

Chapter 6

FUNCTIONING OF BRANCHES AT DHS(HQ) AND STATE HEALTH SCHEMES

6.1. PLANNING BRANCH

6.1.1 Introduction

The Planning Branch of this Directorate coordinates with all Programme Officers, CDMOs, CMO(MHS), Incharge SHS for monitoring respective Plan Schemes, Plan expenditure, preparation of BE, RE, targets and achievement. It also coordinates with Planning and Finance Department GNCTD and Planning Commission dealing Policy matter on Plan Schemes.

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

During the year 2012-13, 02 dispensaries and 6 Seed PUHC have been opened in different districts by Planning Branch.

6.1.2 Budgeting and Planning

During the financial year 2012-13, there were 27 plan schemes under Medical Sector and 5 plan Schemes in Public Health Sector. The budget allotment under medical sector in revenue Head was Rs.12410.00 lakh and Rs. 10200.00 lakh in Capital Head.

In Public Health Sector the budget allotment under Revenue Head has been Rs. 240.00 Lakh & Rs. 10.00 Lakh in Capital Head.

The actual expenditure for 2012-13 in Revenue Head (Plan Scheme) 6245.26 lakh and expenditure in Public Health Sector is Rs. 219.12 Lakh (Plan).

6.2. HOSPITAL CELL

6.2.1 Introduction

The planning/establishment of different hospitals is being taken care of by Hospital Cell functioning in this Directorate under direct supervision of Director, Health Services. The responsibilities of Hospital Cell include planning and commissioning of hospitals, which include site inspection, monitoring and coordination with different Govt./Semigovt. /autonomous/Pvt. Agencies etc. related to establishment of Hospitals. The financial aspect of these upcoming hospitals are also being taken care of by Hospital Cell like preparation of SFC/EFC Memo for cost estimates of Hospital which include estimates of manpower, equipments and other vital components required for establishment of hospital.

The hospitals are an integral part of health care delivery system of any state. Now 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 hospital care (secondary/tertiary level) to primary level medical care.

The broad functioning of Hospital Cell involves in close co-ordination with executing agencies and undertakes site inspection etc. along with the engineers. The selected agencies then appoint architects and hospital consultants for preparation of building plans etc. The Director Health Services approves the preliminary drawings once the detailed drawings are prepared

by the consultants which are then submitted for approval of DDA/MCD. Once all approvals are in place, the estimated cost is worked out and proposal submitted to Expenditure Finance Committee for approval of the project. The hospital cell prepares the EFC Memorandum & Cabinet Note including cost estimates, estimates of manpower, equipments etc. In addition to above, the Hospital Cell has been coordinated with secondary care hospitals of Delhi Govt. for various hospital related works.

In the year 1993, there were only four hospitals functioning under Directorate of Health Services. Thereafter, till the year 2006-07, the fourteen hospitals were functioning under DHS. These hospitals provide secondary level care in different specialties like medicine, surgery, obstetrics & gynecology, paediatrics, ENT, Ophthalmology, Skin and Orthopedics etc to the people in the catchments areas of the respective hospitals. The hospitals are also acting as referral centers for various dispensaries/health centres functioning in the area. Since December 2006, all these hospitals were declared as independent establishments with power of head of the department delegated to the respective Medical Superintendent of these hospitals.

Delhi spends more than 10% of its GDP on health against a national average of less than 3%. Demand for quality and high costs of secondary and tertiary infrastructure had led the government looking for alternative modes of financing through Public Private Partnership (PPP). However, some greenfield hospital projects like those at Vikaspuri (Hastsal), Ambedkar Nagar, Burari and Dwarka which were proposed to be implemented under PPP have recently been reverted back from PPP to routine mode.

6.2.2 Status of Various Hospital Projects

The status of various hospital projects under the Cell during 2012-13 is as under :

1 200 bedded hospital at Kokiwala Bagh (Ashok Vihar)

OPD services of the hospital started w.e.f.22/02/2013. IPD service will be started when the entire building is handed over by PWD.

2 200 bedded hospital at Kaushik Enclave (Burari)

Cabinet Approval has been accorded vide Cabinet Decision No.1926 dated 27/08/2012 towards approval of cost estimate for Rs 208.11 Crores and construction work started on 16/02/2013.

3 750 bedded Bharat Ratna Indira Gandhi Hospital at Dwarka

All the clearance such as DUAC, AAI, Environment, Fire Services Deptt., have been obtained. Revised EFC memo is under examination.

4 200 bedded Hospital at Siraspur

Concept drawing of the project approved by DHS and submitted to PWD on 03/08/2012.

5 100 bedded Hospital at Sarita Vihar

Concept drawing of the project approved by DHS and submitted to PWD on 22/06/2012.

6 200 bedded hospital at Hastsal (Vikas Puri)

Concept drawing of the project approved by DHS and submitted to PWD on 25/02/2013.

7 200 bedded Hospital project at Madipur

Concept drawing of the project approved by DHS and submitted to DSIIDC on 18/06/2012. Project has been cleared by DUAC, AAI and fire Department.

6.3. NURSING HOME CELL

6.3.1 Introduction

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. The main activities of the cell are to receive the applications from Nursing Homes owners for registration and renewal of registration every year, carrying out regular inspections in order to ensure maintenance of requisite standards in these Nursing Homes.

The Cell is also instrumental in Monitoring of Free treatment to the eligible patients of EWS category provided by 43 identified private Hospitals allotted land at concessional rates.

The responsibilities assigned to the cell include :

- 1 Registration of Nursing Homes under Delhi Nursing Home Registration Act
- 2 Monitoring of Free treatment to the eligible patients of EWS category provided by 43 identified private Hospitals
- 3 Various Court Case matters pertaining to Pvt. Nursing Homes.
- 4 Complaints against Private Nursing Homes in Delhi.
- 5 Compilation of information about the Foreign National Patients undergoing treatment in Delhi.
- 6 Sending recommendation to Excise Department for procurement of Narcotic Drugs by Private NursingHomes.

6.3.2 REGISTRATION OF NURSING HOMES UNDER DELHI NURSING HOME REGISTRATION ACT

The registration of individuals/ institutions carrying out nursing home activities in Delhi is mandatory under Delhi Nursing Home Registration Act 1953 & Rules made. Besides registering, this Directorate monitors the quality of health services being provided by Private Nursing Homes. The registration is done subject to the fulfillment of prerequisites of Delhi Nursing Home Registration Act and renewed on yearly basis. The form of registration may be obtained from Nursing Home Cell, Directorate of Health Services or downloaded from our website. In case, the form is downloaded from the website , the cost of the form i.e. Rs. 100/- (through demand draft of any bank in favour of Director Health Services payable at Delhi) has to be submitted at the time of submission of the form. . Any complaint/grievance in regard of nursing home by general public may also be sent to the Director Health Services/Nursing Home Cell.

The department has notified Delhi Nursing Home Registration (Amendment) Rules 2011 on 04/3/2011.

Status of Nursing Home Registrations (2012-13)

• Total No. of Registered Nursing Homes (on 31.3.2013)	:	855
• No. of renewal of registration of nursing home upto 31.3.2012	:	0
• No. of new nursing homes registered in the current year (2012-13)	:	99
• No. of nursing homes registrations cancelled in the current year	:	02

Renewal is done every three years as per Delhi Nursing Homes Registration (Amendment) Rules, 2011.

