabies deaths through timely post-exposure prophylaxis (PEP) and strengthening public awareness activities. In line with the Centre for One Health approach of the National Centre for Disease Control (National Centre for Disease Control), the programme emphasizes improved vaccination coverage, timely case management, and coordinated implementation to prevent rabies-related deaths.

The objectives of the programme are:



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.

Key achievements under the Rabies Control Programme, Delhi for 2025–2026 are outlined below:-

- Human rabies has been declared a **notifiable disease** by the Government of NCT of Delhi under the Epidemic Diseases Act, 1897 to ensure timely reporting, diagnosis, and prevention.
- In compliance with SUO MOTO Writ Petition (Civil) No. 5 of 2025, around 38 government hospitals and 400 private health facilities have submitted action taken reports and ensured secure premises with fencing, boundary walls, and gates to prevent stray dog entry.
- All government and private health facilities have been directed to maintain mandatory stocks of anti-rabies vaccine and immunoglobulin at all times.
- A technical committee has been constituted to finalize the State Action Plan for Dog Mediated Rabies Elimination (SAPRE).
- A State Level Joint Steering Committee for Rabies under NRCP has been formed under the chairpersonship of the Secretary (H&FW), GNCTD.
- Approximately 1100 IEC materials (sun boards) have been distributed to government schools in Delhi for awareness generation.

- Five Model Anti-Rabies Clinics have been established in district hospitals (with similar facilities set up in previous financial years).
- Around 50 health facilities are equipped with wound-washing facilities for immediate post-exposure management.
- World Rabies Day 2025 was observed at state and district levels with awareness activities such as health talks, street plays (nukkad nataks), IEC distribution, and drawing competitions.
- Monthly data reporting is being carried out from all 11 district hospitals and PHCs across Delhi to monitor rabies-related activities and services.



(Wound washing facility at GTB Hospital)



(Anti Rabies Clinic at Burari Hospital)

Field Investigations:-

- A rabies death case reported from Poothkalan, North-West District was investigated by a joint team of State, District, and Veterinary Department of the Municipal Corporation of Delhi (MCD).
- Ground investigation of multiple dog bite cases involving 22 individuals was conducted in Malkaganj, Central District on 16.07.2025.
- A field investigation of a rabies death case from Nehru Camp, Rohini (North-West District) was carried out by State and District officials.
- A dog bite case reported from Hudco Place Extension, South-East District was investigated; the implicated dog subsequently died and tested positive for rabies, and a door-to-door survey was conducted in the affected residential blocks.
- A field investigation of a dog bite case in Brahmpuri, Seelampur, and North-East District was conducted, along with a door-to-door survey in the surrounding residential area.





Total number of human Suspected/Probable Rabies Cases (2025-26) and Death due to Rabies and Dog Bite cases from 2025-26:

Year	Dog Bite cases	Other Animal Bite	Number of Suspected/ Probable Rabies Cases reported at Delhi hospitals*			Death Due to Rabies		
			Delhi	Outside Delhi	Total	Delhi	Outside Delhi	Total
2025-26	637749	88737	10	61	**71**	10	8	18

*Includes patients from neighboring States also

Animal Bite Cases and Post-Exposure Prophylaxis (2025–2026):-

During the year 2025–2026, a considerable number of animal bite cases were reported under the National Rabies Control Programme (NRCP), Delhi, with dog bites accounting for the majority of incidents.

Animal Bite Cases, NRCP, Delhi					
FY	Stray Dog	Pet Dog	Cases of other Animal Bite	Total No. of ARV Given	Total No. of ARS Given
2025-26	574996	62753	88737	721835	173237

Capacity Building:-

Training of rabies clinical diagnosis & management at district level were conducted by 6 districts under NRCP, Delhi during 2025-26.

Number of Trainings conducted in FY 2025-26	Total No. of participants trained in FY2025-26 (all cadres)
8	222



s






IEC Activities on Rabies (2025–26)

During the year 2025–26, IEC activities on rabies prevention and control were undertaken to enhance community awareness and promote preventive practices.

IEC material developed for Rabies



Awareness Activities at public places-









WORLD RABIES DAY
2025
ACT NOW YOU, ME, COMMUNITY
PREVENT RABIES, SAVE LIVES


The Dream Ride


DEATH


SPORT
APTURE


WORLD RABIES DAY
RABIES KILLS

Awareness Activities at Health Facilities-

Elicitation of State team on Word Rabies Day, 2025 at NCDC









Felicitation of State team on Word Rabies Day, 2025 at NCDC



7.15. NATIONAL LEPROSY ERADICATION PROGRAM

Epidemiological Scenario:

The state has achieved the goal of elimination of leprosy (i.e., Prevalence rate of Leprosy less than 1 case/10000 population) in 2007. Prevalence rate of Leprosy in 2025-26 is **0.65 There were 1226 new leprosy cases on record as per latest available data (as on 31st MARCH 2026)**. Trend of few important indicators since 2020-21 is given below:

Indicators	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
New cases detected	829	983	1447	1382	1353	1226
Child among new cases (percentage)	3.01	3.35	3.24	2.60	2.73	2.45
Grade II disability among new cases (percentage)	11.33	16.37	15.34	17.52	17.44	20.47
Number of Grade II disability amongst new child cases	1	1	0	2	4	3
RCS conducted for disability correction	5	46	51	55	63	39

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).
- One round of Leprosy Case Detection Campaign (LCDC) has been conducted in the month of October 2025 and number of new cases detected during LCDC were **24.**
- SLAC 2026 (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.
- DPMR camps were organized by the State in Leprosy Colonies of R.K. Puram and Sriniwaspuri in collaboration with No Leprosy remains (NLR), India and Lepra society.
- Capacity building at all levels (ASHA Workers, ANM, MO, DLO, SLC on diagnosis, Management and Disability prevention.
- 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 patients expected to undergo RCS during 2025-26 : **45 (Target)**
- No. of patients undergone RCS during 2025-26 : **39**
- No. of patients paid welfare allowance during 2025-26 : **14**
- No. of patients require MCR footwear : **266**
- No. of MCR footwear procured & distributed during 2025-26 : **266**

Involvement of ASHA in 2025-26:

- Total No. of ASHA in State **: 6360**
- No. of ASHAs trained in leprosy during 2024-26 **: 5283**
- No. ASHAs paid incentive on confirmation/completion of treatment in 2025-26 **: 188**

Activities through Health Centers, Hospitals and School: The Health Centers (PUHCs, Seed PUHCs, M&CW centers, Maternity homes, Polyclinics etc), Hospitals and Schools all over Delhi actively participated in SLAC-2025-26.

- 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 2025-26:

S.No.	Category	In position	No. trained during 2025-26
1.	Medical Officer	689	349
2.	Staff nurses (ANM)	1225	916
3.	Pharmacists	354	104
4.	ASHA	6360	5283

Leprosy Colony

- No. of leprosy colonies: **26 (Including 20 small registered colonies under Tahirpur Complex)**
- No. of PAL residing and total no. of inhabitants : **638/7785**
- No. of visits paid by Medical staff: **On regular basis**

Supervision & Monitoring

- No. of Field Visits undertaken by State Leprosy Officer 2025-26: **27**
- No. of Field Visits undertaken by State Leprosy Consultant in 2025-26: **14**
- No. of Field Visits undertaken by ILEP consultant in 2025-26: **15**
- No. of Review Meetings of District Leprosy Officers held in 2025-26: **3**

Financial Status

Year	2022-23	2023-24	2024-25	2025-26
Allocation	239.73	417.13	213.39	213.39
Release	239.73	417.13	213.39	213.39
Expenditure	150.00	295.05	145.90	*124.55

***Expenditure shown in 2025-26 is provisional**

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

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

	HR category	Sanctioned	In Position	Shortfall
	NMS	11	7	4
	LA	11	9	2
Contractual staff at Block level	Block PHC PMW	0	0	0
	Urban unit PMW	6	3	3

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 Man power hired at District level out of NLEP funds:

S No.	District	Designation	Name	Contact No.
1	East	Leprosy Assistant	Ms. Suman Lata	9654606565
2	Shahdara	Physiotherapist	Sh. Amod Kumar	9971285747
		Leprosy Assistant	Ms. Renu Bala	9971332949
		PMW	Sh. Naresh Kumar	8791772519
3	North East	Leprosy Assistant	Ms. Sonia Arora	8802406225
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
		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, 2026:

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 2026. A Pledge ceremony has also been taken place in office of Director General of Health Services (DGHS), all CDMO / DPMU Office, Health Centers, Hospitals, DM offices under all the 11 districts of Delhi on 30th January 2026.
- **Health talks** for staff/ patients/ visitors, group discussions & distribution of pamphlets/ posters.
- Health Talks given by NMS & PMW in presence of CDMO/MO, M.O 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.
- **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 2025-26









DPMR CAMPS 2025-26













Meetings at State & District Level



Monitoring Visits in Districts 2025-26





National Leprosy Eradication Programme															
Block wise Information as on 31st March 2026															
NLEP-01															
Sl.No.	Name of the State	Name of District	Name of Block PHC	Estimated population March 2026	Total new cases (2025-26)	Female Cases	Child Cases	MB Cases	Grade-I disabled cases-Adult(2025-26)	Grade-I disabled cases-children (2025-26)	Grade-II disabled cases-Adult(2025-26)	Grade-II disabled cases-children (2025-26)	ANCDR/ 1,00,000	Balance cases under treatment (as on 31/03/2026	PR /10000
-1	-2	-3	-4	-5	-6	-7	-8	-9	-10	-11	-12	-13	-14	-15	-16
1	**Delhi**	**Central**	**Kotwali**	1892799	112	33	7	110	21	2	25	1	5.92	84	0.44
			Civil Lines												
			Karol Bagh												
2	**Delhi**	**East**	**Mayur Vihar**	1890978	35	5	0	35	3	0	5	0	1.85	35	0.19
			Preet Vihar												
			Gandhi Nagar												
3	**Delhi**	**New Delhi**	**Chanakya Puri**	1376540	144	37	3	144	24	0	24	0	10.46	158	1.15
			Vasant Vihar												
			Delhi Cantt												
4	**Delhi**	**North**	**Model Town**	1818826	49	13	1	48	0	0	6	0	2.69	40	0.22
			Alipur												
			Narela												
5	**Delhi**	**North East**	**Yamuna vihar**	1785121	6	1	0	6	0	0	0	0	0.34	11	0.06
			Seelampur												
			Karawal nagar												
6	**Delhi**	**North West**	**Rohini**	2908041	120	39	2	105	8	0	24	0	4.13	149	0.51
			Saraswati vihar												
			Kanjhawla												
7	**Delhi**	**Shahdara**	**Shahdra**	1435536	212	62	7	209	26	0	44	0	14.77	355	2.47
			Vivek vihar												
			Seemapuri												
8	**Delhi**	**South**	**Hauz khas**	1596742	410	115	4	405	69	5	102	1	25.68	458	2.87
			Saket												
			Mehrauli												
9	**Delhi**	**South East**	**Defence colony**	1942332	10	3	0	10	0	0	0	0	0.51	10	0.05
			Kalkaji												
			Sarita vihar												
10	**Delhi**	**South West**	**Dwarka**	1764220	36	9	4	33	2	1	7	1	2.04	35	0.2
			Najafgarh												
			Kapashera												

11	**Delhi**	**West**	**Patel nagar**	3277349	92	35	2	91	18	0	11	0	2.81	78	0.24
			Rajouri Garden												
			Punjabi bagh												
	Total	**Delhi-State**		**21688484**	**1226**	**352**	**30**	**1196**	**171**	**8**	**248**	**3**	**5.65**	**1413**	**0.65**

National Leprosy Eradication Programme

Urban Locality- wise Information as on 31st March 2026

NLEP-02

Sl. No.	**Name of the State**	**Name of District**	**SL. No**	**Name of Urban Locality**	**Estimated population March 2026**	**Total new cases (2025-26)**	**Female Cases (2025-26)**	**Child Cases (2025-26)**	**MB Cases (2025-26)**	**Grade-I disabled cases-Adult (2025-26)**	**Grade-I disabled cases-childre n (2025-26)**	**Grade-II disabled cases-Adult(2025-26)**	**Grade-II disabled cases-childre n (2025-26)**	**ANCDR/ 1,00,000 (2025-26)**	**Balance cases under treatment (as on 31/03/2026)**	**PR/10000**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Delhi	Central			1892799	112	33	7	110	21	2	25	1	5.92	84	0.44
2	Delhi	East			1890978	35	5	0	35	3	0	5	0	1.85	35	0.19
3	Delhi	New Delhi			1376540	144	37	3	144	24	0	24	0	10.46	158	1.15
4	Delhi	North			1818826	49	13	1	48	0	0	6	0	2.69	40	0.22
5	Delhi	North East			1785121	6	1	0	6	0	0	0	0	0.34	11	0.06
6	Delhi	North West			2908041	120	39	2	105	8	0	24	0	4.13	149	0.51
7	Delhi	Shahdara			1435536	212	62	7	209	26	0	44	0	14.77	355	2.47
8	Delhi	South			1596742	410	115	4	405	69	5	102	1	25.68	458	2.87
9	Delhi	South East			1942332	10	3	0	10	0	0	0	0	0.51	10	0.05
10	Delhi	South West			1764220	36	9	4	33	2	1	7	1	2.04	35	0.20
11	Delhi	West			3277349	92	35	2	91	18	0	11	0	2.81	78	0.24
		Delhi-State			**21688484**	**1226**	**352**	**30**	**1196**	**171**	**8**	**248**	**3**	**5.65**	**1413**	0.65

National Leprosy Eradication Programme									
Details of Leprosy Case Detection Campaign (LCDC)-2025-26									
NLEP-03									
Sl. No	**Name of State/UT**	**Name of District**	**No. of Block PHC /Urban Covered**	**Enumerated Population (2025-26)**	**Population Eligible for screening(2025-26)**	**Screened Population (2025-26)**	**Suspects reffered (2025-26)**	**Suspects examined (2025-26)**	**cases Confirmed (2025-26)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Delhi	Central	12	832048	826226	826226	260	260	1
		East	10	381605	161293	161293	242	242	1
		New Delhi	19	504141	325311	325311	470	470	1
		North	26	1341075	927477	927477	78	78	4
		North East	12	1601500	623013	623013	301	301	3
		North West	28	1106000	1004281	1004281	379	379	2
		Shahdara	29	878000	717776	717776	207	207	2
		South	21	1491758	531549	531549	270	270	3
		South East	14	871521	575905	575905	116	116	0
		South West	32	1446000	1330857	1330857	192	192	4
		West	39	1352744	1068041	1068041	276	276	3
		Delhi-state	**242**	**11806392**	**8091729**	**8091729**	**2791**	**2791**	**24**

National Leprosy Eradication Programme

Training Status-2025-26

NLEP-04

		DLO/DLC			MO			PT			LT			HS / ANM			CHO/Staff Nurses			Pharmacists			BNLW / NMS/NMA			ASHA			
Sl. No	**State/UTs**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**In Position**	**No. of personnel req. training**	**No. trained**	**Remarks**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**11**	**(12)**	**(13)**	**14**	**(15)**	**(16)**	**17**	**(18)**	**(19)**	**20**	**(21)**	**(22)**	**23**	**(24)**	**(25)**	**(26)**	**(27)**	**(28)**	**(29)**	**(30)**
33	**Central**	1	1	0	86	12	74	0	0	0	44	16	28	76	0	76	0	0	0	43	13	30	1	0	1	521	0	521	
2	**East**	1	0	1	45	15	30	0	0	0	15	15	0	90	5	85	0	0	0	28	28	0	0	0	0	476	76	400	
3	**New Delhi**	1	1	0	47	17	30	0	0	0	12	12	0	58	0	58	2	0	2	11	11	0	1	0	1	249	7	242	
4	**North**	1	0	1	45	19	26	0	0	0	16	12	4	180	88	92	0	0	0	45	45	0	1	0	1	670	130	540	
5	**North East**	1	0	1	30	0	30	0	0	0	28	16	12	103	0	103	0	0	0	20	15	5	0	0	0	582	0	582	
6	**North West**	1	1	0	84	60	24	0	0	0	0	0	0	180	71	109	0	0	0	0	0	0	1	0	1	840	287	553	
7	**Shahdara**	1	0	1	48	22	26	1	0	1	21	21	0	93	0	93	0	0	0	45	45	0	0	0	0	468	0	468	
8	**South**	1	0	1	60	60	0	1	0	1	45	41	4	68	38	30	32	32	0	32	32	0	1	0	1	400	69	331	
9	**South East**	1	1	0	79	50	22	0	0	0	28	18	10	105	63	42	11	11	0	53	53	0	0	0	0	653	341	312	
10	**South West**	1	1	0	76	29	47	0	0	0	30	30	0	170	10	160	41	41	0	40	8	32	1	0	1	890	167	723	
11	**West**	1	0	1	89	65	24	0	0	0	47	0	47	102	34	68	28	0	28	37	0	37	1	0	1	611	0	611	
	Delhi State	**11**	**5**	**6**	**689**	**349**	**333**	**2**	**0**	**2**	**286**	**181**	**105**	**1225**	**309**	**916**	**114**	**84**	**30**	**354**	**250**	**104**	**7**	**0**	**7**	**6360**	**1077**	**5283**	

7.16. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

National Programme of Prevention and control of Deafness, (NPPCD) Delhi
Annual Report 2025-26



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

State Profile

- Area- 1484 Sq Km
- Total population- 2.14 crores
- No. of Districts - 11
- No. of Polyclinics- 25
- No of PUHC- 582 (including Delhi Govt, MCD, CGHS, ESI, NDMC Railway, Army Defence, Other)
- No of Hospitals – 54 (including Delhi Govt, MCD, Central and Autonomous)
- Medical College - 10

Contractual manpower under NPPCD

Sl. No.		Sanctioned as per GOI Guidelines	Filled	Vacant
A	State Cell:			
1	Consultant ENT	1	1	-
2	Program Assistant	1	-	1
3	Data Entry Operator	1	1	-
B	At District level			
4	Audiologist	4	-	4
5	Audiometric Assistant	4	1	3
6.	Instructor for hearing impaired	4	-	4

Reporting under NPPCD

1) Manpower and Training status of workers under NPPCD programme:

State NPPCD Cell	**Vacant/filled**	**Name & contact number**	**Trained (Yes/No)**
Consultant	Filled	Dr Tarannum Ara 9870344181	No
Programme Assistant	Vacant	-	-
DEO	Filled	Ms. Sushma Saini 9268202508	No

2) Screening camp information:

Total no of	**Cumulative (2025-26)**
Screening camp organized	21
Patient screened for deafness	7938
Patients found to have deafness	398
Patients advised for hearing aid	2
Patients advised for surgery	20
Patients advised for medicine only	102

3) Total no. of person attending OPD at MC/DH/CHC/PHC/HWC:

OPD cases per month	**Cumulative (2025-26)**
No. of cases (OPD) with ear & hearing problem as per hearing register	345176
Direct patient out of total OPD, attending MC/ DH/CHC/PHC/HWC	175507
Referred cases out of total OPD, from DH/CHC/PHC/HWC	83197

4) Total Audiometric Examination at MC/DH:

Number of cases found with having	**Cumulative (2025-26)**
Unilateral	53765
Bilateral	73427

Degree of hearing loss in Affected Ear for unilateral	**Cumulative (2025-26)**

No deafness	14414
Mild deafness	13368
Moderate deafness	11448
Severe deafness	8375
Profound deafness	6160

Degree of hearing loss in Better Ear for Bilateral	**Cumulative (2025-26)**
No deafness	18709
Mild deafness	14314
Moderate deafness	19589
Severe deafness	13331
Profound deafness	7484

5) Total no of Persons treated at MC/DH/CHC/PHC:

Treatment given	**Cumulative (2025-26)**
a) Medical treatment	265801
b) Wax removal/syringing	68723
c) Surgical treatment	21184
d) Prescribed Hearing aid	5001
e) Referred for Rehabilitation	1634

6) Total no of Surgeries performed at MC/DH:

Surgery	**Cumulative (2025-26)**
Myringoplasty	996
Tympanoplasty	2825
Myringotomy	206
Grommet insertion	164
Stapedectomy/Stapedotomy	162
Mastoidectomy/Mastoid Surgery	1579
Grand Total	5932

7) Total no. of cases managed by**:**

No. of cases in whom	**Cumulative (2025-26)**
Hearing aid recommended	7065
Hearing aid fitted	1005
Speech & language therapy done	10594

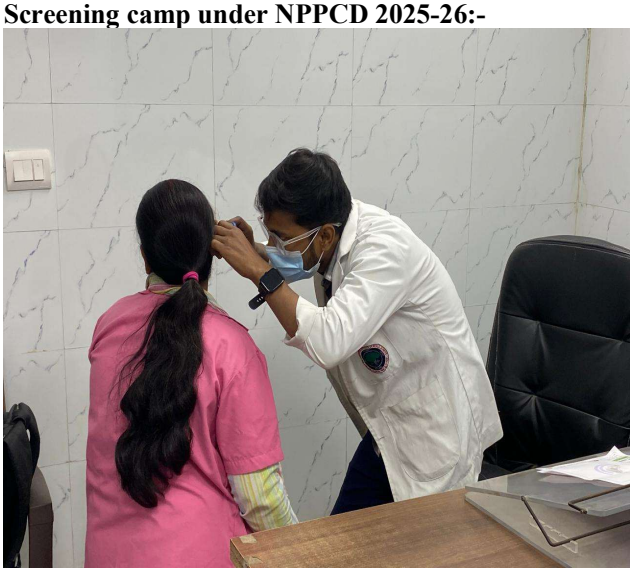
8) IEC activities:

IEC activities	**Cumulative (2025-26)**
Pamphlet/booklet/posters/banner distributed	434
	7400
Days/weeks celebrated	-
Community/school/shows & other activities	-

9) Funds received under programme from GOI

Funds received in lakhs(Rs)	ROP current year	Allocated to Districts	Utilized
26.05	2025-26	23.55	9.41

Screening camp under NPPCD 2025-26:-





Nukad Natak and Health Talk in West district on World Hearing Day 2025-26:-









Ear screening camp at Ayam Band Nagri Ext Shahdara District



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

The "State Health Society Delhi" is implementing NPCB&VI program in Delhi on the decentralized manner through respective "Integrated District Health Society". Various approved activities were under taken **during the year 2025-26** as per Prog. 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
2025-26	120512	113773

2. School Eye Screening Project

Under this project the primary screening of students of schools of Deptt. Of Education GNCTD. The 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 PMOA/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 provided free spectacles suffering from presbyopia
2021-22	Nil	-	-	-	Nil
2022-23	Nil	35222	3377	-	Nil
2023-24	Nil	158831	20737	5216	1465
2024-25	Nil	953781	107681	2651	1879
2025-26	Nil	133062	15004	9388	11529

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
2025-26	6248	4212

The eye banks are connected with MTNL Toll free number 1800 103 7100 or Call 1919 (Toll Free Number) 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	+91-11-26569461 26589461 26593060
2	Central Eye Bank, Sir Ganga Ram Hospital	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-60	25732035, +91-11-25781837
3	Shroffs Charity Eye Bank	5027, Kedar Nath Road, Darya Ganj, New Delhi-02	011-43524444 9650300300
4	Guru Nanak Eye Centre	Maharaja Ranjit Singh Marg, Delhi-02	+91-11-23234612, 23234612, 23235145 23234622
5	Safdarjung Hospital Eye Bank	Aurobindo Marg, New Delhi-29	9868272292 26707217
6	Army Hospital Eye Bank	R.R. Centre, Subroto Park N. Delhi	011-23338181 011-23338187 01123338440
7	Guru Teg Bhadur Hospital	Tahirpur Rd, GTB Enclave, Dilshad Garden, New Delhi, Delhi 110095	
8	Centre for Sight- Dwarka	Plot No 9, Dwarka Sector 9, Dwarka, New Delhi, Delhi, 110075	01142504250
9	Deen Dayal Upadhyay Hosp	Hari Nagar, New Delhi-110064	
10	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 pair of 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 Asstt. in Vision Centers, procuring and maintenance of equipment for hospitals, opening and strengthening of vision centers and for IEC activity are being implemented at the level of District Health Societies.

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. the detail of trained eye surgeons given below:

Year	Eye Surgeons	Providing training
2024-25	1	Vitreo Retinal Surgery
	1	Medical Retina & Laser Techniques
2025-26	1	Low Vision Services
	1	Medical Retina & Laser Techniques
	1	Eye Banking and Keratoplasty

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

National Eye Donation Fortnight 2025 observed August 25 – September 8. The theme for NFED 2025 was ***"Everyday Heroes"***. This theme honors eye donors, their families, and medical professionals who contribute to corneal transplantation and fight corneal blindness. The initiative focuses on urging individuals to pledge their eyes.

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 40th 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 (WSD) 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 **26th *World Sight Day 2025*** was celebrated on 9th Oct. 2025. The theme for WSD 2025 was "***Love Your Eyes*", ** the designated theme of WSD 2025. 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. <u>IEC Activity on World Glaucoma Week 2026, Delhi State (NPCB&VI):</u>

World Glaucoma week was celebrated worldwide in the first week of March, from 8th to 14th March 2026 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 2026 **"Uniting for a Glaucoma-Free World"** with special emphasis on preventable glaucoma like Steroid induced and angle closure disease.

SPUHC TEHKHAND

EYE SCREENING CUM

AWARENESS CAMP

Date:25-02-2026





CHAPTER 6

8. 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:

1. Provides best health care facilities through a network of 200 dispensaries spread across Delhi providing Ayurveda, Unani and Homoeopathy treatment.
2. Quality and value based education in Ayurveda, Unani and Homoeopathy through undergraduate and postgraduate courses at four educational institutes.
3. Licensing and regulation under Drugs & Cosmetics Act and Drugs & Magic Remedies (Objectionable advertisement) Act of Ayurveda and Unani Medicines.
4. 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

List of Ayurvedic Dispensary as on 31.03.2026

Sl. No.	Dispensaries	District	Separate/ Co-located
1	Ayu Disp., DGD, Timar Pur, Delhi-54	Central	Co-located
2	Ayu Disp., Delhi Sachivalaya, IP Estate, New Delhi	Central	Co-located
3	Ayu Disp., Delhi Administration Flats, Flat No. 785, Gulabi Bagh, Delhi	Central	Co-located
4	Ayu Disp., OPD Block, LNJP Hospital, Delhi	Central	Co-located
5	Ayu Disp., DGD, Suiwalan, Delhi	Central	Co-located
6	Ayu Disp., Department of Trade & Taxes, GNCTD, I.P. Estate, New Delhi (10:00 AM to 04:00 PM)	Central	Co-located
7	Ayu Disp., Rouse Avenue District Court Complex, New Delhi-110002	Central	Co-located
8	Ayurvedic Dispensary, Indira Gandhi Delhi Technical University for Women, Kashmere Gate, Delhi	Central	Co-located
9	Ayu Disp., Bank Enclave, Delhi	East	Co-located
10	Ayu Disp., Block A, Mayur Vihar- III, Kondli, Delhi-96	East	Co-located
11	Ayu Disp., Near Hasanpur Depot, I.P.Extention, N. Delhi-92	East	Co-located
12	Ayu Disp., LBS Hospital, Khichripur, Delhi-91	East	Co-located
13	Ayu Disp., Near Pavitra Apartment, Vasundhara Enclave, Delhi-96	East	Co-located
14	Ayu Disp., Delhi High Court, Delhi-01	New Delhi	Co-located
15	Ayu Disp., Patiala House Court, Delhi	New Delhi	Co-located
16	Ayu Disp., Room No. 15, Babu Jagjivan Ram Memorial Hospital, Jahangirpuri, Delhi- 60	North	Co-located
17	Ayurvedic Disp., H-Block, Jahangirpuri, Delhi-110060	North	Co-located
18	Ayurvedic Disp., Satyavadi Harish Chandra Hospital, Narela, Delhi-40	North	Co-located
19	Ayurvedic Disp., Jag Pravesh Chandra Hospital, Shastri Park, Delhi	North East	Co-located
20	Ayu Disp., 2nd Floor, DGD, Khajuri Khas, Delhi-94	North East	Co-located
21	Ayu Disp., Near Navjivan Public School, Gautam Puri, Delhi-53	North East	Co-located
22	Ayu Disp., B-Block, Near Mother Dairy, Yamuna Vihar, Delhi	North East	Co-located
23	Ayu Disp., Sonia vihar, Delhi	North East	Co-located
24	Ayu Disp., Mandoli Jail, Delhi	North East	Co-located
25	Ayu Disp., Polyclinic, Jawala Nagar, Shahdara, Delhi	North East	Co-located
26	Ayu Disp., Bhagwan Mahavir Hospital, Pitampura, Delhi-34	North West	Co-located
27	Ayu Disp., Dharamshala Block, Dr. B.R. Ambedkar Hospital, Sector-6, Rohini, New Delhi-85	North West	Co-located
28	Ayu Disp., Sector-18, Rohini, Delhi	North West	Co-located

29	Ayu Disp., Deep Chand Bandhu Hospital, Ashok Vihar, Delhi	North West	Co-located
30	Ayu Disp., Q. No. 20, H- Block, Ashok Vihar, Phase I, Delhi	North West	Co-located
31	Ayu Disp., Maharishi Balmiki Hospital, Poothkhurd, Delhi-39	North West	Co-located
32	Ayu Disp., DGD, C-7 Block, Keshav Puram, Delhi-110035	North West	Co-located
33	Ayu. Disp., DGD, Rohini, Sector-21, Delhi	North West	Co-located
34	Ayu. Disp., DGD, Rohini, Sector-4, Delhi	North West	Co-located
35	Ayu. Disp., MPCC/Chaupal, Village Tajpur Kalan, Delhi	North West	Separate AYUSH Disp
36	Ayurvedic Dispensary, Delhi Govt. Dispensary, Prashant Vihar, Delhi-85	North West	Co-located
37	Ayurvedic Dispensary, AAM AADMI Polyclinic, Mangol Puri, New Delhi	North West	Co-located
38	Ayu Disp., GTB Hospital, Shahadara, Delhi-95	Shahadara	Co-located
39	Ayu Disp., Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi-32	Shahadara	Co-located
40	Ayu Disp., IHBAS, Jhilmil, Dilshad Garden, Delhi-95	Shahadara	Co-located
41	Ayu Disp., Sunder Nagari, Nand Nagari Extension, Delhi- 93	Shahadara	Co-located
42	Ayu Disp., Ployclinic, Babar Pur, Delhi	Shahadara	Co-located
43	Ayu Disp., AAM AADMI Polyclinic, Kanti Nagar, New Delhi	Shahadara	Co-located
44	Ayu Disp., Near Ramlila Chowk, Chhattarpur Village, Delhi-30	South	Co-located
45	Ayu Disp., Multi purpose community Centre, Meethapur, Delhi-44	South East	Separate AYUSH Disp
46	Ayu disp., Sector-17, Dwarka, New Delhi-75	South West	Co-located
47	Ayu Disp., Sector-19, Ambrahi Village, Dwarka, New Delhi-75	South West	Co-located
48	Ayu Disp., Sector-14, Dwarka, Delhi-78	South West	Co-located
49	Ayu Disp., Rao Tula Ram Memorial Hospital, Jaffarpur, Delhi-73	South West	Co-located
50	Ayu Disp., DGD, 1st Floor, Rajnagar, New Delhi	South West	Co-located
51	Ayu Unit, Indira Gandhi Hospital, Dwarka, Sector-9, New Delhi	South West	Co-located
52	Ayu Disp., Acharya Shree Bhikshu Hospital, Moti Nagar, Delhi-15	West	Co-located
53	Ayu Disp., Guru Gobind Singh Hospital, Raghubir Nagar, Delhi-27	West	Co-located
54	Ayu disp., A-4/A, S Motasingh Marg, Janakpuri, New Delhi	West	Co-located
55	Ayu Disp., CJ-8&9, Central Jail, Tihar, Delhi	West	Co-located
56	Ayu Disp., Ranjeet Nagar, New Delhi	West	Co-located
57	Ayu Disp., DDU Hospital, Hari Nagar, New Delhi-64	West	Co-located
58	Ayu Disp., Burari Hospital, Burari, New Delhi-84	North	Co-located

Unani Healthcare Centre/ Dispensaries

List of Unani Dispensary as on 31.03.2026

Sl. No.	Unit	District	Separate/ Co-located
1	Unani Dispensary, Gali Vakilwali, Suiwalan, Daryaganj, New Delhi-02	Central	Co-located
2	Unani Dispensary, Chamelion Road, Bara Hindu Rao, Delhi-06	Central	Co-located
3	Unani Unit, R. No. 742, LNJP Hospital, Delhi	Central	Co-located
4	Unani Dispensary, Block A, Mayur Vihar- III, Kondli, Delhi- 96	East	Co-located
5	Unani Dispensary, DHS Dispensary, Kalyanpuri, Delhi	East	Co-located
6	Unani Unit, Delhi Govt Dispensary, Geeta Colony, Delhi-31	East	Co-located
7	Unani Dispensary, Babu Jagjivan Ram Memorial Hospital, Jahangirpuri, Delhi-60	North	Co-located
8	Unani Dispensary, Jag Pravesh Chandra Hospital, Shastri Park, Delhi	North East	Co-located
9	Unani Dispensary, Old Mustafabad, Delhi	North East	Co-located
10	Unani Dispensary, AAP Polyclinic, Gautam Puri, Delhi	North East	Co-located
11	Unani Dispensary, AAP Polyclinic, Bhajanpura, Delhi	North East	Co-located
12	Unani Dispensary, Bhagwan Mahavir Hospital, Pitampura, Delhi-34	North West	Co-located
13	Unani Dispensary, Deep Chand Bandhu Hospital, Ashok Vihar, Delhi	North West	Co-located
14	Unani Dispensary, DGD, Rohini, Sector-21, Delhi	North West	Co-located
15	Unani Disp., MPCC/Chaupal, Village Tajpur Kalan, Delhi	North West	Separate AYUSH Disp
16	Unani Disp., AAM AADMI Polyclinic, Mangolpuri, New Delhi	North West	Co-located
17	Unani Dispensary, IHBAS, Jhilmil, Dilshad Garden, Delhi- 95	Shahadara	Co-located
18	Unani Dispensary, GTB Hospital, Shahdara, Delhi-95	Shahadara	Co-located
19	Unani Dispensary, Ploy clinic, Babar Pur, Delhi	Shahadara	Co-located
20	Unani Dispensary, Room No. 16, Govt. of Delhi Health Centre, Batla House, Okhla, Delhi-25	South East	Co-located
21	Unani Dispensary, Multi Purpose Community Centre, Ali Gaon, Badarpur, New Delhi-44	South East	Separate AYUSH Disp
22	Unani Dispensary, Rao Tula Ram Memorial Hospital, Jaffarpur, Delhi- 73	South West	Co-located
23	Unani Dispensary, CJ-8&9, Central Jail, Tihar, Delhi	West	Co-located
24	Unani Dispensary, Acharya Shree Bhikshu Hospital, Moti Nagar, Delhi- 15	West	Co-located
25	Unani Dispensary, Guru Gobind Singh Hospital, Raghubir Nagar, Delhi- 27	West	Co-located
26	Unani Dispensary, XYZ Block, New Ranjeet Nagar, Delhi	West	Co-located
27	Unani Disp., Delhi High Court, Delhi	New Delhi	Co-located

Sl. No.	Unit	District	Separate/ Co-located
28	Unani Dispensary, Burari Hospital	North	Co-located

Homoeopathy Healthcare Centre / Dispensaries

List of Homoeopathic Dispensaries as on 31.03.2026

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
1	Tibbia Campus / तिब्बिया कैंपस	Ayurvedic & Unani Tibbia College Campus , Karol Bagh , Delhi 110005	Central
2	Tank Road / टैंक रोड	Ayushman Arogya Mandir First Floor, Baraat Ghar , Gali No. 4 ,Tank Road , Karol Bagh , New Delhi 110005.	Central
3	Ajmeri gate/ अजमेरी गेट	Ajmeri Gate,Gali Shatara, Delhi 110006	Central
4	Sui Walan / सुई वालन	Ayushman Arogya Mandir,15-16 Gali Wakil Wali, Suiwalan, Delhi-110006	Central
5	Aruna Asaf Ali /अरुणा आसफ़ अली	5 Rajpur Road Police Lines, Civil Lines, Delhi 110054	Central
6	Gali Guliyan / गली गुलियान	Ayushman Arogya Mandir, Health Center, Gali Guliyan, Paiwalan, Zama Masjid, Delhi 110006	Central
7	Inderlok / इंद्रलोक	Ayushman Arogya Mandir ,Second Floor Mcd Baraat Ghar (Community Center) Inderlok, Backside of Mohmadi Masjid New Delhi 110035	Central
8	Tis Hazari Court / तीस हजारी कोर्ट	Room No. 275 Tis Hazari Court Delhi 110054	Central
9	Rouse Avenue Court / रॉयस अवेन्यू डिस्ट्रिक्ट कोर्ट	Rouse Avenue District Court, DDU Marg, New Delhi 110002	Central
10	Gulabi Bagh / गुलाबी बाग	Flat No 785 & 789, Delhi Administration Flats Gulabi Bagh-Delhi-110007	Central
11	Patial House Court Complex / पटियाला हाउस कोर्ट परिसर	Patiala House Court Complex, India Gate Circle Road, Patiala House, Delhi - 110001	Central
12	Vyapar Bhawan / व्यापार भवन	Ayushman Arogya Mandir, Vyapar Bhawan , Trade & Taxes Department ,C Wing , First Floor, IP Estate, New Delhi - 110002	Central
13	Timar Pur / तिमार पुर	Aapc, Delhi Administration Flats, Timarpur, Delhi-110054	Central
14	Delhi Secretariat /दिल्ली सचिवालय	Delhi Sachivalaya I.P. Estate Delhi 110002	Central
15	Vidhan Sabha / दिल्ली विधानसभा	Vidhan Sabha, Old Secretariat Delhi 110054	Central
16	Burari Hospital / बुराड़ी हॉस्पिटल	Kaushik Enclave Shankarpura, Burari Delhi 110084	Central
17	Hindustani Dawakhana (Ballimaran) / हिन्दुस्तानी दवाखाना (बल्लीमारान)	Ayushman Arogya Mandir,Hindustani Dawakhana, Gali Qasim Jaan (Opposite Mirza Ghalib Ki Haveli),Ballimaran,Chandni Chowk, Delhi – 110006	Central
18	Indira Gandhi Delhi Technical University For Women / इंदिरा गांधी दिल्ली प्रौद्योगिकी विश्वविद्यालय	Madrasa Road Opposite St, James Church Kasmere Gate Delhi 110006	Central
19	Chander Nagar /चंदर नगर	C 50 Gali No 10 New Govind Pura Chander Nagar Delhi 51	East
20	Kondli / कोंडली	Ayushman Arogya Mandir Mayur Vihar Phase 3, Delhi 110096	East
21	CRPF Camp , Bt. 243 ,Mayur Vihar Phase -3 / सीआरपीएफ कैंप, बी.टी. 243, मयूर विहार फेज -3	Crpf Camp , Bt. 243 ,Mayur Vihar Phase -3 , New Delhi 110096	East
22	Trilok Puri / त्रिलोक पुरी	Trilokpuri - Block 5, J. J. Colony - 110091	East

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
23	L.B.S. Hospital / लाल बहादुर शास्त्री अस्पताल	Lal Bahadur Shastri Hospital, Khichdipur, Delhi - 110091	East
24	I.P. Extension / आई पी एक्सटेंशन	Ayushman Arogya Mandir , Near Max Hospital ,Oppsosite Sidh Appartment , IP Extension , Delhi	East
25	Preet Vihar / प्रीत विहार	Preet Vihar, B-Block, Csc-Iii, First Floor. New Delhi 110092	East
26	Bank Enclave / बैंक एनक्लेव	Ayushman Arogya Mandir, Opposite Kothi No.75 Bank Enclave Delhi - 110092	East
27	Vasundhara Enclave / वसुंधरा एनक्लेव	Ayushman Arogya Mandir Near Pavitra Apartment, Lahore Apartment, Vasundhara Enclave, Delhi 110096	East
28	Himmat Puri / हिम्मत पुरी	Trilokpuri Extension -30, Delhi Govt Dispensary, Himmatpuri, New Delhi -110091	East
29	Geeta Colony / गीता कॉलोनी	Ayushman Arogya Mandir, 12/113,1st Floor. Govt Dispensary Building.Geeta Colony Delhi 110031	East
30	High Court / उच्च न्यायालय	High Court Of Delhi, Shershah Road, New Delhi 110003	New Delhi
31	Satyawadi Raja Harish Chand Hospital / सत्यवादी राजा हरीश चंद अस्पताल	Srhc Hospital,Plot No.30,Sec A 7, Narela,Delhi 110040	North
32	Model Town / मॉडल टाउन	Ayushman Arogya Mandir Delhi Govt Quarters, Type - 3, Model Town-1, 110009	North
33	Jahangir Puri / जहाँगीर पुरी	Dgd ,Jahangir Puri, B Block,Mangal Bazar Road, Delhi 110033	North
34	Maharishi Valmiki, Pooth Khurd / महर्षि वाल्मीकि अस्पताल	Maharishi Balmiki Hospital Homoeopathic Unit, Pooth Khurd, Delhi 110039	North
35	RBTB Hospital / राजन बाबू टीबी अस्पताल	Rajan Babu Institute Of Pulmonary Medicine And Tuberculosis, Kingsway Camp, Delhi-110009	North
36	BJRM Hospital /बाबू जगजीवन राम अस्पताल	Jahangir Puri, D- Block, Delhi – 110033	North
37	Khajuri Khass / खजूरी ख़ास	Ayushman Arogya Mandir Khajoori Khas, Near Govt Sr Secondary Girls School, Delhi 110094	North- East
38	Shiv vihar / शिव विहार	A 9 SHANI BAZAR ROAD TUNDA NAGAR JOHRIPUR DELHI 110094 **(Temporarily SHIFT Due To Renovation At Shiv VihAR Disp. By PWD)**	North- East
39	G.T.B. Hospital /गुरु तेग बहादुर अस्पताल	Room No 728, First Floor Dharmshala Building, Near Gate No 8 , GTB Hospital, Pin- 110095	North- East
40	Mandoli Jail / मंडोली जेल	Mangal Pandey Marg, Harsh Vihar, Mandoli, New Delhi, Delhi 110093	North- East
41	Arvind Nagar / अरविन्द नगर	Ayushman Arogya Mandir, Gamri Road,Arvind Nagar ,Ghonda ,Delhi 110053	North- East
42	JPCH / जगप्रवेश चंद्र अस्पताल	Panduk Shila Marg, Near Northern Engineering College, Shastri Park, Shahdara, Delhi 110053	North- East
43	Rohini Sec 2 / रोहिणी सेक्टर 2	Ayushman Arogya Mandir , Near Avantika, Dgd Building, Sector-2, Rohini, North West, Delhi – 110085	North- West
44	Rohini Sec-8 / रोहिणी सेक्टर 8	Ayushman Arogya Mandir , Pocket 9 Sector -8 Rohini, Near Church & Gurudwara Delhi-110085	North- West
45	Rohini sector - 18 / रोहिणी सेक्टर 18	Ayushman Arogya Mandir , Pkt 6 Sec 18 Rohini Delhi- 110089	North- West

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
46	Sanjay Gandhi Hospital / संजय गांधी अस्पताल	Sanjay Gandhi Memorial Hospital, S Block,Mangolpuri,Delhi 110085	North- West
47	Shalimar Bagh / शालीमार बाग	Ayushman Arogya Mandir Bb Block , Shalimar Bagh , New Delhi 110088	North- West
48	Shakur Pur / शकुर पुर	I – Block (DDA Resettlement Colony) Shakurpur, Delhi - 110034	North- West
49	Sultan Puri / सुल्तान पुरी	Ayushman Arogya Mandir,UPHC, B-3 Block, Sultanpuri, Delhi -110086	North- West
50	Attar Sain Jain Eye & General Hospital /अत्तर सेन जैन अस्पताल	Attar Sain Jain Eye And General Hospital, Lawrence Road Industrial Area, Keshav Puram, New Delhi,110035	North- West
51	Asha Kiran Shelter Home / आशा किरण शेल्टर होम	Block B, Pocket C, Sector 1, Rohini, Delhi, 110085	North- West
52	Vishakha Enclave / विशाखा एन्क्लेव	Ayushman Arogya Mandir, Vishakha Enclave, Cd Block, Pitampura, Delhi 110034	North- West
53	Rohini Sec 4 / रोहिणी सेक्टर 4	Ayushman Arogya Mandir ,3rd Floor,Aam Admi Polyclinic, Pocket 3, Sector 4 Rohini, Delhi 110085	North- West
54	Dr. Baba Sahib Ambedkar Hospital /डॉ। बाबा साहिब अम्बेडकर अस्पताल	Sector 06 Rohini New Delhi 110085	North- West
55	Wazirpur Phase 3 / वजीरपुर फेज 3	Ayushman Arogya Mandir, Near Sawan Park Post Office, Ashok Vihar Ph.3, Delhi-110052	North- West
56	Keshav Puram (Lawrence Road) / केशव पुरम	Ayushman Arogya Mandir, B-4, Keshavpuram, Delhi-110035	North- West
57	Deep Chand Bandhu Hospital /दीप चंद बंधु अस्पताल	Ashok Vihar Rd, Kokiwala Bagh, Phase 4, Ashok Vihar Iv, Ashok Vihar, New Delhi, Delhi 110052	North- West
58	Bhagwan Mahavir Hospital /भगवान महावीर अस्पताल	H 4/5 Guru Harkishan Marg, Pitampura (Near Keshav Mahavidyalay).Delhi ,110034	North- West
59	Rohini sector - 21 / रोहिणी सेक्टर 21	Ayushman Arogya Mandir, Pkt 9 Sec 21 Rohini Delhi- 110086	North- West
60	Rohini Court / रोहिणी कोर्ट	Rohini District Court Complex, Rohini, Delhi-110085	North- West
61	Mangolpuri / मंगोलपुरी	Ayushman Arogya Mandir,UPHC, Dgd,A-Block,Mangolpuri,New Delhi -110083	North- West
62	Seemapuri / सीमापुरी	Delhi Government Dispensary, Near Gol Chakkar, Old Seemapuri, Delhi, Pin 110095	Shahdara
63	IHBAS / मानव व्यवहार और संबद्ध विज्ञान संस्थान	Tahirpur Road, Dilshad Garden, Delhi, 110095	Shahdara
64	Jwala Nagar / ज्वाला नगर	Ayushman Arogya Mandir, 7/55, Church Road, Jwala Nagar, Shahdara, Delhi. 110032	Shahdara
65	Sunder Nagari / सुंदर नगरी	Ayushman Arogya Mandir Nandnagri Extension, Sundernagri, F2-Block, Delhi-110093	Shahdara
66	East Loni Road Chitrakoot Temple /ईस्ट लोनी रोड चित्रकूट मंदिर	Chitrakoot Temple,Dda Mig Flats, East Loni Road,Delhi-110094	Shahdara
67	Nand Nagari / नंद नगरी	M & CW New Seemapuri N Block Sunder Nagari **(Temporarily SHIFT Due To Renovation At Nand Nagari Disp. By PWD)**	Shahdara
68	Bhola Nath Nagar / भोला नाथ नगर	Teliwara Gurudwara,Shahdara,Delhi-32	Shahdara
69	Gokal Puri / गोकल पुरी (functional at Dilshad Garden Dispensary Morning Shift.)	A 13 First Floor Dda Flats A Block Dilshad Garden New Delhi 110095 **(Temporarily SHIFT Due To Renovation At Gokal Puri Disp. By PWD)**	Shahdara

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
70	Karkardooma Court / कड़कड़डूमा कोर्ट	Karkardooma Court Complex,Delhi 110032	Shahdara
71	Suraj Mal Vihar / सूरज मल विहार	Ayushman Arogya Mandir A-Block Surajmal Vihar, Delhi 110092	Shahdara
72	Seelam Pur / सीलम पुर	Ayushman Arogya Mandir Seelampur, Janta Flats, Near Dcp Office, Welcome, Seelampur, Delhi 53.	Shahdara
73	Kanti Nagar / कांति नगर	Ayushman Arogya Mandir Health Care Center Maternity Clinic, Kantinagar,Shahdra-110059	Shahdara
74	Vivek Vihar / विवेक विहार	Ayushman Arogya Mandir,B Block,Vivek Vihar,Near Lions Bhawan,Delhi-110095	Shahdara
75	Karkardooma flat / कड़कड़डूमा फ्लैट	Flat No 144, Type 3, Da Flats, Karkardooma. Delhi-110092	Shahdara
76	Hedgwar Hospital /हेडगेवार अस्पताल	Dr Hedgewar Arogya Sansthan , Vishwas Nagar, Shahdra, 110032	Shahdara
77	Saket Court / साकेत कोर्ट	Homoeopathic Dispensary, Utility Block , Saket District Court ,Saket, New Delhi -110017	South
78	Chattarpur/छतरपुर	Ayushman Arogya Mandir, Dghd, Chattarpur Village,Near Ramlila,Chowk,110074	South
79	Saket / साकेत	Ayushman Arogya Mandir ,Delhi Govt Dispensary Pvr Complex Saket New Delhi 110017	South
80	Ber Sarai /बेर सराय	Ayushman Arogya Mandir, Ber Sarai Homoeopathic Dispensary, Opposite Old Jnu Campus, New Delhi -110016	South
81	Madangir / मदनगीर	Delhi Govt. Homoeopathic Dispensary, Block - J Ii , Madangir , New Delhi - 110018	South
82	Dakshin Puri (Dr. Ambedkar Nagar) / दक्षिण पुरी	Ayushman Arogya Mandir, J Block 16 Hompeopathic Dispensary 1st Floor Health Centre Dakshinpuri New Delhi 110062	South
83	South Campus / साउथ कैंपस	Delhi University Health Centre ,South Campus,New Delhi -110021	South
84	Tajpur Pahari / ताजपुर पहाड़ी	Ayushman Arogya Mandir (U-Phc) Near Government Boy's Senior Secondary School Tajpur Pahari Village New Delhi 110044	South-East
85	Meetha Pur / मीठा पुर	Multipurpose Community Centre, Meethapur, Near Government Boys Senior Secondary School, Molarband, Badarpur, Delhi-110044	South-East
86	Aali Village/आली गाँव	Mpcc (Baraat Ghar), Aali Village, Sarita Vihar, New Delhi 110076	South-East
87	Sarai Kale Khan / सराय काले खां	Ayushman Arogya Mandir,(U-Phc) 69-A-76-A,Dda Flats,Sarai Kale Khan,New Delhi-110013	South-East
88	Batla House / बाटला हाउस	Ayushman Arogya Mandir, (U-Phc) Delhi Government Dispensary, Batla House, Near Jamia Millia Islamia, Okhla, New Delhi - 110025	South-East
89	Kalka Ji / कालका जी	Ayushman Arogya Mandir, (U-Phc) Q 577-580 Four Story Dda Flat Kalkaji Southe East Delhi 110019	South-East
90	Garhi /गढ़ी	Ayushman Arogya Mandir , (U-Phc) Slum Quarter No. 97-108, B Block, Dda Flats, Garhi, East Of Kailash, New Delhi -110065	South-East

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
91	Indira Gandhi Hospital / इंदिरा गांधी अस्पताल	Dwarka Sector 9, Dwarka, New Delhi, Delhi 110077	South-West
92	Dwarka Sector -10 /द्वारका सेक्टर -10	Ayushman Arogya Mandir Health Centre, Govt of Delhi, Sector 10 Dwarka, Delhi 110075	South-West
93	Dwarka Sector -12 /द्वारका सेक्टर -12	Ayushman Arogya Mandir Delhi Government Health Centre, Sector-12, Dwarka, New Delhi – 110078	South-West
94	Nangal Raya / नांगल राया	Ayushman Arogya Mandir Nangalraya ,Near Dda Market, New Delhi 110046	South-West
95	Dwarka Sector 17 /द्वारका सेक्टर -17	Ayushman Arogya Mandir DGD Dwarka Sector-17, Near Goenka Play School, Delhi-110075	South-West
96	Dwarka Sector 2 / द्वारका सेक्टर -2	Ayushman Arogya Mandir,Dghc Sec 2, Dwarka,New Delhi 110075	South-West
97	Dwarka Sector -8,Raj nagar II / द्वारका सेक्टर -8, राज नगर -2	Ayushman Arogya Mandir, (U-Phc), Rajnagar 2, Palam Colony, New Delhi 110077	South-West
98	Dwarka Sector 19 / द्वारका सेक्टर -19	Ayushman Arogya Mandir DGHC, Sec 19 Amberahi Dwarka, New Delhi 110075	South-West
99	Dwarka Court /द्वारका कोर्ट	Ayushman Arogya Mandir Dwarka District Court, Administration Block, 1st Floor, Sector 10, Dwarka, New Delhi 110075	South-West
100	Dwarka Sector-14 /द्वारका सेक्टर -14	Ayushman Arogya Mandir -UPHC Sector 14 Dwarka New Delhi-110078	South-West
101	Kangan Heri / कंगन हेरि	Delhi Government Homoeopathic Dispensary, Village Kanganheri, Delhi-110071	South-West
102	R.T.R.M. Hospital / राव तुलाराम मेमोरियल अस्पताल	Rtrm Hospital, Room No. 7, Jaffar Pur, New Delhi 110073	South-West
103	Palam (Sadh Nagar) / पालम (साध नगर)	Ayushman Arogya Mandir Sadhnagar 2,Palam	South-West
104	Vikas Puri / विकास पुरी	Ayushman Arogya Mandir ,Kg-1,DDA Flats, Vikaspuri, New Delhi-110018	South-West
105	Sardar Vallabh Bhai Patel Hospital / सरदार वल्लभ भाई पटेल अस्पताल	East Patel Nagar New Delhi-110008	West
106	Nangli Jalib / नंगली जालिब	WZ 54 Nangli Jalib Near B1 Janakpuri New Delhi 110058	West
107	Jaidev Park / जयदेव पार्क	House No.44 A, Ground Floor,Madan Park, Jaidev Park,New Delhi 110026	West
108	Deen Dayal Hospital / दीन दयाल अस्पताल	Shaheed Mangal Pandey Marg, Nanak Pura, Hari Nagar, New Delhi, 110064	West
109	Acharya Shree Bhikshu Hospital /आचार्य श्री भिक्षु अस्पताल	A.S.B.Govt Hospital,Moti Nagar Road, Moti Nagar,West Delhi-110015	West
110	Chaukhandi / चौखंडी	Ayushman Arogya Mandir, Dda Resettlement Colony ,Chaukhandi, Budh Bazar Road,Tilak Nagar,110018	West
111	Dr. BR Ambedkar University / डॉ. बी.आर. अंबेडकर विश्वविद्यालय	Dr Br Ambedkar University,Karampura Campus,Shivaji Marg,Karampura,New Delhi-110015	West
112	Raghubir Nagar / रघुबीर नगर	Shivaji Market, Block C, Raghubir Nagar, Tagore Garden, New Delhi, Delhi 110027	West
113	Janak Puri / जनक पुरी	Ayushman Arogya Mandir A4a Janakpuri West Delhi, Pin-110058	West
114	Jwala Puri / ज्वाला पुरी	Ayushman Arogya Mandir , (U-Phc), B Block Camp No.-4 Jawlapuri New Delhi 87	West

S.N.	Dispensary/Hosp Unit	Dispensary Address	District (As per old plan)
115	Hiran kudna / हिरन कुदना	Ayushman Arogya Mandir,(UPHC) Delhi Government Dispensary, Village- Hirankudna, Constituency-Mundka, West Delhi, Pin-110041.	West
116	Paschim Puri / पस्चिम पुरी	Delhi Govt. Dispensary, Flat No.-1-4, Pocket-1, Paschimpuri, LIG Flats, New Delhi-110063	West
117	Tilak Vihar / तिलक विहार	Ayushman Arogya Mandir, Tilak Vihar. Delhi 110018	West
118	Guru Govind Singh Hospital (Raghubir Nagar) / गुरु गोविंद सिंह अस्पताल	Guru Gobind Singh Govt Hospital Raghubir Nagar New Delhi-110027	West
119	Tihar Jail Complex Gate No. 1 / तिहाड़ जेल परिसर गेट नं. 1	Tihar Jail Complex (Jail No.1) New Delhi 110058	West
120	Tihar Jail Complex Gate No. 4 / तिहाड़ जेल परिसर गेट नं. 4	Tihar Jail Complex (Jail No.4) New Delhi 110058	West
121	Tihar Jail Complex Gate No. 9 / तिहाड़ जेल परिसर गेट नं. 9	Tihar Jail Complex (Jail No.9) New Delhi 110058	West

CHAPTER 7

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

The Hospitals are integral part of Health Care Delivery System of any State. Hospitals are expected to be the partners and supporters of Health Care Delivery System rather than limiting their role to medical care only. In the present scenario, the role of Hospitals 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.