6.3.4 MONITORING OF FREE TREATMENT TO THE ELIGIBLE PATIENTS OF EWS CATEGORY PROVIDED BY 43 IDENTIFIED PRIVATE HOSPITALS

The Special Committee constituted by the Hon'ble High Court of Delhi revised the eligibility criteria of EWS patients and raised its income from Rs. 4000/- per family per month to Rs. 6422/- per family per month and linked it to the minimum wages of an unskilled worker is eligible for free treatment in Private Hospitals to whom land was allotted on concessional rates by DDA and L&DO on 10% of total bed capacity and to 25% patients of total OPD of the hospitals. There are 40 Such hospitals including Appollo Hospital (out of 40 hospitals 3 Private Hospital i.e. Moolchand Khairati Ram Hospital, St. Stephen's Hospital and Rajiv Gandhi Cancer Institute are not providing free treatment to eligible category of EWS patients and their matter is subjudice).

For monitoring of Free treatment to the eligible patients of EWS category provided by 43 identified private Hospitals which had been given land on concessional rate by Land Allotting Agencies the following activities are being undertaken by the nursing home cell :

- a. Updating the free bed availability on a daily basis.
- b. Implementation of Hon'ble High Court of Delhi judgment dated 22.3.2007 in WP (C) No. 2866/2002.
- c. Inspections by the Monitoring Committee of at least 4-5 hospitals per month.
- d. Complaints regarding refusal/denial/unsatisfactory free treatment to the eligible patients of EWS category.
- e. Compilation of Monthly and Quarterly Report in r/o free treatment.
- f. Compilation of referral cases from identified Govt. Hospitals to 43 identified private Hospital.
- g. Creation to Web page for updating the data on availability of free beds in these hospitals.
- h. Monitoring of Free beds and treatment in Apollo Hospital in pursuance of the judgement of Delhi High Court vide WP (C) No. 5410/1997 and as per the direction of Hon'ble Supreme Court in SLP No. 29482/2009 dated 30.11.2009
- i. An additional Nodal Officer of Govt. of NCT of Delhi is stationed at Apollo Hospital from 10.00 AM to 4.00 PM to facilitate the treatment of eligible patient as per norms.
- j. Compilation of quarterly report.
- k. Audit of Apollo Hospital on half yearly basis by the Officers from the office of Controller & Auditor General of Accounts.

6.3.5 OTHER ACHIEVEMENT

- The directorate/cell has defended the Government on court cases related to free treatment to poor from hospital allotted land on concessional rates and has successfully defended and be able to have favorable judgment from the Hon'ble Supreme Court of India in SLP(C) No. 18599/2007 in the matter of Dharamshila Hospital & other 9 hospitals Vs. UOI & others regarding complete free treatment of eligible patients of EWS category.
- Issuing of fresh guidelines regarding free treatment have been issued by the cell.

- Media publicity through advertisement in print media as well as electronic media (TV Channels and FM Channels) to increase awareness amongst general public regarding free treatment of eligible category of EWS patients in 40 identified private hospitals was undertaken .

Table 6.3.1: Statement in respect of Free Treatment in IPD from 01-04-2012 To 31-03-2013 for ligible patients of EWS Category in Identified Private Hospital

S No	Name of ohe Hospital	Total No of Beds	Total No of Free Beds	Total No of Admitted Patients	% of Occupancy of Free Beds	No. of Patient referred by Govt. Hospitals	No. Of Patient admitted by Hospital on its own(self)
1	Amar Jyoti Charitable Trust, Karkardooma Delhi-110092	2	1	7	1.92	0	7
2	Action Cancer Hospital, FC-34,A-4 Paschim Vihar	100	10	395	10.82	0	395
3	Kottakkal Arya Vaidya Sala, Karkardooma, Delhi-110092	35	4	108	7.40	0	108
4	Batra Hospital, 1MB Road, Tughlaqabad, Institutional Area, New Delhi-110062	495	50	894	4.90	0	894
5	Bimla Devi Hospital Plot No.5, Pkt. B, Mayur Vihar-II, Delhi-110091	20	2	109	14.93	0	109
6	BhagwanĀ MahavirĀ Hospital, Sector-14, Extn. Madhuban Chowk, Rohini, NewĀ Delhi-110085	26	3	283	25.84	0	283
7	Bensups Hospital, A unit of B.R. Dhawan Memorial Charitable Trust, Bensups Avenue, Sector-12, Dwarka, Delhi	138	14	135	2.64	0	135
8	Dr. B.L Kapur Memorial Hospital, Pusa Road,New Delhi-110005	400	40	728	4.99	0	728
9	Delhi ENT Hospital & Research Centre, Jasola	25	3	29	2.65	0	29
10	Flt. Lt. Rajan Dhall hospital, sector -B , Pocket-I, Aruna Asaf Ali Marg, Vasant Kunj, New Delhi-70	150	15	81	1.48	0	81
11	Saket City Hospital (A Unit of Gujarmal Modi Hospital & Research Center for Medical Science)	100	10	77	2.11	0	77
12	Indian Spinal Injuries Centre, Opp. Police Station, Sector â€C, Vasant Kunj, Delhi-110070	145	15	152	2.78	0	152
13	Khosla Medical Institute & Research Society, K.M.I.& R. Centre, Paschim Shalimar Bagh, New Delhi	70	7	23	0.90	0	23
14	Mata Channan Devi Hospital	210	21	972	12.68	0	972
15	Maharaja Agrasen Hospital, Punjabi Bagh, New Delhi-26	410	41	944	6.31	0	944
16	Mai Kamli Wali Ch. Hospital Plot No.12, J-Block, Community Centre, Rajouri Garden, Delhi-27	45	5	323	17.70	0	323
17	National Chest Institute, Opp. A-133, Niti Bagh,Gautam Nagar, Delhi-110092	15	2	34	4.66	0	34
18	National Heart Institute, 49, Community Centre, East of Kailash, Delhi-110065	50	5	108	5.92	0	108
19	Primus Super Speciality (Veeranwali International Hospital) Chander Gupta Road,	13	12	5	0.11	0	5

S No	Name of ohe Hospital	Total No of Beds	Total No of Free Beds	Total No of Admitted Patients	% of Occupancy of Free Beds	No. of Patient referred by Govt. Hospitals	No. Of Patient admitted by Hospital on its own(self)
	Chankapuri, Delhi-110021						
20	Jeevan Anmol Hospital, Mayur Vihar, Phase-I, Delhi-110091	50	5	85	4.66	0	85
21	Pushpawati Singhanian Research Institute for Liver, Renal & Digestive Diseases	106	11	883	21.99	0	883
22	R.B. Seth Jessa Ram Hospital, WEA Karol Bagh, Delhi-110005	88	9	32	0.97	0	32
23	Rockland Hospital, B-33-34, Qutab Institutional Area, New Delhi-110016	110	11	10	0.25	0	10
24	Saroj Hospital, Sector-14, Extn.Near Madhuban Chowk, Rohini, Delhi-110085	170	17	1172	18.89	0	1172
25	Shanti Mukand Hospital, 2 Institutional Area, Vikas Marg Extn. Vikas Marg, Delhi-110092	14	14	193	3.78	0	193
26	Sir Ganga Trust Society, Hospital Marg, Rajinder Nagar, Delhi-110060	675	68	4133	16.65	0	4133
27	Venu Eye Institute & Research Centre	67	20	6884	94.30	0	6884
28	Bhagwati Hospital, C-5/OCF-6, Sector-13, Rohini, Delhi-110085	10	10	551	15.10	0	551
29	Dharamshila Hospital & Research Centre, Vansundhara Enclave, Delhi-110096	200	20	292	4.00	0	292
30	Deepak Memorial Hospital & Medical Research Centre, 5, Institutional Area, Vikas Marg Extn Delhi-110092	100	10	239	6.55	0	239
31	Fortis Escorts Heart Institute, Okhla Road, New Delhi-110025	310	31	150	1.33	0	150
32	Max Balaji Hospital, 108,-A, IP Extension Patparganj Delhi-110092	402	40	2311	15.83	0	2311
33	Max Super Speciality Hospital (A unit of Devki Devi Foundation)	301	30	266	2.43	0	266
34	Jaipur Golden Hospital, 2-Institutional Area, Sector-3, Rohini, Delhi-110085	242	24	1800	20.55	0	1800
35	Sri Balaji Action Medical Institute FC-34, A-4, Paschim Vihar New Delhi	200	20	2021	27.68	0	2021
36	Sunder Lal Jain Charitable Hospital, Phase-III, Ashok Vihar, Delhi-110052	168	17	731	11.78	0	731
37	Dr.Vidya Sagar Kaushalya Devi Memorial Health Centre (VIMHANS) Nehru Nagar, Delhi-110065	90	9	151	4.60	0	151
38	Mool Chand Khairati Ram Trust & Hospital, Ring Road Lajpat Nagar, Delhi-110024		0	0		0	0
39	Rajiv Gandhi Cancer Institute & Research Centre, D-18, Sector-V, Rohini, Delhi-110085		0	0		0	0
40	St.Stephen's Hospital Society, Tis Hazari Court, Delhi-110054		0	0		0	0
41	Max Superspecialty Hospital	150	15	274	5.00	0	274
42	Vinayak Hospital	39	4	389	26.64	0	389
43	MGS Super Specialty Hospital	9	8	142	4.86	0	142
44	Jivodaya Hospital	40	4	45	3.08	0	45

S No	Name of ohe Hospital	Total No of Beds	Total No of Free Beds	Total No of Admitted Patients	% of Occupancy of Free Beds	No. of Patient referred by Govt. Hospitals	No. Of Patient admitted by Hospital on its own(self)
45	Sitaram Bharti Institute of Science & Research	59	6	11	0.50	0	11
46	Guru Harkrishan Hospital	45	5	8	0.44	0	8
47	Rockland Hospital	103	10	1	0.03	0	1
48	R L K C(Metro) Hospital	100	10	0	0.00	0	0
49	Jaanki Das Kapoor Memorial Hospital(West)		0	0		0	0

6.4. DELHI AROGYA NIDHI AND DELHI AROGYA KOSH

6.4.1 DELHI AROGYA NIDHI

State Illness Assistance Fund provides financial assistance to the poor patients suffering with life threatening disorders for their treatment in the Govt. Hospitals. The fund is managed by the Society known as Delhi Arogya Nidhi (DAN registered under the Society Registration Act, 1860.

6.4.1.1 Eligibility criteria for availing grant under Delhi Arogya Nidhi:

1. Patient must be resident of Delhi and has to furnish domicile proof of residing in Delhi continuously for last three years.
2. Patient should belong to a family living "Below Poverty Line".
3. Treatment should be from Government Hospital in Delhi.
4. The patient should be suffering with life threatening disorder.

6.4.1.2 Procedure for applying for grant

Application are to be submitted to the office of Patient Welfare Cell (Chief Medical Officer (Delhi Arogya Nidhi) in 2012-13) in the prescribed Performa with following documents :

- Two photographs of patient, duly attested by the treating doctor, original estimate Certificate duly signed by Consultant/Medical Superintendent/ Chief Medical Officer of the Hospital alongwith photocopies of the treatment record.
- Proof of continuous residence in Delhi last three years -either Ration Card or Electoral Voter's Photo Identity Card (in case the patient is a minor Birth Certificate) (The photocopies of these documents to be attached and original to be brought at the time of submission of application form for verification. In case EPIC is not available, extract from electoral roll must be submitted)
- A copy of BPL Ration Card (to be submitted original to be shown for verification of the fact patient belongs to a family living "BPL" and in case BPL Ration Card not available Income Certificate issued by area SDM to be submitted in original)
- Affidavit for his signature verification as given in the application form.

6.4.1.3 Procedure for sanctioning Grant in Aid

All the applications received are put up to member secretary for approval and decision of Chairperson, DAN and the cheques are issued directly to the hospital in r/o those patients who are approved.

Table : 6.4.1 Delhi Arogya Nidhi : Total grants given during previous financial years

Year	No. of Cases Processed	No. of cases approved	Financial assistance released (Rs.)
2012-13	27	27	2127312
2011-12	60	60	5093700
2010-11	132	109	9922158
2009-10	120	115	10818700

Year	No. of Cases Processed	No. of cases approved	Financial assistance released (Rs.)
2008-09	122	112	8814066
2007-08	225	194	15478688
2006-07	227	198	14886725
2005-06	369	194	11148957
2004-05	576	183	11479300
2003-04	389	246	14791310
2002-03	529	345	20546017

6.4.2 DELHI AROGYA KOSH

“Delhi Arogya Kosh” is a registered society, which is providing financial assistance to the needy patients under treatment in a Govt. Hospital and also in notified private hospitals for dialysis. An assistance upto Rs. 3 lakh (Revised in 2013-14 to Rs 5 Lakhs) can be given.

6.4.2.1 Eligibility criteria to avail the benefits from the scheme

1. Patient should be under treatment in a Govt. Hospital, and a patients undergoing dialysis in notified private hospitals can also be considered.
2. Patient should belong to needy patients having either a “BPL” ration card or an AAY ration card or obtain an income certificate from area SDM or any other officer authorized in this behalf by the Revenue Department that his total family income is upto Rs. 2,00,000/-p.a. (thereafter revised to Rs 3 Lakh per annum in 2013-14)
3. Patient should be a bonafide resident of Delhi for last 3 yrs prior to the date of application with reference to any one of the documents i.e. Domicile Certificate, Ration Card, EPIC, Adhaar, Driving Licence, Passport or extract from the Electroll Roll.

6.4.2.2 How to apply

1. Patient has to apply in the Patient Welfare Cell in the prescribed application form along with the following documents in person or through his representative.
2. He has to submit the original Income Certificate issued by the O/o SDM in case he does not have a BPL Ration Card/AAY Card.
3. He has to submit original Estimate Certificate issued by the Hospital indicating his disease and the treatment required alongwith the estimated expenditure on the treatment certified by the Hospitals’s Medical Superintendent.
4. He has to submit photocopy of the documents listed above issued prior to the cut off date as mentioned above to prove his domicile in Delhi and to show the documents in original to CMO(DAN)(Now Patient Welfare Cell).
5. Two photographs of patient, duly attested by the treating doctor.
6. Photocopies of the treatment record.
7. Applicant has to submit an affidavit for his signature verification as given in the application form as well as a declaration about the total income of all the family members which will consist of husband, wife and dependent children upto the age of 21 years.