9.1. 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 2025-26 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
2025-26	420	150	388644	199565	128494	4057	8766	1929	59350

Major achievements during the period from 01.04.2025 to 31.03.26/any other relevant information.

1. Starting of services in New Building Block in ABGH.
2. This hospital has successfully implemented OPD registration of the patient through ABHA mobile app.
3. Discharges/admission of the patients are administered through NextGen eHospital portal.
4. To improvise the hospital facility in the public interest various posts of Doctors, Nursing Staff, Paramedical, Nursing Orderly, Security Guard, Housekeeping etc. were created during the stated period.
5. Implementation of ABDM
6. Implementation of Ayushman Bharat
7. Computerization of OPD and IPD Registration Services.
8. The hospital has been awarded Kayakalp commendation Award for the year 2025-26
9. New services started: ARSH & Aneamia clinic, HPV Vaccination, HIMS, PMJAY, Jan Aushudhi Counter, and Chest Clinic.
10. Accreditation/quality initiatives: NQAS, LaQshya, SUMAN, MusQan.

9.2. 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, and 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 2025-26 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
2025-26	600	200	87415	84715	83784	NA	3112	183	258

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

- Ambedkar Nagar Hospital, Dakshinpun, New Delhi 110062 was started on 09th August, 2020 as a 200 bedded dedicated COVID hospital, the hospital is located in South Delhi's Ambedkar Nagiar Constituency and has benefited not just residents of Ambedkar Nagar but also those in nearby areas such as Sangam Vihar, Deoli, Khanpur, Madangir and Dakshinpuri.

- Currently, the hospital is providing CIPD services of department of Gynaecology & Obstetrics, Paediatrics, Medicine, Surgery, Chest, Orthopaedics, Psychiatry, Skin and Geriatric. The hospital provides the IPD services for Gynecology & Obstetrics and Pediatrics and Medicine. The hospital provides 24 hours x 7days (round the clock) emergency services to the patients. The emergency department also has a functional round the clock Anti-Rabies clinic. Labor room services are also being provided 24 hours x 7days (round the clock) to the patients. The Radiology department (X-ray unit) provides services to both OPD and IPD patients of the hospital.

- A Hemodialysis center has been established at Ambedkar Nagar Hospital during June, 2025 under the Pradhan Mantri National Dialysis Programme and PPP Dialysis project. The hospital has started Operation Theater services for Obstetrics and Gynecological surgical cases during routine duty hours from September, 2024 and at present one Major and one Minor OT are functional curing routine duty hours. Also, Geriatric Cane has been started in Ambedkar Nagar Hospital, Dakshinpuri since November-2024, as an evening OPD (2 PM-3 PM) on every Tuesday & Friday, Cancer Screening (2 PM-3 PM) and PNC Clinic on every Tuesday.

- A Special De-addiction Clinic (Wednesday & Friday) has also been started in the Ambedkar Nagar Hospital. A Juvenile Deaddiction ward has also been started during march-2025 in the hospital.

- The hospital is providing the in-house lab facility for 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.

- The pharmacy unit of the hospital is well equipped and all medicines as per the essential medicines

list of hospital are available in sufficient quantities.

- Micro Biological Screening of Lower Cervical Tract (MRLC) screening is done for all the patients in Gynaecology & Obstetrics department. Comprehensive abortion care was provided to large number of patients. Ligation/Sterilization and Intradermal Implant services were also started. Colposcopy and Paps smear was taken in large number of patients. Abdominal hysterectomy, Vaginal hysterectomy and myomectomy cases has also been started.

- Regular Training and Teaching Sessions are conducted for staff and Doctors for Matri Shishu Suraksha Karyakram (MSSK), Infant and Young Counselling & Feeding (IYCF), Severe Acute Malnutrition (SAM), Social Awareness against Neutralizing Successful (SAANS) and Neo-Natal resuscitation. Presently, Medical Oxygen is being supplied to patients through Oxygen Cylinders (B and D Type) since the MGPS (Medical Gas Pipeline System) and Manifold Room is under process of installation/ commissioning in the hospital. Transport of patients is provided through Centralized Ambulance & Trauma Services (CATS).

9.3. 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 2025-26 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
2025-26	100	100	120137	78126	68150	7010	7235	418	8342

Major achievements during the period from 01.04.2025 to 31.03.26/ any other relevant information:

MORTUARY DEPARTMENT:

- The department is running smoothly 24 *7 including holidays and Sundays.
- Maintained corruption free environment in Mortuary
- Despite various challenges like shortage of manpower, consumables etc, working of Mortuary's Functioning on daily basis is being done smoothly in the public interest at large

1. **ENT DEPARTMENT :**
   - Reduced waiting time for Elective ENT Surgeries.
   - 100% implementation of Surgical Safety checklist.

- Reduced OPD waiting time.
- Improved early diagnosis and treatment outcomes.
- Achieved better drug usage and explanation to patient's for all over the counter drugs
- Achieved better OPD review and better patient management time
- Post triangle of neck surgery started in hospital
- Endoscopic evaluation for both nasal and ear increased

2. OPD DEPARTMENT:

- Daily OPD services are running regularly.
- Diabetic and hypertension clinic are regularly operating on every Monday and Wednesday.
- ANC clinic performing regularly every Tuesday and Thursday.
- Special Geriatric Clinic running smoothly every Sunday.
- OPD registration counters running smoothly on manual basis with proper queue management.
- Special senior citizen counter opened.
- Hepatitis B Antibody titre test were performed for all the healthcare workers.

3. MEDICINE DEPARTMENT

- Diabetes and hypertensive screening done regularly, new diabetes and hypertensive cases identified.
- Regular counseling of diabetes and hypertension patients done for lifestyle modification.
- Regular dietary sessions conducted by the dietician for diabetic patients.
- All efforts made to increase the compliance and patient satisfaction.
- Special clinic for diabetes and hypertension are running regularly.
- Special clinic for COPD and bronchial asthma are being run regularly, there is an increase in the no. of cases.
- Screening of hepatitis B &C in collaboration of NVHC programme has been started on regular basis.
- Polyclinic OPD is running regularly.

5. PAEDIATRIC DEPARTMENT

Particulars	April,2025 to March 2026 (1st+2nd+3rd+4th)QTR	Remarks
BCG	170+337+387+284=1178	
PENTA(1+2+3)	59+30+89+92= 270	
OPV	243+337+387+284=1251	
DPT (B) (Ist & IInd)	21+12+23+29=85	
Hepatitis B-0 dose	169+354+392+292=1207	
Typhoid	9+7+10+8=34	
Vitamin-A	0+1+40+31=72	
Rotavirus (1+2+3)	59+30+89+92=270	
IPV	46+26+82+73=227	
PCV	46+26+82+73=227	
MMR	12+12+14+0=38	
MR-1 & 2	12+2+14+18=46	
TD (10+16)	6+10+14+14=44	
NICU Admission	50+52+91+73=266	
SNCU Admission	10+16+22+33=702	
Paediatric Ward Admission	159+215+147+181=702	
PNC Admission	170+337+392+292=1191	

Paediatric OPD	3869+5356+4218+3730=17173	
ROP Screening	03	All high risk babies screened
Metabolic Screening	All Newborns	As part of Mission NEEV

- Strengthened NQAS implementation in PAEDS ward, SNCU and OPD including documentation, KPI monitoring and quality indicator.
- Established breastfeeding corner in OPD.
- Streamlined RBSK screening documentation for all eligible children attending OPD.
- Initiated Quality improvement activities (PDCA cycle) in areas like KMC and strengthened documentation.
- Nursing officers were given training on Navjat Shishu Suraksha Karyakram and Severe Acute Malnutrition.
- Ensured 100% anthropometry documentation and nutritional assessment of children attending OPD and admitted in ward by revising the existing process map.
- Stop the diarrhea campaign from 10.06.2025

6. EYE DEPARTMENT:

- Cataract patients are operated to prevent blindness.
- Refraction in children done so that childhood blindness can be prevented.
- Screening of patients done to prevent blindness due to glaucoma.
- Cataract & Refractive error are most common causes of blindness so correct spectacles number are being provided to patients.

7. SURGERY DEPARTMENT:

- Increased number of surgeries performed in major OT.
- Decreased waiting period for all major surgeries.
- Started E-Nextgen services including consultation, admission and discharge.
- Started admission under PMJAY.
- Performing NSV awareness among patients and doing NSV surgery
- Screening for breast cancer going on regular basis.

8. RADIOLOGY DEPARTMENT

- A total of 24,768 X-rays done during the period.
- 1,555 Ultrasounds done during this time period.

9. GYNAE & OBS. DEPARTMENT

- Strengthened the ongoing programs.
- Screening of anemic women done on regular basis.
- Adoption of contraception measures (awareness).

10. CASUALTY

- A help desk has been made in the department of Accident and Emergency. One casualty staff has been assign to help/guide the patient/relatives who are unable to read written instructions.
- Sensitized and helping all patients and attendants in the casualty department for any help.

11. PATHOLOGY DEPARTMENT

- Total of 2,85,119 blood tests have been done during the period
- Total of 7,837 urine tests have been conducted
- Total of 4747 other tests done during the period

12. KAYAKALP-

Aruna Asaf Ali Government received Commendation award for the Kayakalp program 2025-26 for adoption of Quality Assurance program and special efforts for the Kayakalp program.

9.4. 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 2025-26 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
2025-26	30	20	35031	19162	0	0	915	915	2

9.5. 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.

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	-	-
2025-26	240	240	106981	120438	0	0	4076	0	5243

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

- Tibbia college for DPC
- Procurement of furniture for Academic Departments & Hostel.
- 6 posts, Panchkarma technician and 7 posts of Masseurs have been created in Ayurveda Department. One Assistant Professor joined in Tibbia college
- One Statistical Officer joined in Tibbia college
- 3 Readers in Tibbia College promoted to professor.
- A & U Tibbia college received NABH AELC certification
- Started Dental unit in collaboration with MAMC in AUTCH
- Digitalization of OPD's.
- 7 post of Asstt. Professor, Ayurveda has been submitted to UPSC for recruitment
- 2 CME's in Unani Stream conducted in Tibbia College.
- Unani & Ayurveda day celebration
- Yoga Day celebration.
- Conduction of Awareness rally on world Aids day 1 Dec 2025.
- DACP Scheme for teaching staff approved by LG.
- College/Hospital awarded 'A' grade under Kayakalp Program.
- ARMS & Prayatna training program with the collaboration of CCRS conducted
- CCRS Spark program for the undergraduate poshan maha celebration
- Herbal Garden Development (Nakshatra Vatika)

9.6. 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, and 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 2025-26 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
2025-26	150	150	300448	252631	237834	16663	8855	484	6308

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

1) Successfully replaced old Laundry Machines resulting in improved efficiency and service delivery.

2) Installation of two new RO-based drinking water coolers to ensure the availability of safe and clean drinking water for patients and staff.

3) Installed LED display board for better dissemination of information and public awareness within the hospital premises.

4) Installed fire exit signboards to strengthen wayfinding and emergency preparedness.

5) Achieved National Quality Assurance standards (NQAS) Certificate in August 2025, reflecting the hospital's commitment to quality healthcare services.

6) Received the Kayakalp Commendation Certificate for the year 2025-26 in recognition of excellence in cleanliness, hygiene and infection control practices.

9.7. 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 2025-26 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
2025-26	50	50	18029	36251	NA	NA	690	NA	NA

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

1. Awards/recognition received: First prize for Kayakalp Programme under less than 100 beds category for 2024-2025 and 2025-2026 with Cash Prize of 10 Lakh.

2. New services started:

2.1 Two essential investigative services- USG and Polysomnography machines for the patients seeking medical help were started.
2.2 Stress management clinic with AYUSH System started.
2.3 ABHA IDs registration for all the patients,
2.4 Air-conditioning of IPD.
2.5 Wi-Fi in the premises.

3. Important surgeries/procedures conducted: NA

4. Accreditation/quality initiatives:

4.1 The clinical Pathology Lab of the hospital is accredited under NABL M (EL)T w.e.f.27th November 2024.

4.2 SHMC has got AELC Certification AELC (Accreditation Entry Level Certification) Certification, an entry-level recognition program designed for small healthcare organisations & Ayush centres.

5. Special achievements/best practices: NA

Infrastructure Research & achievements

a) Major Infrastructure Development - New wards/buildings developed: Renovation of Auditorium. Tiling of floors of parking area, Premises are now WI FI enabled.

b) Major Equipment Procured new medical equipment installed: Polysomnography & USG Machine installed.

c) Digital Initiatives/HIS/EMR/Telemedicine applied for the hospital and application of e-office NextGen e-hospital application System

d) Four Research Projects are being conducted in Research Projects/Publications collaboration with De and Day Hospital Kolkata. MoU has been signed with the Delhi University for conducting Research. All the PG students are conducting Research Projects under their guides.

e) Awards/Achievements during 2025-26-First prize for Kayakalp Programme under less than 100 beds category for 2024-2025 and 2025-2026 with Cash Prize of 10 Lakh. Stress management clinic with AYUSH.

f) Future Plans/Expansion are follows given below:

- Organizing Health camps, Public Awareness Programmes, in OPD and surrounding area.
- To make institute Wi-Fi enabled.
- Development of emergency Department.
- Implementation of ADHAAR enabled Biometric Attendance (AEBAS)
- Initiation of provision of e-Library.
- CCTV live streaming of classrooms.
- Adoption of Schools.
- Appointment of visiting General Physician (MBBS), Biostatistician and Pathologists.

9.8. 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 2025-26 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
2025-26	325	325	443272	211804	182384	4596	17555	3279	43314

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

Department	Major Activities/Achievements (if any)
Medicine	Started Psychiatry Clinic every Tuesday and Friday Started 16 Bedded HDU in Casualty premises Doing 700 dialysis session every month
Surgery	Surgery Department has performed highest number of Major Surgical Cases Total No. of Major Surgery 885 out of 2223 Total number of male Sterilization (NSV) operation – 52 (Last year no. of NSV was 42) Surgery Department has developed a Dedicated General Surgery OPD Minor OT for Minor Surgical Cases to Perform daily to avoid waiting period of surgery of minor surgical cases
Pediatrics	Started 6 Bedded HDU in Casualty premises Started LMU facilities
Gynecology	New Services started -. Colonoscopy Examination- to dig benign & malignant lessons of Cervix.
Obstetrics & Gynecology (ANC)	HDU established for intense monitoring of High-Risk cases of Obstetrics. Expansion of Family planning services - Single rod sub dermal Implant insertion for spacing pregnancy. Our hospital inserted maximum number of Sub dermal Implant in Delhi. Important surgeries conducted- laparoscopic hysterectomized, Surgical management of Ectopic pregnancy. Best practices- Screening of High-Risk Pregnancy. Postpartum & post contraceptive coverage is more than 90%.
Orthopedics	Geriatric physiotherapy facility started in OPD Disability Camp in association with social welfare department in October 2025 Timely issuance of UDID card for disabled
ENT	Minor OT time to time performed
Ophthalmology	Department was upgraded with New Eye OT Chair, OT Table and Tonometer
Dental	Dental Laser Facility Started
Physiotherapy	Department was upgraded with new equipment i.e. Nerve/Muscular Stimulator, Laser Therapy Unit, Microwave Diathermy, Ultrasound Therapy
Skin	Department was upgraded with Minor OT Light
Ayurvedic	Follow all National Programmes, submitted all report timely
Homeopathic	

OTHER ACHIEVEMENTS

S. No	Points	Details of Infrastructure development/improvement made during the year 2025-26
a.	New Wards/Buildings Developed	New Centralized OPD Block with G+2, two New Minor OT, High Dependency Unit, LMU
b.	Renovation works completed	4th floor ward, Toilet Block, Seminar Room, Conference Room
c.	New Medical Equipment Installed	Minor OT = OT Light Double Dome, OT Table Microbiology = Laboratory Refrigerator Main OT = Horizontal Autoclave Pathology = Tri Head Microscope Path Lab = Phlebotomy Chairs, Lab Refrigerator, Fully Automatic Biochemistry Analyzer, Electrolyte Analyzer Physiotherapy = Nerve/Muscular Stimulator, Laser therapy unit, Microwave Diath
d.	ICU/HDU Expansion	19 bedded HDU
e.	Digital Services Introduced	Nextgen Digital Service, ABDM
f.	Patient care improvement initiatives	Soft Skill, SOP for all procedure, Quality Improvement resulting more than 80% patient satisfaction Patient education and counselling. Patient feedback management. Reduced waiting time. Patient safety and infection control. Medication and clinical safety. Staff training and capacity building. Clean and patient-friendly environment. Digital health services. Quality audits and monitoring. Community health awareness.
g.	Any other infrastructure development	Yoga Room, Library, Jan-Aushadhi, Mental Health Clinic
h.	Health Camps	1. SNSPA (Swasth Nari Sashakt Prawar Abhiyan) & Poshan Abhiyan Organized between 17th September, 2025 to 2nd October, 2025 2. Ayushmaan Bhaarat Scheme
i.	Immunization activities	1. Special Immunization Campaign Organized between 25th August, 2025 to 30th August, 2025 2. National Newborn Week Organized between 15th November, 2025 to 21st November, 2025
j.	TB/NCD programmes	1. Xray and NCD camp at Cement Siding Shakurbasti and other slum areas, villages screening for TB
k.	Awareness Programmes	1. Celebration of World Health Day, on 7th April 2025 2. Tree Plantation Done on Earth Day, on 24th April, 2025 3. Celebration of International Yoga Day, on 21st of June 2025 4. Participation in World Population Day organized between 27th June, 2025 to 24th July, 025. BMH celebration of WPD on 11th July, 2025 and Pledge taken by MS alongwith all staff of BMH 5. World Skin Health Day, on 8th July, 2025 6. Celebration of Breast-Feeding Week, on 7th August, 2025 to 14th August, 2025

		7. Leprosy Awareness Day, on 30th January, 2026 8. World Hearing Day, on 3rd March, 2026 9. World Glaucoma Week Organized between 8th March, 2026 to 14th March, 2026 10. Awareness programme Organized to General Patients about Tuberculosis on World TB Day 24th March, 2026
l.	Blood Donation Camps	1. Blood Donation Camp Organized on 18th September, 2025
m.	School/Community Outreach Activities	1. School/Community Outreach Activities were conducted on 09.12.2025
n.	Public Health Awareness Campaigns	1. Health talk on Nutrition in Pregnancy & Hand Hygiene on 12th April, 2025 & 03rd October, 2025 2. Stop Diarrhea Campaign i.e. between 16th July, 2025 to 31st July, 2025 3. Swachhata Campaigna Conducted from 01.08.2025 to 31.08.2025 4. Disability Camp Organized on 15th & 16th October, 2025 5. World AMR (Anti-Microbial Resistance) Awareness Week Organized between 21st November, 2025 to 04th November, 2025 6. Adolescent Health & Wellness Day was Organized in the Gynecology OPD at BMH on 12th January, 2026
o.	Dental Camps/facilities	1. CDH Camp on the Occasion of World No Tobacco Day, on 31/05/2025
p.	Awards/recognition received	NQAS, MusQan & LaQshya certification awarded by GoI (Validity: - 06th August 2025 to 05th August, 2028, Kayakalp Commendation Award 2025-26
q.	New Services Started	HDU, LMU, Mental Health Clinic, Yoga Class Room Colposcopy, Digital Health
r.	Important Surgeries/procedures conducted	All open and Laproscopic surgeries in the dept of Gynae, Surgery, ENT and Ortho Dept including Total Knee Replacement (TKR) and Sx
s.	Accreditation/Quality initiatives	NQAS, MusQan, LaQshya, Kayakalp, SUMAN Certified
t.	Special Achievements/best practices	Quality Certification of all departments in a single attempt. Nextgen implementation Establishment of 19 bedded HDU (Medicine, Pediatric & Obstetric), Lactation Management Unit & Nutritional Rehabilitation Center

9.9. 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 2025-26 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
2025-26	768	350	326794	278781	198422	10328	14317	1435	13977

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

S. No.	Action Point	Description
1.	Operationalization of Dialysis	For providing Dialysis Services to Patients in kidney failure. Dialysis centre started on PPP module w.e.f. 24.06.2025. Number of beds currently are 40. Number of patients registered till march-26 were 205. Number of Dialysis done till March-26 were 8894.
2.	Operationalization of Blood Bank	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.
3.	Operationalization of New Conference Hall	For Conducting & meetings and Trainings
4.	Operationalization of Dental OPD	Started in Nov-2025 and till March-26 the total number of patients were 5675.
5.	Computerization of file monitoring system / e-office	HIMS and e-office has started.
6.	Issuance of Disability Certificate	UDID Portal has been started for issuance of disability Certificate.

7.	Open Pradhanmantri Jan Aushadhi Kendra	Pradhanmantri Jan Aushadhi Kendra has been opened in the hospital premises.
8.	To start sample collection in Gyane Department	To provide sample collection in Gyane Deptt. is under process and will start soon.
9.	AYUSH	All OPD services of AYUSH i.e. Homeopathic, Ayurvedic and Unani has been started.
10.	KAYAKALP	To maintain High Level of Cleanliness, hygiene and infection control in the Hospital

Targets for 2026-27

Sl. No.	Action	Description
1	To make all OTs functional	To arrange adequate manpower like posting of Anesthesia tic for 24X7 O.T. service.
2	To start Ophthalmology surgeries	Ophthalmologist has joined and waiting for the equipment to start the surgery.
3	Quality certification like by NQAS/NABH	To maintain High Level of Cleanliness, hygiene and infection control in the Hospital
4	Operationalization of in-house Radiological Services (Special X- ray and USG, MRI, CT-SCAN)	Consideration under PPP module, will start soon.

9.10. 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 2025-26 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
2025-26	240	240	47511	246997	2755	0	7046	3	3

9.11. CHACHA NEHRU BAL CHIKITSALAYA

Introduction: - Chacha Nehru BAL Chikitsalaya was established in September 2003 and is now fully functional 221 bedded paediatric Super speciality hospital to provide preventive & curative services to children up to age of 12 years. CNBC caters patients not only from Delhi but also from U.P., Bihar, Haryana, and Punjab.

(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).

This is a teaching hospital affiliated to Guru Gobind Singh Indraprastha University.

CNBC is first public hospital in India to get NABH accreditation in Feb 2009 and completed reaccreditation assessment round in Dec 2024 and got reaccreditation certificate in Feb 2025 valid till Feb 2029.

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

Mission:
- To provide Super specialty services using state of art technology
- Committed to improve health and satisfaction level of our patients by ensuring continuous improvement by-
  - Training of all categories of staff
  - Latest treatment technologies.
- To provide Teaching and Research facility in paediatric sub specialties.
- To develop as a leading Paediatric referral centre.

The brief performance statistics of the hospital during 2025-26 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
2025-26	221	221	106500	184321	65310	391	21097	3580	2200

9.12. 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 2025-26 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	-
2025-26	210	210	104579	144281	0	0	5664	80	576

9.13. DEEN DAYAL UPADHYAY HOSPITAL

DDUH is one of the largest facility providing OPD with specialized services and inpatient care to people of West Delhi and is a Referral centre for peripheral hospital/DGHS/CGHS Dispensaries. It also imparts training to various Post graduate and under graduate medical students and Para-medical students. Deen Dayal Upadhyay Hospital was started in 1970 as a 50 bedded hospital, extended up to 500 beds in the year 1987. In 2008, trauma block was commissioned which increased the bed strength to 640. Among Inpatient Wards, Hospital carries total 61 Intensive Care Units, which includes 20 bedded ICU/ICCU and total 41 Paediatric Intensive Care Units including 25 bedded Nursery cum Neonatal ICU, 8 bedded Out Born Nursery (OBN) & 8 bedded Paediatrics ICU (PICU) making the functional Bed Strength of DDUH to 648 beds.

INFRASTRUCTURAL REVAMPS AND NEW INSTALLATIONS: In its continuous journey of improvement, various infrastructural revamps and renovations i.e. Renovation of Panna Dai College of Nursing, Renovation of library premises etc. have been carried out in the hospital and new installations of medical equipment's i.e. Installation of Operating Laparoscope Set and Cautery Machine in Gynae. Deptt, Digital Retinal Camera or Fundus Camera for neonatal eye screening in Peads. Deptt., Operating microscope in Eye and ENT Department, OT light with camera in Surgery OT, Tharmo coagulation in Gynae Department through CSR, Plasmapherasis in Blood Bank, Phecoemulsion in Eye Department, Endoscope in ENT deptt. And HD Laproscopic surgery system in Surgery Department have been made to make the hospital well equipped with updated technology and machines. Play area in paediatric OPD is being started.

NEW INITIATIVES: To provide the hassle free and expedient patient care services, computerization of hospital records, implementation of Mera Swasthya Kendra QR based patient satisfaction feedback initiative, Audio-visual display for health education and promotion in peads. deptt. advance Phaco Machines, Surgical Operating Microscope, suicide prevention helpline started in Psychiatry Deptt. in collaboration with Delhi Medical Association of Doctors and psychosexual clinic and Geriatric psychiatry clinic, installation of Neonatal Ventilators, Multipara Monitors in Paediatrics Deptt.

The brief performance statistics of the hospital during 2025-26 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
2025-26	640	648	457345	377585	412258	10404	47962	11048	27997

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

To provide hassle free registration, this Hospital has implemented Mobile application (ABHA App.) based OPD Registration, besides this, OPD registration can also be done through online facility by using Nextgen e-hospital Portal. Further the hospital has implemented online making of MLCs on MedleaPr portal w.e.f. 04.05.2025. For the benefit of patient, as per the vision of the current Government, Ayushman Bharat-PM-JAY scheme is implemented in DDUH.

9.14. 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 2025-26 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
2025-26	250	315	316517	245333	177643	5722	16684	1743	18925

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

- Website and daily publishing of Health Bulletin with all the updates about hospital.
- Tablet video conferencing facility for communication between Doctor's
- Patients and attendants.
- 24x7 Data center (War room) for any data related needs and CCTV
- Coverage of hospital premises.
- Round the clock Juvenile De-addciton ward is running along with provision of and psycharity OPD and Counseling facilities for patients.
- Ayush Department Services like Homeopathy, Ayurvedic, Unani OPD is functional in DCBH were provided to patients and health care professionals.
- 24x7 May I help you counter.
- Augmentation in Diet for Patient.

- Provision of Yoga/Counseling as stress-buster to combat the fatigue and stress among patients and staff.
- As per guidelines Kalakalp and Quality done.
- BMW and infection control done.
- National Programmes/Schemes done as per guidelines.
- Basic induction and required trainings done on regular basis for skilled and unskilled employees.
- Special clinic facilities are available.
- Ex-Services man and pregnant women
- ICU facility.
- EWS/DAK
- JSSY/JSSK
- 10 Bedded Dialysis Center under Pradhan Mantri National Dialysis programmee (PMNDP).
- Manage Patients and Data of Air Pollution and Heat wave/ Heat Stroke.
- 24 Bedded NICU is functional.
- 50 Bedded Juvenile/De-Addiction ward functional.
- Stores including General, Medicine, Surgical & Equipment store or functional at Basement Level-1.
- Next-Gen E-Hospital is fully functional and all the modules in r/o Next-Gen E-Hospital are functional.
- MedLEapR Portal is fully functional in this hospital.
- Disability Certificate are issued in r/o Eye, ENT and Orthopedics which is fully functional.
- State Level NQAS Certification achieved during the year.
- Commendations Award achieved in Kayakalp during the year.
- One Stop Center is functional in this hospital.

9.15. 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 2025-26 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
2025-26	150	169	6820	135889	20117	NA	6355	3361	419

9.16. 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 2025-26 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
2025-26	500	500	777390	230460	262908	18433	62513	11577	72780

9.17. 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 2025-26 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
2025-26	200	200	478585	263996	178887	12171	10690	2100	8236

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

a) Awards/recognition received- Received Kaya Kalap Award

b) New services started- Next Gen, E Hospital, E-HRMS, E- Office, MedLeaPR portal, ABPMJAY under Process

c) Accreditation/quality initiatives- NQAS

9.18. DR. N.C. JOSHI MEMORIAL HOSPITAL

Dr. N. C. Joshi Memorial Hospital is a 60 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 2025-26 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
2025-26	60	60	165695	103624	32904	773	1504	348	2040

Major achievements during the period from 01.04.25 to 31.03.26 any other relevant information:

- Traing of Hospital Staff in BMW/BLS/ACLs etc. / fire safety drill quarterly and whenever needed.

9.19. GOVIND BALLABH PANT HOSPITAL

Govind Ballabh Pant Institute of Post Graduate Medical Education and Research (GIPMER) was established in the year 1964 as a Tertiary Care Referral Centre for Cardiac and Neurological disorders. Since its inception it is rendering services for the treatment of heart and brain disorders including Psychiatry. The department of Gastroenterology and Gastro surgery was added later on the early eighties. It is backed by modern technology and along with medical, Para-medical and nursing manpower strives to offer one of the best and latest diagnosis and treatment modalities for above disorders.

G. B Pant Hospital (GIPMER) is the only Delhi Govt. teaching institute for Super-speciality clinical & training programs affiliated to University of Delhi till date. The institution offers Post-Doctoral D.M. Degree in Cardiology, Neurology, Gastroenterology, Neuro anesthesia and Cardiac anesthesia. Similarly, it also offers M. Ch. Degree in Cardio Thoracic Surgery, Neurosurgery and Gastrointestinal surgery. Department of Psychiatry has M.D. Course in its specialty under MAMC. To support the clinical departments in the institution various Para-clinical departments give matching contribution in the area of Radiology, Pathology, Biochemistry and Microbiology with recognized M.D courses. Besides all the above active research work is going on in all the departments under the supervision of eminent faculty members.

The brief performance statistics of the hospital during 2025-26 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
2025-26	791	791	803352		27958	0	31609	3742	

Major achievements during the year 2025-26:

a) Awards/recognition received several awards won by residents under guidance of faculty of departments
b) New services started MICS Surgery, Fecal Elastase, Fecal calprotectin, Installation of 256 slice spectral CT, neurocath lab
c) Important surgeries/procedures conducted MICS Surgery
d) Accreditation/quality initiatives NA
e) Special achievements/best practices several awards won by residents, more than 150 PubMed indexed publications. Several ongoing research projects.

FUTURE PLAN / PROPOSED ACTIVITIES

a) Expansion of services Heart transplant, with State-of-the-art Heart Failure ICU, Liver transplant, Robotic surgery, Gamma Knife Lab, Digital pathology, Artificial intelligence amalgamation in all specialities, Simulation Centre, Clinical/ Academic linkage with reputed National & International Healthcare institutions,

new but essential procedures like Renal Artery Denervation, Percutaneous Lead Extraction, Coronary sinus intervention, AF ablation (Pulse field ablation) & Fetal interventions, cardiac biomechanics and advanced simulation lab for cutting-edge research

b) Procurement of equipment – List of equipment sent to Ministry and CPA
c) Recruitment of manpower several proposal has been sent for AR Study
d) Infrastructure improvement Add 2 more OTs in CTVS
e) New projects/services proposed Proposal to develop Gamma Knife Lab, establishment of comprehensive Pain Clinic, Transplant facilities, New Cath lab for radiological interventional procedures

9.20. 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 2025-26 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
2025-26	150	150	193483	205404	166068	5842	564955	2775	7877

Major achievements during the year 2025-26:

- Detail of project: Inauguration of New Building of 472 beds, Dr's Hostel and Dormitory for expansion of Hospital (Sep 2025).

  - Project Cost: - 172.03 Crore.

- Disability Certificate 356 disability certificate issued during 2025-26 (April to March)

  - Ortho-257
  - Eye-99
  - Ent-0
  - Multiple-0

- Certification of 'NQAS' for 2 years.
- Certification of 'LAKSHYA' for 3 years.
- Certification of 'MUSQAN' for 3 years.
- Kayakalp Award 2025-26.
- Summan Branding done in 2023.
- Award and Certificate by DM converting SAM patient into normal category.
- 1" prize in BMW.
- DNB (Gynae & Paeds) course have been started.
- Procurement oriented (to be procured in 2026-27)

- ✓ ICU Beds.
- ✓ Bubble CPAP
- ✓ Single puncture laparoscope tubal ligation set with accessories.
- ✓ Upper Gl endoscope.
- ✓ Hydraulic patient transfer trolley
- ✓ OT Table
- ✓ Fowler bed
- ✓ Fowler bed (90 Qty)
- ✓ Over bed Table.
- ✓ Medicine Trolley.
- ✓ Syringe Infusion Pump 65 QTY
- ✓ Fluid Warming Cabinet
- ✓ Defibrillator
- ✓ Newborn resuscitation trolley
- ✓ Fully Automatic Haemostasis Profile Analyser
- ✓ ETCO2 Monitor
- ✓ ICU Ventilator
- ✓ BMW Dustbins (of Various sizes)

9.21. 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 2025-26 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
2025-26	212	212	128980	132636	8861	638	15436	13992	2356

Major achievements during the year 2024-25:

a) Name of Scheme:-Eye Donation Project

Achieved Physical Targets for B.E (2025-26):-

1. Reduction in corneal transplant waiting time.
2. Better utilization rate of collected corneas compared to previous years.
3. Collection of 673 eyes and around 90.34% utilization

Proposed Physical Targets for B.E (2026-27) to be completed / achieved: -

1. Aim to achieve around 750 corneas.
2. DSAEK tissue preparation changes.
3. Procurement of consumables.

b) Name of Scheme:- Eye Donation Camp

Achieved Physical Targets for B.E (2025-26):-

- Reduction in corneal transplant waiting time.
- Better utilization rate of collected corneas compared to previous years.
- Collection of 673 eyes and around 90.34% utilization
    - Enhanced public awareness through IEC activities and increased participation in eye donation pledges

Proposed Physical Targets for B.E (2026-27) to be completed / achieved

- 750 corneas collection & minimize corneal transplant waiting time & IEC activities for general public encouragement toward eye donation.
- Start Delhi hospital integrated retrieval project with an aim & recruit 02 eye donation counsellors on contract basis @ 35,000/- Per Month.

- Aim to achieve around 750 corneas.
- Expenditure on corneal cutting for DSAEK

c) Name of Scheme:- CME/ Training

Achieved Physical Targets for BE (2025-26) –

- Six (06) CME Training sessions has been conducted during the period from April 2025 to March 2026 at GNEC.

Proposed Physical Targets for BE (2026-27) to be completed / achieved:-

- To increase the training activity and no of sessions to upgrade the skill set JR,SR, trainees ,PG's & general Ophthalmologist

d) Name of Scheme:- Amblyopia Free Delhi

Achieved Physical Targets for BE (2025-26) –

- Provide spectacles (free of cost) to at least 2000 students.
- To screen students for amblyopia and implement treatment and prevention.
- To procure/ purchase equipped mobile vans for screening of students and patients at schools and distant places in Delhi.
- To conduct monthly CME (lectures) and training activities of residents, doctors, paramedical, etc.
- To conduct IEC activities for awareness of the general public.
- Purchase of equipment for screening and awareness of amblyopia.

Proposed Physical Targets for BE (2026-27) to be completed / achieved:-

- Amblyopia free Delhi has been launched in the Month of 18/02/2026.
- Screening and Assessment of 4 nearby schools has been done and approximately 400 patients has been identified for distribution of free spectacles
- Conducted training of doctors, residents & PG's.
- Public lecture and panel discussion on amblyopia conducted for awareness of general public.
- Engagement of D.E.O's till month 2027.
- Printing/purchase of teaching material for training of residents /Doctors of GNCTD.
- Printing of information booklet for awareness of general public.
- Hiring of vehicle for transportation of school children to and fro from school to GNEC.

- Newspaper publicity/Advertisement.
- Purchase of stationary and arrangements of working lunch & snacks for CME/Seminar attendees.
- Audio Visual arrangements promotional activity through email/Whatsapps /SMS
- Printing of backdrop signboards and banners for publicity and awareness.
- Purchase of mementos and flower pots for guests and dignitaries.
- Expenditure on Training courses Misc. expenditure and others contingent expenditure.

e) Name of Scheme: - Annual Scientific Programme.

Achieved Physical Targets for BE (2025-26) –

- No activates was under taking.

Proposed Physical Targets for BE (2026-27) to be completed / achieved:-

- Proposal is under process and likely to be completed.

f) Name of Scheme: - Establishment & New Units/ courses.

Proposed Physical Targets for BE (2026-27) to be completed / achieved:

1. - Proposal is under process and likely to be completed.

Achieved Physical Targets for BE (2025-26) –

- No activates was under taking.

Proposed Physical Targets for BE (2026-27) to be completed / achieved:

- Proposal is under process and likely to be completed.

9.22. 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).

The brief performance statistics of the hospital during 2025-26 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

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2024-25	1571	1571	833818	594141	248863	24092	94828	9632	33087
2025-26	No official order is availlable	1557	864345	685802	2,96,126	31,417	297683	14839	39007

Physical targets & achievements for B E (2025-26) in r/o GTB Hospital

1. MJAY scheme was started in the hospital following direction from H&FW Department, GNCTD. Hospital has treated more than 250 patients under PMJAY and received claim amount of approximately 50 Lakh. Various activities of Ayushman Bharat digital mission were also carried out with creation of HPR id of doctors & nurses, Health facility registration creation of ABHA id of approximately 40,000 patients. Hospital is continuously performing among top 25 institute in the country in ABHA scan and share activity.
2. All the 14 modules of Next Gene hospital are working in the hospital.
3. Under PMSSY Phase-IV, the upgradation of UCMS & GTB Hospital was approved by the Government of India with a total sanctioned project cost of Rs. 200 crore. As per the Cabinet approval, the financial sharing pattern for the project is: Central Share (Government of India): Rs. 120 crore (60%) and State share (Government of NCT of Delhi): Rs. 80 crore (40%). Further, it has been stipulated that any expenditure over and above the Cabinet approved cost of Rs. 200 crore shall be borne by the Government of NCT of Delhi.
4. In compliance with the above financial commitment, the Government of NCT of Delhi has already conveyed its concurrence and commitment for providing the State share of Rs. 80 crore for the implementation of the project. In this regard, GTB Hospital has proposed for development of a Trauma-cum-Super Specialty Block under the PMSSY upgradation project.
5. In this regard, as per DPR provided by the executing agency M/s. HITES the capital cost, after multiple deliberations has been projected at Rs. 244,87,24, 229/- (Rupees Two Hundred Forty Four Crore Eighty Seven Lakhs Twenty Four Thousand Two Hundred Twenty Nine Only). In this regard, it is submitted that as mentioned above, Rs. 120 crore will be borne by Central Government and remaining amount of Rs. 124 crores will be borne by State Government, of which 80 crores has already been approved by the State Government and the approval for remaining amount of Rs. 44 crores is in process.
6. Inauguration of Medical ICU and HD Endoscopy suites by Hon'ble CM of Delhi.
7. Launch of National HPV Vaccine by Hon'ble CM of Delhi.
8. Launch of Ayush Stress Management units by Hon'ble CM of Delhi.
9. Installation of composter machine for processing of organic waste.
10. Urodynamic machine system has been installed in the department of Obst. & Gynae at MCH-6th floor and UDS system testing started in the department. In addition, Urogynae clinics merged with HT OPD clinic of Tuesday afternoon.
    a. e-dossiers for appointment of regular post of Nursing Officers have been received in GTB Hospital, out of which 305 Nursing Officers have joined this hospital.
11. Implementation of AMSP (Anti Microbial Stewardship program) across the department of GTBH.
12. The testing facility for rickettsial diseases was established under Serology division of Department of Microbiology. At present the testing is being done in Serology division of Department of Microbiology.

Following equipments amounting to Rs. 10 crores (approx.) have been procured:-

(i) One Hemodynamic Monitor for Anesthesia Department
(ii) Two Mid End Ultrasound for Radiology Department
(iii) Six Dental Chair for Dental Department
(iv) One Digital Fundus Camera for DEM
(v) Four Slit Lamp for Opthalmology Department
(vi) One GI Video Endoscpy for Surgery Department
(vii) One Cryoguge for Pathology Department
(viii) Four Autorefractokeratometer for Opthalmology Department
(ix) 30 Open Care Warmer for Paedatrics Department
(x) One Automated microbial identification and sensitivity testing system for Microbiology Department
(xi) 4 Low end Anesthesia workstation for Anesthesia Department
(xii) 1 Automated LBC system for Pathology Department
(xiii) 1 Automatic tissue processor for Pathology Department
(xiv) 1 Cryostat for Pathology Department
(xv) 2 Radio frequency Generator for Neurosurgery Department
(xvi) 1 Neurosurgical Operating Microscope for Neurosurgery Department

The details of functional polyclinics attached with GTB Hospital are as under:-

Sl. .No.	Name of Polyclinic	Name of Incharge/ MOI/C	Address of Polyclinic	Contact No.	e-mail address	District under which Polyclinics fall
1.	Babarpur	Dr. Sharad Verma	Road No. 65, Janta Colony, Babarpur, Delhi-53	9625900566	-	Shahdara
2.	Jwala Nagar	Dr. Sharad Verma	7/55, Church Road, Jwala Nagar, Shahdara, Delhi-32	9625900566	jwalanagar polyclinic @gmail.com	Shahdara
3.	Yamuna Vihar	Dr. Deepti Sachan	B-2, Near Mother Dairy, Yamuna Vihar, Delhi-53	9818589388	yamunavihar ned1@gmail.com	North-East
4.	Vivek Vihar	Dr. Vandana	B-Block phase-I Near Lions club, Vivek Vihar, Delhi-95	9811913461	Dgd,vivekvihar.east@gmail.com	Shahdara

9.23. 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 2025-26 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
2025-26	1241	579	490775	411772	244989	22288	16101	2047	2356

Major achievements during 2025-26 or any other relevant information: -

1. **Augmentation of Dialysis Services:** The number of dialysis beds and machines has been increased from 35 to 50, significantly enhancing renal care services and reducing patient waiting time. First Delhi government Dialysis Centre with 50 Dialysis units/Beds in Delhi/North India. The no. of dialysis patients increased from 12721 (FY 24-25) to 30635 (FY 25-26)

2. **Commissioning of 500 mA X-Ray Machine:** A 500 mA X-Ray machine has been commissioned in the Radiology Department to cater specifically to emergency diagnostic requirements, ensuring timely and accurate imaging services.

3. **Expansion of Operation Theatre (OT) Services:** Emergency OT services are now available for 24 hours to strengthen emergency surgical care and improve patient outcomes.
4. **24 Hours Emergency Services:** 10 Beds for TRIAGE and 40 Beds for the Medicine Emergency have been started, ensuring round-the-clock availability of emergency medical care.

5. **Surgical Emergency Ward:** We have expanded 20 beds in the Surgical Emergency (Surgery, Orthopaedics, ENT, Ophthalmology and Dental Wards on the ground floor near the Accidental and Emergency Services Area round the clock. Surgeries have substantially increased from 2574 (FY 24-25) to 4403 (FY 25-26)

6. **24 Hours Pathology Emergency Services:** 24 hours Pathology Emergency Services has been started in I.G. Hospital to ensure continuous diagnostic support for emergency and critical cases which led to increase in tests from 1038957 (FY 24-25) to 1343633 (FY 25-26).

7. **Addition of 30 Beds in the Obstetrics & Gynaecology (OBG) Department:** 30 Beds increased in the OBG Department to cater to the increasing patient load and to improve maternal healthcare services. Total births are now increased to 1851.

8. **Creation of 4 Additional Cubicles in the Respiratory Department:** (2 Male-14 Beds and 2 Female-14 Beds) [Total Beds-28]
   We have created 4 additional cubicles (2 Male-14 Beds and 2 Female-14 Beds) [Total Beds-28] in the Respiratory Department to facilitate improved patient management and treatment of respiratory illnesses. Due to this total IPD admissions increased to 727 patients which led to bed occupancy of more than 90%

9. **Human Papillomavirus Vaccination (HPV) Services:** HPV services have been started in Indira Gandhi Hospital, Dwarka w.e.f. 05.03.2026, as part of preventive healthcare services.

MoU signed with national eye bank, AIIMS: In October, 2025, IGH became cornea retrieval centre. An eye donation counsellor is posted by AIIMS for counselling for eye donation awareness.

At present in house lab is providing round the clock services catering to emergency IPD and OPD patients, on an average performing 100000 (approx.) tests per month.

Hospital has started doing sample registration on Next Gen e portal in the sample collection centre for Immunoassay lab.

5 day Hands on workshop on IUCD training in collaboration with IDHS South-west district for nursing officers.

4 dedicated TB beds are now functional for management of Tuberculosis patients under isolation and standard treatment protocols. Previously there were about 4 to 8 patients and now the number of patients has increased to 28-35 patients per month.

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.

10. Dental Department in collaboration with ENT Department has operated upon a foreign national which was a major case of ossifying fibroma of the mandible Accreditation/quality initiatives.

11. Successful initiation of 03 Advance Dental Chairs in Dental Department.

12. Establishment of Endo motor for Rotatory (RCT).

13. Expansion of Super Speciality Orthopaedic services such as Total Hip Replacement, Total Knee Replacement, etc.

Starting of Disability Assessment Clinic.

Any other future proposal/ relevant information of the hospital: -

- Starting Laparoscopic ligation, TLH/LAVH services in **Gynecology department.**
- To start cancer clinic, Menopausal clinic and Infertility clinic.
- Automated blood culture system and automated identification and susceptibility system for **Microbiology Department**.
- To make computerized system between lab and other department so as to notify the department within 15 minutes about critical value results and resampling.
- To start and establish ICCU in the **Medicine department** and DNB courses for 2026-27 session.
- Initiation of DNB Respiratory Medicine training programme.
- To strengthen the GLAUCOMA services. **Ophthalmology department** is in process of procurement of ULTRASONIC PACHYMEYTER.
- To start Orthodontic services and to start implant and cap and crown services and dentures.
- Establishment of OPG X-ray machine.
- Starting of Sports Medicine sub specialty within the department.
- Establishment of dedicated Trauma centre and Centre for Advanced Orthopedic Surgery.
- To start Laparoscopic/ Minimal invasive surgery.
- To start DNB programme.

9.24. 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 2025-26 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
2025-26	317	317	97291	546069	43450	None	6495	93	None

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

- Awards/Recognition received: implementation of UDID and contribution to welfare of person with disabilities govt of Delhi
- New Services started: Neuro-palliative clinic started, perinatal mental health clinic & geriatric mental health deaprtment.
- New wards/buildings developed: male & female open psychiatry (2nd Floor).
- accrediation/quality initiative NABH
- Special achievments/best practices- Implementation of NMHP-DMHP.

9.25. 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 2025-26 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

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2024-25	549	333	45301	104421	9270	06	11872	1137	199
2025-26	549	356	61701	99296	11455	20	13801	1192	166

9.26. 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 2025-26 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
2025-26	200	200	418161	3,98,291	295029	28325	14049	2441	25143

9.27. 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 2025-26 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
2025-26	300	150	70891	238905	8842	Nil	5467	Nil	2352

Major achievements duringthe period from 01.04.25 to 31.03.26 any other relevant information:

<table>
<tr><th>S. No.</th><th>Indicator</th><th>Achievements (2025-26) (1 April 2025 to 31 March 2026)</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 31.03.2026)
<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>0</td><td>1</td></tr>
<tr><td>DMS</td><td>1</td><td>0</td><td>1</td></tr>
<tr><td>Professor</td><td>8</td><td>2</td><td>6</td></tr>
<tr><td>Associate Professor</td><td>8</td><td>2</td><td>6</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>4</td><td>11</td></tr>
<tr><td>Medical Officer</td><td>8</td><td>6</td><td>2</td></tr>
<tr><td>Senior Resident</td><td>77</td><td>54</td><td>23</td></tr>
<tr><td>Junior Resident</td><td>30</td><td>26</td><td>4</td></tr>
<tr><td>Paramedical Cadre</td><td>90</td><td>44</td><td>46</td></tr>
<tr><td>Nursing Cadre</td><td>174</td><td>71</td><td>103</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>
</table>

3	Starting Surgical Services	• 2 Modular OTs are operational for minor surgeries. • Procedures like Renal Biopsy, Fistula and Permacath insertion for CKD patients is being performed in Minor OT.
4	Starting Emergency / Casualty Services and Disaster Management Ward	• Emergency department is functional from 08:00 am to 08:00 pm. • 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. • Day Care ward is functional from 09:00 am to 04:00 pm.
5	Infrastructure for teaching faculties.	
	• Audio visual system	Audio visual system installed in the conference room for online dissemination of knowledge.
	• Remote Teaching	Remote teaching through conferencing and participating in CME by various departments.
	• Ethical Committee	Institutional Ethics committee registered with CDSCO and DHR.
	• DrNB classes and academic classes	Conducting academic classes for DrNB students and residents on regular basis.
6	Starting teaching seats for DM/Mch./DrNB.	• DrNB Cardiology seats are there.
7	Procurement of OT, CSSD, Kitchen, Beds, Furniture's, Consumables & Non-Consumables.	• 7 Modular OT's 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.
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	• Cardiology, Neurology, Nephrology, Gastroenterology, Thyroid & Senior Senior Citizen (70+) OPD. • Scan & Share facility for OPD registration.
10	Starting of Specialized Clinics	• Thyroid clinic is going on with an average number of approximately 62 patients per day. • Senior senior citizen (SSC) clinic is running with an average number of approximately 75 patients per day.
11	Enhancement of Medical Super Speciality Diagnostic Services	• Emergency lab functional. • Ayushman Bharat scheme is being implemented. • NABL Accreditation of laboratory. • Continuation reaccreditation of lab tests done.
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.
14	Pharmacy Services	• Jan Aushadhi Kendra (JAK) is functional.
15	Dialysis Services	• 45 Dialysis machines are installed for better management of CKD patients.
16	Administrative services	• E-office implemented for faster file work.