Table 6.4.2 : Total grant given in the last financial year 2011-12 under DAK

Year	No. of cases approved	Financial assistance released
2011-12	17	Rs. 16,34,500/-
2012-13	170	Rs. 2,16,41,784/-

6.5. DELHI GOVERNMENT EMPLOYEE'S HEALTH SCHEME

Delhi Government Employee's Health Scheme was launched in 1997 with a view to provide comprehensive medical facilities to Delhi Government employees and pensioners and their dependants on the pattern of Central Government Health Scheme. All health facilities (hospitals/dispensaries) run by the Govt. of NCT of Delhi and autonomous bodies under Delhi Government, local bodies viz. MCD, NDMC, Delhi Cantonment Board, Central Government and other Government bodies (such as AIIMS, Patel Chest Institute (University of Delhi) etc.) are recognized under the scheme. In addition, some Private Hospitals/Diagnostic centers have been empanelled from time to time recognized as referral health facilities.

The centralised system of payment to hospitals for cashless treatment to pensioner beneficiaries was started w.e.f. 1 Dec 2009. One doctor and 2 more ministerial/technical staff were diverted from other departments to strengthen the branch and system of centralized payment to hospital and diagnostic centers under cashless scheme to pensioner beneficiaries.

System of payment of individual medical bills of pensioners was initiated at Delhi Government Employees Health Scheme Cell at Directorate of Health Services w.e.f. 1st April 2010, which continued upto April 2012.

Statistics at a glance

- Serving employees – Approximately 100000 employees
- Pensioners – Approximately 30000
- Total beneficiaries – 5-6 lakhs
- Total hospitals / diagnostic centers empanelled in NCT - 124
- Total hospitals / diagnostic centers empanelled in NCR – 30

Some of the major hospitals are empanelled for some specific specialties; they are being persuaded to empanel rest of the specialties for the conveniences of beneficiaries.

Referral System

- The attached dispensary/hospital is the single window for taking care of health requirement of the beneficiary (Primary health care, referrals, supply of medicines etc.). The Authorized Medical Attendant (AMA) at the attached dispensary/hospital is competent to accord permission/authorization for treatment/tests in DGEHS recognized private hospital/ diagnostic centers. There is no need of permission of the concerned department from where the beneficiary is working in such cases.
- The AMA for referral purposes is the CMO/MO-In charge of the dispensary/hospital where the beneficiary is attached. For this purpose all hospitals shall designate a staff physician who will function as AMA for beneficiaries attached to the hospital.
- The beneficiary will have the option of availing facility of treatment/diagnostic procedures etc. in recognized institutions of his/her choice.
- In emergent conditions beneficiary can go to any of the recognized institution of his/her choice directly without being formally referred by AMA. Cashless treatment facility in emergent conditions is available to all working beneficiaries in recognized empanelled private hospitals/diagnostic centers on production of valid DGEHS card. Follow up treatment subsequent to any emergent treatment/procedure or the illness shall strictly be on the authorization of concerned AMA
- Treatment in private hospitals not recognized/ not empanelled under the scheme in medically emergent conditions is also be admissible, subject to ceiling DGEHS rates

applicable as per entitlement, when treatment is necessitated in such hospitals being situated near the place of illness/trauma and when no other recognized facility is available nearby or due to circumstances beyond control of the beneficiary. The genuineness of the emergent condition shall be evaluated on case to case basis. Merely getting admitted through emergency, without any justifiable emergent condition, shall not make beneficiary entitled for the benefit.

- Beneficiaries residing in NCR areas and outside Delhi are allowed to get treatment even during non-emergent conditions from Government Institutions and CGHS / Government recognized centers after referral from Government institutions in concerned areas or in Delhi as per provisions of the scheme.

The centralized mechanism for reimbursement of pensioner's bills to private empanelled hospitals for cashless treatment of pensioner beneficiaries through DGEHS was started in the year 2009-10. Thereafter in 2010-11, the centralised system of reimbursement of pensioners was also started which continued till April 2012. The expenditure on this account of medical reimbursement to pensioners and hospitals by DGEHS Cell is as under:

	Year	Amount reimbursed by DGEHS Cell to Pensioner Beneficiaries/Hospitals	No of Hospital Bills
1	2009-10	2,74,11,481	-
1	2010-11	19,99,26,461	29907
2	2011-12	30,36,68,685	40977
3	2012-13	49,88,08,140	91204

This Directorate receives medical reimbursement cases for technical opinion and cases of relaxation of CS (MA) rules, related to DGEHS and other related matters. Number of files received for technical opinion and special permissions under CS(MA) Rules/DGEHS during the previous years have been as under:

Year	Medical Reimbursement cases/files received for technical opinion under CS(MA) Rules/DGEHS
2000-01	200
2001-02	505
2002-03	732
2003-04	754
2004-05	779
2005-06	1706
2006-07	2163
2007-08	1895
2008-09	1387
2009-10	1477
2010-11	1360
2011-12	1380
2012-13	1488

6.6. CENTRAL PROCUREMENT AGENCY (CPA)

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

The scheme "Central Procurement Agency" was initially implemented under Drug Control Deptt. and now has been transferred to Directorate of Health Service w.e.f. 1.3.2000 now located at F-17, Karkardooma. The Broad objectives of the scheme was to procure drugs centrally required by the hospitals and various health centers situated different part of Govt. of Delhi and their distribution to these institutions ensuring high quality standards with comparatively low cost by creating procurement agency the state will be in a position to procure drugs at competitive rates because of larger size of orders being placed with the pharmaceutical firms, ensure the availability of drugs which are uniform and good quality & in generic names in all Health Units of State. CPA also ensures the quality of medicines by testing the randomly picked up medicines & surgical consumables in NABL approved Laboratories. In this system of procurement, pit falls of multi point procurement system will also be over come. Therefore, it is proposed to sustain the scheme during 11th five year plan period.

6.6.2 Achievements during 2012-13

- CPA floated 10 tenders during the year 2012-13.
- Tender for Directorate of Family Welfare also floated by CPA.
- CPA finalized the R/c of 471 items.
- Centralized demand of Drugs and Surgical consumable items were placed to the approved pharmaceuticals on approved CPA rate contract.
- Samples of drugs and surgical items were lifted randomly and sent to the laboratory for testing for ensuring quality control.
- An online procurement supply chain management system named 'NIRANTAR' further strengthened.

6.7. CENTRAL STORES & PURCHASE

Store & Purchase Branch at DHS (HQ) carries out procurement, storage and distribution of equipment, medicine and consumable for its subordinate offices/dispensaries. This branch procured the medicines/equipment for 254 dispensaries / Seed PUHCs under the Directorate of Health Services. 90% of the procured medicines and consumables are procured on CPA rate contract holding firms for which indent is sent to CPA and supply is received in Central Stores.

Co-ordination of function and meetings of technical purchase committees and tender related activity of above products including CPA products is additional task performed by Central Stores. Instruments, Furniture and Stationary items are procured on receipt of demand from respective CDMO's. Medicines for Gender Resource Centres are also issued by the Directorate of Health Services for providing to beneficiaries .

6.8. COURT CASES CELL

Court Cases Cell in DHS (HQ) deals with the court cases filed or defended by the Directorate of Health Services or Health & Family Welfare Deptt. Of Govt., of N.C.T. of Delhi. It receives petitions from different courts and after perusal of the contents this cell forwards it to law deptt. for appointment of Govt. Counsel for defending the case and also forwards the same to concerned branch for parawise comments for filing counter affidavit. The Court Cases cell also processes and files cases/appeals of different branches in the relevant courts. It also receives summons/attends the courts/briefs the govt. counsel or any other work assigned by the higher authorities. The Bills/claims of govt. counsel is also processed by the court cases cell. The details of the annual work during 2013 is given as below.