Proposed Physical Targets of Janakpuri Super Specialty Hospital (JSSH) for 2026-27

Sl. No.	Projects	2026-27
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.
2	IPD Services	• 50 more beds will be increased for better patient management. • Semi private ward will be operational.
3	Starting Surgical Services.	• To start with basic vascular procedures once major OT becomes operational. • Resumption of Endoscopy facility.

		• 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 DrNB Cardiology students.
	• Other trainings	Mandatory soft skill training and BLS training to all staff of the hospital.
6	Starting teaching seats for DM/Mch./DrNB.	• Hospital is trying to increase DrNB seats in other departments.
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	• Resumption of Polysomnography facility • Purchase and upgradation of equipments for Neuro-electrophysiology lab e.g. NCV+EMG machine, Transcranial Doppler use, r-Trans-magnetic stimulation machine. • Initiating stroke programme. Need for establishing independent DSA lab for performing endovascular procedures. • Appointment of faculty for 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. • 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 Neurorehabilitation equipment.
14	Digitization	• Fully implementation of NextGen services.
15	Dialysis Services	• Planning to increase number of beds for dialysis within two months.

9.28. 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 2025-26 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
2025-26	100	160	283875	200231	334401	21876	22213	3423	42019

Achievements for 2025-26.

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
5. The Police Stations of East District. In addition, 60-75 MLCs have been made daily at this hosptial.
6. Timely registration of Birth and Deah are being done in the MRD department of this hospital.
7. The hospital performed a total of 42019 minor surgeries and 3429 major surgeries during April 2025 to March 2025.
8. During April 2025 to March 2026, this hospital recorded a total of 4066 normal deliveries and 1630 cesarean deliveries.
9. Family planning and immunization facility are also available in the hospital.
10. Remodeling of existing building block is undergoing in this hospital for up gradation from 100 to 560.
11. The department performed approximately 10, 92,374 lab tests during the period from April 2024 to March 2025.
12. One sports injury clinic has been started on every Wednesday.
13. Medicine department has started facility of echocardiography for cardiac patients.
14. Pediatric department has also started facility of echocardiography for cardiac patients.
15. Hospital got the renewal of NQAS Certificaiton.
16. Hospital has started Psychiatry-addiction treatment facility.

Proposal for 2026-27

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.

9.29. 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, and 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 2025-26 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
2025-26	2053	2053	653221	750824	226109	16975	91783	20674	11119

Major achievements during the period from 01.04.25 to 31.03.26:

1. Medical Genetics Ward, LNH:

Medical Genetics Ward, LNH was inaugurated by Hon'ble CM of Govt. of NCT of Delhi dated 29.05.2025. A dedicated Medical Genetics Ward (18 Beds) has been established to provide advanced diagnostic and therapeutic services for patients with genetic disorders. This initiative marks a significant step in expanding the scope of specialized medical services available to the public.

2. Nucleic Acid Amplification Testing (NAT) facility, LNH:

Nucleic Acid Amplification Testing (NAT) facility, LNH was inaugurated by Hon'ble CM of Govt. of NCT of Delhi dated 29.05.2025 with the objective to strengthening the quality and safety of blood transfusion services, the hospital has commissioned a Nucleic Acid Amplification Testing (NAT) facility in its blood bank in Government Hospital. This state-of-the-art diagnostic tool enhances the screening process for transfusion-transmissible infections, ensuring greater safety for recipients and aligning with global standards in blood safety protocols.

3. Lactation Management Unit, LNH:

In the domain of maternal and child health. Lactation Management Unit, LNH was inaugurated by Hon'ble CM of Govt. of NCT of Delhi dated 29.05.2025 to support, promote and protect through specialized care and counseling among new mothers. This unit plays a crucial role in neonatal nutrition and care, especially for low birth weight and premature infants.

4. Newborn screening programme under Mission ANMOL:

The Delhi Government has approved an expanded newborn screening programme under Mission ANMOL. Increasing annual coverage from around 1.5 Lakh to 2.5 Lakh infants to ensure early detection of congenital disorders. Mission advanced new born Monitoring for optimal Life care (ANMOL) adopts a technology-driven and integrated approach aligned with national guidelines to make comprehensive newborn screening a standard practice across Delhi's Public health system. The budget earmarked for said programme is Rs. 25.00 Crore for the Financial Year 2026-27.

5. Kayakalp Programme:

Won the First Prize (Rs. 25 Lakh) for the Kayakalp Programme (Performance of the Hospital) for the year 2025-26.

Won the First Prize (Rs. 10 Lakh) for the Kayakalp Programme (Eco-friendly Hospital) for the year 2025-26.

6. National Quality Assurance Standard (NQAS):

NQAS state level Qualified in the month of May, 2025.

Successfully completed the national level NQAS assessment on the month March-2026, 1 Hospital in NCR with more than 2000 beds category to do so.

7. Labour Analgesia services:

Another remarkable achievement in the domain of women's health has been the implementation of Labour Analgesia services by the Department of Anesthesia and Intensive Care. This service now provides painless normal delivery options for both low-risk and high-risk pregnancies, offering women a safer and more comfortable childbirth experience through advanced pain management techniques.

8. Centre of Excellence-Early Intervention Centre (COE-EIC):

Centre of Excellence-Early Intervention Centre (COE-EIC) at Lok Nayak Hospital has been brought under the aegis of the Government of NCT of Delhi following the conclusion of the Memorandum of Understanding (MoU) on 31.03.2026. The COE-EIC was previously functioning at LNH as a Government of India project; however, with the expiry of the MoU, the Lok Nayak Hospital under the H&FW Department, GNCTD has assumed full administrative and operational responsibility for the Centre. This transition ensures continuity of essential early intervention services and reflects a significant achievement in strengthening state-led healthcare delivery systems within the hospital. The budget approved for said project is 3.5 Crore for the Financial Year 2026-27.

9. Model Treatment Centre (MTC):

A Model Treatment Centre (MTC) was inaugurated on 9.12.2025 under the National Viral Hepatitis Control Programme (NVHCP), aimed at providing comprehensive care for patients affected by viral hepatitis and supporting India's goal of eliminating the disease by 2030. The MTC at LNH is the only functional centre of its kind in Delhi. Delivering standardized and holistic management for Hepatitis B and C.

10 New Modular Operation Theatres in Orthopaedic Block:

Lok Nayak Hospital has initiated a major upgrade in its healthcare infrastructure by starting the construction of 10 New Modular operation theatres in its Orthopaedic Block. This Development marks a significant Step toward strengthening advanced surgical Facilities in the Hospital.

11. Renovation of Casualty Block, LNH:

The Upgradation/renovation of Casualty Block Block (7th, 6th and 5th Floor) has been completed and ready for patients care.

12. Fully Automated ESR analyzers:

To enhance laboratory services, the Pathology Department has procured and installed fully automated ESR analyzers, significantly improving the efficiency, accuracy, and turnaround time for diagnostic services, thereby benefiting both clinicians and patients in prompt diagnosis and treatment planning.

13. Biomedical waste management:

In line with the Government's vision for environmentally responsible healthcare services. the hospital has taken substantial steps towards biomedical waste management. A bar-code-based tracking system has been introduced to ensure accurate and traceable disposal of biomedical waste. Additionally. a Liquid Waste Processor Unit has been installed for the pre-treatment of liquid waste in compliance with the Biomedical Waste Management Rules of 2016 and 2018. A composting machine has been introduced to manage biodegradable waste efficiently. Furthermore, a Sharp Disposable Destroyer System has been put in place to safely dispose of metallic sharps, reducing the risk of injury and preventing reuse.

14. Medical Equipment Supplied by IOCL under CSR intiative:

Setup MRI & CT Scan costing worth Rs. 39.82 Crore supplied by IOCL under CSR initiative in the LNH.

ANY OTHER PROPOSALS / RELEVANT INFORMATION OF THE HOSPITAL.

DEPARTMENT OF RADIATION ONCOLOGY

The proposal for procuring a new telecobalt machine to replace the existing telecobalt machine, which has attained end of life is already under process. The proposal for recruiting four radiotherapy technologists has also been moved to fulfill their shortage. One day care chemotherapy was planned for start but required manpower was not provided. Files for extra staff/nurse has been moved again. This is required as chemotherapy patients in day care is increasing day by day & working staff is overwhelmed

EMERGENCY MICROBIOLOGY LABORATORY

The department is in the process of starting syndrome based real time PCR diagnostics in clinical samples demand already. The hospital is identified as the proposal IPHL for central dist. The preparations are underway to start the public Health laboratory in LNH.

DEPARTMENT OF DERMATOLOGY AND V.D

On going studies:-A comparison of tropical corticosteroids versus topical tacrolimus with microneedling in alopecia areata. Patch test positivity in spectrum of allergens causing occupational contact dermatitis among construction workers. Dermoscopic features of topical steroid damaged face and its histopathology association. Pattern of distribution of Hla alleles in cases of cutaneous adverse drug reactions. Titles of thesis: clinic-epidemiological profile of syphilis in tertiary care centre. Patch test positivity in spectrum of allergens causing occupational contact dermatitis among construction workers.

DEPARTMENT OF ANAESTHESIOLOGY & ICU

Public awareness lectures to the conducted on anesthesia, pain management, BLS Pain and Palliative care service and training OT/room to be created. Training rooms to be upgraded in OT 4th floor. PSA and MGPS plants trainings. Regular CMEs to be conducted from hospital for NQAS. NQAS training to be done with periodic health check up for paramedical staff to be arranged. More faculty rooms to be created.. Proposal for RFA machine & PRP machine. Filling up of vacant post for JR, technicians, NTS and SR through regular interviews.

DEPARTMENT OF PAEDIATRIC SURGERY

Updation of Neonatal surgical ICU & Pediatric Surgical ICU adjacent to ward SA & 58 in Lok Nayak Hospital, New Delhi.

Department library is being furnished with new books to be made in fourth floor, B.L.Taneja block, M.A.M.C, New Delhi. Modular O.T., C-ARM guided surgery e.g. PNCL, Robotic surgery & Endotrainer laboratory is being planned to make by Department in Lok Nayak Hospital, New Delhi. Fellowship programme in Pediatric Urology has been approved. Department of Pediatric Surgery, MAMC conducted Annual DAPS meet 2025 from 11 Oct to 12 Oct 2025. The programme was attended by around 70 delegates.

BLOOD BANK

Providing leukodepleted blood to all thallessmia kids and multitransfusion patients.

AMS (OPD)

Complete tokenization/ digitalization. Strengthening of IT services. Yoga session for all: Healthy mind and body. Digital display of information and strengthening of public redressal system.

DEPARTMENT OF ORTHOPAEDICS

Emergency OT (24 mm) for orthopedics. Smooth functioning of e- anm and tourniquet machine in emergency. Increase no. of staff and nursing orderly proportional to increase no. of bed

BLOOD BANK

Radiofrequency identification tracking system (RFID) to hence efficiency in blood bank.

DEPARTMENT OF NEONATOLOGY

The Maternal Newborn care unit (MNU) being the current standard of care should be incorporated. Additionally, a comprehensive Lactation Management Unit (LMU) should be established.

DEPARTMENT RADIATION ONCOLOGY

The brachytherapy has been re-started with the procurement of new Iridium-192 radioactive source with assistance from Anaesthesia Department. Teletherapy with high end techniques like 3D-CRT.IMRT & VMAT is continuing in professional manner. Varian Linear Acceleratator is being utlised for radiation to cancer patient with IMRT/VMAT and 3DCRT techniques.)

EMERGENCY MICROBIOLOGY LABORATORY

The department added one more autornated Immuno analyser to the laboratory leading to reduced turn around time for immune assays and complete automation of immunological assays. The Laboratory successfully implemented the NOAS standards and qualified the state level NQAS accreditation. Successfully handled the workload of ongoing dengue and malaria season and provided dengue NSI antigen testing & RMA testing round the clock for the patients. All the clinical diagnostic work was handled in the best ways for the benefit of patients. The TAT was achieved in all the test parameters done in laboratory.

DEPARTMENT OF ACCIDENT AND EMERGENCY

On 10/11/2025 A&E with all other department worked in co-ordination and worked 24/7 and did wonderful work.

DEPARTMENT OF MEDICINE

Conducted medicine workshop for UG students.

DEPARTMENT OF RADIODIAGNOSIS

Providing High Quality Diagnostic Imaging Services to patients including digital radiography, ultrasound, digital Mammography, USG/CT guided intervention, whole body CT and MRI.

DEPARTMENT OF DERMATOLOGY &V.D

A study of clinic-epidemiological profile and comorbidities associated with bulbous pemphigoid. Clinical profile of infantile haemangioma and its response to propranolol therapy Assosiation of clinic-histopathologic and dermoscopic findings in pigmented purpuric dermatoses. As of the period, all previous projects have been completed.

DEPARTMENT OF ANAESTHESIOLOGY & ICU

Dr. Rohit- Attended annual CME of Sri Ganga Ram Hospital as faculty & Chairperson on 1" Feb 2026, attended Medicine update 2026 by SGRH as faculty. Attended monthly ISA Delhi meets, Attended cardiology clinics by Fortis Escorts Delhi. Attended 8th neuroscience update by Fortis Noida as faulty & chairperson in April 2025. Attended ISA Delhi mostly clinical meets. Dr.Farah Hussain- resource faculty for Indian association of medical music therapists for the first CMTE program-Invited faculty for ATRA 2026-Released three issue of ISA Delhi newsletter as Editor in chief invited faculty for MAMC STEPS prof for music therapy for building resilience - invited for talks on Trauma blocks, music therapy for stress management & as work shop coordinator for monitors at MAMC update 2026. July 2025- invited by APPSA Sir Ganga Hospital as IDRA Faculty, invited by Mashaal 2025, august 2025 for music therapy workshop on stress management, invited by ICACON 2025 AIIMS Jodhpur as guest faculty for a talk on music therapy. As organizing team of ISKCON 2025, hosted the inaugural function and invited guest speaker and elected as ISA Delhi newsletter Editors for tenure 2025-26. Released the front news letter for ISA Delhi as Editor in dec. 2025, invited as for first annual conference of music theraphy in kashi vidhyapeeth, Varanasi conducted an online session on music therapy for emotional well being on Thursday with speakers in April. Organizing committee & lead art & photography at ISA Delhi YUVA CON & also received 1" prize in photography competition at ISA Delhi YUVA CON 2025. Conducted music for mental health class for 1" year PGs at dept. of anesthesia. Invited to an online panel discussion on music therapy Dr. Neeraj Kumar- conducted workshops for airways & life support. Dr. Gunjan-Instructer in BLS & ACIS classes held in February. Dr.Wahaja- Invited for lecture in mAMC update & AIIMS medical Gases management 2026. Dr. Anjali Singh- NQAS ICU Scores. DR. Shivi-Organised lecture with forum AIIMS faculty. As a member of purchase committee, procuring equipment for hospital according to the official rules, actively involved in purchase committee and procurement of consumable equipments, prepared quarterly NQAS ICU and CSSD reports. Dr. Snegdha- Organizing committee for quiz competition in Delhi YUVA CON April 2025. Took an online class on ERAS under DNB bond in April 2025. Dr. Vandana saith - speaker in new frontiers in Acupuncture and clinical applications under ISA Delhi dec. 2025.

DEPARTMENT OF PAEDIATRIC SURGERY

Advanced laparoscopic & Thoracoscopics 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. 18h PSU 2026 divided into 5 CME, held from 25.02.2026 to 01.03.2026- C.M.E. No-1(25.02.2026) PSU-2026-ALLIED SUBJECTS.C.M.E. No.-2(26.02.2026) PSU-2026-BASIC Pediatric

Surgey & Thoracic Hepatobiliary Surgery C.M.E-No.-3(27.02.2026) PSU-2026-BASIC Pediatric Gastrointestinal & Hepatobiliary Surgery C.M.E.No. 4(28.02.2026) PSU-2026-Pediatric Urology & M.I.S Potpourri C.M.E-No. (01.03.2026)PSU 2026-Pediatric Oncology Neurosurgery & Miscellaneous.

DIETARY DEPARTMENT

Intensive repeated regular training & counselling of food handlers regarding hygiene. Individual dietary referral needs were taken care of by the interactive session with patient by Dietician. Training imparted to 19 dietetic interns during this period. No. Of person diet counselled during: OPD Patient counselling: 5121, IPD Patient counselling: 2891. Every month Diet Index is approx 0.94(94% indoor patients are provided diet from in house kitchen), Proportion of Therapeutic Diet to total no. Of Diet is 22.9 percent, patient feedback score on quality of food provided=4.75 out of score/scale of 5. Public awareness program for national nutrition month was celebrated on 04.09.2025 in medical OPD, LNH, where display of chart/posters, Natak on "Nutrition food for all from children to elderly" by Dietetic interns, talk with interaction session by Dieticians was done. Dietician and dietetics intern participated in health camp special focus on women health during Pooshan Maah" on 17.08.2025 at Ayushman Arogya Mandir, Community Health Centers, assessment under Kaya Kalp Programmed held by external team in month of sept 2025 and in the month of NOV 2025. National Level NQAS assessment done by external National NQAS team for Dietary Department in the month of March 2026.

DEPARTMENT OF ORTHOPAEDICS

Cadaver course on Advanced Shoulder arthoplasty. Advanced Shoulder cadaver course. DNB Practical Examination 2026.NQAS assessment. Wellness session for orthopaedics residents. Bone Exercise for 1" year residents. Functioning of dedicated minor OT at Ortho block. Shifting of ortho-emergency from 1" floor ortho building to 3rd floor emergency.

DEPARTMENT OF NEONATOLOGY

Major work was done in availing quality improvement of relevant documents in the department. NQAS related work relevant to checklist is updated and followed with sustainability as per mandate. FBNC portal is filled and updated on daily basis as per the patient's records. The patient's satisfaction is good and appreciated by all.

BLOOD BAND

Participated in mega blood donation camp o the occasion of "Netaji Subhash Chandra Bose" birth anniversary on 23 January 2026 organized by Govt. Of NCT of Delhi. Started NAT testing at our centre in order to providing safer blood/blood components to patients. NAT testing facility was started in the month of April 2025 in order to provide more safe blood to the patients

AMS (OPD)

NQAS Reports submitted timely. Special emphasis on sanitation. Public grievance system is strong and well managed. Regular updation of public information system on various platforms. E-office implemented. Regular rounds taken & action taken report submitted with gap analysis and corrective and preventive actions. Regular training session conducted.

CHEST CLINIC

More than 90% notification of TB cases.

DEPARTMENT OF MEDICAL GENETICS

Successfully processed 46972 genetic and genomic tests with the quarter. Major contribution to new born screening, enabling early Detection of endocrine and hemoglobin disorders. Sustained delivery of cytogenetic

and molecular diagnostics for rare and inherited genetic conditions. Continued support for prenatal and confirmatory genetic testing. Contribution to genomic surveillance through SARS-CoV-2 sequencing.

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Managing High risk pregnancy including ectopic, PAS & Pregnancy with major medical risk in matters like brain tumor & others. Running special clinics in routine like high risk pregnancy clinic, cancer clinic, Gynae Endocrinoly, Fetal Medicine, ART clinic. Participate & held many programmer for awareness of Patients & their relatives. IVF facility running successfully

9.30. 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 2025-26 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
2025-26	150	178	253466	173850	113364	6782	6561	1022	15833

Achievements for 2025-26

- Main OT Renovation Completed
- Online OPD/IPD Registration started
- PM Jan Aushadhi Kendra Started
- NQAS State, LaQshya and MusQan Certified
- Kayakalp Commendation Award 2025-26

9.31. MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi is an Autonomous body under the GNCT of Delhi is Premier Institution in the field of Dental Sciences in India which has been declared ***"Centre of Excellence"*** by the Govt. of NCT of Delhi. It imparts Five Year B.D.S. Course in which 50 Students are enrolled each year and 22 students for three Year M.D.S. Courses in nine Dental Specialties each year.
Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi is an Autonomous body under the GNCTD of Delhi. The institute has emerged as the Centre of Excellence in the field of Dental Education, Patient Care and Research work. The institute is situated in a spacious campus alongside the city's four prestigious landmark hospitals namely, Maulana Azad Medical College, Lok Nayak Hospital, G. B Pant Hospital and Guru Nanak Eye Centre. *"Approximately 1400 dental patients visit MAIDS for treatment on daily basis in OPD. There are 10 beds available in IPD that is primarily maintained for patients for*

maxiofacial surgery and emergency surgery. The Institute offers courses for Post graduate MDS (03 year course) with 22 seats and under graduate BDS (05 year course) with 50 seats."

MAIDS is located in the Heart of Delhi. It is a ***'Specialized Dental College& Hospital'*** and treats all types of Dental ailment, However, complicated the treatment may be, successfully. More than 2000 Dental Patients visit MAIDS for treatment on daily basis. Presently, our Institute is ranked as best 'Dental College and Hospital' in India. It is the first Dental Institute to obtain the prestigious NABH Accreditation by strictly following the very stringent Quality Control Norms prescribed by NABH. In view of limited resources in terms of manpower, equipments, space etc. there is waiting period for some of the Dental procedures.

Vision:-To emerge as an institute of regional and global excellence in the field of Dental education and research.

The brief performance statistics of the hospital during 2025-26 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
2025-26	10	10	224819	213287	1525	0	178	1100	1791

Achievements 2025-26

- **Procurement of Simulators:** - 20 years back it becomes obsolete. Therefore they are used by students during their early phase of learning as a tool to assist their practical training before they are provided with actual patient care. And the request of purchase of 30 simulators has already been sent which are to be procured through CPA.

- **NAAC Accreditation:** - NAAC Accreditation has already available with MAIDS being part of DU, as DU is already NAAC Accredited. However MAIDS is also seeking independent NAAC Accreditation for which all requisite formalitie have been completed, but the registration process has been Kept on hold by NAAC Authorities as they are revising their protocols and regulations as and when process will opened MAIDS will apply in NAAC.

- **Ranking in International Platform :-** MAIDS has been consistently ranked in top 3 Dental Colleges in India by various Organizations/Publications.However decisions have been taken to bring MAIDS in International reckoning and for that gaps that have been identified have been filled on large extend and only few are remaining. Efforts are being made to complete these gaps and thereafter MAIDS will make efforts to place itself in International platform through various agencies

9.32. 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 2025-26 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
2025-26	100	60	45527	96080	0	0	871	0	125

Major achievements during the period from 01.04.2025-31.03.2026

1. NHMC & Hospital won the KAYAKALP COMMENDATION AWARD 2025-26.

2. The institute secured A+ Grade in NABET Assessment conducted by Quality Council of India (only government Homoeopathic Medical College in North India to have secured A+ grading). NABET 2025-26 under process.

3. NHMC&H has been awarded Certification under NABH AELC Certification Programme w.e.f. 10.06.2026 for 2 years.

4. AYUSH Integrated Stress Management Clinic, under the aegis of Directorate of AYUSH, GNCT Delhi, was started at NHMC&H w.e.f. 28.02.2026.

5. Digital services implemented successfully:
   a) ABDM, ABHA Id Registration,
   b) NextGen eHospital Portal,
   c) Mera Swasthya Kendra Patient Satisfaction Feedback System for OPD and IPD.

6. Successfully completed TB Mukt Bharat Abhiyaan 2025 and 2026.

7. At NHMC&H, we conduct Health Screening Camps and Awareness Programmes on a regular basis as mentioned in the Annual Report.

8. 15 internal Research Projects have been running and 10 Publications from this institute were published in peer-reviewed journals.
9. Participated in on-going Multicentric Randomised Controlled Trial in Psoriasis, URTI, Plantar Fascitis and Warts in collaboration with D.N.De Homoeopathic Medical College & Hospital, Kolkata since April 2024.

9.33. 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 2025-26 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
2025-26	100	103	270512	172769	238229	9141	8633	1477	4100

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

Physical Targets & achievements for BE (2025-26)

1. Construction and establishment of JAN AUSHADHI KENDRA in Pt. MMMH.
2. Blood Storage Unit Equipment has been procured, installed and is functional.
3. NextGen e-Hospital system has been implemented.
4. Tender for online registration of OPD/IPD services finalized and implemented.
5. Implementation of MedLEaPR for online MLCs.
6. National Level Assessment for NQAS, LaQshya & MusKaan done.

9.34. 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 2025-26 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
2025-26	270	270	279512		15837	0	6887	6558	

Major Departments providing super Speciality medical services to the society are as under:

a) **Awards/recognition received**- Two prizes at the BAPCON 2026, Dr Swara Kosambi, DNB resident received awards for Best Poster and Best Oral Paper for her presentations titled "Unveiling Biomarker Landscapes in Gall Bladder Carcinoma: An Immunohisto chemical Insight into EGFR, HER2 and MUCT" & When Morphology Meets Immunohistochemistry: Diagnosing Neuroendocrine Carcinomas of the gall Bladder" reflecting the department's growing academic excellence.

b) **New services started**-Starting of medical ICU (11 Bedded) in 4th Block Ground Floor in RGSSH.

c) **Important surgeries/procedures conducted**- This year more than 150 Cardiac Surgeries have been performed which included beating Heart CABG, Volve Replacements, arotic surgery and congenital heart surgeries with good results.

d) **Accreditation/quality initiatives**- NABL accreditation of Hematology, Clinical Pathology, Cytology and Histopathology (certificate of accreditation issuing date 10.04.2026 valid upto 09.04.2030.

e) **Special achievements/best practices**-

FUTURE PLAN / PROPOSED ACTIVITIES

a) **Expansion of services**: Expansion of beds are purposed:

1. New super specialty cardio OPD are being started.
2. Timely renewal of Blood Centre license in upcoming year.
3. Establishment of Nucleic Acid Testing (NAT) for improved transfusion safety.
4. Further expansion of voluntary blood donation camps in coordination with Government programs and hospitals.
5. Strengthening of quality assurance, Hemo vigilance, and transfusion safety practices.
6. It is proposed to start full scale advanced intervention with installation of intervention laboratory under radiology department.
7. Development of Thoracic-Oncology Services.
8. Upgradation to Advanced Interventional Pulmonology Centre.

9. Establishment of Isolation Ward.
10. Establishment of Pulmonary Rehabilitation Centre.
11. Strengthening of ILD Services.
12. In the future, we 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.
13. Establishment of whole slide imaging and storage facility as well as tele pathology for remote reporting, expert consultation and second opinion through digital slide sharing. To include ourselves in active and productive research activities.
14. Fellowship programmes in GI Pathology and Uropathology.
15. To organize seminars/conferences/CMEs and other academic events.
16. CAP accreditation and various students exchange programmes with reputed international and national universities.
17. Installation of MRI, New USG system and 1000 mA Digital Radio Fluoroscopy system.
18. To start Intervention La.
19. To be amongst one of topmost teaching department in radiology in the country.
    a) **Infrastructure improvement**: Stone Centre to be started.
    b) New projects/services proposed: Stone Centre is purposed

9.35. 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 2025-26 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
2025-26	100	110	222728	93904	119092	6266	9405	1032	8448

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

1. Bed Occupancy – 60.77%

2. RTRM Hospital has been integrated with HMIS under NextGen eHospital platform.
3. Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (PM-JAY) services are operational at the hospital.
4. A Jan Aushadhi Centre has been established within the hospital.
5. NBEMS Diploma course in specialist of Paediatrics (01 seat) and Family Medicine (01 seat) accreditation has been granted from NBEMS.

9.36. 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 2025-26 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
2025-26	662	416	518833	319151	3443621	31435	40814	6624	28481

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

- 362 bedded Sant Shri Durbal Nath Ji Trauma Centre was inaugurated on 17th September 2025 for specialized trauma care at Sanjay Gandhi Memorial Hospital.
- 1737 posts were created for the smooth functioning of the trauma centre and the recruitment is under process.
- A dialysis unit with 20 beds was started to enhance renal care services to the increasing number of patients requiring dialysis under PPP mode.
- Established three Video Conferencing Facilities for attending court summons at Mortuary, CCMO Room, and Gynae OPD Room No. 10.
- Utilization of Rogi Kalyan Samiti (RKS) Funds for sanitation improvement items like floor scrubber and high pressure jet machine was procured. Patient stretchers, wheelchairs, patient attendant chairs and garden benches also procured and placed in various areas of the hospital.
- An area was introduced for patient passage as green corridor with hanging pots.
- New X-ray machine and Ultrasonography (USG) machine are being procured for the hospital to

strengthen the diagnostic services.

- A letter of Appreciation of 'Building a Culture of Safe Motherhood' was awarded in Delhi Secretariat on 9th Jan 2026 for providing consistent 24*7 Obstetric Services for Dept of OBGY and also achieved SUMAN (Surakshit Matritva Aashwasan) branding. Six HDU beds have been established for strengthening the OBGY Department.
- In Expansion of Pharmacy Services five additional counters were opened, three in main pharmacy and two in surgery & skin OPD.
- Computerised OPD registration restarted and two additional OPD registration counters were opened in Paediatric OPD for smooth patient registration and improve service delivery of paediatric patients.
- Under Ni-Kshay Mitra programme, 250 baskets were distributed to TB patients.
- A dedicated space has been identified for the establishment of ATAL canteen.

9.37. 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 2025-26 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
2025-26	50	50	260874	104221	79276	1956	3047	684	10936

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

1. SVBP Hospital has achived the State NQAS certification in December 2025.
2. A new service at AB-PMJAY for cashies treatment services started at SVBP.

9.38. 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 2025-26 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
2024-25	200	200	445477	207371	138422	4917	9436	799	20471
2025-26	200	200	342528	210213	144870	9125	9682	799	22288

9.39. 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 2025-26 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	84000	65864	47218	26	13328	1471	451
2025-26	135	92	227	319	47218	26	47537	1471	451

Major achievements during the period from 01.04.25 to 31.03.26 or any other relevant information:

A. AWARDS AND RECOGNITIONS

Kayakalp Award – 2025–26

SDDMASC Hospital was awarded 1st Prize under the Kayakalp Programme in the 100–250 Bedded Hospital Category. The Award was conferred by SPO, DSHM on 30 March 2026. A notable achievement was securing First Prize in the Kayakalp Programme under the Eco-Friendly Category for 2024–25, with the results declared in 2025–26.

1. Appreciation Award for Female Tubal Ligation Performance The Department of Obstetrics & Gynaecology received an Appreciation Award for achieving the highest number of Female Tubal Ligations (208 cases) in Southwest District during World Population Fortnight 2025.
2. Appreciation Award for No Scalpel Vasectomy (NSV) Performance the Department of Obstetrics & Gynaecology received an Appreciation Award for achieving the highest number of No-Scalpel Vasectomy (NSV) procedures in Southwest District during NSV & World Population Day Fortnight 2025-26.
3. Appreciation Award for Subdermal Implant Services The Department of Obstetrics & Gynaecology received an Appreciation Award for achieving the highest number of Subdermal Implant (184) Insertions in Southwest District during 2025–26. Subdermal Implant (IMPLANON) is a long acting Reversible contraceptive (LARC) method inserted in non dominant upper arm, effective for 3 years.

B. INFRASTRUCTURE ACHIEVEMNETS IN 2025-26.

During the year, Shri Dada Dev Matri Avum Shishu Chikitsalaya (SDDMASC) undertook significant infrastructure development, renovation, and modernization initiatives to enhance healthcare service delivery and institutional capacity.

A major milestone was achieved with the handover of the newly constructed Maternal and Child Health (MCH) (D Block) and the remodelled A Block by the Public Works Department (PWD). These facilities increased the hospital's bed strength from 106 to 135 beds and include modern Modular Operation Theatre (OT), Labour Delivery Recovery (LDR) units, ANC and PNC wards, Paediatric and Medicine wards, Casualty and Emergency services, Advanced Laboratory facilities, 5-bedded Obstetrics & Gynaecology ICU, 5-bedded PICU, and 7-bedded HDU for Obstetrics & Gynaecology patients are in the process of operationalized.

The newly constructed D Block was formally inaugurated online through video conferencing by the Hon'ble Home Minister on 17 September 2025, marking a significant step towards strengthening maternal and child healthcare services.

Several renovation and upgradation works were also completed across the hospital campus, including renovation of residential quarters, development of a Central Store Facility in the hospital basement, repair and strengthening of internal roads, extensive beautification of hospital premises, and installation of an LED-illuminated rooftop hospital name display board.

The hospital further strengthened its safety and regulatory compliance by obtaining a Fire Safety Certificate valid up to 17 June 2028. In addition, PWD conducted an Electrical Safety Audit and certified the installation of energy-efficient and eco-friendly electrical systems, enhancing safety, energy efficiency, and emergency preparedness on 13.03.2026.

To further augment infrastructure, PWD has initiated the renovation of B Block and C Block, which is expected to be completed by September 2026 and will further enhance the hospital's service capacity and patient care facilities.

A stack parking facility was made operational by PWD, significantly improving vehicle parking management and accessibility within the hospital campus.

Medical Gas (MGPS) Pipeline has been established and functional in the hospital and provides oxygen points to all the critical areas. The hospital also has a functional PSA Oxygen plant with the capacity of 500 LPM.

Visit of Special Secretary, Health & Family Welfare Department

The Special Secretary, Health & Family Welfare Department, conducted a round of SDDMASC to review hospital services, patient care facilities, and ongoing initiatives, providing valuable guidance for continuous improvement.

C. ENVIRONMENTAL AND POLLUTION CONTROL ACHIEVEMENTS (2025-26)

The hospital actively promoted environmental sustainability through the observance of Earth Day (22 April 2025) under the theme *"Our Power, Our Planet"* and World Environment Day (05 June 2025) under the theme *"Beat Plastic Pollution."* An activity included sapling plantation drives, awareness programmes on environmental conservation and reduction of plastic waste, and pledges to conserve electricity and water, encouraging eco-friendly practices among hospital staff and visitors.

Balancing healthcare development with environmental responsibility is a core commitment of Shri Dada Dev Matri Avum Shishu Chikitsalaya.

Retrofit Emission Control Devices

In compliance with the guidelines of the Commission for Air Quality Management (CAQM) and the Delhi Pollution Control Committee (DPCC), Retrofit Emission Control Devices (RECDs) were installed in two Diesel Generator (DG) sets. The initiative was undertaken to reduce particulate emissions, improve air quality, and promote environmental sustainability within the hospital premises.

Bio Medical Waste

SDDMASC ensured effective management of Biomedical Waste (BMW) in accordance with the Biomedical Waste Management Rules, 2016. Regular segregation, collection, storage, and disposal of biomedical waste were carried out through authorized agencies. Continuous monitoring, staff training, and awareness activities were undertaken to ensure compliance with prescribed guidelines and to maintain a safe, hygienic, and environmentally sustainable healthcare environment.

D. DIGITAL TRANSFORMATION AND ONLINE REPORTING ACHIEVEMENTS

During the year 2025–26, Shri Dada Dev Matri Avum Shishu Chikitsalaya (SDDMASC) continued to strengthen healthcare delivery, administrative efficiency, transparency, and citizen-centric services through the effective implementation of various Digital Health and e-Governance Platforms.

PMJAY (Pradhan Mantri Jan Arogya Yojana):

The hospital facilitated the implementation of PMJAY. The platform enabled seamless beneficiary verification, treatment authorization, and claim processing.

MedLEaPR (Medico-Legal Examination and Post Mortem Reporting System)

MedLEaPR was effectively utilized in SDDMASC for the management and monitoring of Medico-Legal Cases (MLCs). The system improved documentation, reporting, and coordination with law enforcement agencies.

E-Office:

The hospital extensively adopted e-Office for digital file movement and official correspondence. The initiative enhanced administrative efficiency, transparency, and paperless governance.

Ayushman Bharat Digital Mission (ABDM):

ABDM services were implemented to promote the creation of ABHA IDs and facilitate digital health records. The initiative supported the Government's vision of an integrated digital healthcare ecosystem.

NextGen e-Hospital:

The NextGen e-Hospital was utilized for patient registration, appointment scheduling (ABHA Scan & Share & Queue Management System), clinical documentation, and hospital operations. The system improved service delivery and patient record management and all the 14 modules are implemented in SDDMASC.

HMIS Reporting:

The Hospital Management Information System (HMIS) was regularly used for reporting key healthcare indicators, UWIN and service statistics. Timely data submission supported evidence-based planning and monitoring by health authorities.

Integrated Health Information Platform (IHIP):

IHIP was used for real-time disease surveillance and reporting of notifiable diseases. The platform strengthened public health monitoring and early response mechanisms.

MCD Birth and Death Registration Portal:

The hospital ensured timely online registration of births and deaths through the MCD portal. This facilitated the prompt issuance of certificates and compliance with statutory requirements.

Oxygen Monitoring Portal:

The Oxygen Monitoring Portal was used for regular monitoring and reporting of oxygen availability and consumption. The system ensured effective resource management and preparedness for medical emergencies.

EHRMS (Electronic Human Resource Management System) & Employment portal:

EHRMS & Employment portal was utilized for employee service records, leave management, attendance, and personnel administration. The platform improved transparency and efficiency in human resource management.

CPGRAMS (Centralized Public Grievance Redress and Monitoring System):

CPGRAMS complaints were regularly monitored and resolved within prescribed timelines. The platform strengthened grievance redressal mechanisms and public trust.

PSS (Public Suggestion System):

The hospital utilized the Public Suggestion System to receive and review feedback from patients and visitors. Valuable suggestions were considered for improving service quality and patient experience.

RTI Portal:

The RTI Portal was used for the timely disposal of Right to Information applications. The system promoted transparency, accountability, and compliance with statutory obligations.

LG Listening Portal:

Public grievances and feedback received through the LG Listening Portal were promptly addressed. The initiative facilitated effective citizen engagement and responsive governance.

CM Jan Sunwai Portal (Feb-2026):

The hospital actively addressed public grievances received through the CM Jan Sunwai Portal. Timely resolution of complaints enhanced citizen satisfaction and service accountability.

The effective utilization of these digital platforms has significantly contributed to improving healthcare services, strengthening administrative processes, enhancing transparency, and promoting citizen-centric governance with emphasise on paper less health care system at SDDMASC.

E. ACHIEVEMENT IN PROCUREMENT AND INSTALLATION OF NEW MEDICAL EQUIPMENT

To improve the quality of patient care services, strengthen infection control practices and enhance diagnostic capabilities, the following medical equipment was installed and made operational at Shri Dada Dev Matri Avum Shishu Chikitsalaya (SDDMASC) during 2025–26:

Automated Biochemistry Analyser

An Automated Biochemistry Analyser was procured and commissioned to enhance laboratory diagnostic services. The equipment has improved the accuracy, reliability, and turnaround time of biochemical investigations, thereby supporting timely clinical decision-making and patient management.

Autoclave (Steam Sterilization Unit)

A new Autoclave was installed for effective sterilization of surgical instruments, linen, and medical equipment. The facility has strengthened infection prevention and control measures by ensuring adherence to standard sterilization protocols.

1. **Microwave Unit for Laboratory Waste Disinfection:**

A Microwave Unit was installed for the safe treatment and disinfection of laboratory biomedical waste prior to disposal. The system has strengthened biomedical waste management practices and ensured compliance with prescribed infection control and environmental safety standards

F. Continuing Medical Education (CME):

SDDMASC continued to strengthen the knowledge and skills of healthcare professionals through regular Continuing Medical Education (CME) programmes, workshops, training sessions, and hands-on skill development activities. These programmes were organized to enhance clinical competencies, promote evidence-based medical practices, and improve the quality of patient care.

During the year, healthcare personnel participated in various trainings and capacity-building programmes, including **Basic Life Support (BLS)**, **Advanced Cardiovascular Life Support (ACLS)**, **Emergency Obstetric Care**, **Skilled Birth Attendant (SBA) Training**, **Daksh Training**, **LaQshya Programme, Infection Prevention and Control (IPC)**, **Biomedical Waste Management**, **Fire Safety and Disaster Management**, **Mission NEEV**, **Universal Immunization Programme (UIP)**, **Maternal and Child Health Services, Breastfeeding and Lactation Management, Respectful Maternity Care (RMC)**, **Family Planning Services, and Digital Health Initiatives under ABDM and e-Hospital platforms**.

Regular departmental CMEs, clinical case discussions, mortality review meetings, and quality assurance sessions were also conducted to promote continuous professional development and strengthen patient safety, service quality, and healthcare outcomes.

Disaster Management Preparedness

Quarterly Disaster Management Meetings were conducted with the participation of Senior Residents and other staff members. Training covered preparedness and response to fire incidents, oxygen leakage emergencies, mass casualty incidents, and other internal disasters, the training conducted by National Disaster Response team. Regular mock drills were conducted to enhance emergency preparedness.

KEY ACHIEVEMENTS IN PUBLIC HEALTH AWARENESS AND COMMUNITY OUTREACH ACTIVITIES

- **Safe Motherhood Day (11 April, 2025)**

  Safe Motherhood Day was celebrated with health education sessions and awareness talks focusing on maternal health and safe pregnancy practices. Refreshments were distributed to participants.

- **Anemia Mukt Bharat Programme**

  Under the Anemia Mukt Bharat Programme, screening and management of anemia among antenatal women, women of reproductive age (WRA), and adolescents are being implemented through the T6 Room in the Gynaecology OPD. Comprehensive investigations, including hemoglobin (Hb) estimation, serum ferritin, Total Iron Binding Capacity (TIBC), iron profile, peripheral smear examination, and screening for thalassemia, are conducted for early detection and appropriate management of iron deficiency anemia and related hematological disorders.

- **TB awareness and counselling sessions**

  Regular **TB awareness and counselling sessions** are conducted for patients and caregivers to enhance

awareness regarding symptoms, prevention, treatment adherence, infection control measures, and the importance of timely healthcare seeking.

- **Fire Safety Awareness**

  In April 2025, Fire Safety Awareness Month was observed with active participation of administrative and hospital staff. Fire safety awareness activities were conducted, and a Fire Safety Pledge was administered to promote workplace safety, fire prevention, and emergency preparedness.

- **National Thalassemia Day (8 May 2025)**

Health talks were conducted to spread awareness about thalassemia, its prevention, early diagnosis, and management.

- **International Nursing Day (12 May, 2025)**

  Celebrated with the theme "**Our Nurses, Our Futures – Caring for Nurses Strengthens Economies,**" recognizing the indispensable contribution of nursing professionals in healthcare delivery.**Mother's Day (11 May, 2025)**

  Mother's Day was conducted to recognize the contribution of mothers. Baby care kits were distributed to mothers attending SDDMASC through the **Office of the District Magistrate, South-West District**, and promoting maternal and newborn care.

- **School Health Education Programme (31 May 2025)**

  Hospital staff visited MCD School, at Mahavir Enclave, and JJ Colony, Manglapuri under the "**Eat Right, Eat Safe**" initiative to promote healthy dietary practices, food safety, cleanliness, personal hygiene, and disease prevention among community members.

- **Tobacco Control and Tuberculosis Eradication Awareness (May-25)**

  Camps were organized to educate the community on the harmful effects of tobacco use, promote healthy lifestyle choices, and enhance awareness regarding prevention, early detection, and treatment of Tuberculosis.

- **Dengue Awareness Programme (May 2025)**

Awareness sessions regarding dengue prevention, symptoms, and management were conducted in the Outpatient Department (OPD).

- **International Yoga Day (21 June 2025)**

  All staff members, including the Medical Superintendent, participated in yoga sessions organized under the theme **"Yoga for One Earth, One Health,"** to promote physical and mental well-being.

- **CME on Heat-Related Illness (June 2025)**

  A CME programme was conducted for doctors and nursing personnel from the Obstetrics & Gynaecology, Paediatrics, Medicine, and Casualty departments on the prevention and management of heat-related illnesses. Patients attending the OPD were also educated on heatwave safety and preventive measures.

- **National Doctors' Day (July 2025)**

  Celebrated under the theme "**Behind the Mask: Who Heals the Healers?**" highlighting the importance of healthcare workers' wellbeing.

- **World Population Day (11 July 2025)**

  Conducted under the theme **"Empowering Young People to Create the Families They Want in a Fair and Hopeful World."** The Medical Superintendent and the Dada Dev team conducted awareness activities in the O&G OPD to educate patients on reproductive health and family planning.

- **Swachhta Hi Seva Campaign (August 2025)**

  The hospital actively participated in **Swachhta Hi Seva** campaigns through cleanliness drives and sanitation activities. A month-long cleanliness campaign was conducted under the theme "**Delhi Ko Kude Se Azadi Campaign,**" promoting cleanliness and waste management across hospital premises.

- **World Breastfeeding Week (1–7 August 2025)**

  Awareness activities were conducted under the theme **"Prioritise Breastfeeding: Create Sustainable Support Systems."** Awareness activities were conducted to promote early initiation and exclusive breastfeeding. The Medical Superintendent interacted with and encouraged patients to adopt optimal infant feeding practices.

- **79th Independence Day (15 August 2025)**

  The hospital celebrated Independence Day under the theme **"Naya Bharat"** with flag hoisting and active participation of staff members, fostering patriotism and a spirit of public service.

- **Mental Health Awareness Programme (August 2025)**

  Activities included: Mental health awareness talks in patient area by the Medical Superintendent, IEC material display in patient area, and Awareness sessions on depression and anxiety disorders, Poster exhibitions.

- **Patient Safety Week (17 September 2025)**

  Conducted with the slogan "**Patient Safety from the Start**" Activities included: Patient safety pledge by staff, Awareness sessions, Capacity-building programmes related to patient safety.

- **Rabies and Dog Bite Awareness Activities (Sept-25)**

  Monthly awareness sessions were conducted in the OPD by the Medicine Senior Resident to educate patients on dog bite prevention, timely post-exposure prophylaxis, rabies vaccination, and recommended treatment protocols.

- **Swasth Nari, Sashakt Parivar Abhiyaan (September 17 to October 2, 2025)**

  Campaign was conducted at SDDMASC, where the Medical Superintendent and the Obstetrics & Gynaecology Department spread awareness sessions in the OPD to educate patients on women's health, nutrition, and preventive healthcare practices.

- **International Day of the Girl Child (11 October 2025)**

  Conducted under the theme **"The Girl I Am, the Change I Lead: Girls on the Frontlines of Crisis."** The occasion included felicitation of mothers and distribution of gifts, promoting the empowerment and well-being of girls and women.

- **Cardio – Pulmonary Resuscitation (CPR) Awareness Week (13 - 17 October 2025)**

  CPR Awareness Week was conducted at SDDMASC through awareness activities and demonstrations aimed

at promoting knowledge of life-saving resuscitation techniques and the importance of timely intervention during cardiac emergencies.

- **Rashtriya Ekta Diwas (National Unity Day)**

  Conducted under the theme **"Ek Bharat, Aatmanirbhar Bharat" (One India, Self-Reliant India)."** A National Unity Pledge was administered by the Medical Superintendent and taken by all staff members, reinforcing the values of unity, integrity, and nation-building.

- **Children's Day (14 November 2025)**

  Celebrated under the theme "**Listen to the Future**" Hospital staff also conducted outreach activities in the Manglapuri slum area with NGO collaboration.

- **Vigilance Awareness Week (27 October–2 November 2025)**

  Conducted under the theme **"Vigilance: Our Shared Responsibility".** A Vigilance Pledge was administered to all staff members, reinforcing the values of integrity, transparency, and ethical conduct.

- **Commemoration of 150 Years of Vande Mataram (07 November 2025)**

  SDDMASC conducted the **150th anniversary of *Vande Mataram*** through a mass singing programme organized in accordance with GNCTD directions. The Medical Superintendent and hospital staff participated enthusiastically, fostering patriotism, national unity, and pride in India's rich cultural heritage.

- **NSV (No-Scalpel Vasectomy) Fortnight (21 November, 25 – 5 December, 2025)**

  Conducted under the national theme **"Zimmedar Purush ki Yehi Hai Pehchan, Parivar Niyojan Mein Jo De Yogdaan."** The programme included awareness activities to encourage male involvement in family planning, a CME session for healthcare providers, and a poster-making competition, with prizes distributed by the Medical Superintendent.

- **Air and Water Pollution (Dec-2025)**

  Community awareness activities were conducted to educate the public on prevention and control of **air and water pollution** and their impact on health in the month Dec-2025.

- **Pulse Polio Immunization Program activities (Dec-25)**

  Successfully implemented to achieve maximum coverage of eligible children and contribute towards sustaining a polio-free status through intensive vaccination and awareness efforts.

- **Republic Day (26th Jan-2026)**

  Republic Day was celebrated with flag hoisting and active participation of hospital staff, fostering patriotism and reaffirming the institution's commitment to public service.

- **SAANS Programme (Pneumonia Awareness) (December 2025 – February 2026)**

  Public awareness by health talks regarding identification of pneumonia and its prevention under SAANS program.

National Diarrhoea Prevention and Control Programme

Organized the **National Diarrhoea Prevention and Control Programme** in February 2026 and conducted awareness activities on Diarrhea prevention, early management, and personal hygiene on a fortnightly basis.

- **Cancer Awareness and Screening Programmes**

  Organized **Cancer Awareness and Screening Programmes** in Feb-2026, to promote early detection and timely management of common cancers in Feb, 2026.

- **National Deworming Day (10 February 2026)**

  Awareness sessions were conducted to promote regular deworming, hygiene, and sanitation practices among patients and caregivers.

- **Human Papillomavirus (HPV) vaccination campaign (Feb-26)**

  The hospital initiated free **Human Papillomavirus (HPV) vaccination** services to promote cervical cancer prevention among eligible beneficiaries. Doctors also conducted awareness sessions in the Gynaecology OPD to educate patients about the importance of HPV vaccination. **(All Girls aged 14 years)**

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**

  PMSMA activities were conducted on the 9th of every month. All antenatal women were screened for the early detection and management of high-risk pregnancies, including Pre-eclampsia, Fetal Growth Restriction (FGR), and Anemia in Pregnancy, Gestational Diabetes Mellitus (GDM), and other obstetric complications.

- **Neonatal Resuscitation Programme (NRP) Workshops**

  The Pediatrics Department conducted two **Neonatal Resuscitation Programme (NRP)** workshops during FY 2025–26. Around 20 doctors and nursing officers participated in the training, enhancing their knowledge and skills in neonatal resuscitation and emergency newborn care.

- **OBESITY & ORGAN DONATION AWARENESS INITIATIVE THROUGH OBESITY**

  SDDMASC displayed awareness messages on **Obesity Awareness Week** and **Organ Donation** on OPD slips as directed by the Health Department. The initiative helped disseminate important public health messages to patients and attendants visiting the hospital.

- **Mission NEEV –(Neonatal Early Evaluation Vision) Initiative**

  Under Mission NEEV, universal newborn screening was undertaken to facilitate the early detection of visible, functional, and metabolic disorders in newborns. As part of the initiative, heel-prick blood samples were collected for newborn metabolic screening, enabling timely diagnosis and intervention for congenital and inherited disorders. Awareness and counselling sessions were also conducted for parents regarding newborn screening, immunization, nutrition, and child development to ensure a healthy start to life.

G. QUALITY ASSURANCE AND ACCREDITATION

- **NQAS State Surveillance Assessment (8–10 October 2025)**

  The hospital successfully completed the **National Quality Assurance Standards (NQAS**) State Surveillance Assessment and maintained compliance with quality benchmarks, including **LaQshya standards** for labour room and maternity care services. Also organized onsite staff **training on maternity triage** in the Labour Room under the **LaQshya Programme** to strengthen Respectful Maternity Care practices.

- **Linen Policy Implementation (7 February 2026)**

The Quality Cell developed and implemented a comprehensive Linen Policy aimed at standardizing linen management, infection prevention, and quality assurance practices throughout the hospital.

- **DNB program in the department of O&G and Pediatric**

The hospital has a successfully running **DNB program in the department of O&G and Pediatric**.

Sl. No.	Department	Primary (DNB)	Secondary (DNB)
1.	DNB Peads	01	01
2.	DNB O&G	01	01

Hospital has Post MBBS Diploma program of 02 years

S. Sl. No.	Department	No. of Seats
1.	Peads (DCH)	02
2.	O&G (DGO)	03

H. HUMAN RESOURCE STRENGTHENING

- **Creation of New Posts**

Following expansion of hospital services and infrastructure, **520 new posts** were sanctioned, including: **Specialists, General Duty Medical Officers (GDMOs), Nursing Officers, Paramedical Staff, Administrative, Accounts Staff, Medical Records Department and Outsourced Supporting Staff**.

The deployment of additional manpower is anticipated to substantially enhance the quality of service delivery, optimize patient care, and improve operational efficiency across the institution.

9.40. 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 2025-26 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
2025-26	49	49	NIL	17089	17548	2799	3007	18326	1064

CHAPTER 10

10. CENTRALISED ACCIDENT & TRAUMA SERVICES (CATS)

Centralised Accident & Trauma Services (CATS) is a 100% grant-in aid autonomous body of Govt. of NCT of Delhi, providing 24x7x365 ambulance services in Delhi. The services of CATS ambulances can be availed by dialing "102" toll free number free of Cost ambulance in Delhi for Accident & Trauma Victims, Transportation of pregnant Women for delivery and post delivery, Inter hospital transportation, rape victims, Heart attack, burned injury, etc. The main objective of CATS is to provide timely medical help to the accident & trauma victims to save lives and also to improve overall availability of ambulances on road, better response time, quality manpower, better management and supervision of resources.

Achievements/New Initiatives of CATS during the F/Y 2025-26

- Total 5,99,233 numbers service calls have been received in CATS Control Room and same was attended by CATS ambulances during 01.4.2025 to 31.3.2026
- Total 4,46,947 patients have been shifted by CATS during 01.4.2025 to 31.3.2026.
- 53 BLS added in CATS fleet w.e.f. November-2025
- At present CATS is operating 331 no's of ambulances as per given below.

Ambulances Medical Care arrangement during National/International Events/ VVIP Visits

Sl. No.	Main Events	No.of ambulances
1	Republic Day Medical care arrangements2026	40 ALS for VVIP medical Care arrangment including Chief Guest Carcade and 125 BLS ambulances were deployed for Mass Casualties
2	The details of 21 ALS Ambulances to be deployed with VVIP (Haed of country) Carcade during AI Impact Summit -2026	06 ALS ambulances were deployed at Bharat Mandapam 14 ALS Ambulances were deployed for Hotels 25 Ambulances were deployed for VVIP Carcade
3	Medical care arrangements for providing for Hosting of the WADA Asia/Oceania Anti- Doping intelligent Capacity & Capability Workshop in New Delhi on 16.4.2026 at Hotel Le- Meridian Janpath, New Delhi	02 ALS ambulances were deployed
4	Parliament Speakers Confrence (CSPOC) 13th Jan 25 to 16 Jan-252025	20 ALS Ambulance were deployed
5	The details of 03 CATS Ambulances for International Film Festival wef 25TH TO 31ST MAR-26 at Bharat Mandapam (Gate no.10, 7,1 & 4) Delhi	06 Als ambulances were deployed at Bharat Mandapam and 06 Ambulances were deployed for PVRs Cinema
6	The details of CATS ambulances for Medical Care arrangement during visit of Missions (HOMs) Confrence at Pusa from 28th April to 01 May-2026	04 ALS and 02 BLS Ambulances are deployed
7	CATS Ambulance for Visit of H.E. Christian Stoker Federal , Chancellor ,of the Republic of Austria accompanied by his spouse Mrs. Gerda Stoker to India	01 Ambulance were deployed in Carcade

	from 14TH TO 18TH APRIL-26	
8	The detail of CATS ambulance for Medical Care arrangement for official visit of H.E.Lee Jae Myung, President of Republic of Korea and First Lady Mrs. Kim Hea Kyung from 19th April to 21st April -2026	01 Ambulance were deployed in Carcade
9	The details of CATS Ambulances for Central Asian Youth Deligation to Delhi 31st March to 2nd April 2026	04 ALS Ambulances were deployed at Bharat Mandapam
10	Medical Care arrangment for the event "jal Mahostsav - 2026 at Vigyan Bhavan on 11.3.2026	02 ALS ambulances were deployed
11	CATS ambulances for PM Visit at NiDDA Utshav Sthal ,Opp Nirankari Mandal Burari	10 ALS ambulances were deployed
12	CATS ambulances for VVIP Deployment for Medical Care Arrangement For visit of Mr. Dalima Rousseff, President NDB wef 08th March to 10 March 2026	1 ALS ambulance were deployed
13	The details of ALS CATS ambulance for Medical Care arrangement for one day event"International Women's day with BRICKS on 05TH March-2026 at PSOI ,Chankyapuri, New Delhi	2 ALS Ambulance were deployed
14	CATS ambulance for Visit of President of Finland wef 4th to 7th March-2026	1 ALS ambulance were deployed
15	The Details of 06 Ambulances forarrangements for Mega Event "Launch of Delhi Lakhpati Bitiya Scheme,t IGI Stadium on 02/03/2026	06 Ambulance were deployed
16	CATS Ambulance Arun Jetly Stadium-2026 for Medical Care arrangement for T20 World Cup Cricket Matches Feb-2026	10 ambulances were deployed
17	CATS Ambulance In side stadium at Arun Jetly Stadium-2026 for Medical Care arrangement April to May-26	06 Ambulance were deployed
18	Medical Arrangement for Haj Pilgrimage April to May 2026	01 ALS ambulance are deployed at HAZ Manjil and 1 ALS ambulance are deplyed at Haz Trml IGI Airport
19	Blood Donation Camp at Kartavya Path	10 ALS ambulances were deployed
20	Provide ALS ambulance Medical Care arrangement during other states Hon'ble Governor and Hon'ble CM visit in Delhi	01 ALS ambulance are deployed
21	Provide ALS Ambulance medical care arrangement During Hon'ble PM of India visit in Delhi	01 ALS ambulance are deployed
22	Provide ALS Ambulance at AFS Palam/Safderjung Airport /Lok Kalyan Marg (PM House) medical care arrangement During Hon'ble PM India movement	01 ALS ambulance are deployed
23	Provide ALS Ambulance Medical Care arrangement during Hon'ble CM of Delhi Visit in Delhi during events	As per requirment
24	All major Disaster in Delhi	1- Red fort Bomb Blast
		2- Palam incident
		3-Stampade at New Delhi Rly

		Dtation
		4-Building colpase at Lalita Park/Baderpur/Saket
		5- Fire incident i.e. Vivek Viha/Bawana

1. CATS owned ambulances 138
2. Hired ambulances 193

Total Ambulances 331

New scheme of CATS for F/Y 2025-2026

- Hiring of 20 no's Advance Life Support (ALS) geriatric ambulances work order has been issued and add in CATS fleet end of June-26.

- Establishment of New CATS Control Room at RGSSH, Tahirpur is under process.

CHAPTER 11

11. 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 Suraksha Yojana (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) and 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 testing & treatment 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.

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 598 Vaccine Cold Chain Points, and 12,878 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 April, August, September, November 2025, and January, February 2026, to reach unvaccinated and partially vaccinated children.

Under UIP, the Full Immunization Coverage (FIC) is 93.76% for the period of 2025-2026, with 2,80,685 beneficiaries vaccinated against a target of 2,99,367 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 was above 2, in line with the National requirements of rate required to be above 2, in the calendar year 2025, with all 11 districts having NMNR >2.

UWIN Portal (Data Portal for Routine Immunization) in line with Co-WIN Platform has been successfully scaled-up in all 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.

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 12th October 2025 was conducted 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 17.7 lakh children were administered Oral Polio Vaccine during this Pulse Polio Round SNID under IPPIP (from 12th to 17th of October 2025), including Polio booths on Sunday, and households visited by HTH teams during the 5 days of HTH Activity, for administering Polio Vaccine to all left out children who could not take the Polio drops on Sunday.

IMMUNIZATION INDICATORS *FOR THE F.Y. 2025-26*

Code	Parameters	Total 2025-26
4.1.1.a	Live Birth - Male	**140506**
4.1.1.b	Live Birth - Female	**128610**
4.4.2.	Number of Newborns having weight less than 2500 gms	**58833**
4.4.3.	Number of Newborns breast fed within 1 hour of birth	**234041**
9.1.1.	Child immunisation - Vitamin K (Birth Dose)	**251803**
9.1.2.	Child immunisation - BCG	**267733**
9.1.3.	Child immunisation - Pentavalent 1	**278949**
9.1.4.	Child immunisation - Pentavalent 2	**270393**
9.1.5.	Child immunisation - Pentavalent 3	**265695**
9.1.6.	Child immunisation - OPV 0 (Birth Dose)	**253857**
9.1.7.	Child immunisation - OPV1	**275136**
9.1.8.	Child immunisation - OPV2	**267534**
9.1.9.	Child immunisation - OPV3	**263592**
9.1.10.	Child immunisation - Hepatitis-B0 (Birth Dose)	**251434**
9.1.11.	Child immunisation - Inactivated Injectable Polio Vaccine 1 (IPV 1)	**270113**
9.1.12.	Child immunisation - Inactivated Injectable Polio Vaccine 2 (IPV 2)	**261879**
9.1.13.	Child immunisation - Rotavirus 1	**279870**
9.1.14.	Child immunisation - Rotavirus 2	**270429**
9.1.15.	Child immunisation - Rotavirus 3	**266454**
9.1.16.	Child immunisation - PCV1	**278202**
9.1.17.	Child immunisation - PCV2	**267537**
9.2.1.	Child immunisation(9 - 11 months) - Inactivated Injectable Polio Vaccine 3 (IPV 3)	**266427**
9.2.2.	Child immunisation (9-11months) - Measles & Rubella (MR)/Measles containing vaccine(MCV) - 1st Dose	**274166**
9.2.3.	Child immunisation (9-11months) - JE 1st dose	**1628**
9.2.4.	Child immunisation - PCV Booster	**271235**
9.2.5.a	FULLY IMMUNIZED children aged between 9 and <12 months-Male	**147912**
9.2.5.b	FULLY IMMUNIZED children aged between 9 and <12 months-Female	**133062**
9.4.1.	Child immunisation - Measles & Rubella (MR)/ Measles containing vaccine(MCV)- 2nd Dose (16-24 months)	**265223**
9.4.2.	Child immunisation - DPT 1st Booster	**273465**
9.4.3.	Child immunisation - OPV Booster	**269613**
9.5.1.	Child Immunization- Typhoid	**225893**
9.5.2.	Children more than 5 years received DPT5 (2nd Booster)	**207376**
9.5.3.	Children more than 10 years received Td10 (Tetanus Diptheria10)	**140102**
9.5.4.	Children more than 16 years received Td16 (Tetanus Diptheria16)	**28625**
9.7.1.	Immunisation sessions planned	**131760**
9.7.2.	Immunisation sessions held	**130843**
9.8.1.	Child immunisation - Vitamin A Dose - 1	**184620**
9.8.2.	Child immunisation - Vitamin A Dose - 5	**112302**
9.8.3.	Child immunisation - Vitamin A Dose - 9	**63284**

Source: HMIS Portal

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 11 (SRS 2024). (*SRS 2024 data released in May 2026).

Key Child Mortality Indicators of Delhi:

Source (SRS 2024)	INDIA	DELHI	SDG Goal
NMR	18	7	**<12 (Achieved)**
IMR	24	11	
U5MR	28	13	**<25 (Achieved)**
SBR	07	2	

SRS (Sample registration system), NMR ((Neonatal Mortality Rate) IMR (Infant Mortality Rate) U5MR (Under Five Mortality Rate), SBR (Still birth rate) SDG- Sustainable development goal, UT – Union Territory.

The aim of the State is to reduce Neonatal Mortality Rate (NMR), Infant Mortality Rate to single digit. 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 60 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. Proposal for screening through RBSK mobile health teams (MHTs) in Anganwadi (AWs) and schools has been proposed for Delhi and approved in ROP 2026-27.

Facility Based Newborn Care (FBNC): strengthening of public sector FNBCs by provision of trained/ skilled Human Resource through trainings like NSSK, FBNC, FBNC portal trainings etc. Facilitating infrastructure/ operational/ supportive supervision support including KMC/ establishment of Lactation Management Units (LMUs) and operationalization of FBNC portal.

New Born Care Corners (NBCCs) are functional at all 60 delivery points within the labour room and OTs in the State ensuring essential New born care at all the delivery points.

FBNC: Delhi has 34 public hospitals providing intensive & resuscitative care to the new born babies who are sick. 32 hospitals (FBNCs) {Special Newborn Care Units (SNCU) and Neonatal Intensive Care Unit (NICU)} providing level-II and above care are reporting on FBNC portal.

Kangaroo Mother Care (KMC): Kangaroo mother care for improving survival of premature and LBW babies in Newborn Care Units.

Lactation Management Units (LMUs): There are 05 functional LMUs at Dr. Baba SahebAmbedkar Hospital, CNBC, Swami Dayanand Hospital, and LokNayak Hospital, including one new LMU at BhagwanMahavir Hospital (BMH) that was established and made operational in F.Y. 2025-26, to provide mother's own milk to sick Newborns in SNCU/NICU.

Activities under Rashtriya BAL Swasthya Karyakram (RBSK): facility level activities under RBSK carried out in Delhi through Comprehensive Newborn Screening and District Early Intervention Center (DEIC).

Comprehensive Newborn Screening under Mission NEEV was done in 56 birthing facilities in Delhi and total no. of newborns screened under NEEV was 149176 out of 165768 live births i.e. 89.99 % coverage was achieved as per Mission NEEV Report in F.Y. 2025-26.

District Early Intervention Center (DEIC): Rashtriya BAL Swasthya Karyakram (RBSK), a national program under National Health Mission (NHM) was launched by MoHFW, GOI in 2013 for providing child health screening and early intervention services. The program aims to cover 4Ds prevalent in children, namely Defects at birth, Diseases in children, Deficiency conditions and Development Delays including Disabilities. The program is to be implemented through District Early Intervention Centre (DEIC) which will provide the services to children Detected with health conditions during health screening well in time to have maximum long-term benefits in terms or morbidity, mortality and quality of life.
Currently, there are 3 DEICs functional in Delhi at SDNH, GGSGH and CNBC in addition to one COE-EIC at Lok Nayak Hospital. The no. of children managed in F.Y. 2025-26 in the EICs was 49648; in 3 DEICs and one COE-EIC-LNH. The DEIC at CNBC was made operational w.e.f. 23rd September 2025.

Nutritional Rehabilitation Center (NRC): Strengthening of Nutritional Rehabilitation Centre (NRC) in 05 hospitals to take care of severely malnourished children (SAM). NRCs are facility- based units providing medical and nutritional care to SAM Children under 5 years who have medical complications. Also, skills of mother on child care and feeding practices are improved so that child receives care at home. Total sick SAM child admissions managed in NRCs were- 1443 and 1144 SAM children were discharged with target weight gain i.e. 80% successful discharge rate was achieved. Bed occupancy rate achieved was 77% in 5 NRCs functional in Delhi at HRH, KSCH, BMH, and LNH& CNBC during F.Y. 2025-26. (Source: Annual NRC report F.Y. 2025-26 of Delhi). One new NRC at Indira Gandhi Hospital, Dwarka shall be made operational soon.

Mother Absolute Affection Programme (MAA): MAA program under NHM, focuses on awareness campaign to improve the breastfeeding indicators at all 62 delivery points; and complementary feeding and to impart trainings to improve skills of Health Care worker involved in Child care at their institutes and sensitization of ASHAs & AWW for motivating mothers and pregnant women for early initiation of breastfeeding. Early initiation, Exclusive breast feeding implemented/ promoted in all delivery points and PHCs. As per HMIS, Early Initiation of Breastfeeding within one hour of birth is 81.33% in F.Y. 2025-26.

HBNC & HBYC strengthening: Under Community Based Care - HBNC & HBYC, supportive supervision is provided in consonance with ASHA Resource Cell, DSHM to improve Newborn and young child outcomes.

Janani Shishu Suraksha Karyakram (JSSK) (excluding transport) and Janani Shishu uraksha Karyakram (JSSK) – Transport: to reduce out of pocket expenditure of the beneficiaries, for neonates and infants.

Stop Diarrhoea Campaign 2025: Intensified Diarrhoea Control Fortnight (IDCF) was launched in 2014, and rebranded as Stop Diarrhoea Campaign in year 2024, 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 diarrheoa. Stop Diarrhoea Campaign 2025 (SDC) was successfully implemented in Delhi, for creating awareness in the community and masses about prevention and management of childhood Diarrhoea, in pre-

Monsoon period. Stop Diarrhoea Campaign 2025 activities were carried out w.e.f. 16th June 2025 to 31st July 2025. Pre-positioning of ORS packets for 1250346 under five children was undertaken by ASHA workers by house-to-house visits along with interpersonal communication about when and how to use ORS, out of 1239805 under five children in the districts i.e. 100.85% U5 children pre-positioned with ORS packets. 27825 (2.24%) children reported with diarrhoea during the campaign, 100% children with diarrhoea received ORS and 99.87% received Zinc and 278 children were detected with danger signs and referred by ASHAs. State Steering Committee meeting on implementation of Stop Diarrhoea Campaign 2025 was conducted on 04/06/2025 for convergence of stakeholders like Education Department, DoWCD, and Delhi
Jal Board etc.

Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) campaign: for creating awareness in the community and masses about prevention and management to reduce prevalence of Childhood Pneumonia (three and a half months long campaign celebrated every year from 12 January-28 February), first launched by MoHFW in November 2019. SAANS campaign 2025-26 under NHM was implemented w.e.f. 12-11-2025 to 28-02-2026.

The report of SAANS 2025-26 campaign (from 12th Nov 2025 to 28th Feb 2026) is as under:

Community level activities:

No. of ASHAs trained on home visits for SAANS?	**6269**
No. of ANMs trained on SAANS?	**1507**
No. of nurses in PHCs, CHCs, Hospitals trained on SAANS?	**246**
No. of Doctors trained on SAANS?	**627**
No. of ASHAs that did house-to-house visits of under-five children for SAANS	**6710**
No. of under-five-children assessed by ASHAs for symptoms and signs	**673772**
No. of under-five-children having symptoms and signs of acute respiratory illness	**26998**
No. of under-five-children administered pre-referral dose of Amoxicillin	**4557**
No. of under-five-children referred to health facilities	**4557**
No. of homes where counseling was done using MCP card	**636821**

Health facility level activities:

No. of under-five-children treated with cough and cold in OPD	**171019**
No. of under-five-children treated with Pneumonia in OPD.	**15699**
No. of under-five-children treated with Severe Pneumonia by ad mission	**4453**
No. of under-five-children administered medical oxygen	**6366**
Number of infants given PCV-1vs number of infants given Penta-1	**81810/80952**
Number of infants given PCV-Booster vs number of infants given MR-1	**66984/64146**

MusQan accreditation: Quality Assurance Certification under MusQan initiative for Pediatric OPD/Ward SNCU/NICU & NRC: 11 Hospitals in Delhi have achieved National Certification under MusQan (as on 13/4/2026) viz. Dr. BSAH, SGMH, LBSH, CNBC, GGSH, ASBGH, DDUH, SRHCH, BJRMH, BMH & PMMMH. (Source: DSHM Website).

Other Campaigns implemented:
World Breastfeeding Week (WBW) was celebrated w.e.f. 1st to 7th August 2025, National Newborn Week (NNW) was celebrated from 15th to 21st November, 2025, Swasthya Nari Sashakt Parivar Abhiyan (SNSPA), launched on 17th September 2025 by the Government of India and concluded on 2nd October 2025.

Various trainings for Child Health were conducted viz. NSSK, FBNC, IYCF, F-SAM, CDR, SNCU online portal, SAANS, F-IMNCI. State TOT were organized for F-IMNCI and IMNCI training packages.

FAMILY PLANNING:

FP services are provided through primary, secondary and tertiary care facilities. The Delhi Government, through the National Health Mission and the Directorate of Family Welfare, is strengthening the availability of a full range of contraceptive choices, quality counselling, and uninterrupted supplies across all public health facilities.

Special emphasis is being placed on postpartum family planning, ensuring that counselling and services are integrated with antenatal care and institutional deliveries. Increasing male participation remains a priority. Family planning is a shared responsibility, and greater involvement of men will lead to healthier families and stronger communities.

A. **Permanent or Limiting methods of Contraception:**
Delhi Provides high quality sterilization services through hospitals of different agencies (Delhi Govt., MCD, NDMC, CGHS, ESI, NGOs and accredited private facilities). The Revised compensation scheme is followed for incentivizing the beneficiaries through PFMS portal. Adverse events following sterilization services are covered through Family Planning Indemnity Scheme (FPIS). During the year 2025-26, 2 and 13 Female and male Complication following sterilization respectively and 38 Female sterilization failure Cases were reported (source: HMIS 2024-25). Last FY 2025-26 FPIS compensation paid to 23 beneficiaries after recommendations received from State Indemnity Sub Committee.

B**. Temporary methods:**

Condoms, Oral pills (3 types), IUCD (2 types) and Injectable contraception services are provided at all health facilities and are available to the masses at nearest dispensaries. Besides, pills for emergency use in contraceptive accidents (ECP) are also available. Special emphasis is laid to fulfill contraceptive needs of Postpartum and Post abortion
Women.

The performance figures (2025-26) are submitted in Table below.

Activity	Performance
1. Male Sterilization	285
2. Female Sterilization	14071
3. IUCD	86394
4. MPA	28746
5. Centchroman (Chhaya)	129835
6. OCP	136062
7. ECP	51741
8. Condom	4935251
9. Subdermal Implant	4251

(Source: HMIS)

4. Maternal Health:

Maternal health is an important program under RMNCAH+N 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 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 visit and register them on RCH Portal and payment is made into the Aadhar linked Bank Account 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)
2025-26	3159	50.90	27.86

Source: State Report 2025-26

Janani Shishu Suraksha Karyakram (JSSK): This scheme was launched in Delhi 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.

Indicators for JSSK	
Number of pregnant women provided free medicines during ANC period under JSSK	**109470**
Number of Pregnant women provided free medicines during delivery under JSSK	**37428**
Number of PNC mothers provided free medicines under JSSK	**35275**
Number of women provided - Free Diet under JSSK	**45074**
Number of pregnant women provided free diagnostics during ANC period under JSSK	**95563**
Number of Pregnant women provided free diagnostics during delivery under JSSK	**30716**
Number of PNC mothers provided free diagnostics under JSSK	**30354**
Number of pregnant women provided - Free Home to facility transport for conducting delivery under JSSK	**501**
Number of pregnant women provided – Inter facility transfers when needed during delivery under JSSK(in case of referral)	**3358**
Number of PNC mothers provided - Free Drop Back home after delivery under JSSK	**1328**

Source: HMIS Portal 2025-26

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 2025-26 as per available data is as under:

Facility Type	Number of Facilities providing CAC services	Number of MTP conducted	Post- Abortal Contraceptive Services
Public Health Facilities	62	5119	4548
Private Health Facilities	709	26545	21383
Total	**771**	**31664**	**25931**

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 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
2025-26	**78341**	**20022**	**27443**

Source: PMSMA Portal

Kilkari messages:

This is a mobile service that delivers time-sensitive 18 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**. 16 public health facilities are LaQshya certified (12 National and 4 State Level) as of now (2025-26).**

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 60% maternal deaths reported belong to neighboring state.**

During 2025-26, total 542 Maternal Deaths were reported Out of these, 94.5% were reviewed by CMO/CDMO.
(Source-HMIS Portal).

ADOLESCENT HEALTH:

Background

The Directorate of Family Welfare (DFW), Government of NCT of Delhi, implemented the Ministry of Health and Family Welfare (MoHFW), Government of India's flagship program—Rashtriya Kishor Swasthya Karyakram (RKSK)—in 2014. The program aims to ensure the holistic development of adolescents, envisioning a future where they realize their full potential by making informed and responsible decisions regarding their health and well-being.

The program components, implemented under the National Health Mission (NHM), are described below:

ADOLESCENT HEALTH:

Delhi has an adolescent Population of nearly 35.0 Lac which is nearly18 % -20% 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.

AFHC/DISHA – Delhi Initiative for Safeguarding Health of Adolescents Adolescent Friendly Health Clinics (AFHCs), known as the Delhi Initiative for Safeguarding Health of Adolescents (DISHA), are established in Delhi Government Dispensaries (DGDs), Polyclinics, Seed PUHCs, Maternity Homes, and hospitals across the 13 districts of the state. The objective of DISHA clinics is to provide education, clinical services, and counseling to adolescents aged 10–19 years in a friendly, non-judgmental environment. A total of 30 DISHA clinics were operationalzed in the state in 2025-26.

Weekly Iron and Folic Acid supplementation (WIFS): WIFS is implemented in Government and Government-aided schools, as well as in Anganwadi Centres (AWCs) for out-of-school girls, to combat the high prevalence of anaemia among adolescents (10–19 years). Supervised weekly supplements of IFA BLUE are provided to students in Classes 6 to 12 and to out-of-school girls at AWCs. In 2025-26, the average monthly coverage for IFA (Blue) among school-going adolescents was 70%.

Adolescent Health & Wellness Day (AHWD) AHWDs are organized quarterly in schools and community settings for adolescent boys and girls (10–19 years). These days aim to sensitize adolescents on various health issues and address associated myths and misconceptions. Activities include health check-ups, interactive sessions, health talks, essay writing, slogan writing, quizzes, and *nukkad nataks* (street plays).Total of 473 AHWDs were celebrated against the target of 500 in FY 2025-26.

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.. DFW procures sanitary napkins via the NHM budget to ensure free distribution to the target population. The state has procured 78 lakh sanitary napkins to date. The initiative encourages open conversation to break the silence surrounding menstrual health

through monthly meetings, AHWD celebrations, and counseling at DISHA clinics.

National Deworming Day (NDD)

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 to mitigate intestinal worms and is a key intervention to curb under-nutrition and anaemia along with other proven intervention like sanitation, hand washing and Safe Drinking Water.

Following World Health Organization (WHO) guidelines, DFW has consistently implemented the bi-annual NDD campaign across all 11 districts since 2017. Children and adolescents (1–19 years) are administered age-appropriate doses of chewable Albendazole tablets in Government, Government-aided, and private schools, as well as Anganwadi Centres. In the FY 2025–26 cycle (August–September 2025), 38.53 lakh children were reached, achieving 85% coverage against the target of 45 lakh.

ANEMIA MUKT BHARAT:

Anemia Mukt Bharat (AMB) - Launched in 2018 by the Ministry of Health and Family Welfare (MoH&FW) under Poshan Abhiyan, with an aim to reduce prevalence of anemia by 3% per year among children, adolescents, women of reproductive age, pregnant women and lactating women.

(A) Prophylaxis IFA Supplementation program:

Weekly Iron Folic Acid Supplementation program (WIFS) in all 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 (20- 49 years)** through ASHA workers, ANMs, Anganwadi centres and schools. Average monthly 314060 children from 6- 59 months; 176516 children of 5-9 years and 436864 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. 2025-26 for prophylaxis of anemia under Anemia Mukt Bharat.

(B) T4 Anemia Camps:

Districts are conducting T4 (Test, Treat, Talk & Track) anemia camps as per guidelines Point of care treatment & testing by digital hemoglobinometers. Total 199 T 4 Anemia camps were organized in the year 2025-26 in Delhi and number of eligible beneficiaries tested for the same is 35575.

(C) Capacity Building & Sensitization:

Training & sensitization of Health, WCD and Education Department. 06 batches district level and 30 batches block level training done for medical officer, PHNOs, ANMs, ASHAs/AWW and teachers.

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.

PC & PNDT, ART & SURROGACY:

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, Nukkad Natak, Beti Shakti Abhiyan and the Beti Utsav was celebrated 18th Jan – 31st Jan 2026 and is celebrated every year.
- Felicitation Ceremony on the Occasion of International Woman Day celebrated on 30th March 2026 at State Level.
- Outdoor media campaign of Directorate of Family Welfare, GNCTD on Mass Media IEC campaign on "PC&PNDT" through Metro Inside Panel Advertisement , Paytm & PhonePe Digital Ads, Cinema Hall Advertisement and DTCEV Bus Panels in Delhi from February 2026- March 2026 under PC-PNDT Act
- outdoor media campaign of Directorate of Family Welfare, GNCTD on IEC campaign on "National Girl Child Day to be celebrated on 24th January, 2026" through half page color Newspaper Advertisement which is to be published on 24.01.2026 under PC&PNDT Act
- 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 25 - March 26									
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	1809	185	11	21	14	14	71	1	0
Q.2	1841	240	4	15	19	29	68	1	0
Q.3	1850	211	4	23	14	27	66	0	0
Q.4	1840	125	3	7	9	22	55	0	0
Total	**1840**	**761**	**22**	**66**	**56**	**92**	**55**	**2**	**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 in F.Y. 2025-26 are as:**

- ✓ ART Level -1 = 16,
- ✓ ART Level -2 = 32
- ✓ ART Bank = 06
- ✓ Surrogacy clinics = 13
- ✓ Total =67

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:

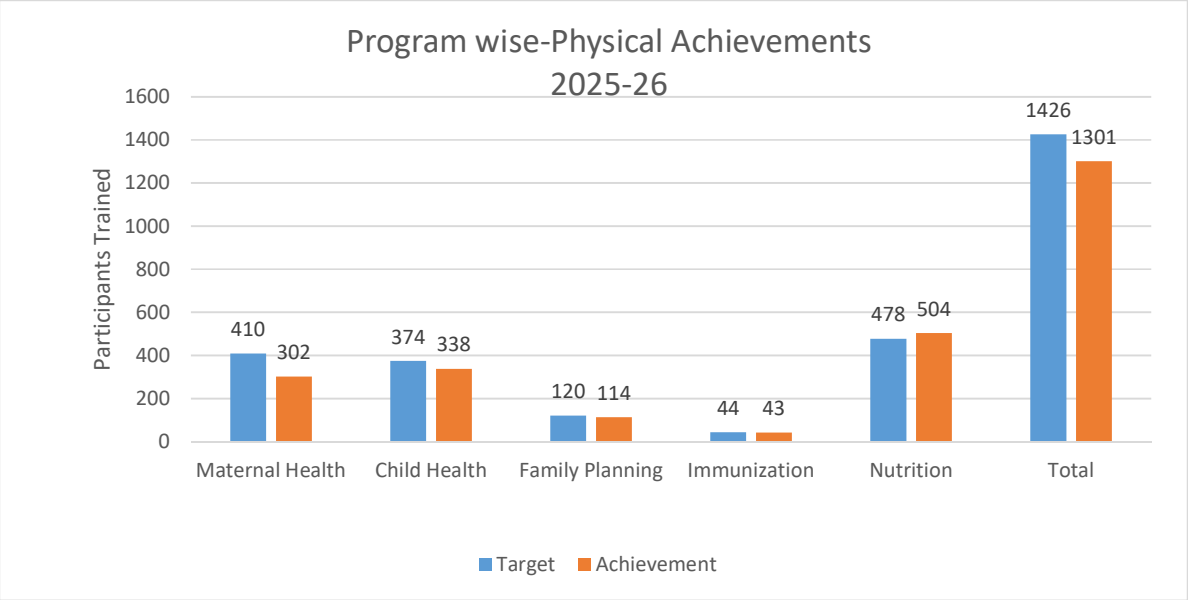
a) Knowledge based trainings – Immunization and Adolescent Health. Knowledge based trainings are conducted at Health and Family Welfare Training Centre.
b) Skill Based Trainings – Family Planning, Child Health, Maternal Health and nutrition. Skill based Trainings are conducted at the Collaborating Govt. 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
2	SAANS trainings for Pneumonia	2	Severe Acute Malnutrition
3	Child Death Review trainings	3	National Deworming Day
4	Navjaat Shishu 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

Program wise Physical Achievements Program wise 2025-26			
Program Head	Target	Achievement	%Achievement
Maternal Health	410	302	73.66
Child Health	374	338	90.374
Family Planning	120	114	95
Immunization	44	43	97.73
Nutrition	478	504	105.44
Total	**1426**	**1301**	**91.23**



Major Achievements, 2025-26

- A total of 1301 HealthCare professionals have been trained till March 25.
- 526 Medical Officers, 368 Nursing Personnel and 353 other personnel involved in RMNCH+A trainings have been trained.
- 5 state level training of the trainers (ToT) have been completed.
  - TOT on "AyushmanArogyaMandir
  - AnemiaMukt Bharat
  - ToT F-IMNCI - MO and paediatricians,
  - Two ToTs on maternal health components,
  - ToT IMNCI-NP and MO
- 35 batches of Skill based training have been done in association with various hospitals.
- Upgradation of training centre with new and efficient audio system has been done.
- 61% of the funds allocated have been utilized

CHAPTER 12

12. DELHI STATE AIDS CONTROL SOCIETY

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, and 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 . FACILITIES UNDER THE NATIONAL AIDS CONTROL PROGRAM:

2.1 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 1: Facilities /services under National AIDS Control Programme and Blood Transfusion Services in Delhi

Service/Facilities	Number of facilities (as on 31st March 2026)
Integrated Counselling & Testing Centres (ICTC)	Confirmatory Facilities: 85 (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): 9
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	86 (in Colleges/Universities)
Blood Transfusion Services	20 supported Blood Centres: (includes 11 designated as Regional Blood Transfusion Centres)
DISHA Clusters	6 DISHA Clusters: DISHA Cluster – North East & North District DISHA Cluster – North West & Outer North District DISHA Cluster – East, South East & South District DISHA Cluster – West & South West District DISHA Cluster – Central & New Delhi District DISHA Cluster – Old Delhi & Central North Delhi District

2.2 STATUS OF HIV BURDEN IN DELHI:

2.2.1. HIV Burden Estimation is a process to provide updated information on the status of the HIV Epidemic in India. 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 2. Status of HIV burden in Delhi 2010 to 2025

Indicators	Adult (15-49 years) HIV Prevalence (in %), 2010 – 2025	Number of People Living with HIV, 2010 – 2025	HIV Incidence per 1,000 Uninfected Population, 2010 – 2025	AIDS-related Deaths per 1,00,000 Population, 2010 – 2025	Need of Services for Elimination of Vertical Transmission of HIV, 2010 – 2025
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)
2025	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: India HIV Estimates 2025, NACO-SI (Surveillance & Epidemiology)

Table 3. Delhi District wise key epidemiological indicators HIV Estimation-2025

Delhi District wise key epidemiological indicators HIV Estimation-2025							
Sl. No.	District Name	Adult Prevalence	PLHIV Size	New HIV Infections	Incidence per 1,000 Uninfected Population	Need of Services for EVTH	District Priority
1	Central	0.712 (0.569-0.890)	5022 (4065-6300)	174 (101-267)	0.234 (0.136-0.358)	32 (25-41)	High
2	East	0.264 (0.211-0.330)	5317 (4303-6669)	38 (<25-57)	0.017 (0.010-0.026)	34 (26-44)	High
3	New Delhi	0.736 (0.588-0.920)	1299 (1051-1629)	51 (30-78)	0.279 (0.163-0.428)	<25 (<25-<25)	Moderate
4	North	0.568 (0.454-0.710)	5916 (4788-7420)	497 (289-762)	0.437 (0.254-0.670)	38 (29-48)	High
5	North East	0.264 (0.211-0.330)	5876 (4756-7371)	140 (82-215)	0.057 (0.033-0.087)	38 (29-48)	High
6	North West	0.296 (0.237-0.370)	12421 (10053-15580)	422 (246-647)	0.090 (0.052-0.138)	79 (62-102)	High
7	Shahdara	0.400 (0.320-0.500)	1569 (1270-1968)	78 (45-119)	0.188 (0.109-0.288)	<25 (<25-<25)	Moderate
8	South	0.280 (0.224-0.350)	6935 (5613-8698)	589 (343-902)	0.219 (0.127-0.335)	44 (35-57)	High
9	South East	0.488 (0.390-0.610)	3677 (2976-4612)	252 (147-386)	0.308 (0.179-0.472)	<25 (<25-31)	Moderate
10	South West	0.136 (0.109-0.170)	3738 (3025-4689)	308 (179-472)	0.104 (0.061-0.160)	<25 (<25-31)	Moderate

11	West	0.248 (0.198-0.310)	7309 (5916-9168)	40 (<25-62)	0.012 (<0.01-0.019)	47 (37-60)	High

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 in Delhi

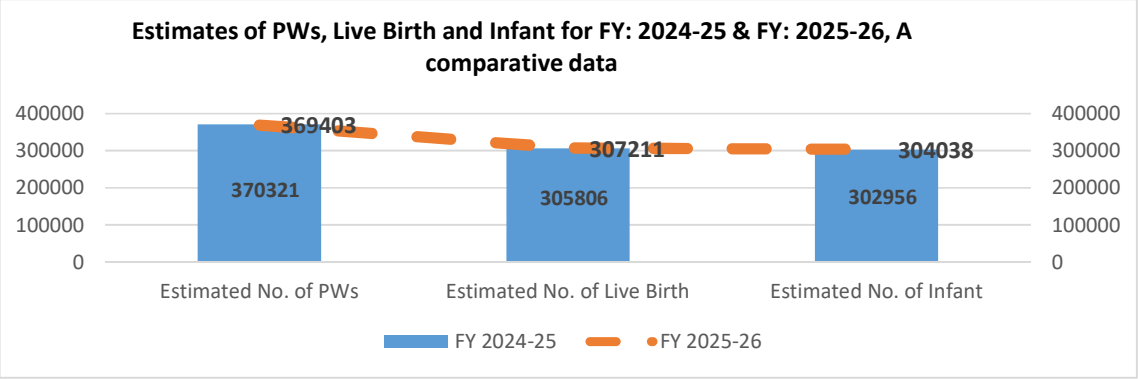
Adult (15-49 years) HIV Prevalence (in %) and Number of People Living with HIV (PLHIV) in 2024 Delhi		HIV Incidence Rate, Annual New HIV Infections (ANI) and Changes in ANI (%) in 2024 Delhi			AIDS-related Mortality Rate, AIDS-related Deaths (ARD) and Changes in ARD (%) in 2024			Need of Services for 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)

Table 5. Estimates of PWs, Live Birth and Infant, A comparative data

Estimates of PWs, Live Birth and Infant for FY: 2024-25 & FY: 2025-26, A comparative data							
Sl No.	States/UTs	Financial Year: 2024-25			Financial Year: 2025-26*		
		Estimated No. of PWs	Estimated No. of Live Birth	Estimated No. of Infant	Estimated No. of PWs	Estimated No. of Live Birth	Estimated No. of Infant
1	Delhi	370321	305806	302956	369403	307211	304038

Figure 1. Estimates of PWs, Live Birth and Infant, A comparative data



2.3. Status of 95-95-95 In Delhi, FY-2025-26

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.

Table 6. Status of Epidemic in Delhi FY-2025-26

Indicators	Formula	Current Status
1st 95	Number of PLHIV who know their status	55251 (94%)
2nd 95	Number of PLHIV who know their status, are on ART	40450 (73%)
3rd 95	Number of PLHIV are on ART, have less than 1000 Viral load per ml (Virally suppressed)	30705 (97%)

Data Source – SOCH FY-2025-26

Figure 2. Status of 95-95-95 targets in Delhi FY-2025-2026

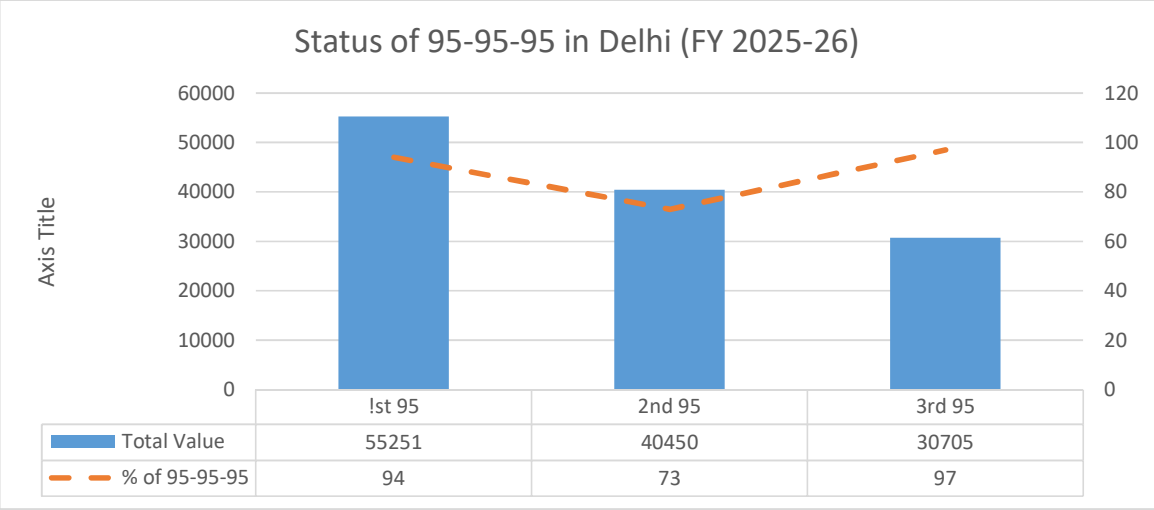
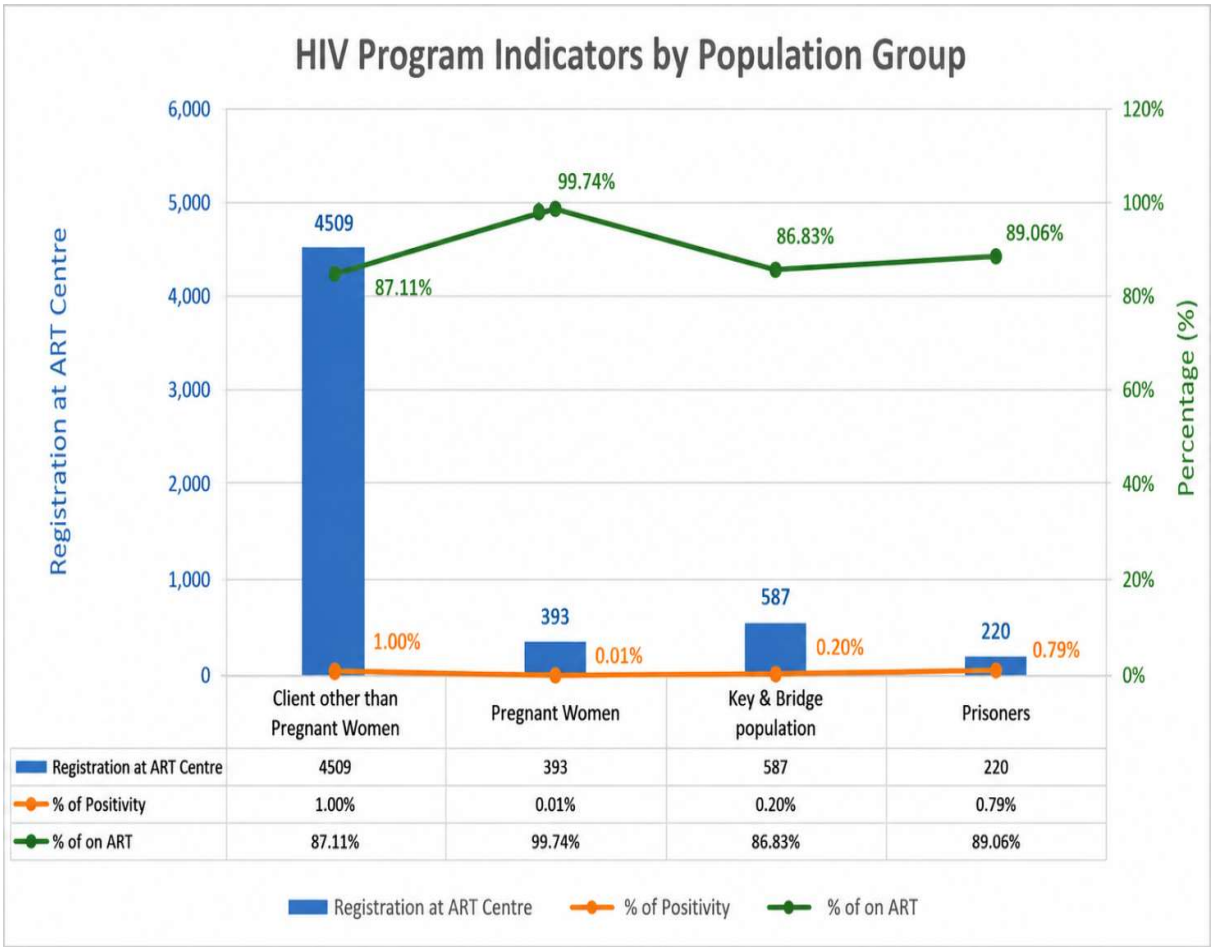


Table 7. HIV detection and ART registration among different populations in Delhi during FY 2025-26

Category	HIV tests/ screening done	HIV detections (Positivity)	% of Positivity	Registration at ART Centre (% out of detections)	% of on ART
Client other than Pregnant Women	513450	5176	1.0%	4509	87.11%
Pregnant Women	327657	394	0.01%	393	99.74%
Key & Bridge population	331858	676	0.20%	587	86.83%
Prisoners	31026	247	0.79%	220	89.06%

(Data Source: Monthly Progress Report of TI, Prison, ICTC, ART (April-2025-March-2026

Figure 3: HIV Positivity Among different population, FY 2025-26



2.4. Syphilis Status in Delhi FY 2025-26

Information on screening and treatment of syphilis is a reflection of ongoing efforts to strengthen early diagnosis and timely treatment among different population groups. In all, more than 8.7 lakh people were screened in four key groups including pregnant women, key and bridge populations, prisoners and other clients. Pregnant Women and TI populations in Key and Bridge had the highest screening coverage, which reflects targeted public health outreach and preventive measures.

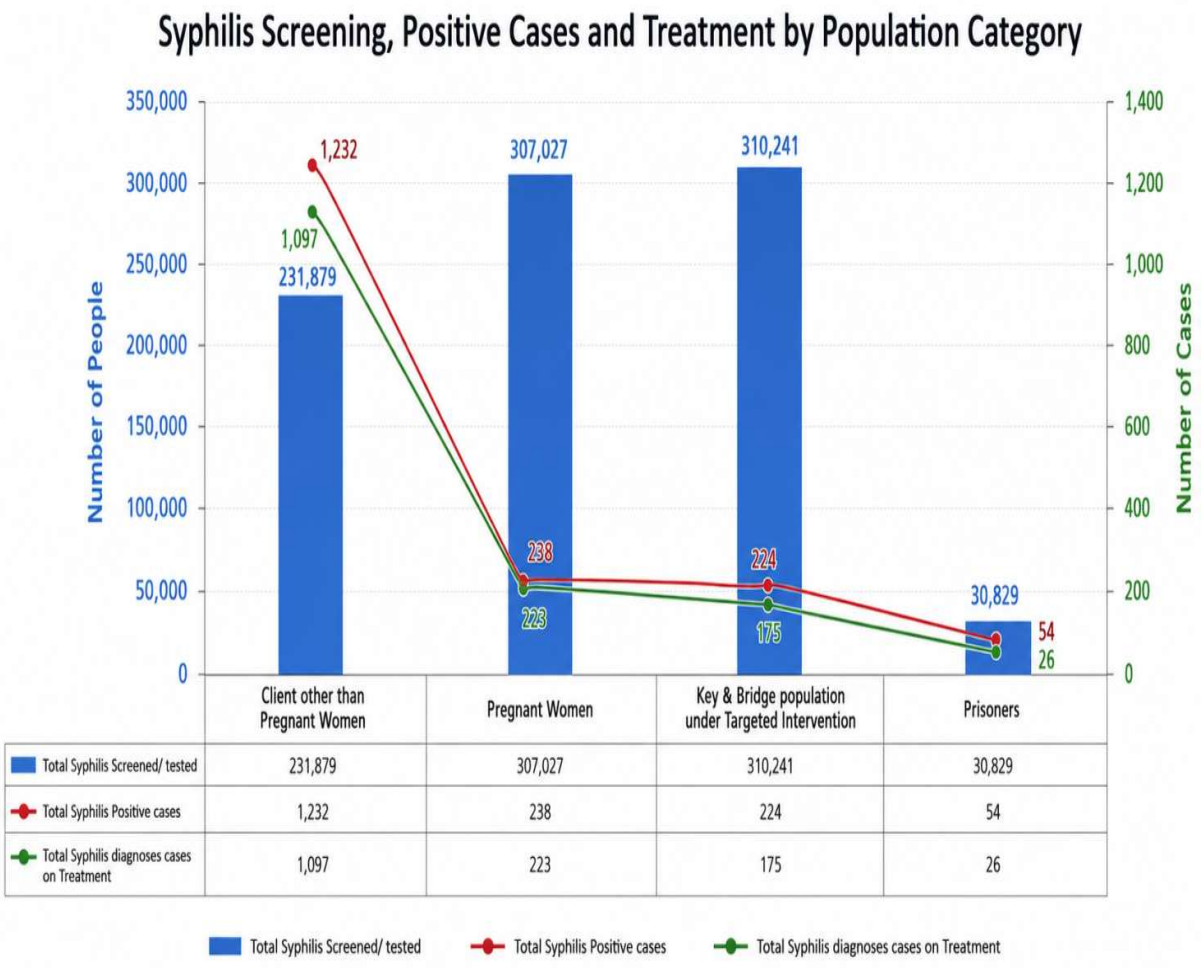
All the individuals screened were found to be syphilis positive and referred for treatment services, indicating effective case detection and management mechanisms. Treatment linkage was fairly high among other clients than pregnant women and pregnant women. Lower treatment uptake among prisoners and key populations highlights the need for better follow-up and adherence support. The data collectively highlight the need for ongoing screening, timely diagnosis, and connection to care to decrease the burden of syphilis and stop transmission.

Table 8. Syphilis Data among different population in Delhi FY 2025-26

Population Category	Total Syphilis Screened/ tested	Total Syphilis Positive cases	Total Syphilis diagnoses cases on Treatment

Client other than Pregnant Women	231879	1232	1097
Pregnant Women	307027	238	223
Key & Bridge population under Targeted Intervention	310241	224	175
Prisoners	30829	54	26

Figure 4: Syphilis Positivity Among different population (Delhi FY: 2025-26)



3. BASIC SERVICES DIVISION

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.

1.1. HIV Counseling and Testing Services

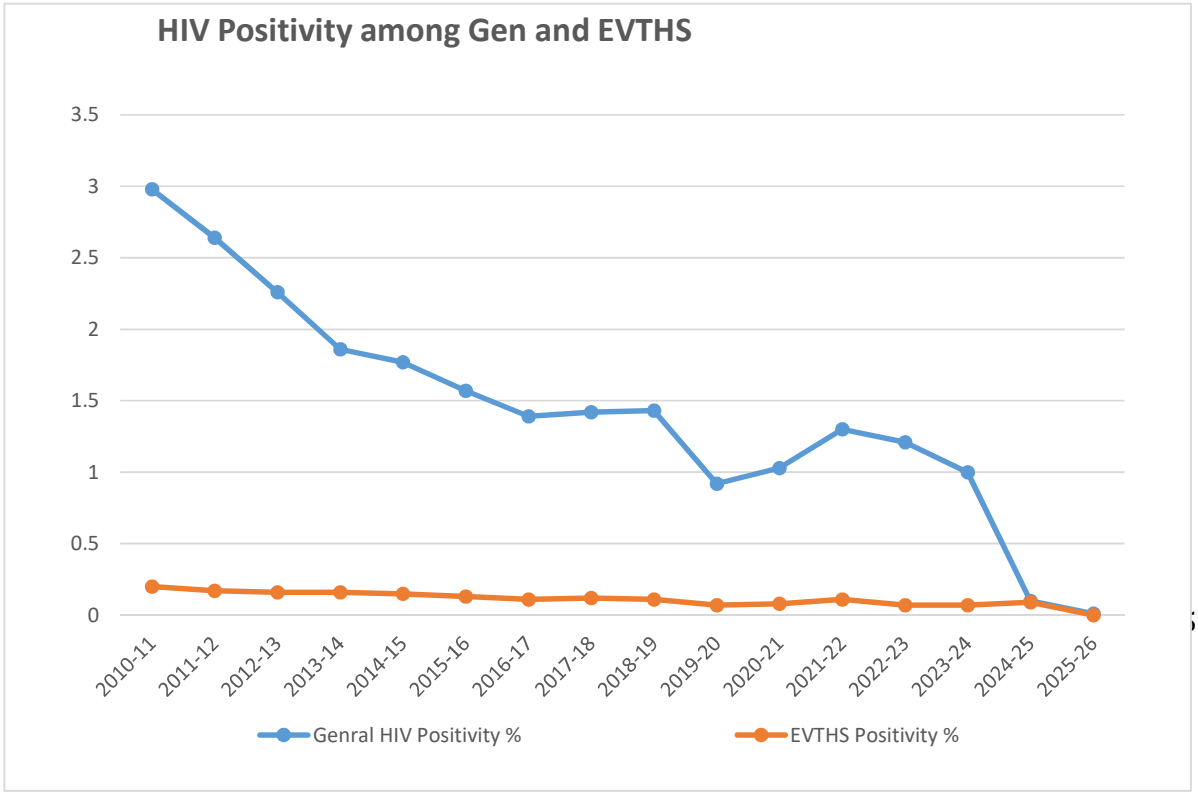
1.1.1. HIV Counseling and Testing Services (HTCS) is first step in detecting and linking people with HIV to access treatment and care. The goal of these services is to identify people living with HIV at the earliest (after acquiring the HIV infection), and linking them appropriately to prevention, care 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 activities.

Figure 5: HIV testing and positivity at ICTC /FICTCs in Delhi – 2010 to 2025

Year	Tests	Detec tions	Positivity %	Tests	Detections	Positivity
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
2025-26	1105729	5176	0.004%	327657	394	0.01%
Total	7921871	95928	0.01	4128781	4667	0.001



HIV testing and positivity in Delhi since 2010 are depicted in Figure 5

1.1.2. Performance of Basic Services Division in 2025-26

Table 9A. HIV testing at ICTCs/PPTCTs and FICTCs FY 2025-26 HIV Testing Data FY 2025-26

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	560810	661032	1221842	183540	183540	367080
2	No. of HIV Tests conducted	513450	592279	1105729	149732	177925	327657
3	Achievement (% of target)	91.5%	89.5%	91%	81.5%	97%	89%
4	HIV+ve Detected	5176		5176	394		394* (New-185 Known-209)
5	HIV Positivity %	0.004%		0.004%	0.0012%		0.0012%
6	Registrations at ART Centers (% out of detected)	4509		4509	393		393
7	Initiated on ART (Out of registered during the year %)	87%		87%	99.9%		99.9%

Elimination of Vertical Transmission of HIV and/ or Syphilis (EVTHS):

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 providing all facilities.