Table 6.8.1 Details of the annual work of court Cases Cell during 2013

Name of the Court	Total No. of Cases	No. of Total Decided cases	No. of Total Pending Cases	No. of Cases in Which BTF not issued	No. of cases of Payment Which not Made to Counsel
Arbitration	NIL	NA	NA	NA	NA
CAT	32	16	16	03@	02*+05**+06***=13
Consumer Forum	12	03	09	NIL	NIL
District Court	26	07	19	01@	01*+17**+01***=19
Financial Commissioner	01	01	NIL	NIL	NIL
High Court	38	09+02#	27	01\$	NIL
Labour Court	01	01	NIL	NIL	NIL
MACT	NIL	NIL	NIL	NIL	NIL

@ files were forwarded to law & Justice, GNCTD for issuance of BTF.

* payment are under process.

** these cases are pending in courts and partial payment of which made to counsel.

*** Bill not received from counsel till date and payment of which not made to counsel.

transferred to other court.

\$ Case disposed off as matter pertained to election and Ms. Nidhi Raman attended as BTF on the request of deptt. File for BTF under process.

Table 6.8.2 Court Wise & Year Wise details of the Court Case defended

Nos.	Annual Years Court	2010-2011	2011-12	2012-13	Till 31st Dec., 2013
No. of Case BFC	Supreme Court	1	1	1	1
	CAT	6	7	8	7
	District Court	10	20	15	24
	Consumer Form	7	10	9	11
	Delhi High Court	4	10	13	27
	Total	28	48	46	70
New Case	Supreme Court	NIL	NIL	NIL	5
	CAT	5	6	5	10
	District Court	12	3	11	4
	Consumer Form	3	2	3	2
	Delhi High Court	13	6	20	10

Nos.	Annual Years Court	2010-2011	2011-12	2012-13	Till 31st Dec., 2013
	Total	33	17	39	31
Decided	Supreme Court	NIL	NIL	NIL	1
	CAT	4	5	6	3
	Disrict Court	2	8	2	4
	Consumer	NIL	3	1	2
	Delhi High Court	7	3	6	10
	Total	13	19	15	20
Balance on or 31 March, till		48	46	70	81

6.9. BIO MEDICAL WASTE MANAGEMENT CELL

6.9.1 Introduction

Ministry of Environment and Forest, Govt. of India issued notification for Bio-Medical Waste (Management & Handling) Rules 1998 in exercise of powers conferred by section 6, 8 & 25 of the Environment (Protection) Act, 1986. 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 Delhi as chairman and Director Health Services as Member Secretary/Convener.

In order to implement and monitor the BMW Management rules, a Bio-Medical Waste Management Cell was formed in 2001 in the Directorate of Health Services, GNCT of Delhi. The cell since then is responsible for promoting, implementing and monitoring the Bio-Medical Waste Management (Management & Handling) Rule 1998 in the health care facilities in the state of Delhi.

There are 131 hospitals (including T.B. Clinics, Ayurvedic Hospitals, Primary Health Care Centres, Maternity/Home, IPP VIII) under Govt. Sector, 857 registered Nursing Homes and 1359 dispensaries in Delhi besides unregistered Nursing Homes, Clinics and Labs etc. Keeping in view the difficulties faced by Private Hospitals, Nursing Homes and Clinics that cannot make their own arrangements due to high costs involved in treating biomedical waste , centralized system for treatment facilities were set up. In order to facilitate the proper treatment of the biomedical waste generated from dispensaries, smaller Nursing Homes/Clinics/Blood Banks/Diagnostic Laboratories etc., the Government has taken initiatives to establish centralized Biomedical Waste Treatment facilities at Okhla and Nilothi in Delhi. The Okhla has become operational on 11th November 2006 and Niloti is operational since April 2011. Biomedical Waste is collected, transported and treated in this Common Bio-Medical Waste Treatment Facilities (CBWTF).

In order to implement and monitor the BMW management Rules, a Bio-Medical Waste Management Cell was formed in 2001 in the Directorate of Health Services, Govt. of NCT of Delhi. The cell since then is responsible for promoting, facilitation and monitoring the Biomedical Waste Management (Management & Handling) Ruls 1998 in the health care facilities in the state of Delhi.

6.9.2 Objectives of the programme:

1. Implementation of Biomedical Waste (Management and Handling) Rules, 1998 and amendments thereof.
2. Reduction of Health Care Waste induced infection/illnesses and patient safety.
3. Dissemination of the provisions of act to the health care personnel and the community.
4. Capacity building of health care institutions to manage biomedical waste.
5. Strengthening of monitoring mechanism at state and district level.

6.9.3 Activities of the Cell

The BMW Management Cell has been conducting regular trainings of all categories of health care workers independently and jointly in collaboration with Centre for Occupational and Environment Health, Maulana Azad Medical College, New Delhi. Since training is an ongoing process to improve the skills and knowledge, more than 12000 Health care workers including doctors, nurses, paramedical staff etc have been trained in BMW (Management & Handling) Rules 1998 and almost all the health care workers have received the training at least once. However, to strengthen the programme further more trainings have been scheduled in the coming months. Hospitals are also conducting training on BMW Management to promote awareness among health care workers including resident doctors.

Further, regular awareness activities are also being undertaken by the Bio-Medical Waste Management Cell, Directorate of Health Services through TV, outdoor banners, print media and interpersonal communication, Telecast of a documentary film displaying Bio-Medical Waste Management in a programme on DD-1 in 20 episodes w.e.f. 03.07.2012 on Monday to Friday and also another Programme on DD-1 was telecasted in 15 episodes (thrice in a week) each on Thursday, Friday & Saturday w.e.f 23.11.2012 is already on to spread the awareness.

Furthermore, the Cell has facilitated following measures in our hospitals and dispensaries:

- Use of colour coded trolleys for transportation of waste.
- Provision of needle destroyers.
- Use of weighing machines to weigh and record the biomedical waste daily.
- Provision of personal protective equipment to the waste handlers.
- Creation of separate budget head for biomedical waste management.

6.10. TRANSPLANTATION OF HUMAN ORGANS ACT (THOA) CELL

Human Organs Transplantation Act (HOTA) cell under Directorate of Health Services receives applications for issue of No Objection Certificate from prospective Donors and recipients for undergoing transplantation of Human Organs as per the provisions of the Act.

In the Year 2012-13, 63 applications were received by the Directorate for issue of NOC and 54 NOCs for Transplantation for Kidney and 05 NOCs for Transplantation Liver were issued by this Directorate as per the provisions of the Act and 04 applications were returned on demand to the applicant. Further nominees of the Director of Health Services and Secretary (H &FW) are attending Authorization Committee meetings of Delhi Hospitals as it is mandatory for completion of quorum of such meetings as per the provisions of the Act.

6.11. ANTIQUACKERY CELL

The office of CDMO has been carrying out inspection of various centres/clinics and Quacks and when complaints/instructions are received from Directorate of Health Services, Delhi Medical Council and other sources.

The Delhi Bhartiya Chikitsa Parishad and Board of Homeopathic System of Medicine shall share the districtwise data of practitioners registered with them with the Directorate of Health Services to enable the districtwide authorities to identify the Registered practitioners with the respective councils. The members of nominees of Delhi Medical Council, Delhi Bhartiya Chikitsa Parishad and Board of Homeopathic system of Medicine should be part of the Anti Quackery Drive.