2. 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 9B. Early Infant Diagnosis activities FY 2025-26

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
FY 2025-26	393	358	380	03	0	380

Table 9C. Early Infant Diagnosis activities FY 2025-26

Age of the Baby	Eligible/Target	Tested	Positive	HIV detections	Linkage to ART	Remark
6 week to 8 week	382	356	1	1	1	
6 week-6 month	34	24	2	2	2	
6month -12 month	359	346	5	5	5	
12 month-18 month	258	236	0	0	0	
18 month +	333	277	1	1	1	

Figure 6. Early Infant Diagnosis activities FY 2025-26

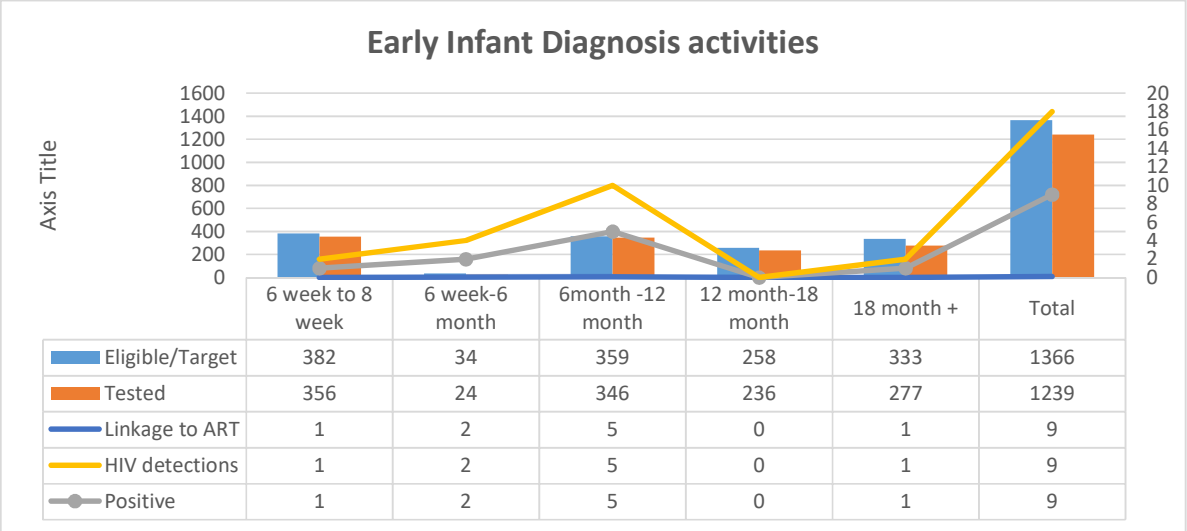


Table 9D. Early Infant Diagnosis activities FY 2025-26

Early Infant Diagnosis activities		
Sl.No.	**Indicator**	**Status**
1	Live births to HIV positive mothers during the year	358
	No of deaths reported during the year amongst the births	3
2	Babies given ARV Prophylaxis (% out of total live births amongst Positive Mothers)	358
3	Babies tested first time within 2 months (Anti-body+ DNAPCR)	356
4	Babies tested between 6 weeks to 6months (using DNAPCR)	24

5	Babies screened +ve by Dried Blood Spot Test (1st PCR test)- (% of screened +ve to tested)	15
6	Babies confirmed +ve by 2nd PCR test (% of confirmed +ve to screened positive)	03
7	Babies initiated on ART (% out of confirmed detections)	03
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	276
9	Confirmed HIV +ve beyond the age of 18 month (% of confirmed +ve to screened)	01
10	Number initiated on ART beyond the age of 18 month (% initiated out of confirmed detections)	01

2. SAMPOORNA SURAKSHA STRATEGY (SSS)

2.1.1. 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 Kendra's being functional since September 2023. The performance of SSKs is depicted in Table 4.

2.1.2. 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:

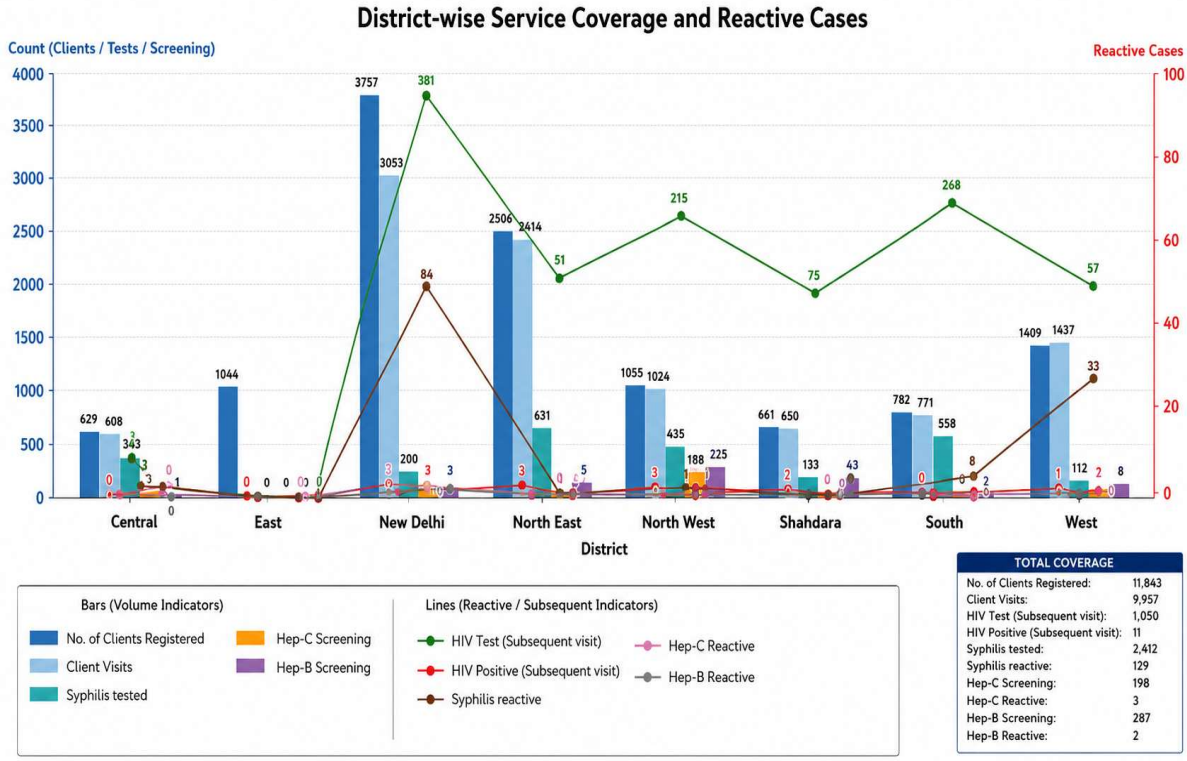
- Self-initiated clients at ICTC and DSRC with risky behavior
- Social and sexual network of self-initiated clients / individuals.
- Regular and Non-Regular Partner/s/Spouse of HRG (FSW, MSM, TG/TS) who are not associated/covered with TIs & LWS
- Needle/Syringes sharing Partners (IDU/FIDU) and their 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 10. SSK wise Annual Target & Coverage for FY 2025-26

District	Central	East	New Delhi	North East	North West	Shahdara	South	West	Total Coverage
SSK Target - Registrations	300	275	1075	1075	1075	300	1075	1075	6250
No of Clients Registered	629	1044	3757	2506	1055	661	782	1409	11843
Client History	627	1034	3705	2468	1038	652	773	1404	11701
Risk Assessment	629	1027	3757	2507	1054	661	782	1409	11826
No. of Partners	52	3	9	104	50	37	156	341	752
Client Visits	608	0	3053	2414	1024	650	771	1437	9957
HIV Test (Subsequent	3	0	381	51	215	75	268	57	1050

District	Central	East	New Delhi	North East	North West	Shahdara	South	West	Total Coverage
visit)									
HIV Positive (Subsequent visit)	0	0	2	3	3	2	0	1	11
Syphilis tested	343	0	200	631	435	133	558	112	2412
Syphilis reactive	3	0	84	0	1	0	8	33	129
Hep-C Screening	0	0	5	1	188	2	0	2	198
Hep-C Reactive	0	0	3	0	0	0	0	0	3
Hep-B Screening	1	0	3	5	225	43	2	8	287
Hep-B Reactive	0	0	2	0	0	0	0	0	2

Figure 7. SSK wise HIV, Syphilis, Hep B & Hep C Cascade (2025-26)



2.1.3. The 9 aforementioned Sampoorna Suraksha Kendra's (SSKs) were approved for FY 2025-26, 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).

3. SEXUALLY TRANSMITTED INFECTION (STI) COMPONENT:

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.

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

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.

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) exist under DSACS in the aegis of NACP for the STI programme.

Table 11A. Performance of STI Division from 1st April 2025 to 31st March, 2026 (Total Target 203493)

Sl. No.	Indicator	Achievement
1	Total number of STI attendees at DSRC	138096
2	Total number of STI attendees counseled	137775
3	Total number of STI/RTI diagnosed	59873
4	Total no. of Other STIs	10806
5	Number of Partner notification undertaken for STI/RTI cases	55643
6	Number of partners managed	34842
7	Nos. of HIV screening done among DSRC Client visited/STI attendees	69522
8	Nos. of clients found HIV positive out of total screened	288
9	Nos. of syphilis screening done among DSRC Clients/STI attendees	55489
10	Nos. of clients found syphilis positive out of total tested	1036
11	Nos. of syphilis reactive client provided with treatment	1010

Figure 8. STI/ HIV/ Syphilis Service Achievements-DSRC

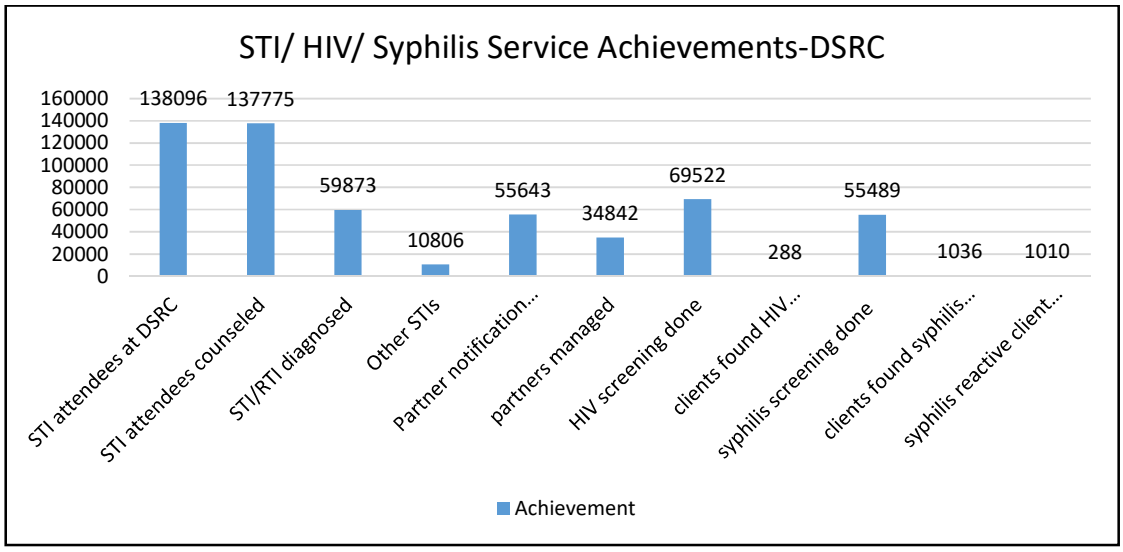
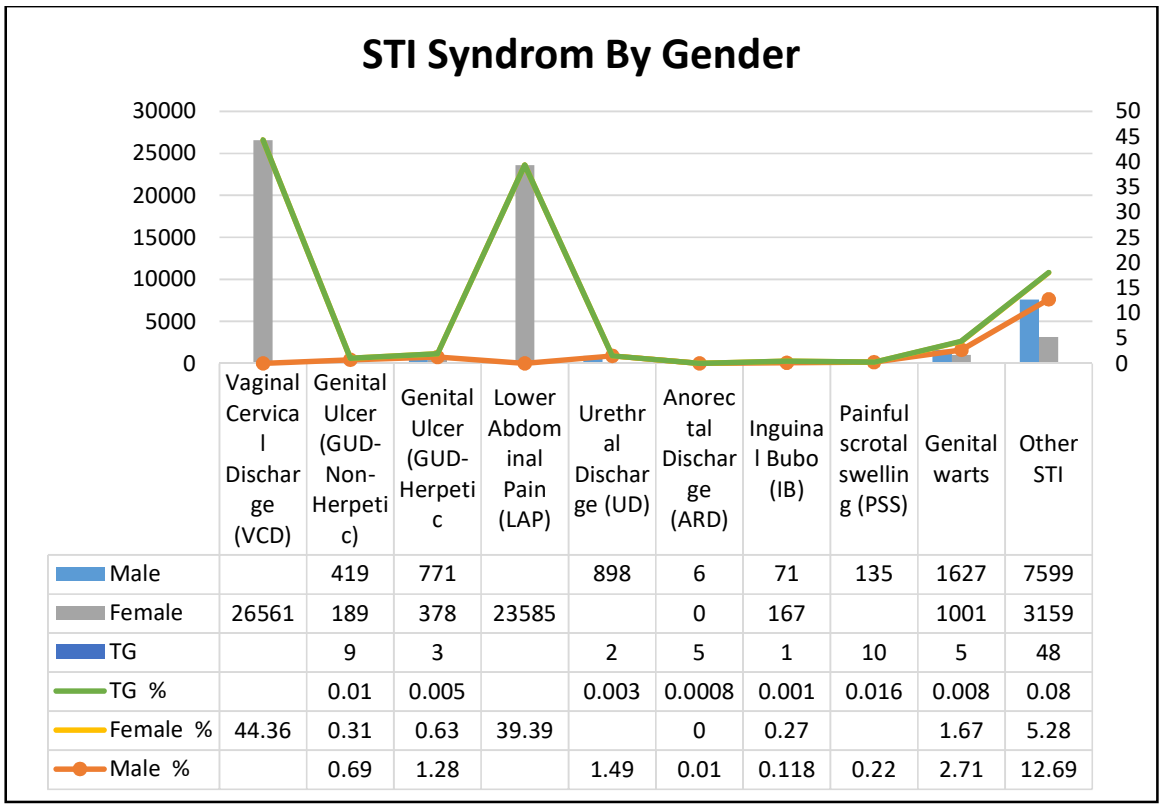


Table 11B. Syndromic diagnosis of new STI cases

S. No	Syndromes	Male	Male %	Female	Female %	TG	TG %
1.	Vaginal Cervical Discharge (VCD)			26561	44.36		
2.	Genital Ulcer (GUD-Non-Herpetic)	419	0.69	189	0.31	9	0.01
3.	Genital Ulcer (GUD-Herpetic	771	1.28	378	0.63	3	0.005
4.	Lower Abdominal Pain (LAP)			23585	39.39		
5.	Urethral Discharge (UD)	898	1.49			2	0.003
6.	Anorectal Discharge (ARD)	6	0.01	0/0	0	5	0.0008
7.	Inguinal Bubo (IB)	71	0.118	167	0.27	1	0.001
8.	Painful scrotal swelling (PSS)	135	0.22			10	0.016
9.	Genital warts	1627	2.71	1001	1.67	5	.008
10.	Other STI	7599	12.69	3159	5.28	48	0.08
	Total			55040		83	

Percentages shown are out of total attending (STI/RTI diagnosed) gender group

Figure 9: STI Syndromes by Gender – DSRC



	Vaginal Cervical Discharge (VCD)	Genital Ulcer (GUD-Non-Herpetic)	Genital Ulcer (GUD-Herpetic	Lower Abdominal Pain (LAP)	Urethral Discharge (UD)	Anorectal Discharge (ARD)	Inguinal Bubo (IB)	Painful scrotal swelling (PSS)	Genital warts	Other STI
Male		419	771		898	6	71	135	1627	7599
Female	26561	189	378	23585		0	167		1001	3159
TG		9	3		2	5	1	10	5	48
TG %		0.01	0.005		0.003	0.0008	0.001	0.016	0.008	0.08
Female %	44.36	0.31	0.63	39.39		0	0.27		1.67	5.28
Male %		0.69	1.28		1.49	0.01	0.118	0.22	2.71	12.69

4. 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 31.3.2026, 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 2025-26.

Figure 10: Typology Wise Targeted Intervention Project (2025-26)

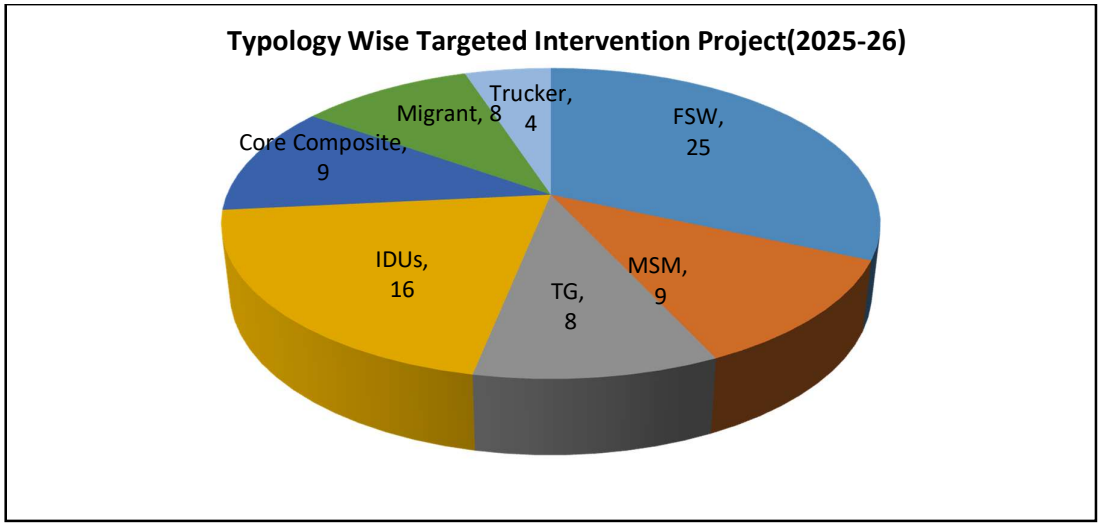


Table 12A. HRG Coverage under TI Projects in Delhi for FY 2025-2026

S. No.	Typology	No. of TIs	Mapping Estimates	Quarterly Coverage							
				Q1	%	Q2	%	Q3	%	Q4	%
1	FSW	29	88400	78942	89.30	79632	90.08	80305	90.84	79171	89.56
2	MSM	10	27026	27474	101.66	27471	101.65	28119	104.04	28660	106.05
3	TG	8	17908	15823	88.36	16261	90.80	16481	92.03	17173	95.90
4	PWID	16	32484	25202	77.58	25804	79.44	26257	80.83	26297	80.95
5	Migrant	12	277882	299310	107.71	300158	108.02	296792	106.81	290369	104.49
6	Truckers	4	60000	45647	76.08	47900	79.83	48010	80.02	48123	80.21

***Percentage has been calculated against the mapping estimates (Source: - TI MPR 2025-26)**

Table 12B. HIV Cascade for FY- 2025-26

Indicators	FSW		MSM		H/TG		PWID		Migrants		Truckers	
	Delhi	India	Delhi	India	Delhi	India	Delhi	India	Delhi	India	Delhi	India
HIV screening (in lakh)	1.18	17.87	0.24	6.14	0.2	1.46	0.35	4.14	0.38	12.38	0.07	4.04
HIV Positive detected	114	2,214	100	2,356	52	500	260	4,465	99	1,639	19	512
Linked to ART	100	2,032	55	2,160	38	444	196	3,718	90	1,480	18	417
ART Linkages (%)	88	92	55	92	73	89	75	83	91	90	95	81

Figure 11. HIV Cascade: Comparative Data 2025–26

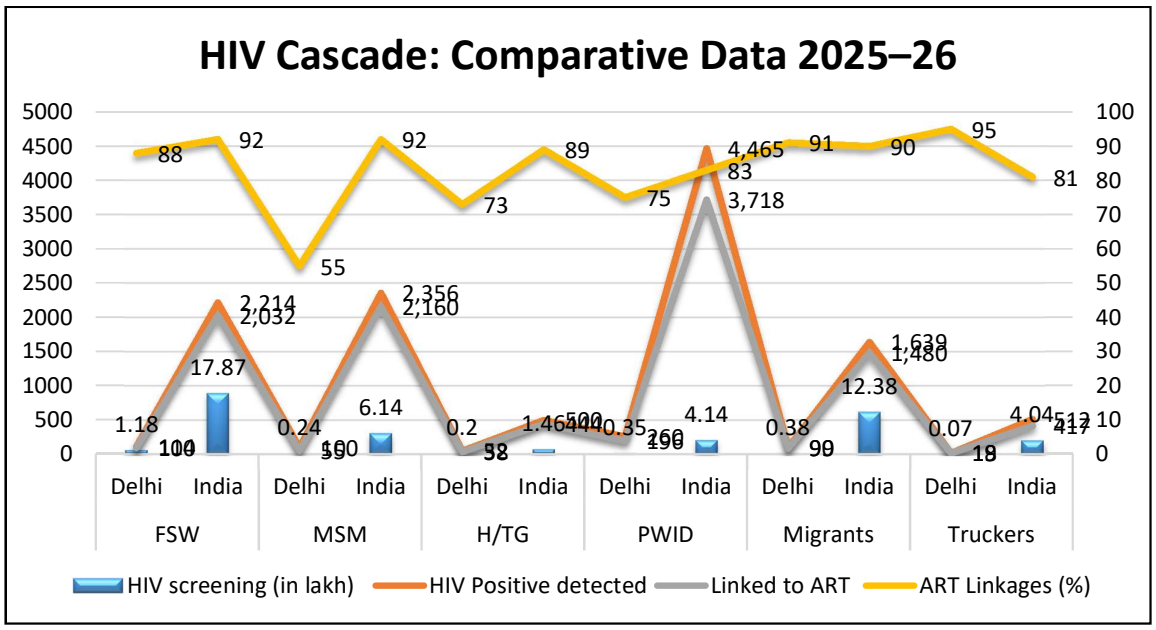


Figure 12. HIV Positivity among estimated HRG & Bridge Population

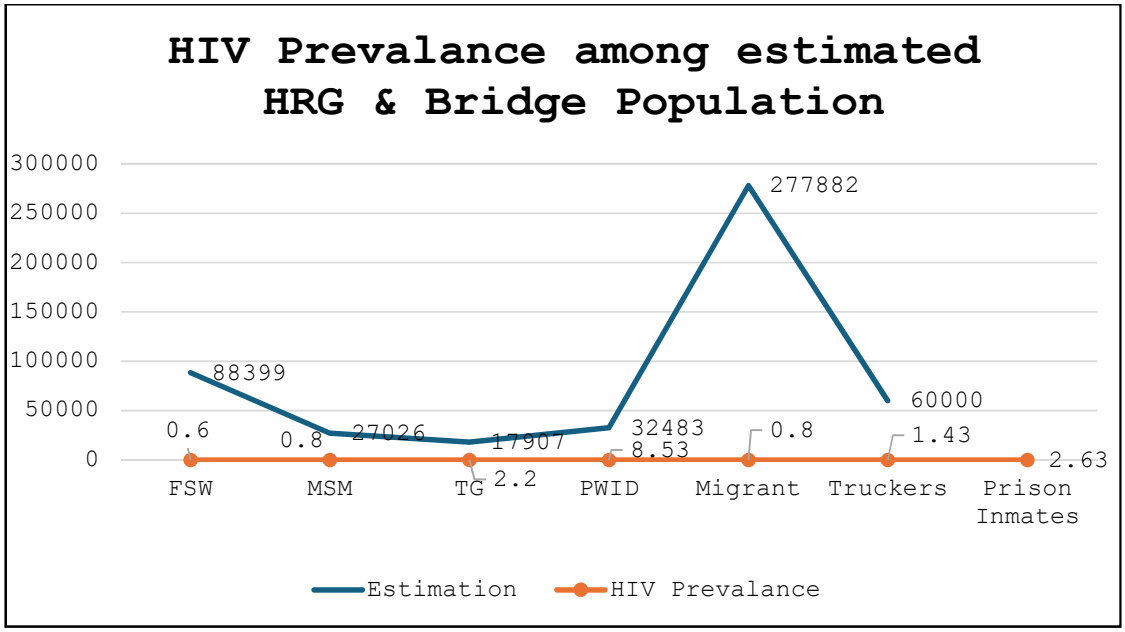


Table 12C. Performance of HIV Testing at Targeted Interventions from April 2025 to March 2026

Period	Typology	FSW	MSM	TG	PWID	Migrant	Truckers	Total
April to Sep,2025	HIV Test	80635	21134	14256	27443	37573	6195	187236
	HIV+	55	63	19	157	62	7	363

	% of HIV +	0.07	0.3	0.13	0.57	0.17	0.11	0.19
	On ART	54	62	19	103	58	5	301
	% On ART	98.18	98.41	100	65.61	93.55	71.43	82.92
Oct 2025 to March,2026	HIV Test	76685	21898	15200	24879	32310	8015	178987
	HIV+	60	59	30	106	54	4	313
	% of HIV +	0.08	0.27	0.2	0.43	0.17	0.05	0.17
	On ART	57	54	28	99	44	4	286
	% On ART	95	91.53	93.33	93.4	81.48	100	91.37
April 2025 to March,2026	HIV Test	157320	43032	29456	52322	69883	14210	366223
	HIV+	115	122	49	263	116	11	676
	% of HIV +	0.07	0.28	0.17	0.5	0.17	0.08	0.18
	On ART	111	116	47	202	102	9	587
	% On ART	96.52	95.08	95.92	76.81	87.93	81.82	86.83

Figure 13. HIV Testing, Positivity, On ART (2025-26)

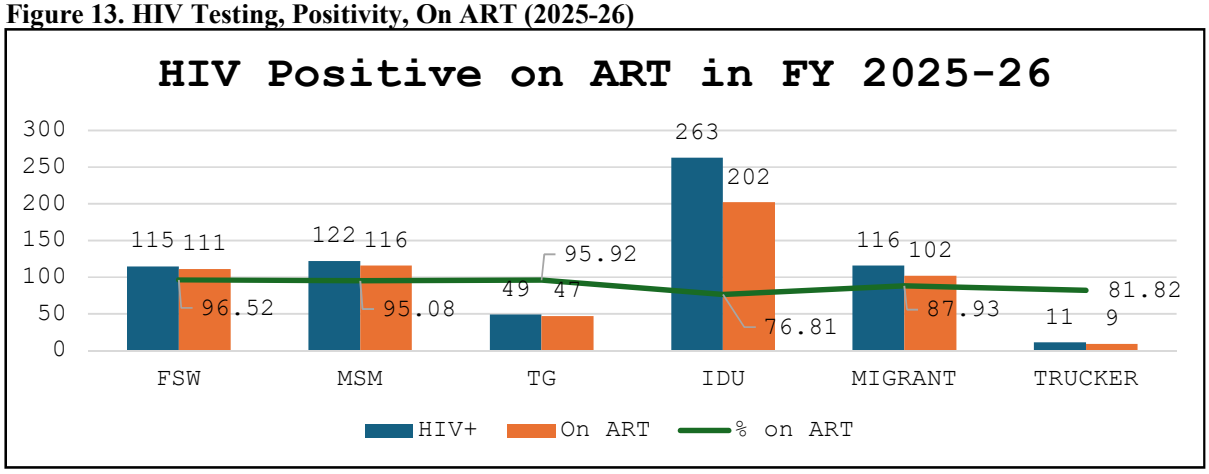


Table 12D. Cumulative Number of HRG PLHA on ART Till March, 2026

Sl. No.	Typology	Cumulative HIV+	Cumulative on ART	Percentage on ART
1	FSW	1330	666	50.08
2	MSM	1048	781	74.52
3	TG	571	409	71.63
4	PWID	2222	1018	45.81
5	Migrant	1237	691	55.86
6	Truckers	157	48	30.57
	Total	**6565**	**3613**	**55.03**

Figure 14. Cumulative HIV positive on ART FY 2025-26

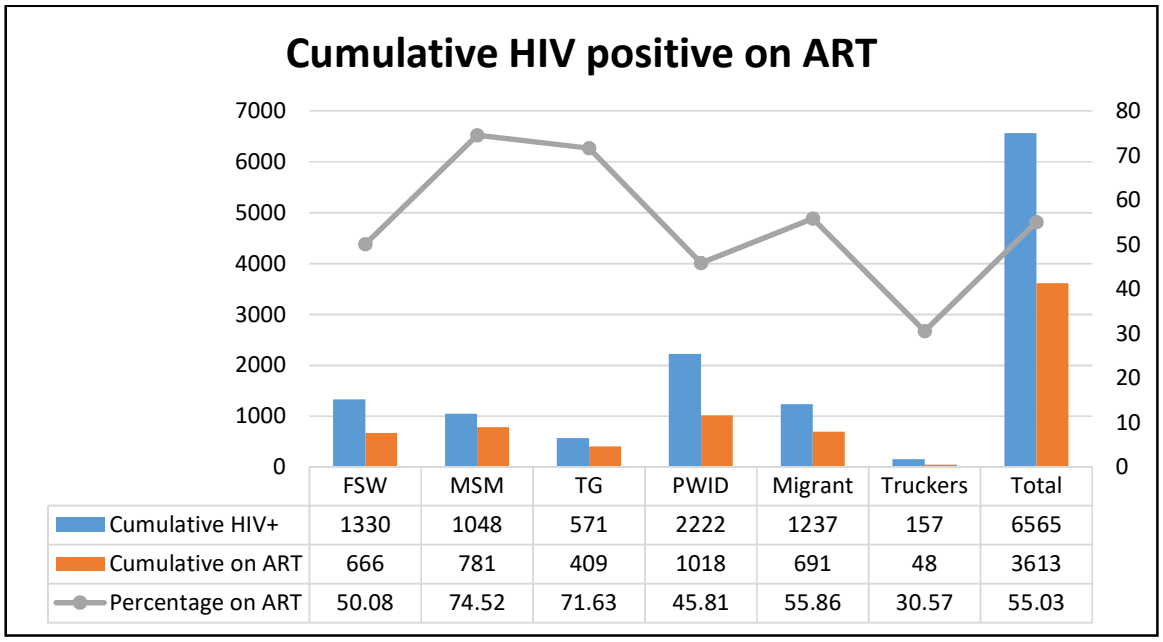
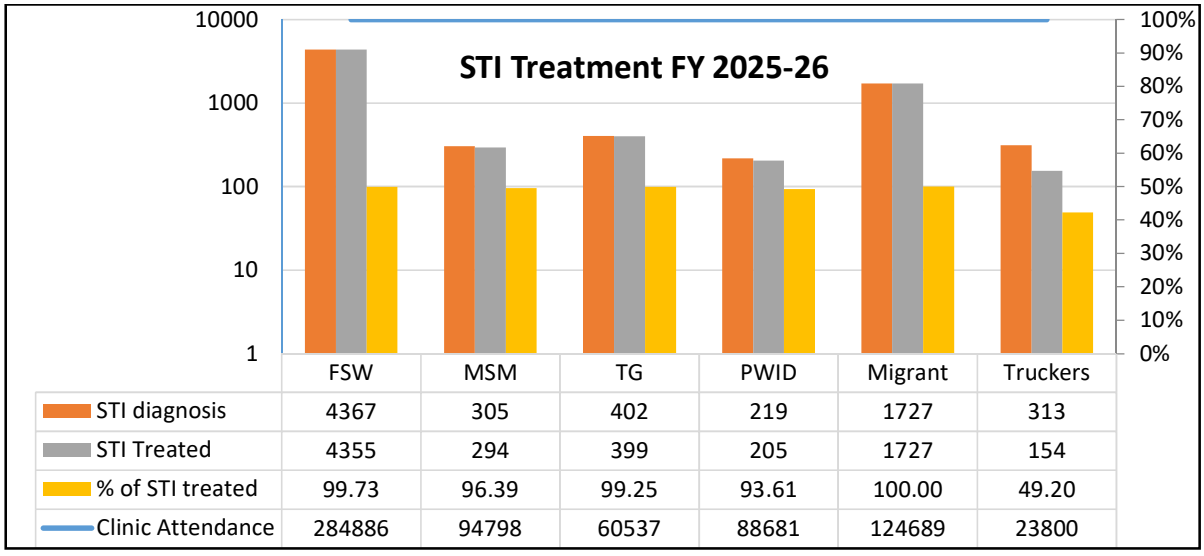


Table 13A. Performance of clinics at Targeted Intervention Projects for 2025-2026

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Sl. No.	Quarterly Performance	Typology					
		FSW	MSM	TG	PWID	Migrant	Truckers
April to June 2025							
1	Clinic Attendance	70307	23457	14834	21520	30009	6112
2	STI diagnosis	955	70	77	57	332	68
3	STI Treated	947	70	75	56	332	30
4	% of STI treated	99.16	100.00	97.40	98.25	100.00	44.12
July to Sep. 2025							
1	Clinic Attendance	71894	23431	15075	22397	32196	6048
2	STI diagnosis	1165	80	95	55	505	86
3	STI Treated	1160	79	94	51	505	52
4	% of STI treated	99.57	98.75	98.95	92.73	100.00	60.47
Oct. to Dec.2025							
1	Clinic Attendance	71985	23536	15515	22385	32834	5890
2	STI diagnosis	1173	86	94	61	450	92
3	STI Treated	1173	77	94	53	450	46
4	% of STI treated	100.00	89.53	100.00	86.89	100.00	50.00
Jan. to March 2026							
1	Clinic Attendance	70700	24374	15113	22406	29650	5750
2	STI diagnosis	1074	69	136	46	440	67
3	STI Treated	1073	68	136	45	440	26
4	% of STI treated	99.91	98.55	100.00	97.83	100.00	38.81
Over all April 2025 to March 2026							
1	Clinic Attendance	284886	94798	60537	88681	124689	23800
2	STI diagnosis	4367	305	402	219	1727	313
3	STI Treated	4355	294	399	205	1727	154
4	% of STI treated	99.73	96.39	99.25	93.61	100.00	49.20

Figure 15. Performance STI Treatment at Targeted Intervention Projects for 2025-2026

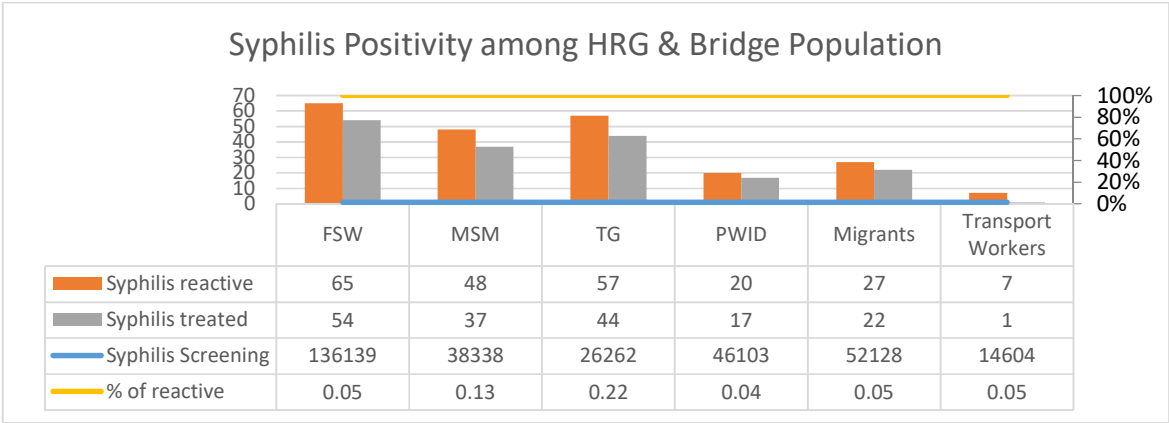


	FSW	MSM	TG	PWID	Migrant	Truckers
STI diagnosis	4367	305	402	219	1727	313
STI Treated	4355	294	399	205	1727	154
% of STI treated	99.73	96.39	99.25	93.61	100.00	49.20
Clinic Attendance	284886	94798	60537	88681	124689	23800

Table 13B. Performance of Syphilis screening at Targeted Interventions (Core Groups) for 2025-2026

Sl. No	Typology	Syphilis Screening	Syphilis reactive	% of Syphilis reactive	Syphilis treated	Percent treated
1	FSW	136139	65	0.05	54	83.0
2	MSM	38338	48	0.13	37	77.0
3	TG	26262	57	0.22	44	77.1
4	PWID	46103	20	0.04	17	85.0
5	Migrants	52128	27	0.05	22	81.4
6	Transport Workers	14604	7	0.05	1	14.2
	Total	**310241**	**224**	**0.07**	**175**	**78.1**

Figure 16. Syphilis Positivity & Treatment among Core group and Bridge Population



	FSW	MSM	TG	PWID	Migrants	Transport Workers
Syphilis reactive	65	48	57	20	27	7
Syphilis treated	54	37	44	17	22	1
Syphilis Screening	136139	38338	26262	46103	52128	14604
% of reactive	0.05	0.13	0.22	0.04	0.05	0.05

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 5 TI Projects viz. FSW TIs- Anchal Charitable Trust (Shahdara), Chelsea (Malviya Nagar), Drishtikon (Rohini), Manch (Rajouri Garden), Samarth (Majnu Ka Tila area). Presently TIs are covering 650 Spas and rendering services to 12989 FSWs associated with these Spas.

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 3785 Network Operator were contacted by TI each month during FY 24-25. As on 31st March 2026, total number of female sex workers associated with the network operator was 76439 and on an average 4112 workers was joining with new network operator per month during the FY 25-26.

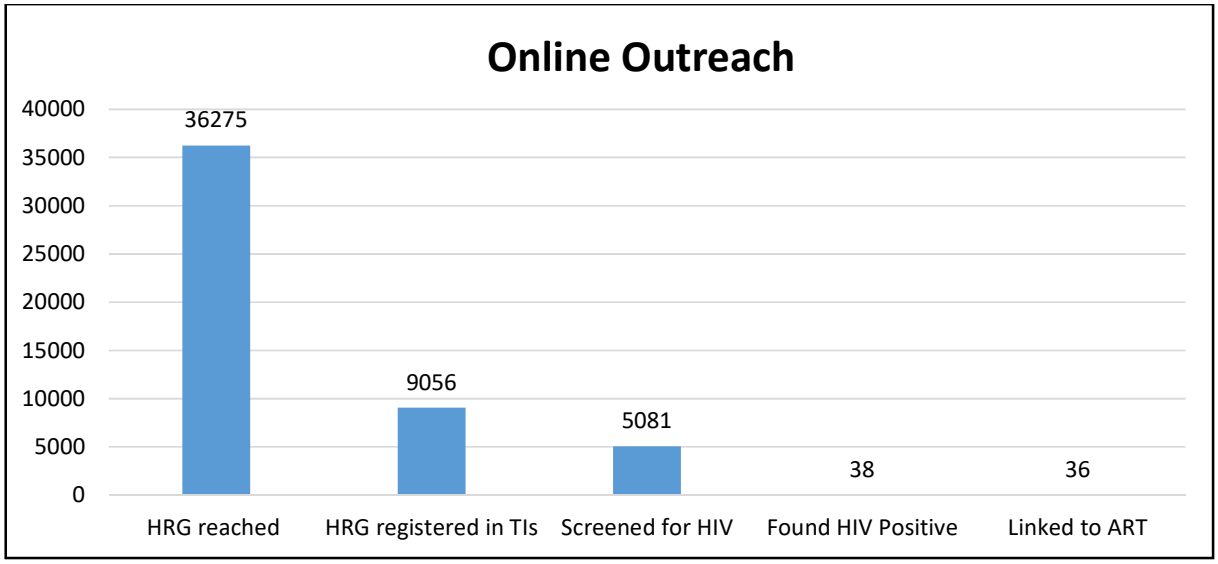
Table 14. Network Operator Approach under FSW Targeted Intervention program

Indicator	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Average Monthly Network Operator contacted by TI	2238	1802	2090	2338	2638	3470	3785
Total FSW associated with the network Operator	43512	39826	38273	42716	71909	72747	76439
Average monthly FSW joining new network operator	1590	868	1106	1217	2804	3817	4112

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.

Figure17. Online Outreach Achievement 2025-26



6.4.5. 36275 Virtually active population reached through promotion of Web Application at Social Media Platforms and only 24.9% registered at TI. 5081 screened for HIV and 38 were found HIV positive and 36 of them linked to ART services

6.4.6 Micro Site Prevention Approach (MSPA) for PWIDs

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 15. Micro Sites under Tis

Sl.No	District	Name of TI	Typology	MSPA Site	DIC address	Target	Coverage
1	Central	Janhit Society for Social Welfare	FSW	Karolbagh	House No. 9988, Sarai Rohilla New Rohtak Road	500	719
2	South East	AADHAR	Migrant	Okhla	Z-17, Okhla Phase-II Near Mahadev Mandir	500	544
3	Shahdara	Anchal Charitable Trust	FSW	Mansarovar Park	1/907, G.T Road Mansarovar Park	500	694
4	Shahdara	Bhartiya Parvardhan Shanstha	FSW	Welcome	House No. V-81 Welcome Near Mother Dairy, Delhi 110053	500	607
5	South East	EFRAH	FSW	Sarita Vihar	A-2, Khadda Colony	500	743
6	West	Ekta Shiksha Sanstha	Migrant	Zakhira	W-155/22, Chara Mandi Zakhira Delhi-110015	500	518
7	South	Navjyoti Development Society	FSW	Sangam Vihar	38, Surya House, Ground Floor, Khanpur Devli Mod, New Delhi-110062	500	631
8	North East	Saraswati Educational Society	MSM	Harsh Vihar	House No. C-7/466, 25 foota Lal Mandir Road Harsh Vihar Delhi 110093	500	624
9	North East	St. Thomas Multipurpose Society	Migrant	Karawal Nagar	B-50, Gali No.3 Kardam puri Johripur	500	693

The Program Manager and M&E Officer of TI is responsible for program and data management of each MICRO Site.

7. PRISON INTERVENTION

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. Prison Intervention being implemented in 16 Jails of Tihar, Manndoli and Rohini Jail campus. In FY 2025-26, 34320 inmates were covered in the prison and Other Closed Settings (OCS) in the state of Delhi. 31026 inmates who have received the HIV testing during the reporting period. The newly diagnosed inmates were 247 and 222 were linked to the ART. The gap is due to the release of inmates.

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 16A. List of OCS (Other Closed Settings)

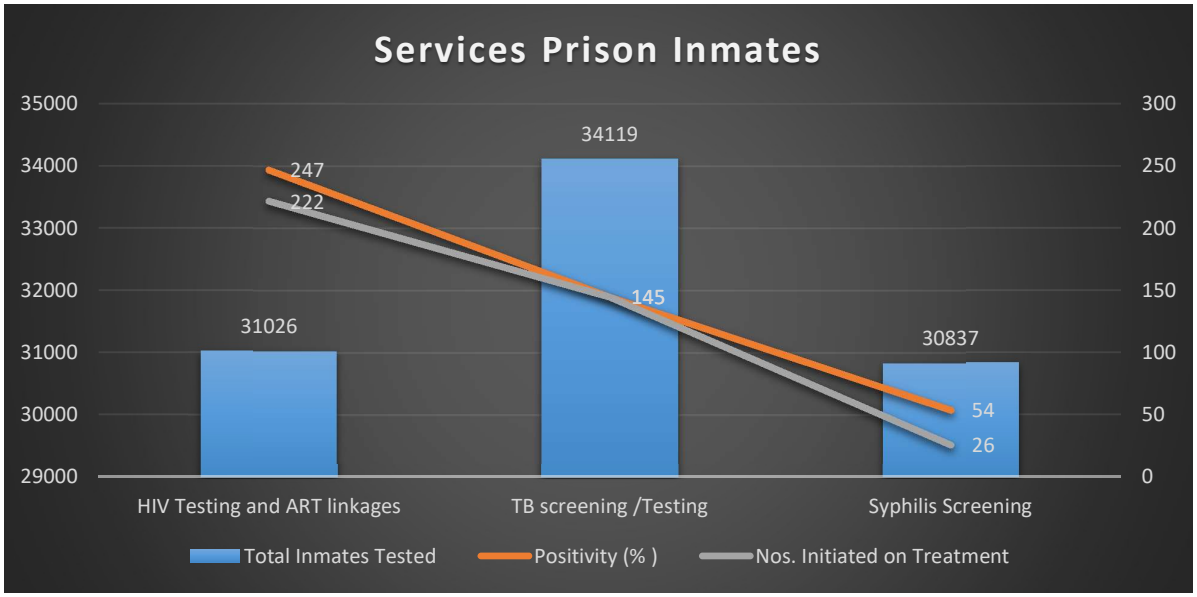
State	District	Name of Prison	Typology
Delhi	West Delhi	Other Closed Settings	Mahila Ashram
Delhi	West Delhi	Other Closed Settings	Ujjawala Home
Delhi	North East Delhi	Other Closed Settings	Ujjawala Home
Delhi	North East Delhi	Other Closed Settings	Ujjawala Home
Delhi	Central Delhi	Other Closed Settings	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 follows:

Table 16B. Achievement of Prison Intervention during 2025-26

S.No	Services	Total Inmates Tested	Positivity (%)	Nos. Initiated on Treatment
1	HIV Testing and ART linkages			
	April to June,2025	6987	19	14
	July to Sep,2025	5851	79	59
	Oct to Dec,2025	9434	83	85
	Jan to March,2026	8754	66	64
	Overall, April 2025 to March,2026	31026	247	222
2	TB screening /Testing			
	April to June,2025	7453/162	29	29
	July to Sep,2025	6323/178	31	31
	Oct to Dec,2025	11460/347	38	38
	Jan to March,2026	8883/285	47	47
	Overall, April 2025 to March,2026	34119/972	145	145
3	Syphilis Screening			
	April to June,2025	6786	17	17
	July to Sep,2025	5861	4	3
	Oct to Dec,2025	9434	16	0
	Jan to March,2026	8756	17	6
	Overall, April 2025 to March,2026	30837	54	26

Figure 18. Achievement of Prison Intervention during 2025-26



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.

13. OPIOID SUBSTITUTION THERAPY (OST) CENTRES

13.1. Twelve (12) Opioid Substitution Therapy centers were being run in Delhi during 2025-26 under the programme for mitigating the habit of injectable drug use. One centers is being run in Central Prison, Tihar for its inmates. Buprenorphine along with 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.

13.2. 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. 9 Dispensing sites also started under Micro Site Prevention Approach (MSPA)

Table 17A. Opioid Substitution Therapy (OST) Hub and Spoke Delivery Model- Linked spokes

Sl. No.	District	OST Centre	No. of Linked Spokes	Spoke Area/TI Attached
1	North	BJRMH	0	-
2	South West	-	1	Najafgarh (RAWAT)
3	West (3)	DDUH		
		GGSGH	2	Ranhola (HDS)
				Shadipur(HDS)
		Tihar Prison	0	-
4	North West (1)	SGMH	3	Rama Vihar (Matrix)
				Sultan Puri (Matrix)
				JJC Bawana (St Thomas)
5	Central (1)	Chandni Chowk PS	2	Nabi Karim (ISDS)
				Yamuna Bazar (Abhivyakti)
6	South (1)	SPYM	2	RK Puram(SPYM)
				Dakshin Puri (SPYM)
7	South East (1)	SCT	2	Sarai Kale Khan (SCT)
				Madanpur Khadar (SCT)
8	North East (1)	JPCH	1	Khajoori Khas (GSF)
			2	Shahdara (BPS)
9	Shahdara (2)	BPS		Nand Nagari (BPS)
			2	Sanjay Amar Cly. (KF)
10	East (1)	Krishna Foundation		Sapera Basti (KF)
11	New Delhi (1)	LHMC	-	-
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.

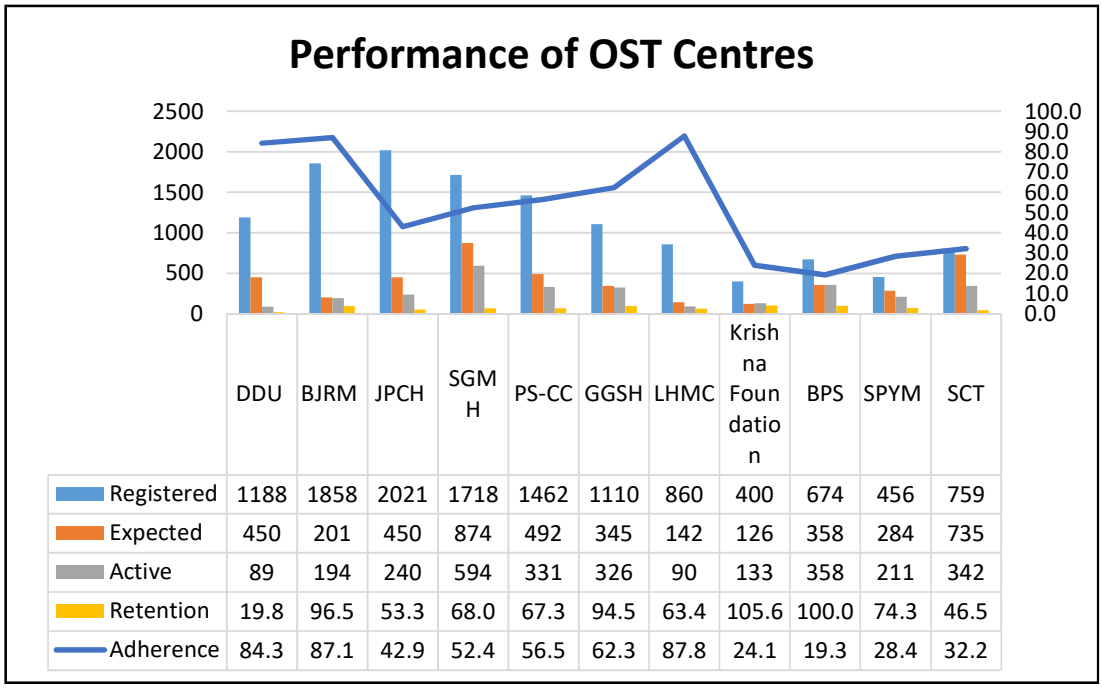
The performance of OST Centers during 2025-26 is depicted in table 19B:

Table 17 B: Performance of OST Centers in Delhi during F.Y. 2025-26 (April 2025 to March, 2026)

Centre	District	Year of Start	Total Clients registered	Expected client load	Active clients load	Retention %	Adherence %
DDU	West	Mar 13	1188	450	89	19.8	84.3
BJRM	North	Dec 12	1858	201	194	96.5	87.1
JPCH	North East	Oct 12	2021	450	240	53.3	42.9
SGM	North West	Nov 12	1718	874	594	68.0	52.4
Chandani Ch.	Central	Mar 15	1462	492	331	67.3	56.5
GGS	West	Jun 15	1110	345	326	94.5	62.3
LHMC	New Delhi	Aug 15	860	142	90	63.4	87.8
Krishna Foundation	East	May 23	400	126	133	105.6	24.1
BPS	Shahdara	May 23	674	358	358	100.0	19.3
SPYM	South	May 23	456	284	211	74.3	28.4
Sahyog Charitable Trust	South East	May 23	759	735	342	46.5	32.2

*Very regular (visiting OST Centre for 25 days or more in a month) and regular (visiting 15-24 days)

Figure 19. Performance of OST Centers in Delhi during FY 2025-26



	DDU	BJRM	JPCH	SGMH	PS-CC	GGSH	LHMC	Krishna Foundation	BPS	SPYM	SCT
Registered	1188	1858	2021	1718	1462	1110	860	400	674	456	759
Expected	450	201	450	874	492	345	142	126	358	284	735
Active	89	194	240	594	331	326	90	133	358	211	342
Retention	19.8	96.5	53.3	68.0	67.3	94.5	63.4	105.6	100.0	74.3	46.5
Adherence	84.3	87.1	42.9	52.4	56.5	62.3	87.8	24.1	19.3	28.4	32.2

14. 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, and 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.

10. CARE, SUPPORT AND TREATMENT (CST) DIVISION

14.1. 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.

14.2. 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, and NCDC). Two viral load laboratories are functioning at AIIMS and IHBAS catering to samples from some other states also.

14.3. Test and Treat strategy was introduced in 2017. Viral Load testing for all PLHIV as introduced in 2018. Treatment for all was introduced in 2017.

14.4. A total of 98165 PLHIVs have been cumulatively registered at ART Centers in Delhi since inception as on 31st March 2026 and 43871 PLHIVs were on regular antiretroviral treatment. The performance of the CST division/ART Centers is depicted in Table 18.

Table 18. ART Centre wise statistics (Cumulative data as on 31st March 2026)

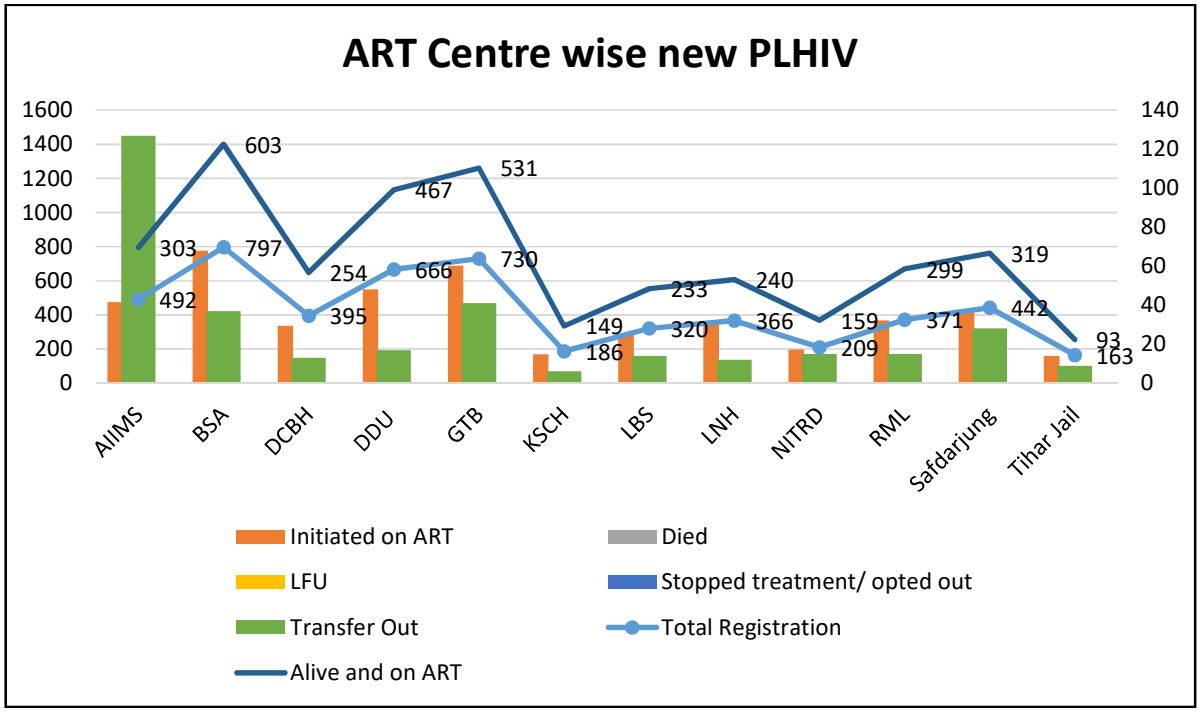
Name of ARTC	Ever Registered	Active Care	Ever Started	Alive and on ART	Pre ART Death	On ART Death	Pre ART LFU	On ART LFU
AIIMS	12195	5864	8871	5811	273	1114	375	1016
BSA	14530	6542	11342	6463	542	1745	291	2206
DCBH	4075	2339	2655	2124	38	178	163	1351
DDU	10812	5042	7730	4902	266	861	380	1464
GTB	14675	6074	10469	5999	639	2130	849	2445
KSCH	1877	1225	1587	1207	110	204	62	146
LBS	3312	2270	3056	2209	56	329	61	555
LNH	10306	3437	7336	3411	444	1483	497	1747
NITRD	3907	2141	3032	2108	138	688	64	440
RML	11742	5060	8703	5085	282	1463	127	1056
SAFDARJUNG	9356	4253	7173	4212	339	865	249	1181
TIHAR JAIL	1378	380	1195	340	0	10	52	935
Total	**98165**	**44627**	**73149**	**43871**	**3127**	**11070**	**3170**	**14542**

Table 18A. ART Centre wise new PLHIV (From Apr 2025 to March 2026)

Sr.No.	Name of the ART Centre	Total Registration	Initiated on ART	Died	LFU	Stopped treatment/ opted out	Transfer Out	Alive and on ART
1	AIIMS	492	474	8	35	1	127	303
2	BSA	797	777	29	103	5	37	603
3	DCBH	395	337	0	70	0	13	254

Sr.No.	Name of the ART Centre	Total Registration	Initiated on ART	Died	LFU	Stopped treatment/ opted out	Transfer Out	Alive and on ART
4	DDU	666	550	6	56	4	17	467
5	GTB	730	690	15	103	0	41	531
6	KSCH	186	169	3	11	0	6	149
7	LBS	320	286	4	35	0	14	233
8	LNH	366	353	8	93	0	12	240
9	NITRD	209	197	2	19	2	15	159
10	RML	371	369	12	41	2	15	299
11	Safdarjung	442	419	9	62	1	28	319
12	Tihar Jail	163	161	0	59	0	9	93
	Total	**5137**	**4782**	**96**	**687**	**15**	**334**	**3650**

Figure 20A. ART Centre wise new PLHIV



10.5 HIV-TB Convergence at ART Centers

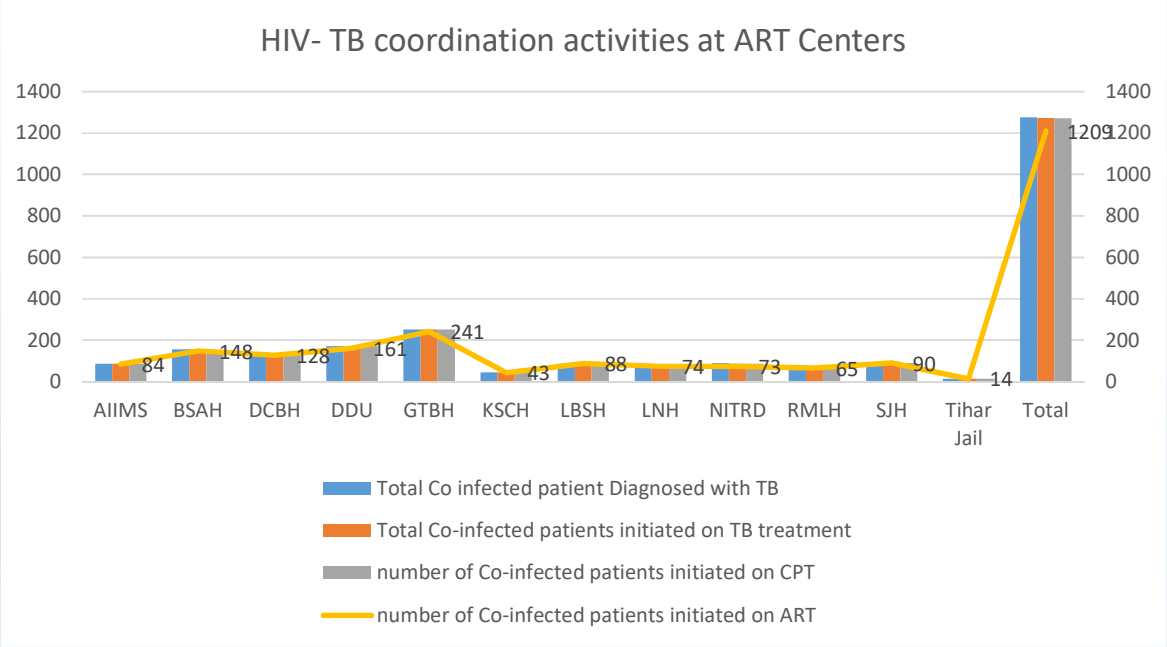
10.5.1 All patients coming to ART Centre are screened for symptoms of TB at every visit (4S Screening). Those suspected to have the infection are referred for testing to Chest Clinic. Patient diagnosed with TB are started on Anti-tuberculosis Treatment (ATT) at the ART Centre concerned as per RNTCP guidelines. Status of HIV- TB coordination activities is depicted in Table 19.

10.5.2 PLHIV who are 10S 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.

Table 19. Status of HIV- TB coordination activities at ART Centers during FY 2025-26

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	88	88	88	84
BSAH	155	155	153	148
DCBH	137	137	137	128
DDU	171	171	171	161
GTBH	251	251	251	241
KSCH	45	45	45	43
LBSH	88	88	88	88
LNH	81	81	81	74
NITRD	90	88	88	73
RMLH	65	65	65	65
SJH	91	91	91	90
Tihar Jail	14	14	14	14
Total	**1276**	**1274**	**1272**	**1209**

Figure 20B. HIV- TB coordination activities at ART Centers



10.6. HR Position under CST Division

10.6.1 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.

Table20. HR Positions under CST Division

Sl. No.	Name of	Center	Sectioned	Filled

	the Post			
1	Senior Medical Officer	ARTC	6	5
2	Medical Officer	ARTC	16	14
3	Counsellor	ARTC	38	36
4	Data Manager	ARTC	21	21
5	Pharmacist	ARTC	11	11
6	Laboratory Technician	ARTC	15	15
7	Staff Nurse	ARTC	15	13
8	Care Coordinator	ARTC	11	11
9	Research Fellow (Clinical	COE	1	1
10	SACEP Coordinator	COE and PCOE	2	2
11	Data Analyst	COE	1	1
12	Lab Technician	COE	1	1
13	Training and Mentoring Coordinator	COE	1	1
	Grand Total		139	132

11. LABORATORY SERVICES DIVISION

Lab Services division at DSACS coordinates and monitor the following activities:

- HIV testing services
- External Quality Assurance Scheme (EQAS) in HIV testing
- CD4 testing services
- Viral load testing services
- NABL Accreditation of Reference Laboratories & STI laboratories (QA)
- NABL Certification of standalone ICTC/PPTCTC under M(EL)T program
- NACO Certification of Excellence for ICTC/PPTCTC
- Conduction of Trainings and workshops

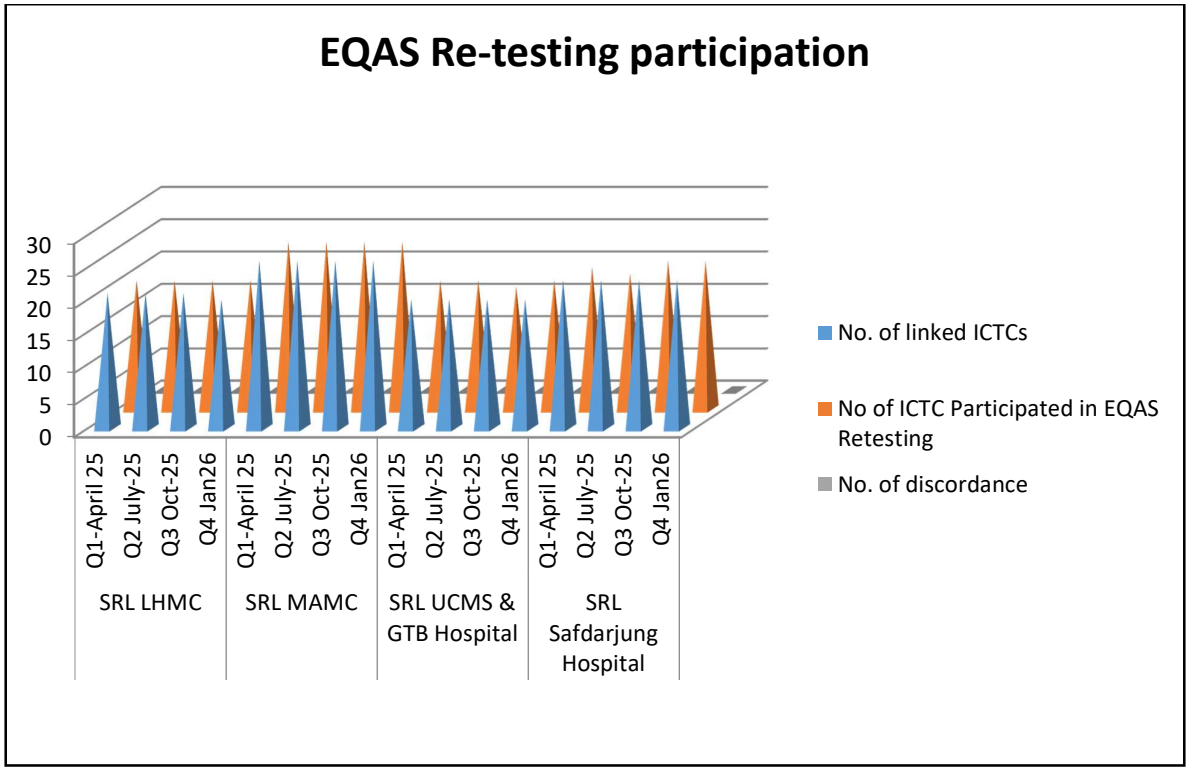
External Quality Assurance Scheme (EQAS): 89 standalone ICTCs, 1 Mobile ICTC and 3 FICTC centers are linked to four State Reference Laboratories in Microbiology departments of 4 Medical Colleges of Delhi viz. Lady Hardinge Medical College, Maulana Azad Medical College, Safdarjung Hospital and University 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.

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.

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.

The participation in the EQAS scheme during 2025-26 by the centres during Quarter 1, Quarter 2, Quarter 3 and Quarter 4 was reported as 97.8%, 96.7%, 97.8% and 98.9% respectively by ICTC/PPTCTs and mobile ICTC in retesting activities with 100% concordance amongst total 92 Centres participating in the activity.

Figure 21. EQAS retesting participation of ICTC/PPTCT Centres from April 2025- March 2026



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 39001 Viral Load tests of ART patients has been conducted till 31/03/26 (From April 2025- March 2026).

A total of 14 standalone ICTC/PPTCT Centres are NABL Certified (Medical Entry level Testing) and 10 centres have received Centre of Excellence Certification from NACO till 31st March 2026.

Table 21. List of M (EL) T Certified from NABL and COE certified SA-ICTC from NACO are as under:

Sl. 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
17	ICTC ESI Hospital Okhla	COE Certified
18	ICTC Burari Hospital	MELT certified
19	ICTC Safadrjung Hospital	COE Certified

12. PROGRAMME MANAGEMENT AND REVIEW / DISTRICT (PMR)

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 95-95-99 objectives under NACP.

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:

- DISHA Cluster – North East & North District
- DISHA Cluster – North West and Outer North District
- DISHA Cluster – East, South East and South District
- DISHA Cluster – West and South West District
- DISHA Cluster – Central & New Delhi District
- DISHA Cluster – Old Delhi & Central North 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 depicted in Table mentioned bellow.

Table 22. Status of HR in DISHA clusters/Units

Sl. No.	Positions	Sanctioned	Engaged
1	Cluster Programme Manager	2	2
2	District Programme Manager	3	3
3	Clinical Services Officer	3	2
4	Cluster Prevention Officer	7	2
5	Data Management and Documentation Officer	3	2
6	District Assistants	5	5
7	District ICTC Supervisor	1	1

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) Among HRG and Bridge Population**.

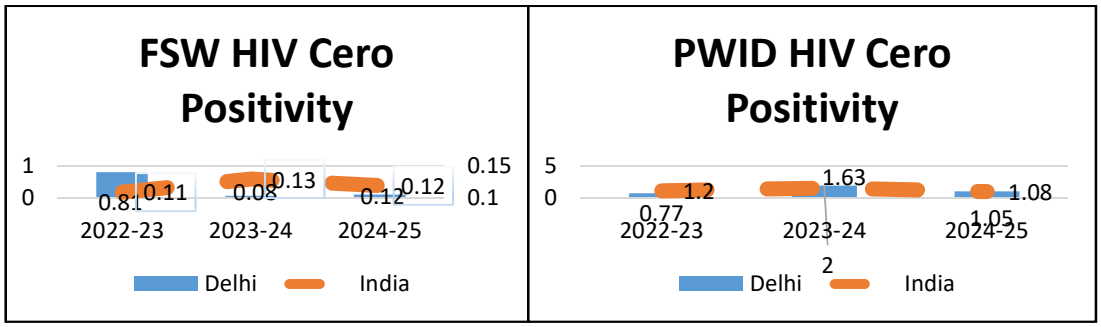
HIV surveillance remains the cornerstone of evidence-based planning and programmatic response under the National AIDS Control Programme (NACP). Since its inception in 1985, India's HIV Sentinel Surveillance (HSS) system has evolved into one of the largest surveillance mechanisms globally, generating robust and reliable epidemiological data on HIV and related infections among key populations.

The 19th Round of HSS (2025–26) among High-Risk Groups (HRGs) and Bridge Populations is being implemented across 600+ sites nationwide from January 2026. This round continues surveillance of three biomarkers:

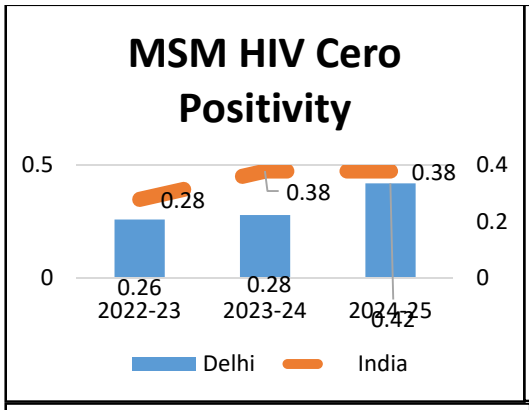
- HIV
- Hepatitis B
- Hepatitis C

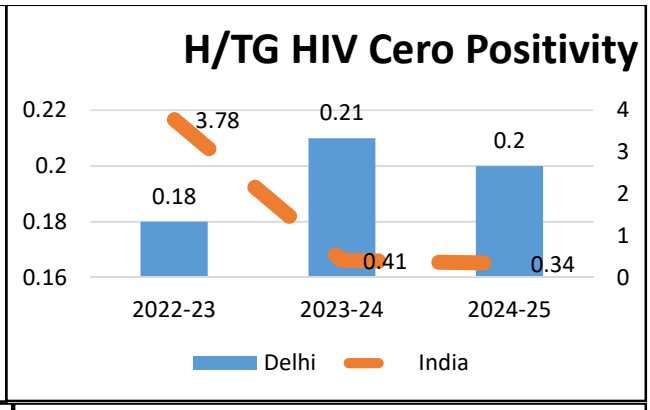
In Delhi, 15 Targeted Intervention (TI) sites across six typologies have been identified for HSS-HRG implementation and four ARTCs for HSS ANC & Prison inmates.
Findings of previous surveillance are depicted as under:

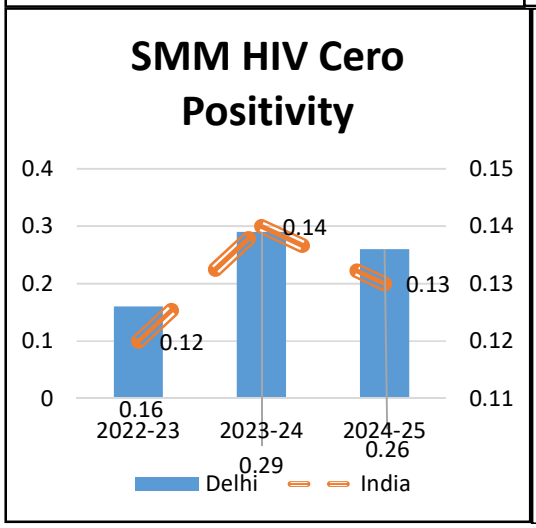
Figure 22. HIV Cero Positivity among various populations

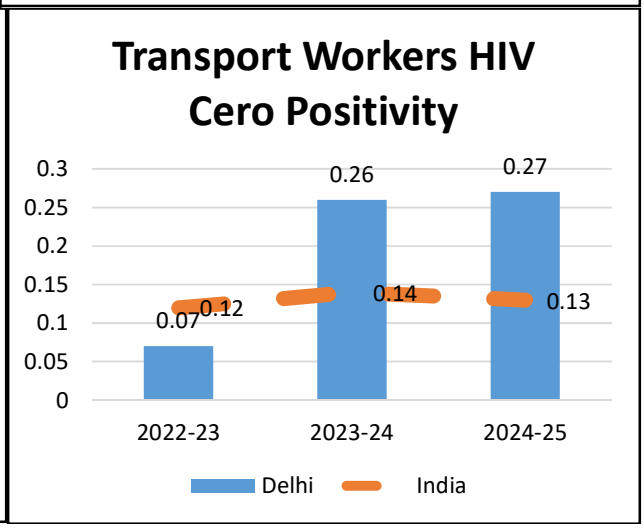

FSW HIV Cero Positivity
1
0
0.15
0.1
0.8
0.11
0.08
0.13
0.12
0.12
2022-23
2023-24
2024-25
Delhi
India

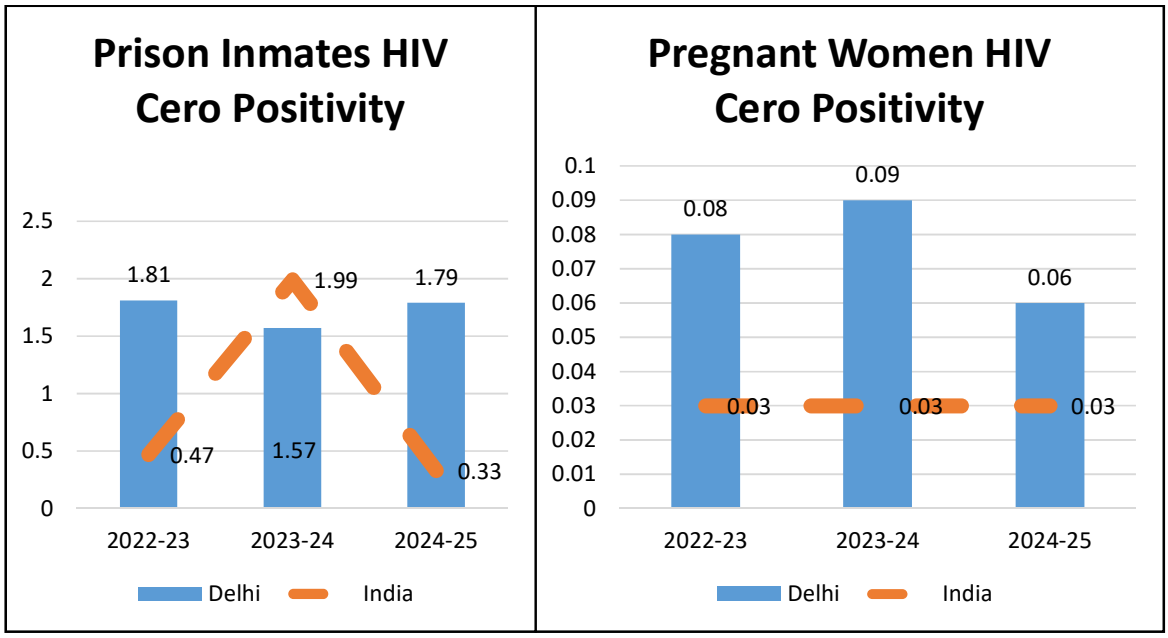
PWID HIV Cero Positivity
5
0
0.77
1.2
1.63
2
1.08
1.05
2022-23
2023-24
2024-25
Delhi
India


MSM HIV Cero Positivity
0.5
0
0.4
0.2
0
0.26
0.28
0.28
0.38
0.42
0.38
2022-23
2023-24
2024-25
Delhi
India


H/TG HIV Cero Positivity
0.22
0.2
0.18
0.16
4
3
2
1
0
0.18
3.78
0.21
0.41
0.2
0.34
2022-23
2023-24
2024-25
Delhi
India


SMM HIV Cero Positivity
0.4
0.3
0.2
0.1
0
0.15
0.14
0.13
0.12
0.11
0.16
0.12
0.14
0.29
0.13
0.26
2022-23
2023-24
2024-25
Delhi
India


Transport Workers HIV Cero Positivity
0.3
0.25
0.2
0.15
0.1
0.05
0
0.07
0.12
0.26
0.14
0.27
0.13
2022-23
2023-24
2024-25
Delhi
India



13.3. Integrated Bio-Behavior Survey of Persons living with HIV (IBBS)

The Integrated Biological and Behavioral Surveillance (IBBS) among People Living with HIV (PLHIV) is a critical activity under the National AIDS and STD Control Programme (NACP) to generate reliable data on behavioral patterns, service uptake, and biological indicators. 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 Round 2026 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). The nationwide IBBS PLHIV Round 2026 is being implemented across 600+ sites nationwide from January 2026.

13.4. **Trainings:**

- HSS–HRG Pre-Surveillance Orientation and Planning Workshop FY 2025–26 (19th Round of HIV Sentinel Surveillance): In Delhi, 15 Targeted Intervention (TI) sites across six typologies have been identified for HSS-HRG implementation. In preparation for field rollout, SI division DSACS organized a two-batch Pre-Surveillance Orientation and Planning Workshop to build technical and operational readiness during 10th -11th February-2026 for 1st batch and 12th – 13th February-2026 for 2nd batch. Above mentioned trainings were participated by HSS-HRG Field Investigators and facilitators, Representatives from Regional Institutes (RI-AIIMS), Officials from DSACS (SI Division), Counselors, Laboratory Technicians / ANMs and Targeted Intervention (TI) Project Managers. The HSS exercise in Delhi was carried out from March-2026.

- IBBS- PLHIV Training on Pre Surveillance and Planning: To ensure uniform understanding, ethical conduct, and high-quality implementation of IBBS-PLHIV at ART Centres, DSACS organized a two-day Pre-Surveillance Planning and Training for IBBS-PLHIV field teams on 22–23 January 2026. The training aimed to train participants on the IBBS-PLHIV methodology, clarify roles and responsibilities of stakeholders, address ethical and laboratory procedures, and strengthen data management and reporting mechanisms prior to field implementation. The workshop was attended by IBBS-PLHIV field teams, site personnel from selected four ART Centres (ARTCs at RMLH, NITRD, BSAH and DDUH), laboratory staff, and data management personnel, representatives from Regional Institutes (RI-AIIMS) and officials from DSACS. Subject matter experts and State Surveillance Team (SST) members facilitated technical sessions.

13.5. 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 23.

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	2025-26	An Operational research study on assessment of Anti-Retroviral Therapy linkage loss among PLHIVs (PWIDs and Migrants) residing in Delhi	ABVIMS & Dr. RML Hospital, New Delhi,	MoU Yet to be signed
2	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
3	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,	Study completed. Report yet to be submitted
4	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	Completed
5	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
6	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
7	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
8	2021-22	Barrier in service uptake by Network based Sex Worker	University of Delhi Dr Rajesh, Professor, Department of Adult, continuing Education & Extension	Completed
9	2021-22	Vulnerability assessment and service uptake among Sex partner of IDUs	AIIMS New Delhi Dr Ravindra Rao, Additional Professor National Drug	Completed

Sl. No.	Study for the Year	Study Name	Study Institute and Principal Investigator	Status
			Dependence Treatment Centre, Department of Psychiatry,	
10	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
11	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

13.6. Research Papers:

Following papers based on research were published in various journals:

- 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.

- 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.

- 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.

13.7. Secondary Data Analysis:

The National AIDS Control Organisation (NACO) undertakes secondary data analysis through State AIDS Control Societies in every year to assess the performance, trends, and impact of HIV/AIDS prevention, testing, treatment, and care services across the country. Secondary data analysis involves the systematic review and interpretation of routinely collected programme data available through various reporting platforms, surveillance systems, and health management information systems.

The analysis primarily utilizes data from sources such as Integrated Counselling and Testing Centres (ICTC), ART Centres, Targeted Interventions (TI), Prevention of Parent-to-Child Transmission (PPTCT) services, Viral Load laboratories, Early Infant Diagnosis (EID) services, and other strategic information systems under the National AIDS Control Programme (NACP).

The objectives of secondary data analysis include:

- Monitoring programme performance and service coverage
- Identifying trends in HIV prevalence, testing, and treatment uptake
- Assessing linkage to care, retention, and viral suppression outcomes
- Evaluating turnaround time (TAT) and quality indicators in laboratory services
- Identifying geographical and population-level gaps for targeted interventions
- Supporting evidence-based planning, policy formulation, and resource allocation

Secondary data analysis also helps in generating comparative assessments across states, districts, and facilities, thereby enabling programme managers to identify best practices and areas requiring improvement. The findings contribute significantly towards strengthening strategic planning, improving service delivery, and achieving national and global HIV/AIDS control targets, including the UNAIDS 95-95-95 goals.

During FY 2025-26, Delhi State AIDS Control Society has been assigned two priority areas for conducting secondary data analysis which are as under: -

- Pattern of Mortality rate in ART Center Delhi 2025-26 -The analysis of "Pattern of Mortality rate in ART Center Delhi 2025-26" has been completed and submitted the report to NACO in March-2026.
- Turnaround Time in VL and EID Delhi 2025-26- Analysis of "Turnaround Time in VL and EID Delhi 2025-26" has been completed and report yet to be submitted to NACO.

14. INFORMATION EDUCATION COMMUNICATION & MAINSTREAMING DIVISION

14.1 IEC & Mainstreaming division at DSACS is entrusted with the responsibility to carry out various IEC activities and coordinating with government departments, private sector etc. for welfare of PLHIV and mainstreaming the HIV control activities. Various IEC activities carried during 2025-26 include:

- Two Month Integrated IEC Campaign Launched by Hon'ble Health Minister (GNCTD) on 12th August 2025. Door to Door Campaign has been carried out. Special Camps has been organized in slums, colonies & Villages. Awareness Sessions conducted in Colleges & Schools. Various IEC activities were carried out in Delhi. Colonies, Villages, Slums, schools & colleges were covered during the campaign.
- Participation in IITF 2026 organized from 14th to 27th November 2025 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.
- Delhi State AIDS Control Society participated in World AIDS Day program on 1st December 2026 at Vigyan Bhawan organized by National AIDS Control Organization. Around 500 participants from Communities, College Students & officials participated in this program. Hon'ble Minister of Health & Family Welfare (GOI) graced the occasion as Chief Guest.
- Regularly updated HIV/AIDS Awareness messages through social media accounts of DSACS.
- Organized Red Run'26 under Youth Festival at Netaji Subhash University of Technology in the month of August 2025.
- Participation in AIDSCON-14 organized by Chandigarh SACS at Chandigarh, in the month of February 2026.
- Delhi State AIDS Control Society participated in the National Safety Week Programme on 10th March 2026 at CPWD Project at Kasturba Nagar, New Delhi. DSACS provided Counselling & Testing services along with 2 folk performances and IEC awareness material distribution. Around 600 hundred workers sensitized on HIV awareness at various locations of CPWD Site. 200 persons benefited with HIV counselling and 50 HIV tests were done.
- Participation in training on program Management organized in the month of February 2026.
- Participation in National Red Run 2026 at Nagaland on 30th October 2025.
- Organized 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 throughout the year 2025-26.

14.2. Youth Intervention

- Youth Intervention component deals with promoting awareness activities about HIV/AIDS for the prevention amongst youth and to inculcate good health practices in relation to HIV/AIDS and reproductive health. The Adolescent Education Program (AEP) sub-component is implemented in secondary and senior secondary schools to build-up life skills of adolescents to cope with the physical

and psychological changes associated with growing up. 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:

- Participation in annual college fest at RRC colleges/Institutes i.e. BCIIT and PGDAV College of Delhi associated with DSACS.
- Organized State level quiz competition at DSACS in the month of September 2025 and participated in regional level Quiz Competition at Panchkula, Haryana in the month of September 2025.
- Participation in Youth Festival activities i.e. quiz competition, Red Run'25 in the 3rd quarter of 2025-26.
- Participation in celebration of important days i.e. International Youth Day 2025, World AIDS Day 2025, Women's Day 2026, etc.
- Participation in event on the occasion of Women's Day 2026 at BCIIT in the month of March 2026.
- Participation and felicitate sessions on HIV/AIDS Awareness at Rukmini Devi Institute of Advanced Studies in the month of March 2026 and at Haiderpur Village in the month of October 2025 & March 2026.
- Organized Red Run'25 under Youth Festival at Netaji Subhash University of Technology in the month of October 2025.
- Participation in National Red Run organized by NACO at Dimapur, Nagaland in the month of October 2025.
- Participation and felicitate training sessions for NCC Cadres on HIV & Substance abuse in the month of October and December 2025.

14.3. Mainstreaming

- Training of 243 Anganwadi Worker and 20 CDPOs/ASHA Coordinators and Supervisors of Woman & Child Development Department were conducted by the SPM Division with coordination of DAPCUs in Delhi.
- Training of 180 Delhi Transco staff on awareness of HIV/AIDS & HIV & AIDS prevention & Control Act 2017 conducted by DSACS.
- Training of 45 staff including MS, Doctors, Staff Nurses, LTs etc. sensitized on Act 2017 and a complaint officer designated by Jaipur Golden Hospital.
- Training of 73 staff including MD, Doctors, Staff Nurses, LTs etc. sensitized on Act 2017 and a complaint officer designated by Shri Agrasen International Hospital.
- Training of 42 staff including MS, Doctors, Staff Nurses, LTs etc. sensitized on Act 2017 and a complaint officer designated by Saroj Hospital.
- Training of 54 staff including MS, Doctors, Staff Nurses, LTs etc. sensitized on Act 2017 and a complaint officer designated by Max Super specialty Hospital, Shalimar Bagh.
- Training of 34 staff including MS, Doctors, Staff Nurses, LTs etc. sensitized on Act 2017 and a complaint officer designated by Fortis Hospital, Shalimar Bagh.
- Sensitization of 400 Out of school Youth and Females through Jan Shikshan.
- Training of 50 DSACS facility staff on Social Protection Scheme & AIDS Prevention & Control Act 2017 conducted by DSACS.
- Training of 3026 DTC Staff on awareness of HIV/AIDS & HIV & AIDS prevention & Control Act 2017 conducted by DSACS.
- Sensitization through DLSA of 130 person and IEC distribution.
- Sensitization sessions were organized on HIV/AIDS awareness and prevention is held with NCC cadets around 1286 cadets participated.
- Sensitization of 550 Delhi Metro Rail Corporation (DMRC) staff on awareness of HIV/AIDS & HIV & AIDS prevention & Control Act 2017 conducted by DSACS.
- The HIV & AIDS prevention & Control Act 2017: State rules on HIV and AIDS Prevention Control

Act 2017 are notified vide gazette notification dated 2nd Nov. 2022.All district magistrates in Delhi are designated as ombudsmen in their respective districts. Till date 60 Complaint officers have been designated by various Delhi Govt. hospitals and departments for grievance redressal of the Protect Persons, in compliance to the HIV (P&C) Act 2017.

- Leaflets have been printed for disbursement on Provisions of HIV Act 2017.
- Delhi Government Financial Assistance Schemes for PLHIV

14.4. 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 also requiring extra nutrition in addition to cope up with their compromised immune system. Their suffering from stigma and discrimination by family, society and community at large, is compounded by the fact that many of PLHAs are poor, unable to even meet the cost of transportation to ART center for antiretroviral treatment. Similarly, there are 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 facts the 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 Department of Health & FW of Delhi. Till date total 6467 beneficiaries are cumulatively enrolled with the scheme with following the eligibility criteria and approved financial assistance package is depicted in Table A. The scheme is funded by Govt. of NCT of Delhi. A total amount of Rs. 26.03 crore were disbursed to eligible beneficiaries during the F.Y.2025-26.

The monthly assistance was raised by 5% for all categories w.e.f. 7/8//2019.

Table 24A: Delhi Government Financial Assistance Scheme for PLHIV

Beneficiary	**Eligibility criteria**	**Assistance per month in Rs. (as on** 31-03-2026)	**No. Active of beneficiaries**
People living with HIV/AIDS (including children on antiretroviral treatment)	Residence 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 Govt. ART centre in Delhi	2585/-	6740
Orphan Children infected with HIV/AIDS (<18 Years of Age)	Both parents died Child infected with HIV/AIDS Child under caregiver/families in Delhi	5301/-	07
Destitute children infected with HIV in institutional care (<18 years of	Status of parents unknown Child infected with	5301/-	14

Beneficiary	**Eligibility criteria**	**Assistance per month in Rs. (as on** 31-03-2026)	**No. Active of beneficiaries**
age)	HIV/AIDS Child in institutional care in Delhi Child should be on ART		
Orphan Children affected by HIV/AIDS (< 18 years of age)	Both parents died and at least one of the parents died of HIV/AIDS Child under caregiver or institutional care in Delhi	4525/-	07

Travel Concession Scheme: Regular lifelong Anti-Retroviral Treatment (ART) to Persons infected with HIV (PLHIV) is an important for desired outcome of the treatment. The PLHIV have to travel to ART Centre to collect the medicines periodically and for treatment of opportunistic infections ordinarily once in a month and. The number of HIV patients registered at ART centres are around 33000 and is likely to increases by around 5000-6000 every year.

Most of the persons infected with HIV belong to the low socio-economic and disadvantaged groups of the society and find it difficult to meet the cost of transportation for visiting the ART centre regularly for Anti-Retroviral treatment and for increased nutritional needs.

The Scheme of Travel concession to the eligible PLHIVs/CLHIVs patients attending the ART centres in Delhi for undertaking visits to the ART centres thus has been approved by the Delhi Government Vide Cabinet Decision No. 2782 dated 6/12/2019.

Eligibility criteria for scheme for Travel Concession to PLHIV on ART:

- 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.

Quantum of Concession:

- Average Rs. 120/- per visit shall be 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.
- DSACS shall receive the funds from Delhi Government through the Department of H&FW and the payment on account of travel concession shall be made on quarterly basis based on number of visits and criteria laid down, through Aadhaar based after verifying their visits through ART centers.

Table 24B. Travel Concession Scheme Achievement

Category Type	**Positive beneficiaries on 31/03/2026**
PLHIV/CLHIV on ART	1935

15. BLOOD TRANSFUSION SERVICES DIVISION

This component previously under NACP, with grant received through NACO, has been transferred to Directorate General Health Services (DGHS), Ministry of Health and Family Welfare, Govt. of India with grant now routed through DGHS.

Eighty-Four (84) blood centers were functioning in Delhi as on 31st March, 2026. Out of these, 20 blood centres of these are DGHS supported. DGHS supported blood centres are supported in the form of:

- Provision of additional manpower,
- Provision of testing kits, blood collection bags and
- financial assistance for organization of voluntary blood donation camps

Out of the 20 supported blood centres,11 are supported as Regional Blood Transfusion Centres (RBTC) at AIIMS (Main), BSAH, DDUH, GTBH, HRH, IRCS, LNH, LHMC, Rotary, Safdarjung Hospital, RML hospital), 2 as Model Blood Banks (DDUH and IRCS), 4 as District Level Blood Banks (DHAS, LBSH, SGMH, Kasturba Hospital) and 2 as Major Blood Banks (KH and SDNH). 19 blood banks are having Blood Component Separation Units (BCSUs).

Table 25A. 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 25B. Details of DGHS Supported Blood Centres in Delhi

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, JPNATC, Rotary	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 25C. 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-84	24	01	13	0	46	
Total Blood Storage centers	15		24		0	

Table 25D. Performance of DGHS Supported Blood Centres in Delhi (April 2025 to March 2026, source- e- Raktkosh Portal)

Sl. No.	Indicator	Grand Total
1.	In-house Voluntary Collection	57862
2.	Camp Collection	49016
3.	Total Voluntary Collection	106878
4.	Replacement Collection	200718
5.	Total Collection	307596
6.	Voluntary Collection % of total	34.74%

Table 25E. Performance of Blood Centres in Delhi (April 2025 to March 2026, Source- e- Raktkosh Portal)

Year	In house Voluntary Collection	Camp Collection	Total Voluntary Collection	No of Camps	Replacement Collection	Total Collection
2025-26	116268	106707	222975	3451	378304	601279

CHAPTER 13

13. 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 : 321
- No. of cases where violation detected : 37
- Inspections of Sales Establishment : 4437
- No. of cases where violation detected :1086

Key Performance Indicators

Number of inspections carried out in Manufacturing Units: 321
Number of drug licences cancelled /suspended by licencing authority: 0
Number of inspections carried out in Sales Establishments: 4437
Number of drug licences cancelled /suspended by licencing authority: 747

A. INSPECTIONS

a.	Manufacturing Units:	321
b.	No. of cases where violation detected	37
c.	Sales establishments:	4437
d.	No. of cases where violation detected	1086

B. SPECIAL INSPECTIONS

a.	Manufacturing Units:	50
b.	No. of cases where violation detected	7
c.	Sales establishments:	1465
d.	No. of cases where violation detected	721

C. COMPLAINTS

a.	No. of complaints received	298
b.	No. of cases where violation detected	170
c.	No. of cases where stock of drugs /cosmetics/ documents seized	06

D. SAMPLE FOR TEST/ANALYSIS

1.	No. of Samples collected	735
2.	No. of test reports received	487
3.	No. of samples reported as standard quality	427
4.	No. of samples reported as not of standard quality	24
5.	No. of samples found spurious	36

E. DEPARTMENTAL ACTION

a.	No. of cases where licences cancelled	63
b.	No. of cases where licences suspended	684
c.	No. of cases were warning issued	27

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	4570

(2) Manufacturing units granted licences

1.	Allopathic Drugs Mfg. Units	01
2.	Homoeopathic Medicines Mfg. Units	Nil
3.	Cosmetics Mfg. Units	65

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

1.	Total Sales Establishments	427

(4) No. of manufacturing firms where licences surrendered and cancelled

1.	Allopathic drugs mfg. Units	Nil
2.	Homoeopathic drugs mfg. Units	Nil
3	Cosmetics mfg. units	40

H. NO. OF LICENCED FIRMS.

1.	Sales Establishment	39668
1.1	Allopathic Drugs	38921
1.2	Restricted Drugs	164
1.3	Homeopathic	583

2.	Mfg. Establishment	1010
2.1	Allopathic Drugs	90
2.2	Homoeopathic Drugs	8
2.3	Cosmetics	807
2.4	Blood Banks	90
2.5	Approved Testing Laboratories	18

CHAPTER14

14. DEPARTMENT OF FOOD SAFETY

The Department of Food Safety, Government of NCT of Delhi functions under the provisions of the **Food Safety and Standards Act, 2006**, which was implemented with effect from **5th August, 2011**, with the objective of ensuring availability of safe and wholesome food for human consumption.

The Department is headed by the **Commissioner (Food Safety)**, who is the controlling authority of the Department. The Department is responsible for effective implementation of the provisions of the Food Safety and Standards Act, 2006 and the Rules and Regulations framed thereunder, so as to regulate and/or prohibit the manufacture, sale, storage and distribution of unsafe, sub-standard or misbranded food articles.

Roles and Responsibilities

The major roles and responsibilities of the Department include:

- Issuing food licenses and registrations
- Lifting of enforcement and surveillance samples
- Conducting inspections of food business establishments
- Issuing improvement notices and show cause notices
- Implementing food recalls, seizures and prohibitions
- Investigation of offences and filing of prosecutions
- Public awareness activities through Food Safety on Wheels (FSW)
- Addressing public grievances
- Food analysis through notified laboratories
- Discharge of VVIP duties

Major Achievements during 2025--26

Licensing and Registration

- New Licenses issued: **7564**
- New Registrations issued: **47949**

Sampling and Enforcement Activities

- Enforcement samples lifted: **1690**
- Survey samples lifted : **1875**

Special Raids and Seizures (in coordination with Delhi Police)

- Two (02) samples of counterfeit *Amul Butter* lifted from a warehouse at Mundka.
- Two (02) samples of adulterated ghee lifted at *Bawana*, wherein approximately **700** litres of adulterated ghee and **900** litres of oil were seized by Delhi Police.
- Six (06) samples of ghee lifted at *Budh Vihar*, involving counterfeit products of various brands (Amul/Mother Dairy/Patanjali/Madhusudan/Ananda/Milk Food); approximately **2,651 kg** of adulterated ghee seized by Delhi Police.

- Detection of adulterated ghee factories at *Karawal Nagar*, with seizure of approximately **1,614.3 kg** of adulterated ghee by Delhi Police.
- Destruction of approximately **500 kg** of unclaimed khoya on 17.10.2025.

Salient Features of Important Plans / Schemes

- Total expenditure during the financial year 2025--26: **Rs. 11.972 crore.**
- Centrally Sponsored Scheme (CSS) -- *Strengthening of Food Safety Ecosystem:* Memorandum of Understanding (MoU) under submission.

Initiatives for Welfare of Women, SC/STs, and Persons with Disabilities

- Initiatives have been undertaken in accordance with the policies of the Government of NCT of Delhi for the welfare of women, SC/STs and Persons with Disabilities.
- An **Internal Complaints Committee** under the *Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013* has been constituted. Smt. Sushma Puri, PPS was appointed as the Presiding Officer of the Committee on **08.08.2023.**
- To address the grievances of Food Business Operators (FBOs) and their associations, the Department has undertaken several reform measures. Senior Food Safety Officers have been posted in the State Food Testing Laboratory (SFTL) to strengthen its functioning, facilitate the operationalization of the Microbiology Laboratory, optimize the utilization of High-End Equipment (HEE) through engagement of technical experts, and expand the scope of NABL-accredited parameters, thereby enhancing the overall food testing mechanism.
- A comprehensive Standard Operating Procedure (SOP) for the Department has been developed and implemented, which was not available earlier, ensuring greater uniformity, transparency, and accountability in departmental functioning.
- The system of Inspection Orders has been institutionalized and strictly enforced to regulate inspections. This ensures that all visits by field officials are duly authorized, properly recorded, and monitored, thereby preventing unauthorized inspections of Food Business Operators.
- Emphasis has been placed on expanding the coverage of inspections to a larger number of Food Business Operators rather than repeatedly inspecting establishments that have already been inspected and found compliant through previous laboratory testing.
- A senior Food Safety Officer has been specifically designated to monitor and ensure compliance with directions, advisories, and initiatives issued by the Food Safety and Standards Authority of India (FSSAI), with a view to safeguarding public health in Delhi.
- All three (03) vehicles under the "Food Safety on Wheels" programme are fully operational and are being deployed across various locations in Delhi to conduct food safety awareness campaigns, disseminate information on safe food practices, and promote public awareness regarding food safety and hygiene.
- Photographs showcasing various activities and initiatives undertaken by the Department of Food Safety during the year for ensuring food safety, public awareness, enforcement and regulatory compliance.


FOOD SAFETY ON WHEELS


FOOD SAFETY ON WHE


FOOD SAFETY ON WHEELS


SAROJ




FOOD COURT





Registration and Licensing Framework for Food Business Operators under the Food Safety and Standards Act, 2006

Sl. No.	State Dept. Name	Approvals/ Clearances	Sub Category	Stages (Pre-establishment/ Pre-Operations/ Utilities/ Post-Operations)	Central/ State	License - Deemed/ 3rd Party Affidavit Based/ registration/ Concerned Authority	Self Inspection required or not	Remarks
1	Department of Food Safety	Registration (Petty Food Business Operators with annual turnover up to ₹ 1.5 crore)	Petty Food Business Operators	Pre-Operational	State	Concerned Authority (Designated Officer) within 7 days	NO	License / Registration Generated through FoSCoS Portal which is operated and maintained by FSSAI, Govt. of India
2	Department of Food Safety	License (Food businesses with turnover above ₹ 1.5 crore operating within State jurisdiction)	All Food Manufacturing/ Processing units other than Dairy Units, Vegetable Oil, Meat Processing and Slaughtering Houses, Proprietary Food, Storage, Transporter, Wholesaler, Distributor, Retailer, Restaurant, Food Vending Establishment, Club Canteen Caterer, Hotel	Pre-Operational	State	Concerned Authority (Designated Officer) within 60 days	NO (Only in Category of Meat Processing and Slaughtering House, Water and High Risk Category inspection is required.)	License / Registration Generated through FoSCoS Portal which is operated and maintained by FSSAI, Govt. of India

Budget Utilisation and Expenditure Position during the Financial Year 2025–26

The reconciliation statements received from the Accounts Branch in respect of expenditure booked under various Heads of Account during the financial year 2025–26 have been duly examined and reconciled with the records of the Department of Food Safety. The head-wise expenditure position is furnished below.

The Detailed Head-Wise Position:

Head of Account	Detail of Head	Budget Estimate 2025-26	Modified Revised Estimate 2025-26	Expenditure upto previous month	Expdr. during the month	Total Expenditure	Balance Available	%age of Expenditure
M.H. 22100610295	**Implementation of Prevention of Food Adulteration Act (Sub Head)**							
2210 06 102 95 00 01	Salaries	68,000,000	50,500,000	48,153,298	498,300	48,651,598	1,848,402	96.34
2210 06 102 95 00 02	Wages	1,500,000	110,000	-	-	-	110,000	0.00
2210 06 102 95 00 05	Rewards	600,000	459,000	458,231	-	458,231	769	99.83
2210 06 102 95 00 06	Medical Treatment	3,500,000	3,500,000	3,492,757	4,797	3,497,554	2,446	99.93
2210 06 102 95 00 07	Allowances	56,000,000	50,000,000	46,855,984	28,546	46,884,530	3,115,470	93.77
2210 06 102 95 00 08	Leave Travel Concession	1,200,000	600,000	214,615	64,819	279,434	320,566	46.57
2210 06 102 95 00 09	Training Expenses	100,000	-	-	-	-	-	0.00
2210 06 102 95 00 11	Domestic Travel Expenses	350,000	500,000	465,849	17,625	483,474	16,526	96.69
2210 06 102 95 00 13	Office Expenses (Voted)	40,000,000	32,518,000	22,516,900	8,216,894	30,733,794	1,784,206	94.51
2210 06 102 95 00 13	Office Expenses (Charged)	50,000	13,000	13,000	-	13,000	-	100.00
2210 06 102 95 00 14	Rent, Rates & Taxes	71,000,000	71,000,000	64,973,623	5,888,840	70,862,463	137,537	99.81
2210 06 102 95 00 16	Printing and Publication	300,000	400,000	179,086	123,140	302,226	97,774	75.56
2210 06 102 95 00 19	Digital Equipments	800,000	1,000,000	328,575	212,800	541,375	458,625	54.14
2210 06 102 95 00 24	Fuel and Lubricants	300,000	300,000	-	249,149	249,149	50,851	83.05
2210 06 102 95 00 28	Professional Services	-	200,000	98,620	57,000	155,620	44,380	77.81
2210 06 102 95 00 29	Repairs and Maintenance	1,500,000	1,500,000	438,507	968,975	1,407,482	92,518	93.83
2210 06 102 95 00 70	Deduct Recoveries	-	-	(7,878)	-	(7,878)	-	-
TOTAL (A)		**245,200,000**	**212,600,000**	**188,181,167**	**16,330,885**	**204,512,052**	**8,080,070**	**96.20**
M.H. 22100610287	**Food & Drug Lab (Sub Head)**							
2210 06 102 87 00 13	Office Expenses	1,000,000	2,000,000	74,876	1,796,860	1,871,736	128,264	93.59
2210 06 102 87 00 21	Material and Supplies	2,000,000	3,000,000	883,903	1,564,411	2,448,314	551,686	81.61
TOTAL (B)		**3,000,000**	**5,000,000**	**958,779**	**3,361,271**	**4,320,050**	**679,950**	**86.40**
M.H. 22100610284	**Strengthening of Food Safety Eco System (State Share)**							
2210 06 102 84 00 49	Other Charges	5,000,000	5,000,000	-	214,356	214,356	4,785,644	4.29
TOTAL (C)		**5,000,000**	**5,000,000**	**-**	**214,356**	**214,356**	**4,785,644**	**4.29**
M.H. 42100000199	**Capital Outlay on Medical and Public Health (Major Head)**							
4210 00 001 98 00 71	Information, Computer, Telecommunication Equipment (ICT)	1,000,000	1,200,000	987,226	145,500	1,132,726	67,274	94.39
TOTAL (D)		**1,000,000**	**1,200,000**	**987,226**	**145,500**	**1,132,726**	**67,274**	**94.39**
GRAND TOTAL (A+B+C+D)		**254,200,000**	**223,800,000**	**190,127,172**	**20,052,012**	**210,179,184**	**13,612,938**	**93.91**

Overall Observation

The Department achieved a satisfactory level of budget utilisation during the financial year 2025–26, reflecting effective financial management and efficient implementation of departmental activities. Expenditure was incurred across various budget heads towards regulatory enforcement, food safety surveillance, laboratory operations, administrative functions, public awareness initiatives and strengthening of food safety infrastructure. The expenditure pattern indicates prudent utilisation of available resources and sustained efforts by the Department towards fulfilling its statutory responsibilities and public health objectives.