Table 6.11.1 District wise performance of Antiquackery cases

S. No	Name of the District	No. of cases heard	No. of Closure orders issued	No. of actual closures as per record
1	West District	36	23	23
2	Central District	2	0	0
3	East District	23	17	17
4	North West District	9	6	6
5	South West District	107	76	76
6	South District	36	27	27
7	South East District	18	7	7
8	North District	10	6	6
9	New Delhi District	0	0	0
	Total	241	162	162

6.12. CME Cell

6.12.1 Introduction

CME Cell is functioning in this directorate to impart continuing medical education to the medical and paramedical personnel working in this directorate. The main purpose for CME cell is to update and to create awareness for the latest techniques/developments to increase the knowledge of medical/ paramedical personnel. CME Cell organizes CME programmes wherein renowned person of the respective field are called as resource persons to update the knowledge on that respective field.

6.12.2 Achievements

During the year the CME cell organized 4 CMEs for doctors. 2 CMEs on medical negligence and 2 CMEs Medical care of the sexual assault victims. The training facilities at the Conference room were augmented with NRHM funds with a new audiovideo presentation system with smartscreen and LCD TV and preparation of stage/dais with sitting arrangement.

Table 6.12.1 Details of the workshop organized by CME Cell:

S.No.	Conference/Workshop/Course	No. of Officers participated
1	CME on Medical Negligence – 2 CMEs	71
2	CME Medical care of the sexual assault victims – 2 CMEs	98
	Total	169

Table 6.12.2 Details of the conference /workshop/seminars and course where the doctors/officials were sponsored

S.No	Training/Workshop/CME/Course	Venue	Date
1	Workshop on “Emerging Trends & Best Practices in Hospital Administration & Management”	India International Centre, New Delhi	3 rd & 4 th March 2012
2	2nd International congress on Gerontology and Geriatric Medicine -2012	UCMS & GTB hospital	25 th - 29 Feb.2012

S.No	Training/Workshop/CME/Course	Venue	Date
3	workshop on “Effective Office Management : Focus on HR & IT tools to be held from	Sri Nagar	22 nd -26 th June 2012
4	Workshop on New Trends and Challenges in Procurement and Management of Materials in hospital	India International Centre, Annexe Building, Lodhi Road, New Delhi	21st & 22nd July 2012
5	Training programme on “Bio Medical Waste Management handling and safe Disposal option with reference to draft Rules 2011”	ESCI Campus, Gachi Bowli, Hyderabad	14th-16th June 2012
6	3rd CME-cum-workshop on Laws applicable to Hospitals: Issues, Challenges and possible solutions	PGIMER-Chandigarh.	10th & 11th May 2012
7	Recent Trends in Hospital Administration	Udaipur	Mar.23-27,2012
8	3 days training programme for NABH	at MAMC	4th -6th May2012
9	7th National Quality Conclave	Hotel Le Meridian	27th -28th Apr.2012
10	8th National Quality Conclave Programme	Hotel Le Meridian	8th -9th March 2013
11	Workshop on “Human Relation & Communication Skill for effective & efficient patient care	TNAI Headquarters,Green Park,New Delhi	1st -8th Aug.2012
12	Conference PCNI-2012	Hotel Radisson Blu, Dwarka	6th -7th Oct.2012
13	Conference for Global Partnership on Osaka,Japan	Osaka, Japan	5th -6th Nov.2012
14	National Conference of Indian Association of Medical Microbiologist	Lady Harding Medical College, New Delhi	23rd to 25th Nov.2012
15	12th International Conference ISHWMCAN 2012	Yenepoya Medical College, Mangalore	1st & 2nd Dec.2012
16	XIth National Pharmacists Convention & Scientific Seminar	Kanpur, UP	9th Sep, 2012
17	Conference on “Advances in Acupuncture” (AAICON-2012)	Indian International Centre, Max Mueller Marg, New Delhi	6th to 9th December, 2012
18	Workshop on “Human Resource Management”	India International Centre, Annexe Building, 40 Maxmuller Marg, Lodhi Estate, New Delhi-110001	8th & 9th Dec.2012
19	CME of “Recent Advance in Pediatrics Diagnostics”	Manekshaw Centre, New Delhi.	2ND Dec.2012
20	55th Annual Delhi State Medical Conference	Hotel Le-Meridien	6th January 2013
21	14th National Conference of Pediatrics Critical Care	Dr. T.M.A Pal International Centre, Mangalore	15th to 18th Nov.2012
22	AHA approved BLS + ACLS course	Bhagwan Mahavir Hospital, Pitampura, Delhi	9th, 11th & 12th Feb.2013
23	2-CME`s on Medical Negligence	DHS(HQ)	
24	2- Medical care of the sexual assault victims	DHS(HQ)	19th & 21st Feb 2013
25	National conference on “Safe &	NCUI Convention Centre,	9th Feb.2013

S.No	Training/Workshop/CME/Course	Venue	Date
	Sustainable Hospital (SASH-2013)	New Delhi	
26	National Workshop on New Trends & Best Practices in 'Managing Hospital Services'	India International Centre New Delhi	2nd -3rd March 2013
27	32 Annual National Convention, NEOCON 2012	Indian Habitate Centre , New Delhi	13th-16th Dec.2012
28	"Health Care Executive Management Development Programme (HxMDP) organized by AIIMS	Goa	21st -27th Oct.2012
29	9th Joint Annual Conference of Indian Society of Malaria and other communicable disease	India Habitat Centre ,Lodhi Road ,New Delhi-110003.	2nd to 4th Nov. 2012
30	87TH Annual Conference of IMA	Tamil Nadu,	27th -28th Dec.2012
31	CBHI training courses on Health Information Management (HIMS) and Medical Record & Information Management (MR&IM)	Jaipur, Rajasthan.	7th-11thJan.2013 & 18th-22nd March 2013
32	CIPS workshop on "Best Practices in Health Sector"	Banglore	27th & 28th Aug.2012
33	CIPS workshop "Best Practices in Eye Care System"	Madurai, Tamil Nadu.	16th-17th June 12
34	Training course on "Logistics and Supply Management System"	Health & Family Welfare	7th-11th January, 2013
35	Workshop on "Acute Myocardial Infarction"	MAMC Auditorium	3rd March, 2013
36	Symposium on "Optimal Treatment for Acute Myocardial Infarction"	Hotel Taj Palace, New Delhi	January 11th -13th, 2013
37	Workshop on "Emerging Trends in Supply Chain Management for Hospitals"	Thiruvananthapuram	15th Feb.2013
38	General Body meeting of Indian Nursing Council	Lakesong Kumarakom, Kerala	14th Sep. 2012

Summarily during the CFY 2012-13 the following achievements by CME Cell as under:-

1. 658 Medical officers/officials were nominated from various Delhi Govt. hospitals / Districts/schemes for various CME/trainings/conferences/workshops etc. Reimbursement of fee to individuals and direct payment to organizers has been made.
2. 4 CME were organized by the CME Cell.
3. Upgradation of facilities at DHS(HQ) Conference room

6.12.3 Budget

The total expenditure during CFY 2012-13 was Rs.24.97/-lacs out of 25 lacs under '2210'A1 (2) (1) (1) (1).

6.13. GRANT IN AID CELL

6.13.1 Introduction

The GIA cell invites application/proposals from NGOs under the scheme "GIA to NGO for Delhi Govt. approved Programme" for Grant in Aid. The cases for grant in aid received from Delhi Kalyan Samit (DKS) for opinion /recommendation are also processed in the cell.