PUBLIC HEALTH
Healthy People In Healthy Communities



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Annexure I

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
1	A00 - A09	Intestinal infectious diseases	32	55	27	326	367	275	5	2	0
	A01	Typhoid and paratyphoid fevers	78	158	56	460	454	688	5	3	0
	A02	Other salmonella infections	7	30	0	14	20	5	0	0	0
	A04	Other bacterial intestinal infections	266	0	0	122	16	9	1	1	1
	A05	Other bacterial food borne intoxications	5	13	0	4	1	0	0	0	0
	A06	Amoebiasis	275	173	104	135	41	140	0	1	1
	A07	Other protozoal intestinal diseases	5	0	0	4	4	5	0	0	0
	A08	Viral and other specified intestinal infections	11	28	1	18	6	74	0	0	14
	A09	Diarrhoea and gastroenteritis of presumed infectious origin	3258	1109	1311	1215	1295	698	13	15	8
2	A15-A19	Tuberculosis	0	0	0	43	29	16	5	1	1
	A15	Respiratory Tuberculosis, bacteriologically and Histologically confirmed	316	26	0	303	130	74	32	26	5
	A16	Respiratory Tuberculosis not confirmed bacteriologically or Histologically	2	0	0	168	76	15	5	4	0
	A17	Tuberculosis of nervous system	1	0	0	25	20	92	3	2	13
	A18	Tuberculosis of other organs	233	19	0	83	73	45	1	3	3
	A19	Miliary tuberculosis	2	0	0	51	40	38	4	6	11
3	A20 - A28	Certain zoonotic bacterial diseases	0	0	0	2	1	1	0	0	0
	A27	Leptospirosis	0	0	0	56	55	11	1	0	1
	A28	Other zoonotic bacterial diseases, not elsewhere classified	0	0	0	9	2	0	4	0	0
4	A30 - A49	Other bacterial diseases	0	0	0	106	86	57	64	39	3
	A30	Leprosy Hansen's disease	37	0	0	6	0	4	1	0	0
	A31	Infection due to other mycobacteria	0	0	0	3	4	0	1	0	0
	A40	Streptococcal septicaemmia	0	0	0	37	7	7	16	4	0
	A41	Other septicaemia	0	0	0	1022	824	390	276	204	150

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	A48	Other bacterial diseases not else where classified	12	0	0	2	2	1	0	0	0
	A49	Bacterial infection of unspecified site	274	0	0	22	15	6	2	0	0
5	A50 - A64	Infections with a predominantly sexual mode of trasmission	0	0	0	8	14	0	1	0	0
	A51	Early syphillis	0	0	0	7	13	1	0	0	0
	A52	Late syphilis	0	11	0	34	23	8	0	0	0
	A53	Other and unspecified syphilis	0	0	0	22	14	0	0	0	0
	A54	Gonococcal infection	0	0	0	6	1	1	0	0	0
	A56	Other sexually transmitted chlamydial diseases	0	0	0	8	18	0	0	0	0
	A58	Granuloma inguinale	0	0	0	3	20	0	0	0	0
	A60	Anogenital herpesviral (herpes simplex) infections	0	0	0	1	7	12	1	0	0
6	A65 - A69	Other spirochaetal diseases	0	0	0	9	13	0	1	0	0
	A67	Pinta(carate)	0	0	0	5	9	0	0	0	0
	A70	Chlamydia Psittaci infection	0	0	0	18	52	0	0	0	0
	A75	Typhus fever	0	2	0	17	15	4	0	2	0
	A77	Spotted fever (tick-borne rickettsioses)	0	0	0	2	6	6	0	0	0
	A78	Q fever	0	0	0	102	1	0	0	0	0
9	A80 - A89	Viral infections of the central nervous system	0	0	0	20	0	1	0	0	0
	A81	Slow viral infections of the central nervous system	0	0	0	35	1	3	1	0	0
	A84	Tick - borne viral encephalitis	0	0	0	0	28	13	0	0	0
	A85	Other viral encephalitis, not elsewhere classified	0	0	0	0	12	7	0	0	0
	A86	Unspecified viral encephalitis	0	0	0	11	12	11	0	0	1
	A87	Viral meningitis	0	0	0	9	9	3	0	0	1
10	A90 - A99	Arthropod-borne viral fevers and viral haemorrhagic fevers	0	0	0	50	49	40	1	1	2
	A90	Dengue fever (classical dengue)	0	7	6	349	256	164	6	1	2
	A91	Dengue haemorrhagic fever	0	0	0	25	28	14	0	2	0
	A92	Other mosquito-borne viral fevers	0	0	0	24	13	3	0	1	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	A94	Unspecified arthropod-borne viral fevers	0	0	0	11	19	5	0	0	0
	A99	Unspecified viral haemorrhagic fever	0	0	0	11	12	4	2	0	1
11	B00-B09	Viral infections characterized by Skin and mucous membrane lesions	0	0	0	8	13	4	0	1	0
	B00	Herpesviral (herpes simplex) infections	9	2	2	6	3	3	1	0	0
	B01	Vericella [chickenpox]	3	0	0	32	32	6	1	0	0
	B02	Zoster(herpes zoster)	7	11	0	24	41	93	0	1	0
	B03	Small pox	0	0	0	2	5	0	0	0	0
	B05	Measles	0	0	0	13	9	8	0	0	1
	B07	Viral warts	231	211	37	3	6	0	0	0	0
	B08	Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified	14	60	14	3	8	5	0	0	1
	B09	Unspecified viral infection characterized by skin and mucous membrane lesions	85	0	0	6	2	9	0	0	0
12	B15-B19	Viral hepatitis	0	0	0	33	41	38	0	0	0
	B15	Acute hepatitis A	86	5	13	159	110	119	2	0	0
	B16	Acute hepatitis B	561	3	0	187	55	3	2	1	0
	B17	Other acute viral hepatitis	17	0	6	135	79	147	0	2	1
	B18	Chronic viral hepatitis	157	6	0	35	18	6	2	0	1
	B19	Unspecified viral hepatitis	11	1	18	37	33	11	0	0	0
	B20	Human immunodeficiency virus (HIV) disease resulting in infectious and parasitic diseases	1080	1	0	38	5	2	4	1	0
	B23	Human immunodeficiency virus [HIV] disease resulting in other conditions	19	0	0	2	2	0	0	0	0
	B24	Unspecified human immunodeficiency virus (HIV) disease	345	0	0	9	3	0	1	0	0
14	B25 - B34	Other viral diseases	0	0	0	43	3	2	0	0	0
	B25	Cytomegaloviral disease	40	8	8	22	4	1	0	0	0
	B26	Mumps	14	11	1	4	2	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	B30	Viral conjunctivitis	68	5	2	10	10	0	0	0	0
	B33	Other viral diseases, not elsewhere classified	1090	0	0	4	5	1	0	0	0
	B34	Viral infection of unspecified site	0	0	1	24	20	31	0	0	0
	B35	Dermatophytosis	445	491	99	14	8	3	0	0	0
	B36	Other superficial mycoses	213	211	59	7	4	0	0	0	0
	B37	Candidiasis	139	82	18	38	51	6	0	1	1
	B41	paracoccidiodomycosis	0	0	0	48	3	0	0	0	0
	B44	Aspergillosis	0	0	0	27	32	1	0	0	0
	B46	Zygomycosis	0	0	0	13	2	2	1	0	1
	B47	Mycetoma	0	0	0	39	14	3	0	0	0
	B50	Plasmodium falciparum malaria	0	1	0	8	3	14	0	0	1
	B51	Plasmodium vivax malaria	0	0	0	13	2	39	0	0	0
	B52	Plasmodium malariae malaria	0	0	0	0	1	10	0	0	1
	B57	Chagas' disease	0	0	0	7	14	7	1	1	0
	B58	Toxoplasmosis	0	0	0	39	34	12	0	0	0
	B59	Pneumocystosis	0	0	0	6	5	1	0	0	0
17	B65 - B83	Helminthiases	0	0	0	3	16	0	3	5	0
	B67	Echinococcosis	0	0	0	15	12	2	1	3	0
	B69	Cysticercosis	4	0	0	9	14	8	0	0	0
	B77	Ascariasis	14	4	13	4	0	3	0	0	0
	B78	Strongylodiasis	0	0	0	4	3	0	0	0	0
	B79	Trichuriasis	0	0	0	128	56	7	1	0	0
	B81	Other intestinal helminthiases, not elsewhere classified	25	15	16	1	0	0	0	0	0
	B82	Unspecified intestinal parasitism	41	11	96	1	1	0	0	0	0
	B85	Pediculosis and phthiriasis	7	20	3	1	1	0	0	0	0
	B86	Scabies	833	215	128	106	167	3	3	2	0
	B88	Other Infestations	436	0	0	23	4	0	0	0	0
19	B90 - B94	Sequelae of infectious and parasitic disease	0	0	0	36	63	1	1	3	0
	B90	Sequelae of tuberculosis	15	46	0	12	10	0	0	1	0
	B91	Sequelae of poliomyelitis	0	0	0	2	11	0	0	0	0
	B96	Other bacterial agents as the cause of disease classified to other chapters	0	0	0	34	29	9	3	0	1

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
22	C00-C14	Malignant neoplasms of lip, oral cavity and pharynx	0	0	0	284	47	17	6	0	0
	C00	Malignant neoplasm of lip	1	1	0	16	4	1	0	0	0
	C01	Malignant neoplasm of base of tongue	0	0	0	77	37	0	0	0	0
	C02	Malignant neoplasm of other and unspecified parts of tongue	0	0	0	361	96	1	6	0	0
	C03	Malignant neoplasm of gum	0	0	0	149	34	1	2	0	0
	C04	Malignant neoplasm of floor of mouth	0	0	0	19	7	3	0	0	0
	C05	Malignant neoplasm of palate	0	0	0	40	5	1	0	0	0
	C06	Malignant neoplasm of other and unspecified parts of mouth	0	0	0	523	75	0	9	1	0
	C07	Malignant neoplasm of parotid gland	0	0	0	21	5	0	0	0	0
	C08	Malignant neoplasm of other and unspecified major salivary glands	0	2	0	18	2	0	0	0	0
	C09	Malignant neoplasm of tonsil	0	0	0	57	4	2	0	0	0
	C10	Malignant neoplasm of oropharynx	0	0	0	114	41	1	1	1	0
	C11	Malignant neoplasm of nasopharynx	0	0	0	102	49	1	3	0	1
	C12	Malignant neoplasm of pyriform sinus	0	0	0	46	8	0	0	0	0
	C13	Malignant neoplasm of hypopharynx	0	0	0	38	45	7	3	0	0
23	C15 - C26	Malignant neoplasms of digestive organs	0	0	0	402	300	0	16	14	0
	C15	Malignant neoplasm of oesophagus	0	0	0	352	287	0	16	7	0
	C16	Malignant neoplasm of stomach	0	0	0	438	211	1	9	5	0
	C17	Malignant neoplasm of small intestine	0	0	0	30	27	2	1	0	0
	C18	Malignant neoplasm of colon	0	0	0	607	320	1	9	6	0
	C19	Malignant neoplasm of rectosigmoid junction	0	0	0	61	49	1	2	1	0
	C20	Malignant neoplasm of rectum	0	0	0	474	190	14	5	1	0
	C21	Malignant neoplasm of anus and anal canal	0	0	0	40	13	0	1	1	0
	C22	Malignant neoplasm of liver and intrahepatic	0	0	0	563	189	13	25	6	2

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
		bile ducts									
	C23	Malignant neoplasm of gallbladder	0	0	0	277	444	0	3	11	0
	C24	Malignant neoplasm of other and Unspecified parts of biliary tract	0	0	0	154	79	0	1	2	1
	C25	Malignant neoplasm of pancreas	0	0	0	399	266	0	10	9	0
24	C30 - C39	Maligant neoplasm of respiratory and intrathoracic organs	0	0	0	113	44	0	3	1	0
	C30	Malignant neoplasm of nasal cavity and middle ear	0	0	0	25	9	1	0	1	0
	C32	Malignant neoplasm of larynx	0	0	0	222	43	1	4	0	0
25	C40 - C41	Maligant neoplasm of bone and articular cartilage	0	0	0	25	6	12	0	0	0
	C40	Malignant neoplasm of bone and articular cartilage of limbs	0	0	0	59	30	50	1	0	0
	C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	0	0	0	81	67	98	0	0	0
26	C43 - C44	Melanoma and other malignant neoplasms of skin	0	0	0	8	10	0	0	0	0
	C43	Malignant melanoma of skin	0	0	0	9	8	0	1	0	0
	C44	Other malignant neoplasms of skin	0	0	0	25	20	2	1	1	0
27	C45-C49	Malignant neoplasms of mesothelial and soft tissue	0	0	0	23	24	3	0	0	0
	C45	Mesothelioma	0	0	0	20	0	0	0	0	0
	C48	Malignant neoplasm of retroperitoneum and peritoneum	0	0	0	30	64	1	0	0	0
28	C50	Malignant neoplasm of breast	0	0	0	0	298	0	0	6	0
	C50	Malignant neoplasm of breast	0	1	0	0	4850	0	0	29	0
29	C51 - C58	Malignant neoplasms of female genital organs	0	0	0	0	259	0	0	6	0
	C51	Malignant neoplasm of vulva	0	0	0	2	16	0	0	1	0
	C52	Malignant neoplasm of vagina	0	0	0	0	14	0	0	0	0
	C53	Malignant neoplasm of cervix uteri	0	13	0	0	563	0	0	5	0
	C54	Malignant neoplasm of corpus uteri	0	0	0	0	488	0	0	9	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	C55	Malignant neoplasm of uterus,part unspecified	0	0	0	0	17	0	0	1	0
	C56	Malignant neoplasm of ovary	0	0	0	0	1326	0	0	14	0
	C57	Malignant neoplasm of other and unspecified female genital organs	0	0	0	0	51	0	0	1	0
30	C60 - C63	Malignant neoplasm of male genital organs	0	0	0	80	0	0	4	0	0
	C60	Malignant neoplasm of penis	0	0	0	20	2	0	1	0	0
	C61	Malignant neoplasm of prostate	0	0	0	884	3	0	8	0	0
	C62	Malignant neoplasm of testis	0	0	0	48	0	4	1	0	0
31	C64 - C68	Malignant neoplasm of urinary tract	0	0	0	46	19	2	2	1	0
	C64	Malignant neoplasm of kidney, except renal pelvis	0	0	0	274	116	83	2	0	0
	C67	Malignant neoplasm of bladder	2	0	0	217	83	0	5	3	0
	C68	Malignant neoplasm of other and unspecified urinary organs	0	0	0	53	40	0	1	0	0
32	C69 - C72	Malignant neoplasms of eye,brain and other parts of central nervous system	0	0	0	20	20	2	1	0	0
	C70	Malignant neoplasm of meninges	0	0	0	3	17	3	0	0	0
	C71	Malignant neoplasm of brain	0	0	0	115	93	50	3	2	0
	C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	0	0	0	9	18	14	0	0	0
33	C73 - C75	Malignant neoplasms of thyroid and other endocrine glands	0	0	0	30	28	6	2	8	0
	C73	Malignant neoplasm of thyroid gland	0	0	0	32	93	1	0	0	0
	C74	Malignant neoplasm of adrenal gland	0	0	0	6	10	33	0	1	0
	C75	Malignant neoplasm of other endocrine glands and related structures	0	0	0	38	29	0	0	1	0
34	C76 - C80	Malignant neoplasms of ill defined, secondary and unspecified sites	0	0	0	379	355	4	13	17	0
	C76	Malignant neoplasm of other and ill-defined	0	0	0	41	29	4	0	0	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
		sites									
	C77	Secondary and unspecified malignant neoplasm of lymph nodes	0	0	0	10	9	2	0	0	0
	C78	Secondary malignant neoplasm of respiratory and digestive organs	0	0	0	607	440	6	12	15	0
	C79	Secondary malignant neoplasm of other sites	0	0	0	357	496	13	13	19	1
	C80	Malignant neoplasm without specification of sites	0	0	0	53	49	2	1	3	0
35	C81 - C96	Malignant neoplasms of lymphoid, haematopoietic and related tissue	0	0	0	326	204	80	7	9	0
	C81	Hodgkin's disease	0	0	0	55	47	31	1	2	0
	C82	Follicular (nodular) non-Hodgkin"s lymphoma	0	0	0	28	27	0	0	0	0
	C83	Diffuse non-Hodgkin's lymphoma	0	0	0	238	109	9	7	4	0
	C84	Peripheral and cutaneous T- cell lymphomas	0	0	0	11	10	2	1	1	0
	C85	Other and unspecified types of non-Hodgkin's lymphoma	0	0	0	410	209	47	2	4	0
	C88	Malignant immunoproliferative diseases	0	0	0	83	43	0	0	0	0
	C90	Multiple myeloma and malignant plasma cell neoplasms	0	0	0	582	500	1	6	6	0
	C91	Lymphoid leukaemia	0	0	0	258	175	298	7	5	1
	C92	Myeloid leukaemia	0	0	0	244	262	73	7	11	0
	C94	Other leukaemias of specified cell type	0	0	0	13	19	0	0	0	0
	C95	Leukaemia of unspecified cell type	0	0	0	14	14	12	1	0	2
	D05	Carcinoma in situ of breast	0	0	0	12	16	0	0	0	0
	D06	Carcinoma in situ of cervix uteri	0	0	0	0	5	0	0	1	0
	D07	Carcinoma in situ of other and unspecified genital organs	0	0	0	12	16	9	1	0	0
38	D10 - D36	Benign neoplasms	0	0	0	29	90	4	0	0	0
	D11	Benign neoplasm of major salivary glands	0	0	0	10	7	2	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	D12	Benign neoplasm of colon, rectum, anus and anal canal	0	0	0	58	44	7	1	0	0
	D13	Benign neoplasm of other and ill-defined parts of digestive system	0	0	0	14	9	1	0	0	0
	D16	Benign neoplasm of bone and articular cartilage	0	0	0	17	15	7	0	0	0
	D17	Benign lipomatous neoplasm	260	118	27	37	23	6	0	0	0
	D18	Haemangioma and lymphangioma, any site	2	0	0	31	25	76	0	0	0
	D19	Benign neoplasm of mesothelial tissue	0	0	0	180	326	8	7	7	0
	D21	Other benign neoplasms of connective and other soft tissue	0	0	0	22	80	4	1	0	0
	D22	Melanocytic naevi	0	0	0	12	38	1	0	0	0
	D23	Other benign neoplasms of skin	0	0	0	20	84	1	0	1	0
	D24	Benign neoplasm of breast	1	97	0	113	345	4	5	13	0
	D25	Leiomyoma of uterus	0	432	0	4	545	0	0	1	0
	D26	Other benign neoplasms of uterus	0	0	0	1	7	0	0	0	0
	D27	Benign neoplasm of ovary	0	0	0	12	85	126	1	0	0
	D30	Benign neoplasm of urinary organs	0	0	0	21	31	2	1	1	0
	D31	Benign neoplasm of eye and adnexa	0	0	0	1	5	22	0	0	0
	D32	Benign neoplasm of meninges	0	0	0	26	35	0	1	1	0
	D33	Benign neoplasm of brain and other parts of central nervous system	0	0	0	33	33	8	3	0	0
	D35	Benign neoplasm of other and unspecified endocrine glands	0	0	0	30	33	0	0	0	0
	D36	Benign neoplasm of other and unspecified sites	0	0	0	17	20	20	0	0	1
39	D37-D48	Neoplasms of uncertain or unknown behaviour	0	0	0	123	93	9	0	0	0
	D37	Neoplasms of uncertain or unknown behaviour of oral cavity and digestive organs	0	0	0	33	26	1	1	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	D38	Neoplasms of uncertain or unknown behaviour of middle ear and respiratory and intrathoracic organs	0	0	0	33	16	1	0	0	0
	D40	Neoplasms of uncertain or unknown behaviour of male genital organs	0	0	0	25	23	0	4	2	0
	D41	Neoplasms of uncertain or unknown behaviour of urinary organs	0	0	0	108	45	71	0	0	1
	D42	Neoplasms of uncertain or unknown behaviour of meninges	0	0	0	11	19	1	1	1	0
	D43	Neoplasms of uncertain or unknown behaviour of brain and central nervous system	0	0	0	43	109	4	2	0	0
	D44	Neoplasms of uncertain or unknown behaviour of endocrine glands	0	0	0	29	21	3	2	1	0
	D45	Polycythaemia vera	0	0	0	16	11	42	1	0	3
	D46	Myelodysplastic syndromes	0	0	0	131	38	1	2	1	0
	D47	Other neoplasms of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue	0	0	0	6	14	1	1	0	0
	D48	Neoplasm of uncertain or unknown behaviour of other and unspecified sites	0	0	0	53	50	6	0	0	0
40	D50-D53	Nutritional anaemias	0	0	0	36	56	1	0	1	0
	D50	Iron deficiency anaemia	445	643	82	496	617	156	9	6	1
	D51	Vitamin B 12 deficiency anaemia	204	117	25	73	61	13	0	4	0
	D52	Folate deficiency anaemia	4	3	0	6	9	0	0	0	0
	D53	Other nutritional anaemias	124	308	3	66	45	38	1	0	0
41	D55 - D59	Haemolytic anaemias	0	0	0	12	9	27	1	0	0
	D55	Anaemia due to enzyme disorders	0	0	0	9	6	8	0	0	0
	D56	Thalassaemia	0	0	0	304	154	1023	0	1	1
	D57	Sickle cell disorders	0	0	0	5	10	19	0	2	0
	D59	Acquired haemolytic anaemia	0	0	0	12	16	15	1	1	1
42	D60 – D64	Aplastic and other anaemias	0	0	0	40	93	27	0	4	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	D61	Other aplastic anaemia	0	0	0	123	124	79	6	8	4
	D63*	Anaemia in chronic diseases classified elsewhere	2	10	0	28	37	9	0	2	0
	D64	Other anaemias	1	1	0	592	725	677	29	14	34
43	D65 - D69	Coagulation defects, purpura and other haemorrhagic conditions	0	0	0	21	30	12	1	0	1
	D65	Disseminated intravascular coagulation (defibrination syndrome)	0	0	0	11	13	5	3	0	37
	D66	Hereditary factor VIII deficiency	0	0	0	2676	50	850	0	0	0
	D67	Hereditary factor IX deficiency	0	0	0	142	7	96	0	0	0
	D68	Other coagulation defects	0	0	0	91	65	47	14	8	0
	D69	Purpura and other haemorrhagic conditions	0	0	0	256	203	68	13	14	15
	D70	Agranulocytosis	0	0	0	22	24	7	1	0	0
	D72	Other disorders of white blood cells	0	0	0	15	11	4	0	0	0
	D73	Diseases of spleen	0	0	0	19	24	6	1	3	0
	D75	Other diseases of blood and blood-forming organs	0	0	0	19	32	3	0	1	0
	D76	Certain diseases involving lymphoreticular tissue and reticulohistiocytic system	0	0	0	8	8	14	1	0	1
	D81	Combined immunodeficiencies	0	0	0	22	22	12	3	4	0
	D82	Immunodeficiency associated with other major defects	0	0	0	18	11	5	0	0	0
	D83	Common variable immunodeficiency	0	0	0	1	2	7	0	0	0
	D84	Other immunodeficiencies	0	0	0	3	2	3	0	0	0
	D86	Sarcoidosis	0	0	0	18	17	7	0	0	0
	D89	Other disorders involving the immune mechanism, not elsewhere classified	0	0	0	36	41	9	2	6	0
46	E00 - E07	Disorders of thyroid gland	0	0	0	5	22	0	0	0	0
	E01	Iodine-deficiency-related thyroid disorders and allied conditions	7	11	0	8	5	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	E02	Subclinical iodine-deficiency hypothyroidism	28	74	0	10	5	1	0	0	0
	E03	Other hypothyroidism	462	730	3	663	1578	24	12	26	1
	E04	Other nontoxic goitre	0	1	0	38	140	9	0	0	0
	E05	Thyrotoxicosis (hyperthyroidism)	62	109	1	18	20	4	0	1	0
	E06	Thyroiditis	34	65	0	2	11	5	0	0	0
	E07	Other disorders of thyroid	0	4	0	1	7	31	0	0	0
47	E10 - E14	Diabetes mellitus	0	0	0	21	24	27	0	0	0
	E10	Insulin-dependent diabetes mellitus	836	125	2	208	104	58	2	3	0
	E11	Non-insulin-dependent diabetes mellitus	6148	1953	1	4643	2995	8	145	92	3
	E13	Other specified diabetes mellitus	25	2	0	2	3	4	0	0	0
	E14	Unspecified diabetes mellitus	0	4	0	178	98	3	4	1	0
48	E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	0	0	0	35	47	0	0	3	0
	E15	Nondiabetic hypoglycaemic coma	0	0	0	12	2	1	2	0	0
	E16	Other disorders of pancreatic internal secretion	0	0	0	119	103	22	9	7	2
49	E20 - E35	Disorder of other endocrine glands	0	0	0	4	13	0	1	2	0
	E20	Hypoparathyroidism	46	0	0	5	3	5	3	4	0
	E21	Hyperparathyroidism and other disorders of parathyroid gland	28	3	0	20	33	0	1	0	0
	E22	Hyperfunction of pituitary gland	0	0	0	17	10	0	0	0	0
	E25	Adrenogenital disorders	0	0	0	7	21	4	1	1	0
	E27	Other disorders of Adrenal gland	0	0	0	10	11	5	0	0	2
	E28	Ovarian dysfunction	0	380	0	1	13	0	0	1	0
	E29	Testicular dysfunction	0	0	0	21	20	1	3	2	0
	E30	Disorders of puberty, not elsewhere classified	5	23	0	0	2	1	0	0	0
	E34	Other endocrine disorders	0	0	0	2	0	16	0	0	0
	E40	Kwashiorkor	1	3	8	0	2	3	0	0	0
	E41	Nutritional marasmus	16	14	1	2	5	3	0	0	1
	E43	Unspecified severe protein-energy malnutritiion	1	3	11	0	1	293	0	0	13

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	E44	Protein-energy malnutrition of moderate and mild degree	0	0	56	1	2	39	0	0	1
	E46	Unspecified protein-energy malnutrition	1	4	6	13	20	5	1	0	0
	E50	Vitamin A deficiency	165	47	24	5	8	13	0	0	0
	E51	Thiamine deficiency	17	8	0	2	0	1	0	0	0
	E53	Deficiency of other B group vitamins	15	16	0	75	62	214	0	0	0
	E54	Ascorbic acid deficiency	18	19	3	17	15	0	0	0	1
	E55	Vitamin D deficiency	413	284	16	204	93	269	0	0	3
	E56	Other vitamin deficiencies	0	0	0	4	5	3	0	0	1
	E58	Dietary calcium deficiency	122	132	11	1	1	0	0	0	0
52	E65 - E68	Obesity and other hyperalimentation	0	0	0	16	12	1	0	0	0
	E66	Obesity	4	4	0	75	119	1	2	0	0
	E67	Other hyperalimentation	0	0	0	11	15	0	0	1	0
	E68	Sequelae of hyperalimentation	0	0	0	34	21	0	0	0	0
53	E70 - E90	Metabolic disorders	0	0	0	42	41	4	2	2	0
	E70	Disorders of aromatic amino-acid metabolism	3	1	2	7	10	3	0	0	0
	E71	Disorders of branched-chain amino-acid metabolism and fatty acid metabolism	0	0	0	9	12	8	0	0	0
	E72	Other disorders of amino acid metabolism	0	0	0	12	7	3	1	0	0
	E73	Lactose intolerance	0	0	0	0	4	13	1	0	1
	E74	Other disorders of carbohydrate metabolism	0	0	0	10	5	9	0	0	0
	E75	Disorders of sphingolipid metabolism and other lipid storage disorders	0	0	0	17	21	3	0	0	0
	E78	Disorders of lipoprotein metabolism and other lipidaemias	22	13	0	103	73	20	0	0	0
	E79	Disorders of purine and pyrimidine metabolism	0	0	0	25	29	0	0	0	0
	E80	Disorders of porphyrin and bilirubin metabolism	19	0	0	30	45	8	2	2	0
	E83	Disorders of mineral metabolism	0	1	0	52	65	168	3	4	1

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	E85	Amyloidosis	3	35	0	16	28	3	0	1	0
	E86	Volume depletion	0	0	0	691	851	2590	10	6	19
	E87	Other disorders of fluid, electrolyte and acid-base balance	0	0	0	889	782	73	99	74	12
	E88	Other metabolic disorders	0	0	0	63	58	8	15	7	1
	F03	Unspecified dementia	7	0	0	38	22	3	2	0	0
	F04	Organic amnesic syndrome, not induced by alchohol and other psychoactive substances	0	0	0	6	23	2	4	9	0
	F05	Delirium,not induced by alcohol and other psychoactive substances	0	0	0	7	9	0	0	0	0
	F06	Other mental disorders due to brain damage and dysfunction and to physical disease	0	0	0	8	12	0	0	0	0
	F09	Unspecified organic or symptomatic mental disorder	0	0	0	15	20	0	0	0	0
55	F10 - F19	Mental and behavioural disorders due to psychoactive substance use	0	0	0	2	6	1	0	0	0
	F10	Mental and behavioural disorders due to use of alcohol	1136	4	0	76	5	0	1	2	0
	F11	Mental and behavioural disorders due to use of opioids	1194	0	0	30	1	0	0	0	0
	F12	Mental and behavioural disorders due to use of cannabinoids	356	0	0	60	129	1	6	14	0
	F13	Mental and behavioural disorders due to use of sedatives or hypnotics	0	0	0	7	6	0	0	0	0
	F15	Mental and behavioural disorders due to use of other stimulants, including caffeine	0	0	0	101	67	5	1	2	0
	F16	Mental and behavioural disorders due to use of hallucinogens	0	0	0	33	24	2	1	2	0
	F17	Mental and behavioural disorders due to use of tobacco	2	2	0	13	1	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	12	0	0	2	3	0	0	0	0
	F20	Schiezophrenia	149	67	0	92	8	1	0	0	0
	F23	Acute and transient psychotic disorders	76	15	0	7	9	1	0	0	0
	F25	Schizoaffective disorders	98	0	0	80	37	3	2	0	0
	F28	Other nonorganic psychotic disorders	31	8	0	1	0	0	0	0	0
	F29	Unspecified nonorganic psychosis	62	59	0	13	11	3	0	0	0
57	F30 - F39	Mood (affective) disorders	0	0	0	19	30	8	0	4	0
	F30	Manic episode	128	24	4	37	5	1	0	0	1
	F31	Bipolar affective disorder	144	81	0	47	24	1	0	0	0
	F32	Depressive episode	878	202	0	81	20	2	0	0	0
	F33	Recurrent depressive disorder	78	0	0	29	10	0	0	0	0
	F38	Other mood [affective] disorders	287	0	0	40	10	0	0	0	0
	F39	Unspecified mood (affective) disorder	199	3	0	57	23	0	0	0	0
	F40	Phobic anxiety disorders	232	172	6	1	3	0	0	0	0
	F41	Other anxiety disorders	139	216	5	20	35	1	0	1	0
	F42	Obsessive - compulsive disorder	106	71	0	4	3	1	0	1	0
	F43	Reaction to severe stress, and adjustment disorders	36	157	0	6	3	3	0	0	0
	F44	Dissociative [conversion] disorders	20	22	0	10	16	4	0	0	0
	F45	Somatoform disorders	24	40	0	2	2	2	0	0	0
	F48	Other neurotic disorders	207	0	0	41	10	1	0	0	0
	F51	Nonorganic sleep disorders	86	89	3	0	1	0	0	0	0
	F52	Sexual dysfunction , not caused by organic disorder or disease	17	0	0	0	1	0	0	0	0
61	F70 - F79	Mental retardation	0	0	0	6	2	2	0	0	0
	F70	Mild mental retardation	37	26	21	7	14	1	0	0	0
	F79	Unspecified mental retardation	1	0	2	14	3	0	0	0	0
	F84	Pervasive developmental disorders	2	2	52	2	0	10	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	F88	Other disorders of psychological development	0	0	0	18	4	49	0	0	10
	F90	Hyperkinetic disorders	4	1	13	5	5	1	0	0	0
	F91	Conduct disorders	339	1	4	64	1	2	0	0	0
	F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	4	1	20	3	2	4	0	0	0
64	F99	Unspecified mental disorder	21	0	0	9	1	1	0	0	0
	F99	Mental disorder, not otherwise specified	163	0	0	66	1	1	0	0	0
65	G00-G09	Inflammatory diseases of the central nervous system	0	0	0	18	13	13	0	2	0
	G00	Bacterial meningitis, not elsewhere classified	0	0	0	12	9	12	3	1	0
	G02*	Meningitis in other infectious and parasitic diseases classified elsewhere	0	0	0	4	1	168	0	1	1
	G03	Meningitis due to other and unspecified causes	1	0	0	18	19	142	2	2	24
	G04	Encephalitis, myelitis and encephalomyelitis	7	6	0	82	48	82	0	0	36
	G06	Intracranial and intraspinal abscess and granuloma	0	0	0	11	5	12	1	0	1
	G11	Hereditary ataxia	0	0	0	11	14	2	0	0	0
	G12	Spinal muscular atrophy and related syndromes	0	0	0	22	8	0	0	1	1
67	G20 - G26	Extrapyramidal and movement disorders	0	0	0	26	29	0	0	0	0
	G20	Parkinson's disease	16	1	0	174	78	0	6	5	1
	G22*	Parkinsonism in diseases classified elsewhere	0	0	0	9	19	0	0	0	0
	G23	Other degenarative diseases of basal ganglia	0	0	0	12	10	1	1	0	0
	G24	Dystonia	0	0	0	10	9	3	0	0	1
	G25	Other extrapyramidal and movement disorders	0	0	0	8	4	11	0	0	0
	G30	Alzheimer's disease	5	4	1	19	13	1	1	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	G31	Other degenerative diseases of nervous system, not elsewhere classified	0	0	0	15	7	10	1	0	0
	G35	Multiple sclerosis	0	0	0	24	52	4	0	0	1
	G37	Other demyelinating diseases of central nervous system	0	0	0	26	54	4	0	0	0
70	G40 - G47	Episodic and paroxysmal disorders	0	0	0	51	34	27	0	0	1
	G40	Epilepsy	414	44	5	316	160	1481	4	11	15
	G41	Status epilepticus	0	0	0	7	9	7	1	1	0
	G43	Migraine	527	313	7	48	46	1	0	0	0
	G44	Other headache syndromes	1788	320	5	83	26	1	1	0	0
	G45	Transient cerebral ischaemic attacks and related syndromes	0	0	0	173	111	1	2	2	0
	G46*	Vascular syndromes of brain in cerebrovascular disease	0	0	0	3	12	0	0	0	0
	G47	Sleep disorders	2066	3	0	104	53	3	1	0	0
71	G50 - G59	Nerve, nerve root and plexus disorders	0	0	0	16	21	1	0	0	0
	G50	Disorders of trigeminal nerve	0	0	0	17	24	0	0	0	1
	G51	Facial nerve disorders	0	0	0	33	26	2	0	0	0
	G52	Disorders of other cranial nerves	0	0	0	3	5	1	0	0	0
	G54	Nerve root and plexus disorders	0	0	0	6	5	1	1	0	0
	G56	Mononeuropathies of upper limb	0	0	0	27	54	0	0	0	0
	G57	Mononeuropathies of lower limb	0	0	0	5	10	1	0	0	0
	G58	Other mononeuropathies	0	0	0	23	29	0	0	0	0
72	G60 - G64	Polyneuropathies and other disorders of the peripheral nervous system	0	0	0	114	189	26	9	10	0
	G60	Hereditary and idiopathic neuropathy	0	0	0	21	16	21	1	0	0
	G61	Inflammatory polyneuropathy	0	0	0	65	46	36	2	3	0
	G62	Other polyneuropathies	0	0	0	75	46	5	1	1	0
73	G70 - G73	Diseases of myoneural junction and muscle	0	0	0	5	19	3	0	0	0
	G70	Myasthenia gravis and other myoneural disorders	0	0	0	32	35	4	0	0	1

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	G71	Primary disorders of muscles	0	0	0	8	6	16	1	0	1
	G72	Other myopathies	0	0	0	5	6	3	0	1	1
74	G80 - G83	Cerebral palsy and other paralytic syndromes	0	0	0	47	31	1	0	0	0
	G80	Infantile cerebral palsy	0	0	0	27	37	38	0	0	8
	G81	Hemiplegia	6	13	0	145	104	14	1	1	0
	G82	Paraplegia and tetraplegia	0	0	0	81	52	8	1	0	1
	G83	Other paralytic syndromes	0	0	0	24	17	5	0	0	0
75	G90 - G99	Other disorders of the nervous system	0	0	0	128	102	13	3	3	1
	G91	Hydrocephalus	0	0	0	53	40	20	3	2	5
	G93	Other disorders of brain	0	0	0	598	526	43	40	29	12
	G95	Other diseases of spinal cord	0	0	0	45	28	3	0	0	0
	G96	Other disorders of central nervous system	0	0	0	25	63	3	0	0	0
	G97	Postprocedural disorders of nervous system, not elsewhere classified	0	0	0	38	33	7	2	3	0
	G99*	Other disorders of nervous system in diseases classified elsewhere	0	0	0	3	53	1	0	0	0
	H00	Hordeolum and chalazion	84	65	22	0	6	5	0	0	0
	H01	Other infammation of eyelid	54	0	0	0	2	2	0	0	0
	H02	Other disorders of eyelid	20	0	0	7	11	2	0	0	0
	H04	Disorders of lacrimal system	4	2	2	6	19	24	0	0	0
	H05	Disorders of orbit	0	0	0	5	13	2	0	0	0
	H10	Conjunctivitis	510	246	72	20	2	7	0	0	0
	H11	Other disorders of conjunctiva	28	3	0	4	4	0	0	0	0
	H15	Disorders of sclera	17	22	1	7	2	1	0	0	0
	H16	Keratitis	23	12	2	2	0	0	0	0	0
	H17	Corneal scars and opacities	4	2	0	2	0	0	0	0	0
79	H25 - H28	Disorders of lens	0	0	0	114	142	2	0	0	0
	H25	Senile cataract	265	47	0	128	115	0	0	0	0
	H26	Other cataract	159	0	0	248	257	4	0	0	0
	H27	Other disorders of lens	23	0	0	23	1	0	0	0	0
80	H30 - H36	Disorders of choroid and retina	0	0	0	9	3	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
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	H32*	Chorioretinal disorders in diseases classified elsewhere	0	0	0	12	6	1	0	0	0
	H34	Retinal vascular occlusions	0	0	0	10	2	1	0	0	0
	H35	Other retinal disorders	18	31	0	53	15	2	0	1	0
	H36*	Retinal disorders in diseases classified elsewhere	0	0	0	5	4	1	0	0	0
81	H40 - H42	Glaucoma	0	0	0	7	0	3	0	0	0
	H40	Glaucoma	134	5	0	9	4	0	0	0	0
	H42*	Glaucoma in diseases classified elsewhere	0	0	0	16	2	0	0	0	0
	H43	Disorders of vitreous body	17	24	1	5	1	0	0	0	0
	H45*	Disorders of vitreous body and globe in diseases classified elsewhere	0	0	0	85	0	0	0	0	0
	H46	Optic neuritis	3	1	0	32	25	8	0	0	0
	H47	Other disorders of optic(2nd) nerve and visual pathways	0	0	0	46	3	15	0	0	13
	H48*	Disorders of optic (2nd) nerve and visual pathways in diseases classified elsewhere	0	0	0	102	2	0	0	0	0
84	H49 - H52	Disorders of ocular muscles, binocular movement, accommodation and refraction	0	0	0	12	1	0	0	0	0
	H49	Paralytic strabismus	0	0	0	12	2	4	0	0	0
	H50	Other strabismus	1	0	0	12	1	35	0	0	0
	H52	Disorders of refraction and accomodation	399	211	38	2	2	1	0	0	0
	H53	Visual disturbances	1459	16	4	58	14	1	0	0	0
	H54	Blindness and low vision	44	0	0	6	0	0	0	0	1
	H58*	Other disorders of eye and adnexa in diseases classified elsewhere	0	0	0	15	0	0	0	0	0
87	H60 - H62	Diseases of external ear	0	0	0	9	2	1	0	0	0
	H60	Otitis externa	372	44	19	8	5	1	0	0	0
	H61	Other disorders of external ear	138	0	0	6	4	4	0	0	0
	H62*	Disorders of external ear in diseases classified elsewhere	26	1	0	4	1	0	0	0	0
88	H65 - H75	Diseases of middle ear and mastoid	0	0	0	83	31	10	0	0	0

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	H65	Nonsuppurative otitis media	254	44	13	145	63	6	1	0	0
	H66	Suppurative and unspecified otitis media	48	21	18	157	147	88	0	0	0
	H68	Eustachian salpingitis and obstruction	29	34	3	3	1	0	0	0	0
	H69	Other disorders of Eustachian tube	70	15	5	0	0	61	0	0	5
	H70	Mastoiditis and related conditions	3	4	0	18	9	6	0	1	0
	H71	Cholesteatoma of middle ear	0	0	0	2	2	22	0	0	2
	H72	Perforation of tympanic membrane	101	83	7	9	8	15	1	0	0
	H80	Otosclerosis	10	4	0	7	9	3	0	0	2
	H81	Disorders of vestibular function	33	86	2	86	149	4	0	0	3
	H82*	Vertiginous syndromes in diseases classified elsewhere	0	0	0	0	0	16	0	0	0
	H90	Conductive and sensorineural hearing loss	148	38	4	38	18	6	0	0	1
	H91	Other hearing loss	24	17	4	34	12	18	0	0	1
	H92	Otalgia and effusion of ear	346	57	22	21	6	0	0	0	1
	H93	Other disorders of ear, not elsewhere classified	61	46	2	3	3	1	0	0	0
	H94*	Other disorders of ear in diseasees classified elsewhere	60	0	0	0	2	0	0	0	0
	I05	Rheumatic mitral valve diseases	0	1	0	96	74	11	1	5	0
	I06	Rheumatic aortic valve diseases	7	0	0	14	10	2	0	1	0
	I07	Rheumatic tricuspid valve diseases	0	0	0	49	53	15	0	2	0
	I08	Multiple valve diseases	0	0	0	4	6	1	0	0	0
	I09	Other rheumatic heart diseases	8	0	0	46	75	6	2	3	0
93	I10 - I15	Hypertensive diseases	0	0	0	51	69	1	0	0	0
	I10	Essential (primary) hypertension	6261	1161	1	5302	3732	17	108	104	4
	I11	Hypertensive heart disease	1120	88	0	35	11	3	0	1	0
	I12	Hypetensive renal disease	96	0	0	15	2	3	1	1	0
	I13	Hypertensive heart and renal disease	0	0	0	14	3	0	0	0	0
	I15	Secondary hypenrtension	15	0	0	7	6	9	0	0	1
94	I20 - I25	Ischaemic heart diseases	0	0	0	810	300	1	36	11	0

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	I20	Angina pectoris	6	0	0	993	481	4	14	7	0
	I21	Acute myocardial infarction	0	1	0	702	215	2	26	17	5
	I22	Subsequent myocardial infarction	0	0	0	137	44	1	12	2	0
	I24	Other acute ischaemic heart disease	0	0	0	1712	596	0	39	19	0
	I25	Chronic ischaemic heart disease	375	11	0	4754	1629	4	147	57	2
95	I26 - I28	Pulmonary heart disease and diseases of pulmonary circulation	0	0	0	12	10	2	1	1	0
	I26	Pulmonary embolism	0	0	0	49	36	4	3	2	2
	I27	Other pulmonary heart diseases	55	0	0	72	83	21	8	4	2
96	I30 - I52	Other forms of heart disease	0	0	0	119	87	4	7	6	0
	I30	Acute pericarditis	0	0	0	8	1	1	0	0	0
	I31	Other diseases of pericardium	0	0	0	52	27	8	2	2	0
	I33	Acute and subacute endocarditis	0	0	0	25	10	13	1	0	0
	I34	Nonrheumatic mitral valve disorders	0	0	0	127	108	16	0	2	0
	I35	Nonrheumatic aortic valve disorders	0	0	0	166	109	15	3	6	0
	I38	Endocarditis , valve unspecified	0	0	0	6	5	0	2	0	0
	I42	Cardiomyopathy	14	0	0	311	242	11	19	13	4
	I44	Atrioventricular and left bundle-branch block	0	0	0	272	178	2	10	7	0
	I45	Other conduction disorders	0	0	0	61	32	6	1	1	0
	I46	Cardiac arrest	0	0	0	65	44	12	102	70	3
	I47	Paroxysmal tachycardia	0	0	0	243	187	24	22	5	1
	I48	Atrial fibrillation and flutter	0	0	0	436	370	4	29	34	0
	I49	Other cardiac arrhythmias	0	27	0	92	81	6	9	3	0
	I50	Heart failure	0	0	0	1390	760	59	58	37	20
	I51	Complications and ill defined descriptioins of heart disease	0	0	0	172	80	5	4	2	0
	I52*	Other heart disorders in diseases classified elsewhere	0	0	0	7	24	0	0	0	0
97	I60 - I69	Cerebrovascular diseases	0	0	0	274	129	3	16	7	0
	I60	Subarachnoid haemorrhage	67	7	0	121	67	2	3	2	0
	I61	Intracerebral haemorrhage	17	0	0	263	113	11	37	16	1

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	I62	Other nontraumatic intracranial haemorrhage	0	0	0	67	41	3	9	5	1
	I63	Cerebral infaraction	0	0	0	596	292	5	33	11	1
	I64	Stroke, not specified as haemorrhage or infarction	13	9	4	488	253	1	27	8	0
	I65	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infaraction	0	0	0	52	15	1	0	1	0
	I66	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infaraction	0	0	0	17	2	0	0	0	0
	I67	Other cerebrovascular diseases	0	0	0	97	107	4	2	1	0
	I68*	Cerebrovascular disorders in diseases classified elsewhere	27	0	0	19	2	1	0	0	0
	I69	Sequelae of cerebrovascular disease	0	0	0	58	33	6	4	2	0
98	I70 - I79	Diseases of arteries, arterioles and capillaries	0	0	0	24	28	1	1	3	0
	I70	Atherosclerosis	0	0	0	33	27	1	0	2	0
	I71	Aortic aneurysm and dissection	0	0	0	47	25	2	4	4	0
	I72	Other aneurysm	0	0	0	23	38	0	1	3	0
	I73	Other peripheral vascular diseases	0	0	0	60	27	1	1	0	0
	I74	Arterial embolism and thrombosis	0	0	0	18	8	1	0	2	0
	I77	Other disorders of arteries and arterioles	0	0	0	37	26	37	0	0	2
	I78	Diseases of capillaries	0	0	0	16	17	5	0	0	0
99	I80 - I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	0	0	0	192	120	8	0	0	0
	I80	Phlebitis and thrombophlebitis	0	0	0	38	48	3	0	0	0
	I81	Portal vein thrombosis	17	0	0	28	22	13	0	1	0
	I82	Other venous embolism and thrombosis	0	0	0	64	38	107	3	3	6
	I83	Varicose veins of lower extremities	564	43	0	77	68	0	1	0	0
	I84	Haemorrhoids	1438	10	0	364	209	6	2	1	0
	I85	Oesophageal varices	6	0	0	641	115	31	39	6	0
	I86	Varicos veins of other sites	44	0	0	84	7	0	1	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	I87	Other disorders of veins	0	0	0	20	19	1	0	0	0
	I88	Nonspecific lymphadenitis	5	0	2	8	10	13	0	0	0
	I89	Other non infective disorders of lymphatic vessels and lymph nodes	0	0	0	26	30	11	3	2	0
100	I95 - I99	Other and unspecified disorders of the cirulatory system	0	0	0	47	13	1	1	5	0
	I95	Hypotension	188	14	0	75	62	4	2	2	0
	I98*	Other disorders of circulatory system in diseases classified elsewhere	0	0	0	16	11	3	0	0	0
	I99	Other unspecified disorders of circulatory system	0	0	0	52	9	4	1	1	0
101	J00 - J06	Acute upper respiratory infections	0	0	0	8	7	8	0	0	0
	J00	Acute nasopharyngitis	8128	989	438	24	5	0	0	0	0
	J01	Acute sinusitis	413	81	22	46	12	3	0	0	0
	J02	Acute pharyngitis	1555	342	312	11	15	9	0	0	0
	J03	Acute tonsillitis	119	89	207	36	11	57	0	0	3
	J04	`Acute laryngitis and tracheitis	69	21	3	4	6	6	0	0	0
	J05	Acute obstructive laryngitis(Croup) and epiglottitis	58	42	36	7	2	11	0	0	0
	J06	Acute upper respiratory infections of multiple or unspecified sites	1218	1727	3442	61	76	79	0	1	0
102	J10 - J18	Influenza and pneumonia	0	0	0	160	121	42	20	14	0
	J10	Influenza due to identified influenza virus	14	6	10	92	82	42	0	1	0
	J11	Infuenza, virus not identified	23	23	11	12	9	5	0	0	0
	J12	Viral pneumonia, not elsewhere classified	9	2	0	26	30	315	1	1	14
	J15	Bacterial pneumonia, not elsewhere classified	0	0	1	36	21	10	4	2	2
	J18	Pneumonia, organism unspecified	35	2	0	786	610	1201	101	70	98
103	J20 - J22	Other acute lower respiratory infections	0	0	0	319	319	153	16	11	1
	J20	Acute bronchitis	390	120	12	146	150	33	1	0	1
	J21	Acute bronchiolitis	0	0	0	45	25	412	0	1	4

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	J22	Unspecified acute lower respiratory infection	185	133	90	1583	1438	247	93	68	1
104	J30 - J39	Other diseases of upper respiratory tract	0	0	0	102	56	59	0	0	0
	J30	Vasomotor and allergic rhinitis	424	278	52	14	10	1	0	0	0
	J31	Chronic rhinitis, nasopharyngitis and pharyngitis	96	59	8	7	4	0	0	0	0
	J32	Chronic sinusitis	111	57	12	198	105	23	0	0	1
	J33	Nasal polyp	190	36	18	58	16	5	0	0	0
	J34	Other disorders of nose ans nasal sinuses	11	1	4	289	113	40	0	0	0
	J35	Chronic diseases of tonsils of adenoids	18	14	44	64	36	161	0	0	0
	J38	Disease of vocal cord and larynx, not elsewhere classified	9	8	4	73	32	6	1	1	0
	J39	Other diseases of upper respiratory tract	69	27	15	12	14	3	0	1	1
105	J40 - J47	Chronic lower respiratory diseases	0	0	0	72	67	7	1	0	0
	J40	Bronchitis, not specified as acute or chronic	409	74	5	32	49	6	4	9	0
	J41	Simple and mucopurulent chronic bronchitis	87	105	19	2	5	0	0	0	0
	J42	Unspecified chronic bronchitis	212	31	0	3	7	3	0	0	0
	J43	Emphysema	16	5	2	18	11	0	0	0	0
	J44	Other chronic obstructive pulmonary disease	448	271	1	879	508	5	44	15	3
	J45	Asthma	1868	558	65	243	313	185	5	7	0
	J46	Status asthmaticus	18	0	0	5	12	5	0	0	5
	J47	Bronchiectasis	87	0	0	30	47	3	0	0	0
106	J60 - J70	Lung disease due to external agents	0	0	0	14	18	0	4	8	0
	J62	Pneumoconiosis due to dust containing silica	16	15	9	2	1	0	0	0	0
	J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	0	0	0	6	13	2	0	2	0
	J69	Pneumonitis due to solids and liquid	0	0	0	113	71	11	19	13	7
107	J80 - J84	Other respiratory diseases principally affecting the	0	0	0	15	25	0	2	4	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
		interstitium									
	J80	Adult respiratory distress syndrome	9	0	0	103	93	17	23	15	28
	J81	Pulmonary oedema	0	0	0	44	43	3	2	5	1
	J86	Pyothorax	0	0	0	37	14	53	1	0	2
	J91*	Pleural effusion,in conditions classified elsewhere	0	0	0	29	16	3	5	2	0
	J93	Pneumothorax	0	0	0	44	30	8	5	3	5
	J94	Other pleural conditions	0	0	0	41	10	2	3	0	0
110	J95-J99	Other diseases of the respiratory system	0	0	0	9	5	7	1	0	1
	J96	Respiratory failure, not elsewhere classified	0	0	0	430	415	15	49	31	25
	J98	Other respiratory disorders	23	0	7	101	91	22	3	3	1
111	K00 - K14	Diseases of oral cavity, salivary glands and jaws	0	0	0	23	11	3	0	0	0
	K01	Embedded and impacted teeth	1076	0	0	76	3	0	0	0	0
	K02	Dental caries	5001	220	82	239	9	2	0	0	0
	K03	Other diseases of hard tissues of teeth	63	1	0	2	2	22	0	0	0
	K05	Gingivitis and periodontal diseases	1210	23	4	1	2	1	0	0	0
	K09	Cysts of oral region, not elsewhere classified	8	7	8	9	5	3	0	0	0
	K10	Other diseases of jaws	161	0	0	3	5	0	0	0	0
	K11	Diseases of salivary glands	0	0	2	24	26	12	0	0	0
	K12	Stomatitis and related lesions	342	109	46	19	17	10	0	0	1
	K13	Other diseases of lip and oral mucosa	210	0	0	25	10	23	0	0	0
	K20	Oesophagitis	36	56	0	30	16	17	1	1	1
	K21	Gastro - oesophageal reflux disease	1659	248	9	86	39	5	1	0	0
	K22	Other diseases of Oesophagus	41	7	0	124	64	80	2	0	0
	K25	Gastric ulcer	115	27	5	62	48	2	3	0	0
	K26	Duodenal ulcer	14	12	0	27	27	0	0	0	0
	K27	Peptic ulcer, site unspecified	4	4	0	12	16	18	0	1	0
	K28	Gastrojejunal ulcer	0	0	0	26	5	0	0	0	0
	K29	Gastritis and duodenitis	1415	670	514	634	791	89	6	3	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	K30	Dyspepsia	2205	696	64	23	10	2	0	1	0
	K31	Other diseases of stomach and duodenum	438	0	0	134	87	9	2	0	0
113	K35 - K38	Diseases of appendix	0	0	0	48	30	29	1	0	0
	K35	Acute appendicitis	64	0	0	286	137	99	11	2	4
	K37	Unspecified appendicitis	1	0	0	10	4	7	0	0	0
	K38	Other diseases of appendix	0	0	0	22	13	3	0	1	0
114	K40 - K46	Hernia	0	0	0	284	141	13	0	0	0
	K40	Inguinal hernia	768	11	3	869	60	206	2	1	0
	K41	Femoral hernia	0	0	0	3	3	13	0	0	0
	K42	Umbilical hernia	241	7	3	222	179	112	4	0	0
	K43	ventral hernia	0	0	0	222	377	9	0	3	0
	K44	Diaphragmatic hernia	0	0	0	972	1314	16	3	1	0
	K45	Other abdominal hernia	9	0	0	5	6	9	0	0	0
	K46	Unspecified abdominal hernia	61	0	0	18	10	2	1	0	0
115	K50 - K52	Noninfective enteritis and colitis	0	0	0	12	24	4	0	0	0
	K50	Crohn's disease (regional entertitis)	2	2	0	62	59	6	1	0	0
	K51	Ulcerative colitis	54	0	0	92	132	14	2	2	0
	K52	Other noninfective gastroenteritis and colitis	59	31	0	82	100	26	0	0	0
116	K55 - K63	Other diseases of intestines	0	0	0	263	118	17	1	0	0
	K55	Vascular disorders of intestine	69	36	9	28	12	5	1	1	2
	K56	Paralytic ileus and intestinal obstruction without hernia	0	0	0	332	269	142	13	13	3
	K57	Diverticular Disease of intestine	0	0	0	56	69	2	1	0	0
	K58	Irritable bowel syndrome	317	12	4	74	15	1	0	0	0
	K59	Other functional intestinal disorders	400	113	186	69	41	31	0	1	2
	K60	Fissure and fistula of anal and rectal regions	739	96	7	466	197	15	0	1	0
	K61	Abscess of anal and rectal regions	8	0	0	125	36	1	2	0	0
	K62	Other diseases of anus and rectum	381	219	8	86	80	98	2	3	0
	K63	Other diseases of intestine	109	11	0	193	142	22	4	3	2
117	K65 - K67	Diseases of peritoneum	0	0	0	5	9	6	0	0	0
	K65	Peritonitis	150	99	2	71	49	17	9	10	2
	K66	Other disorder of	0	0	0	11	19	1	1	1	2

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
		peritoneum									
118	K70 - K77	Diseases of liver	0	0	0	328	109	18	22	7	0
	K70	Alchoholic liver disease	287	0	0	485	26	3	18	1	0
	K71	Toxic liver disease	0	0	0	58	20	12	1	1	1
	K72	Hepatic failure, not elsewhere classified	0	0	0	451	131	32	70	14	17
	K73	Chronic hepatitis, not elsewhere classified	160	0	0	63	3	4	0	0	0
	K74	Fibrosis and cirrhosis of liver	35	0	0	408	150	8	10	4	1
	K75	Other inflammatory liver diseases	0	0	0	439	137	175	19	6	5
	K76	Other diseases of liver	578	201	9	2704	819	130	175	40	0
119	K80 - K87	Disorders of gallbladder, biliary tract and pancreas	0	0	0	474	753	24	3	2	1
	K80	Cholelithiasis	828	245	22	1552	2947	132	10	14	0
	K81	Cholecystitis	190	50	16	427	510	11	3	0	0
	K82	Other diseases of gallbladder	124	0	0	120	134	3	0	1	0
	K83	Other diseases of biliary tract	6	0	0	368	207	35	5	2	1
	K85	Acute pancreatitis	79	0	0	590	271	38	33	12	3
	K86	Other diseases of pancreas	17	0	0	191	61	8	6	0	0
120	K90 - K93	Other diseases of the digestive system	0	0	0	72	46	4	2	2	0
	K90	Intestinal malabsorption	4	0	5	23	9	27	0	1	0
	K91	Post procedural disorders of digestive system, not elsewhere classified	2	2	0	23	25	3	0	0	0
	K92	Other diseases of digestive system	0	0	1	386	181	36	19	12	0
121	L00 - L08	Infections of the skin and subcutaneous tissue	0	0	0	75	33	16	0	0	0
	L00	Staphylococcal scalded skin syndrome	0	0	0	0	0	1	1	0	0
	L01	Impetigo	62	4	10	3	1	0	0	0	0
	L02	Cutaneous abscess, furuncle and carbuncle	1590	77	27	96	75	87	0	1	0
	L03	Cellulitis	465	47	7	181	85	39	4	3	3
	L04	Acute lymphadenitis	77	26	20	3	4	3	0	0	0
	L05	Pilonidal cyst	50	0	0	111	19	19	0	0	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	L08	Other local infections of skin and subcutaneous tissue	813	39	29	7	5	3	1	0	0
	L10	Pemphigus	0	0	0	3	11	1	0	0	0
	L20	Atopic dermatitis	804	475	183	9	9	2	0	0	0
	L21	Seborrhoeic dermatitis	784	203	37	34	0	1	0	0	0
	L22	Diaper (napkin) dermatitis	3	14	10	0	0	1	0	0	0
	L23	Allergic contact dermatitis	721	399	26	13	3	1	0	0	0
	L24	Irritant contact dermatitis	6	18	2	0	0	0	0	0	0
	L25	Unspecified contact dermatitis	172	55	0	2	1	0	0	0	0
	L27	Dermatitis due to substances taken internally	4	27	0	2	0	2	0	0	0
	L28	Lichen simplex chronicus and prurigo	62	21	0	3	2	0	0	0	0
	L29	Pruritus	1282	648	249	32	6	1	0	0	0
	L30	Other dermatitis	1284	283	106	27	8	0	0	0	0
	L40	Psoriasis	831	255	49	32	10	1	0	0	0
	L42	Pityriasis rosea	26	31	5	1	1	0	0	0	0
	L43	Lichen planus	97	165	6	2	2	0	0	0	0
	L50	Urticaria	995	550	69	28	14	41	0	0	0
	L55	Sunburn	45	64	2	0	0	0	0	0	0
	L56	Other acute skin changes due to ultraviolet radiation	21	69	0	0	0	0	0	0	0
127	L60 - L75	Disorder of skin appendages	0	0	0	5	3	0	0	0	0
	L60	Nail disorders	308	112	13	38	2	2	0	0	0
	L62*	Nail disorders in diseases classified elsewhere	13	41	0	18	0	0	0	0	0
	L63	Alopecia areata	782	447	48	19	0	0	0	0	0
	L64	Androgenic alopecia	8	0	0	20	0	1	0	0	0
	L65	Other nonscarring hair loss	161	70	0	1	0	0	0	0	0
	L66	Cicatricial alopecia (scarring hair loss)	20	0	0	1	0	0	0	0	0
	L67	Hair colour and hair shaft abnormalities	125	97	11	0	0	0	0	0	0
	L68	Hypertrichosis	28	34	2	0	0	0	0	0	0
	L70	Acne	1293	553	34	15	1	0	0	0	0
	L71	Rosacea	11	17	0	0	0	0	0	0	0
	L72	Follicular cysts of skin and subcutaneous tissue	17	46	11	39	20	13	0	0	0

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	L73	Other follicular disorders	21	0	0	7	2	3	0	0	0
128	L80 - L99	Other disorders of the skin and subcutaneous tissue	0	0	0	35	20	1	1	0	0
	L80	Vitiligo	763	390	150	19	2	0	0	0	0
	L81	Other disorders of pigmentation	298	452	55	3	0	1	0	0	0
	L82	Seborrhoeic keratosis	25	18	2	0	2	0	0	0	0
	L83	Acanthisis nigricans	98	4	0	0	0	0	0	0	0
	L84	Corns and callosities	265	70	10	2	1	1	0	0	0
	L85	Other epidermal thickening	6	7	0	1	2	0	0	0	0
	L89	Decubitus ulcer	4	9	0	38	31	2	6	6	0
	L90	Atrophic disorders of skin	0	2	0	9	25	10	0	0	0
	L91	Hypertrophic disorders of skin	127	112	2	6	3	3	0	0	0
	L92	Granulomatous disoders of skin and subcutaneous tissue	0	0	0	10	7	2	0	0	0
	L93	Lupus erythematosus	0	0	0	2	2	18	0	1	0
	L97	Ulcer of lower limb,not elsewhere classified	5	0	0	79	25	0	1	0	0
	L98	Other disorders of the skin and subcutaneous tissue, not elsewhere classified	2	7	0	15	19	3	0	0	0
	M00	Pyogenic arthritis	0	0	0	2	3	20	0	0	0
130	M05 - M14	Inflammatory polyarthropathies	0	0	0	87	210	0	0	0	0
	M05	Seropositive rheumatoid arthritis	47	95	2	2	22	0	0	2	0
	M06	Other rheumatoid arthritis	0	0	0	43	148	0	2	4	0
	M08	Juvenile arthritis	14	37	4	0	2	11	0	0	0
	M10	Gout	303	111	5	19	2	0	0	0	0
	M13	Other arthritis	869	797	168	118	231	0	0	0	0
131	M15 - M19	Arthrosis	0	0	0	117	337	0	0	0	0
	M15	Polyarthrosis	844	973	10	3	15	0	0	0	0
	M16	Coxarthrosis (arthrosis of hips)	33	36	2	39	22	0	0	0	0
	M17	Gonarthrosis (arthrosis of Knee)	119	178	3	408	1058	1	0	0	0
	M19	Other arthrosis	267	10	0	12	31	0	0	1	0
132	M20 - M25	Other joint disorder	0	0	0	7	6	7	0	0	0
	M20	Acquired deformities of fingers and toes	48	0	0	12	13	0	0	0	0
	M21	Other acquired deformities of limbs	33	0	1	158	347	72	0	0	0

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	M23	Internal derangement of knee	35	56	0	19	10	1	0	0	0
	M24	Other specific joint derangements	0	0	0	36	24	27	0	0	0
	M25	Other joint disorders, not elsewhere classified	134	121	2	61	33	18	0	0	0
133	M30 - M36	Systemic connective tissue disorders	0	0	0	3	11	3	0	0	0
	M31	Other necrotizing vasculopathies	0	0	0	7	15	1	0	0	0
	M32	Systemic lupus erythematosus	0	0	0	5	33	5	0	0	0
	M34	Systemic sclerosis	0	0	0	2	11	2	1	0	0
	M35	Other systemic involvement of connective tissue	0	0	0	26	46	0	13	11	6
134	M40 - M43	Deforming dorsopathies	0	0	0	4	7	2	0	0	0
	M40	Kyphosis and lordosis	145	0	0	1	5	0	0	0	0
	M41	Scoliosis	0	0	0	1	14	3	0	1	0
	M43	Other deforming dorsopathies	0	0	0	28	53	3	0	0	0
135	M45 - M49	Spondylopathies	0	0	0	42	56	1	0	0	0
	M45	Ankylosing spondylitis	224	31	0	27	8	0	0	0	0
	M46	Other inflammatory spondylopathies	42	66	0	15	10	0	0	0	0
	M47	Spondylosis	268	281	1	42	72	0	0	0	0
	M48	Other spondylopathies	160	0	0	130	139	2	0	0	0
136	M50 - M54	Other dorsopathies	0	0	0	97	86	0	0	0	0
	M50	Cervical disc disorders	179	40	1	43	15	0	1	1	0
	M51	Other intervertebral disc disorders	37	35	1	273	206	6	0	1	0
	M53	Other dorsopathies, not elsewhere classified	168	215	0	3	2	1	0	0	0
	M54	Dorsalgia	505	756	22	88	117	3	1	0	0
	M60	Myositis	0	0	0	10	8	22	0	0	0
	M62	Other disorders of muscle	3	18	2	17	14	8	0	0	0
138	M65 - M68	Disorders of synovium and tendon	0	0	0	5	4	0	0	0	0
	M65	Synovitis and tenosysnovitis	0	0	0	13	21	4	0	0	0
	M67	Other disorders of synvium and tendon	38	47	1	10	8	1	0	0	0
139	M70 - M79	Other soft tissue disorders	0	0	0	30	31	2	0	0	0
	M70	Soft tissue disorders related to use, overuse and pressure	0	0	0	10	3	2	0	0	0
	M72	Fibroblastic disorders	25	49	0	27	7	9	6	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	M73*	Soft tissue disorders in diseases classified elsewhere	12	0	0	8	1	0	0	0	0
	M75	Shoulder leisons	81	83	0	61	70	1	0	0	0
	M76	Enthesopathies of lower limb, excluding foot	0	0	0	3	1	26	0	0	0
	M77	Other enthesopathies	16	37	3	0	5	0	0	0	0
	M79	Other soft tissue disorders, not elsewhere classified	51	49	8	37	43	10	0	0	1
	M81	Osteoporosis without pathological fracture	211	52	0	12	40	2	0	0	0
	M85	Other disorders of bone density and structure	0	0	0	11	5	18	0	0	0
141	M86 - M90	Other osteopathies	0	0	0	14	4	2	0	0	0
	M86	Osteomyelitis	0	0	0	25	11	12	0	1	0
	M87	Osteonecrosis	0	0	0	39	16	2	0	0	0
	M89	Other disorders of bone	0	0	0	14	10	8	0	0	0
	M90*	Osteopathies in diseases classified elsewhere	0	0	0	1	0	67	0	0	0
143	M95-M99	Other disorders of the musculoskeletal system and connective tissue	0	0	0	13	6	1	0	0	0
	M95	Other acquired deformities of musculoskeletal system and connective tissue	0	0	0	33	23	3	0	0	0
144	N00 - N08	Glomerular diseases	0	0	0	377	164	7	15	11	0
	N03	Chronic nephritic syndrome	0	0	0	358	156	5	15	11	0
	N04	Nephrotic syndrome	10	3	7	34	14	348	1	0	5
	N05	Unspecified nephritic syndrome	0	0	2	34	18	4	0	1	0
145	N10 - N16	Renal tubulo-interstitial diseases	0	0	0	49	39	4	2	0	0
	N10	Acute tubulo-interstitial nephritis	0	0	0	38	42	1	2	0	0
	N11	Chronic tubulo-interstitial nephritis	0	0	0	9	11	5	0	0	0
	N12	Tubulo-interstitial nephritis, not specified as acute or chronic	0	0	0	78	77	0	2	0	0
	N13	Obstructive and reflex uropathy	62	83	6	320	183	144	3	1	2
	N14	Drug-and heavy-metal-induced tublo – interstital and tubular conditions.	5	0	1	13	7	1	2	0	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	N15	Other renal tubulo-interstital diseases	0	0	0	281	178	4	2	0	0
146	N17 - N19	Renal failure	0	0	0	66	22	1	4	0	0
	N17	Acute renal failure	0	0	0	872	410	41	139	70	45
	N18	Chronic renal failure	84	46	0	1669	846	578	103	60	6
	N19	Unspecified renal failure	16	0	0	19	5	4	1	1	0
147	N20 - N23	Urolithiasis	0	0	0	185	95	5	0	0	0
	N20	Calculus of kidney and ureter	1040	480	17	750	377	41	2	0	0
	N21	Calulus of lower urinary tract	4	0	0	32	6	10	0	0	0
	N23	Unspecified renal colic	31	3	1	7	2	0	0	0	0
148	N25 - N29	Other disorders of kidney and ureter	0	0	0	26	23	2	0	0	0
	N28	Other disorders of kidney and ureter, not elsewhere classified	67	43	9	898	707	6	15	7	0
149	N30 - N39	Other diseases of urinary system	0	0	0	126	126	20	0	4	0
	N30	Cystitis	193	49	8	115	42	3	2	0	0
	N31	Neuro muscular dysfunction of bladder, not elsewhere classified	0	0	0	11	3	10	0	0	0
	N32	Other disorders of bladder	0	0	0	181	18	2	1	2	0
	N34	Urethritis and urethral syndrome	14	39	6	4	3	1	0	0	0
	N35	Urethral stricture	144	0	0	291	38	22	0	0	1
	N36	Other disorders of urethra	0	0	0	9	3	6	1	0	0
	N39	Other disorders of urinary system	206	370	63	991	1171	126	32	32	1
150	N40 - N51	Diseases of male genital organs	0	0	0	269	1	26	0	1	0
	N40	Hyperplasia of prostate	527	204	2	1124	1	1	13	0	0
	N41	Inflammatory diseases of prostate	33	0	0	51	0	1	0	0	0
	N43	Hydrocele and spermatocele	226	4	7	123	0	27	0	0	0
	N44	Torsion of testis	0	0	0	16	1	11	0	0	0
	N45	Orchitis and epididymitis	27	0	0	55	1	2	0	0	0
	N46	Male infertility	84	0	0	7	0	0	0	0	0
	N47	Redundant prepuce, phimosis and paraphimosis	11	2	2	135	0	42	0	0	0
	N48	Other disorders of penis	0	0	0	108	2	10	0	0	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	N49	Inflammatory disorders o male genital organs, not elsewhere classified	0	0	0	40	3	1	1	1	1
	N50	Other disorders of male genital organs	0	0	0	25	0	1	0	0	0
	N51*	Disorders of male genital organs in diseases classified elsewhere	60	0	0	0	0	1	0	0	0
151	N60 - N64	Disorders of breast	0	0	0	0	57	0	0	0	0
	N60	Benign mammary dysplasia	0	57	0	0	29	0	0	0	0
	N61	Inflammatory disorders of breast	0	79	0	0	47	0	0	0	0
	N62	Hypertrophy of breast	0	0	0	0	48	0	0	0	0
	N63	Unspecified lump in breast	0	1	0	0	134	0	0	0	0
	N64	Other disorders of breast	0	10	0	0	17	0	0	0	0
152	N70 - N77	Inflammatory diseases of female pelvic organs	0	0	0	0	15	0	0	0	0
	N70	Salpingitis and oophoritis	0	100	0	0	35	0	0	0	0
	N71	Inflammatory diseases of uterus, except cervix	0	142	0	0	7	0	0	0	0
	N72	Inflammatory diseases of cervix uteri	0	183	0	0	20	0	0	0	0
	N73	Other female pelvic inflammatory diseases	0	123	0	0	20	1	0	0	0
	N75	Diseases of Bartholin's gland	0	3	0	0	24	0	0	0	0
	N76	Other inflammation of vagina and vulva	0	190	0	0	11	0	0	0	0
	N77*	Vulvovaginal ulceration and inflammation in diseases classified elsewhere	0	95	2	0	5	0	0	0	0
153	N80 - N98	Non inflammatory disorders of female genital tract	0	0	0	0	395	0	0	0	0
	N80	Endometriosis	0	2	0	0	484	0	0	0	0
	N81	female genital prolapse	0	32	0	0	236	0	0	0	0
	N82	Fistulae involving female genital tract	0	0	0	0	20	0	0	0	0
	N83	Nonimflmmatory disorders of ovary, fallopian tube and broad ligament	0	108	0	0	276	0	0	1	0

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			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	N84	Polyp of female genital tract	0	60	0	0	74	0	0	0	0
	N85	Other noninflammatory disorders of uterus except cervix	0	6	0	0	194	0	0	0	0
	N87	Dysplasia of cervix uteri	0	0	0	0	8	0	0	0	0
	N88	Other noninflammatory disorders of cervix uetrui	0	0	0	0	17	0	0	0	0
	N89	Other noninflammatory disorders of vagina	0	7	0	0	14	0	0	0	0
	N90	Other noninflammatory disorders of vulva and perineum	0	0	0	0	10	0	0	0	0
	N91	Absent, scanty and rare menstruation	0	574	0	0	12	0	0	0	0
	N92	Excessive, frequent and irregular menstruation	0	764	0	0	128	0	0	0	0
	N93	Other abnormal uterine and vaginal bleeding	0	16	0	0	1005	0	0	0	0
	N94	Pain and other conditions associated with female genital organs and menstual cycle	0	320	0	0	101	0	0	0	0
	N95	Menopausal and other perimenopausal disorders	0	41	0	0	270	0	0	0	0
	N96	Habitual aborter	0	10	0	0	0	0	0	0	0
	N97	Female infertility	0	190	0	0	34	0	0	0	0
155	O00 - O08	Pregnancy with abortive outcome	0	0	0	0	127	0	0	0	0
	O00	Ectopic pregnancy	0	0	0	0	107	0	0	0	0
	O02	Other abnormal products of conception	0	0	0	0	181	0	0	0	0
	O03	Spontaneous abortion	0	11	0	0	91	0	0	0	0
	O04	Medical abortion	0	0	0	0	73	0	0	0	0
	O05	Other abortion	0	6	0	0	6	0	0	0	0
	O06	Unspecified abortion	0	1	0	0	64	0	0	0	0
	O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	14	0	0	1	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	O13	Gestational (pregnancy - induced) hypertension without significant proteinuria	0	1	0	0	59	0	0	0	0
	O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	0	0	0	32	0	0	0	0
	O16	Unspecified maternal hypertension	0	0	0	0	26	0	0	0	0
157	O20 - O29	Other maternal disorders predominantly related to pregnancy	0	0	0	0	12	0	0	0	0
	O20	Haemorrhage in early pregnancy	0	0	0	0	26	0	0	0	0
	O21	Excessive vomiting in pregnancy	0	0	0	0	35	0	0	0	0
	O24	Diabetes mellitus in pregnancy	0	0	0	0	222	0	0	0	0
	O26	Maternal care for other conditions predominantly related to pregnancy	0	0	0	0	229	0	0	0	0
158	O30 - O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems	0	0	0	0	40	0	0	0	0
	O30	Multiple gestation	0	0	0	0	62	0	0	0	0
	O32	Maternal care for known or suspected malpresentaion of fetus	0	0	0	0	34	0	0	0	0
	O33	Maternal care for known or suspected disproportion	0	0	0	0	37	0	0	0	0
	O34	Maternal care for known or suspected abnormality of pelvic organs	0	0	0	0	430	0	0	0	0
	O36	Maternal care for other known or suspected fetal problems	0	0	0	0	221	0	0	0	0
	O40	Polyhydramnios	0	0	0	0	30	0	0	0	0
	O41	Other disorders of amniotic fluid and membrane	0	1	0	0	76	0	0	0	0
	O42	Premature rupture of membranes	0	0	0	0	102	0	0	0	0
	O43	Placental disorders	0	0	0	0	7	0	0	0	0
	O44	Placenta praevia	0	0	0	0	17	0	0	0	0
	O47	False labour	0	0	0	0	30	0	0	0	0
159	O60 - O75	Complications of labour and delivery	0	0	0	0	3	0	0	0	0
	O60	Pretern delivery	0	0	0	0	37	0	0	0	0

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	O62	Abnormalities of forces of labour	0	0	0	0	10	0	0	0	0
	O63	Long labour	0	0	0	0	28	0	0	0	0
	O64	Obstructed labour due to malposition and malpresentation of fetus	0	0	0	0	11	0	0	0	0
	O65	Obstructed labour due to maternal pelvic abonormality	0	0	0	0	20	0	0	0	0
	O68	Labour and delivery complicated by fetal stress (distress)	0	0	0	0	70	0	0	0	0
	O69	Labour and delivery complicatied by umbilical cord complications	0	0	0	0	19	0	0	0	0
	O72	Postpartum haemorrhage	0	0	0	0	119	0	0	0	0
	O73	Retained placeta and membranes, without haemorrhage	0	0	0	0	10	0	0	0	0
	O75	Other complications of labour and delivery, not elsewhere classified	0	0	0	0	41	0	0	0	0
160	O80 - O84	Delivery	0	0	0	0	634	0	0	0	0
	O80	Single spontaneous delivery	0	0	0	0	3523	0	0	0	0
	O82	Single delivery by caesarean section	0	0	0	0	2004	0	0	0	0
	O84	Multiple delivery	0	0	0	0	74	0	0	0	0
	O98	maternal infectious and parasitic diseases classifiable elsewhere but complicating pregency,childbirth and the puerperium	0	0	0	0	56	0	0	0	0
	O99	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	0	0	91	0	0	0	0
163	P00 - P04	Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery	0	0	0	0	0	16	0	0	9
	P03	Fetus and newborn affected by other complications of labour and delivery	0	0	0	0	0	1373	0	0	1
	P05	Slow fetal growth and fetal malnutrition	0	0	0	0	0	951	0	0	38

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	P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	0	0	0	0	1375	0	0	104
	P08	Disorders related to long gestation and high birth weight	0	0	0	0	0	178	0	0	18
	P12	Birth injury to scalp	0	0	0	0	0	16	0	0	2
	P13	Birth injury to skeleton	0	0	0	0	0	13	0	0	0
	P21	Birth asphyxia	0	0	0	0	0	88	0	0	51
	P22	Respiratory distress of newborn	0	0	0	0	0	551	0	0	58
	P23	Congenital pneumonia	0	0	0	0	0	8	0	0	1
	P24	Neonatal aspiration syndromes	0	0	0	0	0	36	0	0	14
	P28	Other respiratory conditions originating in the perinatal period	0	0	0	0	0	30	0	0	2
	P29	Cardiovascular disorders originating in the perinatal period	0	0	0	0	0	16	0	0	16
	P36	Bacterial sepsis of newborn	0	0	0	0	0	356	0	0	151
168	P50 - P61	Haemorrhagic and haematological disorders of fetus and newborn	0	0	0	0	0	79	0	0	0
	P52	Intracranial nontraumatic haemorrhage of fetus and newborn	0	0	0	0	0	11	0	0	1
	P54	Other neonatal haemorrhages	0	0	1	0	0	26	0	0	0
	P55	Haemolytic disease of fetus and newborn	0	0	0	0	0	83	0	0	2
	P59	Neonatal jaundice from other and unspecified causes	0	0	0	0	0	900	0	0	7
	P61	Other perinatal haematological disorders	0	0	0	0	0	22	0	0	3
	P70	Transitory disorders of carbohydrate metabolism specific to fetus and newborn	0	0	0	0	0	397	0	0	3
	P71	Transitory neonatal disorders of calcium and megnesium matabolism	0	0	0	0	0	19	0	0	1
	P78	Other perinatal digestive system disorders	0	0	0	0	0	40	0	0	3
	P91	Other duisturbances of cerebral status of new born	0	0	0	0	0	94	0	0	53

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	P92	Feeding problems of newborn	0	0	0	0	0	14	0	0	1
	P96	Other conditions originating in the perinatal period	0	0	0	0	0	112	0	0	2
	Q00	Anencephaly and similar malformations	0	0	34	0	0	2	0	0	1
	Q02	Microcephaly	0	0	0	0	0	33	0	0	1
	Q03	Congenital hydrocephalus	0	0	0	0	0	10	0	0	0
	Q05	Spina bifida	0	0	0	0	0	16	0	0	2
174	Q10 - Q18	Congenital malformations of eye,ear, face and neck	0	0	0	0	0	1	0	0	0
	Q10	Congenital malformations of eyelid, lacrimal apparatus and orbit	0	0	0	0	2	15	0	0	1
	Q12	Congenital lens malformations	0	0	0	2	0	23	0	0	0
	Q15	Other congenital malformations of eye	0	0	0	0	0	18	0	0	1
	Q17	Other congenital malformations of ear	0	0	0	5	3	12	0	0	1
	Q18	Other Congenital malformations of face and neck	0	0	0	8	5	26	0	0	1
	Q20	Congenital malformations of cardiac chambers and connections	0	0	0	0	2	36	0	0	1
	Q21	Congenital malformations of caridac septa	0	0	0	25	43	219	4	3	13
	Q22	Congenital malformations of pulmonary and tricuspid valves	0	0	0	1	1	21	0	0	0
	Q23	Congenital malformations of aortic and mitral valves	0	0	0	5	1	36	0	0	1
	Q24	Other congenital malformations of the heart	0	0	0	18	26	223	2	2	18
	Q25	Congenital malformations of great arteries	0	0	0	10	8	81	1	1	3
	Q27	Other Congenital malformations of peripheral vascular system	0	0	0	35	39	31	0	0	0
	Q28	Other Congenital malformations of circulatory system	0	0	0	7	4	1	0	0	0

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	Q30	Congenital malformations of nose	0	0	0	5	8	2	0	0	0
	Q31	Congenital malformations of larynx	0	0	0	1	2	24	0	0	1
	Q35	Cleft palate	0	0	0	17	14	55	0	0	0
	Q36	Cleft lip	0	0	0	44	46	64	0	0	0
	Q37	Cleft palate with cleft lip	0	0	0	17	10	36	0	0	0
	Q38	Other congenital malformations of tongue,mouth and pharynx	0	0	0	15	2	67	0	0	0
	Q39	congenital malformations of oesophagus	0	0	0	7	2	15	1	0	4
	Q40	Other congenital malformations of upper alimentary tract	0	0	0	16	11	16	1	1	1
	Q41	congenital absence, atresia and stenosis of small intestine	0	0	0	4	1	14	0	0	1
	Q42	congenital absence, atresia and stenosis of large intestine	0	0	0	1	1	30	0	0	6
	Q43	Other congenital malformations of intestine	0	0	0	5	3	156	0	0	3
	Q44	Congenital malformations of gallbladder, bile ducts and liver	0	0	0	18	20	33	0	1	2
179	Q50 - Q56	Congential malformations of genital organs	0	0	0	1	1	12	0	0	0
	Q51	Congential malformations of uterus and cervix	0	0	0	0	13	0	0	0	0
	Q53	Undescended testicle	0	0	0	33	0	72	0	0	0
	Q54	Hypospadias	0	0	0	19	0	226	0	0	0
	Q61	Cystic kidney disease	0	0	0	13	9	7	0	0	1
	Q62	Congenital obstructive defects of renal pelvis and congenital malformations of ureter	0	0	0	6	0	20	0	0	1
	Q63	Other Congenital malformations of kidney	0	0	0	7	8	6	0	0	0
	Q64	Other congenital malformations of urinary system	0	0	0	7	2	120	0	0	1
	Q65	Congenital deformities of hip	0	0	0	1	3	28	0	0	0
	Q66	Congenital deformities of feet	0	0	0	4	3	44	0	0	0

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	Q68	Other Congenital musculoskeletal deformities	0	0	0	1	2	20	0	0	0
	Q69	Polydactyly	0	0	0	3	2	15	0	0	1
	Q70	Syndactyly	0	0	0	1	0	24	0	0	0
	Q74	Other congenital malformations of limb(s)	0	0	0	3	0	7	0	0	0
	Q75	Other congenital malformations of skull and face bones	0	0	0	0	2	10	0	0	0
	Q78	Other osteochndrodysplasias	0	0	0	0	0	42	0	0	0
	Q79	Congenital malformations of musculoskeletal system, not elsewhere classified	0	0	0	3	2	15	0	0	5
	Q89	Other congenital malformations, not elsewhere classified	0	0	0	3	9	30	0	0	1
	Q90	Down's syndrome	0	0	0	2	1	43	0	0	5
184	R00 - R09	Symptoms and signs involving the circulatory and respiratory systems	0	0	0	54	27	9	0	0	0
	R00	Abnormalities of heart beat	52	55	15	53	47	2	1	0	0
	R02	Gangrene, not elsewhere classified	1	0	0	28	8	2	0	0	0
	R03	Abnormal blood-pressure reading, without diagnosis	203	9	0	1	3	2	0	0	0
	R04	Haemorrhage from respiratory passages	12	5	0	142	84	27	1	3	27
	R05	Cough	5868	1852	691	7	3	1	0	0	0
	R06	Abnormalities of breathing	1154	706	7	107	90	126	4	2	3
	R07	Pain in throat and chest	1105	567	14	157	84	3	0	1	0
	R09	Other symptoms and signs involving the circulatory and respiratory system	2	12	0	7	3	4	0	0	0
185	R10 - R19	Symptoms and signs involving the digestive system and abdomen	0	0	0	41	58	29	0	0	0
	R10	Abdominal and pelvic pain	3395	3228	595	216	363	68	3	3	0
	R11	Nausea and vomiting	1343	422	122	69	75	16	0	0	0
	R12	Heartburn	1965	318	24	0	0	0	0	0	0
	R13	Dysphagia	43	10	0	40	17	2	0	0	0
	R14	Flatulence and related conditions	531	147	2	1	2	5	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	R16	Hepatomegaly and splenomegaly,not elsewhere classified	31	3	0	47	42	21	1	0	2
	R17	Unspecified jaundice	3	6	29	276	52	3	28	4	0
	R18	Ascites	4	1	0	596	176	8	42	6	0
	R19	Other symptoms and signs involving the digestive system and abdomen	326	140	42	33	22	8	1	1	2
186	R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	0	0	0	45	42	7	0	0	0
	R21	Rash and other nonspecific skin eruption	4	32	2	4	5	3	0	0	0
	R22	Localized swelling , mass and lump of skin and subcutenious tissue	1	1	0	113	99	19	0	0	0
	R23	Other skin changes	6	0	0	1	0	7	1	0	0
187	R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	0	0	0	9	2	4	0	0	0
	R25	Abnormal involuntary movements	0	0	0	4	5	6	0	0	0
	R27	Other lack of coordination	0	0	0	7	2	11	0	0	0
188	R30 - R39	Symptoms and signs involving the urinary system	0	0	0	24	9	8	0	0	0
	R30	Pain associated with micturition	1095	0	2	2	2	1	0	0	0
	R31	Unspecified haematuria	10	0	0	103	57	11	3	1	0
	R32	Unspecified urinary incontinence	20	0	0	4	9	1	0	0	0
	R33	Retention of urine	21	0	0	47	10	12	1	0	0
	R35	Polyuria	213	2	0	1	1	2	0	0	0
	R36	Urethral discharge	27	0	1	1	1	0	0	0	0
	R39	Other Symptoms and signs involving the urinary system	0	30	0	5	5	5	0	0	0
189	R40 - R46	Symptoms and signs involving cognition, perception, emotional state and behaviour	0	0	0	31	31	1	0	0	0
	R41	Other Symptoms and signs involving cognitive functions and awareness	1	0	0	32	21	4	2	4	0
	R42	Dizziness and giddiness	755	137	3	161	239	2	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
190	R47-R49	Symptoms and signs involving speech and voice	0	0	0	12	5	0	0	0	0
	R47	Speech Disturbances, not elsewhere classified	21	0	0	27	14	5	0	0	0
191	R50 - R69	General symptoms and signs	0	0	0	207	178	181	2	1	0
	R50	Fever of unknown origin	5002	1866	1144	586	435	363	6	5	3
	R51	Headache	6679	459	57	131	110	13	0	0	1
	R52	Pain, not elsewhere classified	1501	348	50	3	1	1	0	0	0
	R53	Malaise and fatigue	4749	369	43	23	24	1	0	0	0
	R55	Syncope and collapse	86	0	0	234	111	7	1	0	0
	R56	Convulsions, not elsewhere classified	120	13	2	370	281	282	0	3	0
	R57	Shock, not elsewhere classified	10	0	0	255	168	20	120	82	42
	R59	Enlarged lymph nodes	97	0	5	152	98	18	0	1	0
	R60	Oedema, not elsewhere classified	12	0	0	22	13	6	1	1	1
	R61	Hyperhidrosis	0	0	0	4	1	0	0	0	0
	R62	Lack of expected normal physiological devlopment	0	0	6	8	3	40	1	1	10
	R63	Symptoms and signs concerning food and fluid intake	1	2	5	12	14	38	1	0	3
	R64	Cachexia	56	0	0	23	3	0	0	0	0
	R68	Other general symptoms and signs	1810	0	2	219	35	11	0	1	1
	R73	Elevated blood glucose level	63	0	0	74	71	0	1	1	1
	R74	Abnormal serum enzyme levels	0	0	0	106	59	6	3	2	1
	R75	Laboratory evidence of human immunodeficiency virus(HIV)	28	5	0	0	0	0	0	0	0
	R79	Other abnormal findings of blood chemistry	11	5	0	12	2	1	0	0	1
	R80	Isolated proteinuria	9	0	0	91	45	2	0	0	0
	R82	Other abnormal findings of urine	26	0	0	4	1	0	0	0	0
	R87	Abnormal findings in specimens from famale genital organs	0	0	0	2	27	0	0	0	0
	R90	Abnormal findings on diagnostic imaging of central nervous system	0	0	0	6	10	1	0	0	0
	R91	Abnormal findings on diagnostic imaging of lung	0	0	0	30	17	1	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	R93	Abnormal findings on diagnostic imaging of other body structure	0	0	0	3	24	0	0	0	0
197	S00 - S09	Injuries to the head	0	0	0	35	13	17	2	1	0
	S00	Superficial injury of head	208	86	9	27	4	0	0	0	0
	S01	Open wound of head	16	0	0	28	12	13	0	0	0
	S02	Fracture of skull and facial bones	0	0	0	126	32	18	0	0	0
	S05	Injury of eye and orbit	44	0	0	21	1	0	0	0	0
	S06	Intracranial injury	0	0	1	191	61	8	15	4	1
	S09	Other and unspecified injuries of head	9	3	5	82	30	20	2	0	0
198	S10 - S19	Injuries to the neck	0	0	0	11	1	1	0	0	0
	S10	Superficial injury of neck	11	0	0	1	0	0	0	0	0
	S12	Fracture of neck	0	0	0	15	3	0	1	0	0
	S14	Injury of nerves and spinal cord at neck level	0	0	0	17	1	0	1	0	0
199	S20 - S29	Injuries to the thorax	0	0	0	6	10	0	0	0	0
	S20	Superficial injury of the thorax	41	0	0	4	1	0	0	0	0
	S22	Fracture of ribs(s), sternum and thoracic spine	0	0	0	60	30	1	1	0	0
200	S30 - S39	Injuiries to the abdomen, lower back, lumbar spine and pelvis	0	0	0	15	19	5	0	0	0
	S30	Superficial injury of abdomen, lower back and pelvis	60	0	0	21	2	2	1	0	0
	S32	Fracture of lumbar spine and pelvis	0	0	0	52	56	2	0	1	0
	S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	208	139	9	0	1	0	0	0	0
	S36	Injury of intra-abdominal organs	0	0	0	29	13	2	0	0	0
	S37	Inury of pelvic organs	0	0	0	98	55	6	5	6	0
	S39	Other and unspecified injuries of abdomen, lower back and pelvis	1	0	0	18	2	9	0	0	0
201	S40 - S49	Injuries to the shoulder and upper arm	0	0	0	32	20	9	0	0	0
	S40	Superficial injury of shoulder and upper arm	204	13	0	30	0	0	0	0	0
	S42	Fracture of shoulder and upper arm	20	0	0	169	104	45	1	1	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	S43	Dislocation,sprain and strain of joints and ligaments of shoulder girdle	98	214	9	20	6	0	0	0	0
	S45	Injury of blood vessels at shoulder and upper arm level	19	10	0	0	0	1	0	0	0
202	S50 - S59	Injuries to the elbow and forearm	0	0	0	29	22	11	0	0	0
	S50	Superficial injury of forearm	187	10	3	2	0	0	0	0	0
	S51	Open wound of forearm	19	0	0	4	2	1	0	0	0
	S52	Fracture of forearm	24	0	0	161	119	29	0	0	0
	S53	Dislocation,sprain and strain of joints and ligaments of elbow	39	50	0	10	6	1	0	0	0
	S59	Other and unspecified injuries of forearm	40	7	0	6	3	2	0	0	0
203	S60 - S69	Injuries to the wrist and hand	0	0	0	32	8	6	0	0	0
	S60	Superficial injury of wrist and hand	437	223	47	4	0	4	0	0	0
	S61	Open wound of wrist and hand	142	95	25	14	3	2	0	0	0
	S62	Fracture of wrist and hand level	28	7	0	84	20	2	0	0	0
	S63	Dislocation,sprain and strain of joints and ligaments at wrist and hand level	119	84	14	34	13	0	0	0	0
	S67	Crushing injury of wrist and hand	2	0	0	32	9	5	0	0	0
	S69	Other and unspecified injuries of wrist and hand	6	2	0	30	14	7	0	0	0
204	S70 - S79	Injuries to the hip and thigh	0	0	0	63	79	1	0	1	0
	S72	Fracture of femur	0	0	0	253	282	13	1	2	1
	S79	Other and unspecified injuries of hip and thigh	10	0	0	2	0	0	0	0	0
205	S80 - S89	Injiuries to the knee and lower leg	0	0	0	100	63	10	0	0	0
	S80	Superficial injury of lower leg	284	90	11	35	1	1	0	0	0
	S81	Open wound of lower leg	312	40	28	49	8	0	0	0	0
	S82	Fracture of lower leg, including ankle	126	0	0	283	132	1	0	0	0
	S83	Dislocation,sprain and strain of joints and ligaments of knee	180	526	17	170	62	10	1	0	0
	S85	Injury of blood vassals at lower leg level	33	0	0	14	0	0	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	S89	Other and unspecified injuries of lower leg	94	17	16	2	5	2	0	0	0
206	S90 - S99	Injuries to the ankle and foot	0	0	0	19	7	3	0	0	0
	S90	Superficial injury of ankle and foot	334	152	21	6	0	4	1	0	0
	S91	Open wound of ankle and foot	125	32	18	26	7	4	0	0	0
	S92	Fracture of foot, except ankle	18	0	0	57	18	2	0	0	0
	S93	Dislocation, Sprain and strain of joints and ligaments at ankle and foot level	75	516	8	25	21	0	0	0	0
	S99	Other and unspecified injuries of ankle and foot	49	6	8	9	4	2	0	0	0
	T00	Superficial injuries involving muliple body regions	108	0	0	1	0	0	0	0	0
	T01	Open wounds involving multiple body regions	35	0	0	6	2	1	0	0	0
	T07	Unspecified multiple injuries	18	29	4	19	4	1	2	0	0
208	T08 - T14	Injuries to unspecified part of trunk, limb or body region	0	0	0	6	1	0	0	0	0
	T08	Fracture of spine, level unspecified	0	0	0	6	6	0	0	0	0
	T09	Other Injuries of spine and trunk,level unspecified	48	0	0	2	1	0	0	0	0
	T14	Injury of unspecified body region	438	129	7	53	25	4	0	1	0
	T17	Foreign body in respiratory tract	0	0	0	1	2	12	0	0	0
	T18	Foreign body in alimentary tract	4	0	0	8	7	18	0	0	0
	T20	Burn and corrosion of head and neck	0	0	0	1	4	9	0	0	0
	T31	Burns classified according to extent of body surface involved	2	2	0	5	3	24	0	0	2
	T50	Poisoning by diuretic and other and unspecified drugs, medicaments and biological substances	0	0	0	21	14	11	0	0	0
215	T51 - T65	Toxic effect of substances chiefly nonmedicinal as to source	0	0	0	7	4	4	4	0	0
	T52	Toxic effect of organic solvents	0	0	0	3	1	14	0	0	0
	T54	Toxic effect of corrosive substances	0	0	0	10	7	16	1	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	T59	Toxic effect of other gases, fumes and vapours	0	0	0	7	7	1	2	0	0
	T60	Toxic effect of pesticides	0	0	0	7	2	4	1	0	1
	T65	Toxic effect of other and unspecified substances	0	0	0	13	10	4	2	0	0
	T78	Adverse effects, not elsewhere classified	39	18	3	10	10	2	0	0	0
217	T79	Certain early complications of trauma	0	0	0	6	1	2	0	0	0
	T79	Certain early complications of trauma , not elsewhere classified	1	0	6	10	3	2	0	0	0
218	T80 - T88	Complications of surgical and medical care,not elsewhere classified	0	0	0	25	18	2	0	0	0
	T81	Complications of procedures, not elsewhere classified	0	0	0	64	59	6	1	1	3
	T82	Complications of cardiac and vascular prosthetic devices, implants and grafts	0	0	0	85	44	2	0	0	0
	T83	Complications of genitourinary devices, implants and grafts	0	0	0	6	14	1	0	0	0
	T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	0	0	0	49	33	0	0	0	0
	T85	Complications of other internal prosthetic devices, implants and grafts	0	0	0	24	14	3	0	0	0
	T86	Failure and rejection of transplanted organs and tissues	0	0	0	143	40	3	1	0	1
	V87	Traffic accident of specified type but victim's mode of transport unknown	0	0	0	27	6	0	1	1	0
	V89	Motor-or-nonmotor - vehicle accident, type of vehicle unspecified	2	1	0	67	22	4	2	0	0
231	V98-V99	Other and unspecified transport accidents	0	0	0	184	51	20	6	0	1
	V99	Unspecified transport accident	0	0	0	191	53	21	10	0	1
232	W00 - W19	Falls	0	0	0	88	97	27	2	1	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	W01	Fall on same level from slipping , tripping and stumbling	6	6	0	44	64	13	0	1	0
	W10	Fall on and from stairs and steps	1	1	0	33	25	7	1	0	0
	W17	Other fall from one level to another	0	0	0	11	7	4	1	0	0
	W19	Unspecified fall	7	1	0	51	48	6	0	0	0
233	W20 - W49	Exposure to inanimate mechanical forces	0	0	0	20	7	23	0	0	0
	W44	Foreign body entering into or through eye or natural orifice	0	0	0	3	0	19	0	0	0
	W53	Bitten by rat	20	20	8	0	0	0	0	0	0
	W54	Bitten or struck by dog	1461	1357	654	3	1	0	0	0	0
	W55	Bitten or struck by other mammels	143	198	27	2	1	0	0	0	0
255	Z00 - Z13	Person encountering health services for examination and investigation	0	0	0	264	228	38	0	0	0
	Z00	General examination and investigation of persons without complaint or reported diagnosis	32	146	201	72	93	3	0	0	0
	Z03	Medical observation and evaluation for suspected disease and condition	0	0	45	122	157	25	0	0	1
	Z08	Follow up examination after treatment for malignant neoplasm	0	0	0	272	165	21	0	0	0
	Z09	Follow up examination after treatment for conditions other than malignant neoplasms	0	0	0	166	112	20	1	0	0
	Z23	Need for immunization against single bacterial disease	0	0	359	33	0	3	0	0	0
	Z29	Need for other prophylactic measures	0	0	0	3211	3803	171	0	0	0
	Z30	Contraceptive management	0	256	0	0	14	0	0	0	0
	Z31	Procreative management	0	1	0	0	46	0	0	0	0
	Z32	Pregnancy examination and test	0	1229	0	0	8	0	0	0	0
	Z33	Pregnant state, incidental	0	0	0	0	154	0	0	0	0
	Z34	Supervision of normal pregnancy	0	2024	0	0	97	0	0	0	0
	Z35	Supervision of high-risk pregnancy	0	143	0	0	13	0	0	0	0
	Z36	Antenatal screening	0	4	4	0	1	88	0	0	0

Grand Total (Jan to Dec) 2025	ICD 10 Code	Diseases	OPD			IPD			Death		
			OPD (M)	OPD (F)	OPD (C)	IPD (M)	IPD (F)	IPD (C)	Death (M)	Death (F)	Death (C)
	Z37	Outcome of delivery	0	82	0	0	485	94	0	0	0
	Z38	Liveborn infants according to place of birth	0	0	4	757	711	3726	5	3	42
	Z39	Postpartum care and examination	0	45	82	0	4	3	0	0	1
258	Z40 - Z54	Persons encountering health services for specific procedures and health care	0	0	0	1702	3195	37	0	0	0
	Z43	Attention to artificial openings	0	0	0	10	2	1	0	0	0
	Z46	Fitting and adjustment of other device	0	0	0	156	88	7	0	0	0
	Z48	Other surgical follow-up care	0	0	0	52	23	3	2	2	0
	Z49	Care involving dialysis	0	0	0	47	21	1	1	0	0
	Z51	Other medical care	0	0	0	4202	6562	318	0	0	0
	Z52	Donors of organs and tissues	0	0	0	247	370	28	0	0	0
261	Z80 - Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status	0	0	0	306	157	19	1	1	0
	Z86	Personal history of certain other disease	0	0	0	17	17	0	1	1	0
	Z87	Personal history of other disease and conditions	0	0	0	18	6	14	0	0	0
	Z90	Acquired absence of organs,not elsewhere classified	1	0	0	14	31	4	0	3	0
	Z93	Artificial opening status	0	0	0	58	35	12	2	0	3
	Z94	Transplanted organ and tissue status	0	0	0	356	85	35	27	4	2
	Z95	Presence of cardiac and vascular implants and grafts	0	0	0	375	163	2	39	8	0
	Z96	Presence of other functional implants	0	0	0	72	53	7	0	0	0
	Z98	Other postsurgical status	0	0	0	257	156	22	0	0	0
	Z99	Dependence on enabling machines and devices, not elsewere classified	0	0	0	151	91	1	3	2	0

Annexure II

CDR data from Jan 2025 to Dec-2025 Total		General OPD Cases (A)			Emergency OPD Cases (B)			IPD Referred from General OPD Cases (C)			IPD Referred from Emergency OPD Cases (D)			Overall Cases Reported				Overall Deaths Reported			
Sl. No	**Disease Name**	**Male**	**Female**	**Transgender**	**Male**	**Female**	**Transgender**	**Male**	**Female**	**Transgender**	**Male**	**Female**	**Transgender**	**Male**	**Female**	**Transgender**	**Total**	**Male**	**Female**	**Transgender**	**Total**
1	Acute Diarrhoeal diseases (A09)	50920	47397	391	5388	4399	4	84	118	0	490	595	0	56308	51796	395	108499	68	41	0	109
2	Acute Encephalitis Syndrome (G04.9)	1715	1731	0	43	34	0	2	7	0	29	26	0	1758	1765	0	3523	9	8	0	17
3	Acute Respiratory Infection (Including Influenza and excluding Pneumonia) (J00-06 , J10-11, J20-22)	129275	118661	905	4689	4452	0	97	96	0	304	261	0	133964	123113	905	257982	21	29	0	50
4	Chicken Pox (B01)	1323	1359	0	1108	1046	0	0	0	0	13	10	0	2431	2405	0	4836	0	0	0	0
5	Cholera(Lab. confirmed) (A00)	355	10	0	9	6	0	0	0	0	2	1	0	364	16	0	380	0	0	0	0
6	Diptheria (A36)	17	7	0	0	0	0	0	0	0	0	0	0	17	7	0	24	0	0	0	0
7	Enteric Fever (A01)	4439	3574	71	828	609	0	68	77	0	470	408	0	5267	4183	71	9521	66	70	0	136
8	Measles (B05)	8	5	0	0	0	0	0	0	0	0	0	0	8	5	0	13	0	0	0	0
9	Meningitis others (G03.9)	0	2	0	0	0	0	0	1	0	0	0	0	0	2	0	2	0	1	0	1
10	Meningococcal Meningitis (A39.0)	0	1	0	32	31	0	0	0	0	32	29	0	32	32	0	64	2	3	0	5
11	Neonatal Tetanus (A33)	0	0	0	1	3	0	0	0	0	1	3	0	1	3	0	4	0	0	0	0
12	Pneumonia (J12-18)	5485	5138	60	503	493	2	55	68	0	153	160	1	5988	5631	62	11681	63	48	0	111
13	Syphilis Gonococcal Infection (A50-A53)	0	18	0	0	0	0	0	0	0	0	0	0	0	18	0	18	0	0	0	0
14	Tetanus other than Neonatal (A35)	84	9	0	50	51	1	0	0	0	6	3	1	134	60	1	195	0	0	0	0
15	Viral Hepatitis All (1E52)	119	103	0	35	11	0	6	7	0	29	6	0	154	114	0	268	0	0	0	0
16	Whooping Cough (A37)	429	383	0	28	37	0	12	12	0	22	21	0	457	397	0	854	0	0	0	0
Grand Total		**194169**	**178398**	**1427**	**12714**	**11172**	**7**	**324**	**386**	**0**	**1551**	**1523**	**2**	**206883**	**189547**	**1434**	**397864**	**229**	**200**	**0**	**429**

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

Annexure III

NCDR for year 2025		General OPD Cases (A)		Transgender	Emergency OPD Cases (B)		Transgender	IPD Referred from General OPD Cases (C)		Transgender	IPD Referred from Emergency OPD Cases (D)		Transgender	Overall Cases Reported		Transgender		Overall Deaths Reported		Transgender	
Sl. No	**Disease Name**	**Male**	**Female**		**Male**	**Female**		**Male**	**Female**		**Male**	**Female**		**Male**	**Female**		**Total**	**Male**	**Female**		**Total**
1	Burns (NE2Z)	3314	3590	1	200	162	0	24	11	0	0	0	0	3514	3752	1	7267	0	0	0	0
2	Chronic Neurological Disorder (G90-G99)	1970	2373	0	55	39	0	11	10	0	0	1	0	2025	2412	0	4437	39	30	0	69
3	Chronic Renal Failure (N 18)	3241	2092	3	31	28	0	115	121	0	14	11	0	3272	2120	3	5395	8	7	0	15
4	Snake Bite (T 63.0)	54	42	0	34	16	0	0	0	0	1	0	0	88	58	0	146	0	0	0	0
	Grand Total	**8579**	**8097**	**4**	**320**	**245**	**0**	**150**	**142**	**0**	**15**	**12**	**0**	**8899**	**8342**	**4**	**17245**	**47**	**37**	**0**	**84**

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

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

Note: The above Communicable & 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'25 to Dec'25).

The above ICD-10 / Morbidity Disease Reports, reported some of the Delhi Govt. / Private registered Hospitals / Health Institutes 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. SHIB is not the primary holder of the data. It only received and compiled data during the period Jan'25 to Dec'25)