6.13.2 Functioning and achievements

In response to this Directorate advertisement inviting proposal for GIA to NGOs for the year 2012-13 for 11 schemes in two phases 108 proposals from NGOs were received in this Directorate under the scheme “GIA to NGO for Delhi Govt. approved Programme”, out of which 38 NGOs under 11 schemes were short listed by Screening committee constituted by DHS.

Table 6.12.1 NGOs recommended for release of GIA During 2012-13

S.No.	Name of NGO	Scheme	GIA released (Rs.)
1	Aradhya	Prevention of Quackery	46,000/-
2	Abhivyakti Foundation	do	46,000/-
3	Basic Foundation	do	46,000/-
4	Nav Drishti Charitable Trust	do	46,000/-
5	Deep Welfare Organisation	do	46,000/-
6	Co-lepra	Leprosy	89,200/-
7	TLM	do	98,500/-
8	Chetna Janhit Society	Medical care for night shelter dwellers	98,000/-
9	Sadik Masih Medical Social Servant Society	do	98,000/-
10	World Healthal Trust	Prostate disease awareness programme	82,000/-
11	Indcare Trust	do	82,000/-
12	Ekta Shiksha Sansthan	Community healthcare for Sr. Citizens	88,500/-
13	Anchal Charitable Trust	do	88,500/-
14	Srijan Foundation	do	88,500/-
15	Indraprastha Educational Research & Charitable Trust	do	88,500/-
16	Dayanand Adrash Vedic Educational & Welfare Society	Home based care & support to MDR TB patient with option of running evening DOT center for MDR TB patient in Delhi as per state requirement.	1,20,000/-
17	Indian Cancer Society	Health promotion targeting life style factors and danger signals for prevention & early detection of Cancer	1,50,000/-
18	Roko Cancer Charitable Trust	do	1,45,000/-
19	Saraswati Educational Society	do	60,000/-
20	Bethesda Charitable Endeavors	Survey, education and treatment (SET) for Leprosy.	1,02,000/-
Total			17,08,700/-

GIA amounting to Rs. 17,08,700/- has been released to 20 NGOs recommended in 2012-13.

Delhi Kalyan Samiti had forwarded 16 proposals from NGOs in 2012-13 for views/recommendation for release of grant from DKS and comments in all proposals were sent to Department of H&FW.

GIA amounting to Rs. 5,75,400/- has been released to St. John Ambulance Brigade.

6.14. PUBLIC GRIEVANCE CELL

6.14.1 Introduction

The Public Grievances Cell is functioning in this directorate to address and sort out various

complaints and representation received from the citizens and organisations in regard to health care facilities or any function related to this directorate.

The Public Grievance Cell receives grievances regarding health related issues (complaint against staff of CDMO office, facilities, opening of dispensaries, NHRC complaints, CPGRAMS complaint, PGC hearing letters, RTIs matter, MHS complaints, matter related to Govt. Hospital complaints, opening of new hospital, matter pertaining to DAN/ IS&M/ MCD/ T.B./ Anti Quackery/ Nursing Home Cell/ financial assistance and the matter related to branches of Directorate of Health Services.

The matter brought to its notice is examined and forwarded to the concerned branch or district or hospitals or other department for inquiry/comments/resolution or necessary action. If any complaint or allegation is substantiated then the action is substantiated than appropriate action is taken on the complaint/defaulters.

The cell is functioning with limited staff of 2 LDCs working under direct supervision of the incharge.

Table 6.14.1 Details of complaints received in Public Grievance Cell in 2012-13

Sl. No.	Complaint (Complaint pertaining to Distt. (Sl. No. 1 to 8))	Grievances received	Grievances Redressed
1	East	10	10
2	North-East	15	15
3	West	25	25
4	North-West	18	18
5	South	10	10
6	South-West	07	07
7	Central & New Delhi	06	06
8	North	09	09
9	Misc. Matter pertaining to other department	70	70
10	Grievances related to financial assistance	15	15
11	PGC Correspondence	55	55
12	CPGRAMS Correspondence	58	54
13	Matters Pertaining to Anti Quackery	70	70
14	MHS correspondence	50	50
15	Matters pertaining to Nursing Home Cell	200	200
16	Matter pertaining to Hospital etc.	215	215
17	RTI matters	30	30
18	Matters relating to DMC + MCI	17	17
19	Circular/Meeting notice received	55	55
20	Matter pertaining to DAN	12	12
21	Matter pertaining to opening of dispensary	45	45
22	Matter pertaining to opening of new hospital	50	50
23	Matter pertaining to school Health Scheme	04	04
24	Matter pertaining to ISM.	14	14
25	Matter pertaining to MCD	50	50
26	Matter pertaining to STO (TB Control office)	01	01
27	Matter related to the branches of DPHS i.e. DGEHS Cell, AO (Admn.) Leprosy Branch, PH Wings, Legal Cell, Addl. DHS (M), Plg. Cell, S&P Cell, GIA Cell, SHIB Branch and other branches.	110	110
28	Matter pertaining to NHRC	42	41

6.15. DISASTER MANAGEMENT CELL

6.15.1 Introduction

Disasters are known to strike without warning. Earthquakes, wars, nuclear accidents are difficult to predict and many times to prevent. The government, local bodies, voluntary bodies have to work in coordination and cooperation to prevent or control disasters, wherever the need arises. Being a mega-city and the 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.

6.15.2 Activities under the scheme

Directorate of Health Services is implementing the plan scheme on disaster management as part of State Disaster Management Plan, wherein funds have been made available for different activities like purchase of equipments and consumables, training of staff, IEC, purchases of vehicles, salaries of staff etc. Activities being undertaken in this regard are :-

- Action Plan for Disaster Management in Delhi has been prepared by DHS for state level. Hospital Disaster Management Plans also been prepared by the individual Delhi Government Hospitals separately.
- Strengthening of Delhi Government Hospitals.
- Training of Staff and general public in first aid.
- Identification of Nodal Officers at all hospitals to ensure better intrasectoral and intersectoral coordination, Nodal Officers have been declared in all Delhi Government Hospitals and Apollo Hospital.

All Delhi Government Hospitals are being strengthened for disaster management. The present policy is to separately store additional items like collapsible beds, essential equipments, other non consumable items, and consumable items etc. for disaster situations so that they are not used up routinely and are available during disaster. It is ensured that all such equipments are kept in working order. The consumables are replaced with new stocks keeping in mind the expiry dates. Lists of essential drugs and consumable items, non-consumable items, equipments have been circulated to all the hospitals.

6.15.3 Achievements during 2012-13

- Participation in mock drills time to time conducted by DDMA.
- Publication of material related to standard treatment procedure of effected people in different type of disaster.
- Facilitation of rehabilitation of Bomb Blast victims of 2008 and 2011 in Delhi.
- Training of School teacher in the concept of emergency medical response.
- Dissemination of information about the help line Number and the steps of life support during emergency situation utilizing various outdoor publicity medium.

6.16. NONCOMMUNICABLE DISEASE CONTROL PROGRAM

6.17.1 CANCER CONTROL PROGRAMME

Govt. of National Capital Territory of Delhi is pursuing and co-ordinating various activities related to Cancer Control through Cancer Control Cell, Public Health Wing II in the

Directorate of Health Services, GNCT Delhi. This plan scheme on Cancer Control was started with the objectives of establishing adequate treatment facilities for cancer for the Delhi State and for implementing preventive, promotive and early detection activities on a regular basis with ultimate aim of down staging of the commonly occurring cancers. Regular cancer clinics are running in district level hospitals focusing on prevention, promotion & early detection activities.

Various activities undertaken in 2012-13 under the programme included :

- Participation in field activities for spreading information about danger signals and common preventive aspect of cancer.
- Information generation through various modes of outdoor publicity media.
- To sensitize the bad effects of tobacco, preventive role in regular intake of Fruits & vegetable in cancer prevention and knowledge dissemination about danger signals of cancer.
- Dissemination of Information through IEC material.

6.17.2 HYPERTENSION & DIABETES CONTROL PROGRAMME

Under the broader ambit control of Non-Communicable Diseases, Government of Delhi has put special emphasis on control measures of Diabetes & Hypertension.

During 2011-12, slum screening cum counseling campaign was done in Delhi & more than 70% of slum dwellers 30 and above were covered. Around 70 % of the screened were found Hypertensive & 7% were found Diabetic.

For judicious treatment of Diabetes/Hypertension bi-weekly Diabetes Hypertension clinic (Monday & Wednesday) are being run in all the Hospital under GNCT of Delhi.

6.17. SPECIAL HEALTH PROGRAMME FOR GERIATRIC POPULATION

Delhi Govt. enunciated 'State Policy for Senior Citizens' with commitment to provide financial security in form of old age pension, protection of life and property, social care and priority health care.

The population of persons over the age of 60 years has tripled in last 50 years in India. The population of Senior Citizens was 7.7 % of the total population in 2001 which has increased to 8.14 % in 2011. There are about 14 lakh senior citizens in Delhi. Senior citizens suffer from multiple chronic diseases like Hypertension, Cataract, Osteoarthritis, Chronic Heart Diseases, Diabetes, Nesual deafness and mental disorder. These diseases results in disabilities affecting the activities of daily living. It has been reported that 8 % of senior citizens are confined to their home or bed.

The following provisions have been made and being implemented under Special Health Programme for Geriatric Population.

- Health Care is provided to all senior citizens on preferential basis in all Delhi Govt. Hospitals & Dispensaries.
- Separate Registration, Pharmacy and Central Laboratory Sample Collection counter for Senior Citizens in all Delhi Govt. Hospitals.
- Doctor consultation, radiology and other facilities on preferential basis.
- Sunday Clinics exclusively for Senior Citizens in all Delhi Govt. Hospitals except superspeciality and maternity & Child Hospitals.

- 'Help Desk for Senior Citizens' have been set up in OPD of all Delhi Govt. Hospitals. The Help Desk is manned by 2 - 3 volunteers selected by the Medical Suptd. Of the Hospital from nearby NGO / RWA. The volunteers are being paid incentive @ Rs. 50/- per day per volunteer from funds under Delhi State Health Mission.
- Nodal Officer (Geriatrics) in all Delhi Govt. Hospitals to address grievances.
- Health Camps for Senior Citizens were organized in 21 Delhi Govt. Hospitals on 1st October to mark the observance of International Day for Older Persons. In these camps spectacles & Hearing Aids were given free of cost to Senior Citizens who need these items.
- Screening of Senior Citizens at dispensary level for hidden diseases i.e. diseases / disabilities for which one is not aware or which have not manifested and referral to appropriate higher level. A proposal has been submitted under next year state PIP for printing of 05 lac Senior Citizen Health Card to be used for this screening. An incentive to ASHA @ Rs. 25/- per Senior Citizens for every six month of her area has been proposed for registration, motivation & Mobilisation to avail services.

6.18. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

6.18.1 Introduction

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

6.18.2 Objectives of the programme

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

6.18.3 Strategies

- To strengthen the service delivery including rehabilitation.
- To develop human resource for ear care.
- To promote outreach activities and public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- To develop institutional capacity of the district hospitals, community health centers and primary health centers, selected under the project.
- The programme activities have been commended in all the nine districts of Delhi involving major/district hospitals.

6.19. FLUOROSIS MITIGATION PROGRAMME

6.19.1 Introduction

Fluorosis / Fluoride poisoning among the population living in all the 9 districts of Delhi is quite common. But such information from Hospital records may not be available, possibly due to lack of awareness among the professionals. The health complaints recorded may have been mistaken for other diseases. The drinking water fluoride level recorded from samples of groundwater from various areas of NCTD provided by the patients of Fluorosis are listed in Table 6.19.1.

Table 6.19.1 Fluoride level in groundwater samples provided by Fluorosis patients

S. No.	Area	Fluoride content in mg/L
1.	Mohammadpur	2.50
2.	Palam	26.07
3.	Green Park	19.33
4.	Hari Nagar	1.50
5.	Nangloi	14.51
6.	Uttam Nagar	3.85
7.	Shakarpur	6.67
8.	Jangpura	2.44
9.	New Roshanpura	14.00
10.	Lodhi Road	4.00
11.	Narela	4.87
12.	Srinivaspuri	3.46
13.	Sagarpur	32.51
14.	Surajpur	4.32
15.	Rohini	4.35
16.	Masjid Moth	3.45
17.	Rani Bagh	6.20
18.	Okhla Village	5.95
19.	Hari Nagar	24.61
20.	Najabgharh	14.00
21.	Durgapark, Nazirpur Road	3.42
22.	Ambedkar Colony	12.50
23.	J.J. Colony Shakarpur	6.67

National guideline for fluoride in drinking water: 1.0 mg /L is the upper limit; lesser the better.

6.19.2 Study of drinking water quality of 7 villages in South West Delhi

There are reports available on drinking water quality with focus on fluoride with the support from the Ministry of Environment and Forests (GOI) for the systematic study of all drinking water sources in South West of Delhi (Palam area) in 7 villages (2000 – 2003).

Table 6.19.2 Study of drinking water sources in South West Delhi (Palam area) in 7 villages

Name of the village	Total sources existing and tested for fluoride	No. of sources which are safe drinking water	No. of sources contaminated with F ⁻	Range of Fluoride contamination (mg/l)
Maharani Enclave	128	22	106	1.10 - 12.59
Mohan Garden	83	32	51	1.10 - 2.21
Deepak Vihar	45	2	43	1.10 - 8.75
Palam Extension	74	10	64	1.10 - 8.24

Name of the village	Total sources existing and tested for fluoride	No. of sources which are safe drinking water	No. of sources contaminated with F⁻	Range of Fluoride contamination (mg/l)
Om Vihar	5	-	5	1.58 - 6.25
Suraksha Vihar	30	17	13	1.10 - 4.48
Hastal Village	122	21	101	1.10 - 12.89
Total	487	104	383	1.10 - 12.89

The results provide information not only on the extent of fluoride contamination, but safe drinking water sources co-exist along with the fluoride contaminated sources. Shifting a patient, from drinking fluoride contaminated water to an existing safe source should be the immediate concern of a Clinician. However, water quality test data should be shared with Delhi Jal Board to find a permanent solution of getting safe water for the community.

Considering the seriousness of the problem of fluorosis in the National Capital Territory, Fluoride and Fluorosis Mitigation programme in NCTD is planned and proposed to be implemented commencing from 2007-2008 with well defined aim and objectives.

6.19.3 Aim and Objectives of Fluorosis Mitigation Programme

Aim of the Fluorosis Mitigation Programme is to make Delhi free from fluorosis and provide direction to the nation for fluorosis eradication from the country.

Following objectives are envisaged for prevention and control the fluorosis in the population:

1. Establishment of Fluorosis Mitigation Cell in the Directorate.
2. Strengthening of Infrastructure in hospitals for diagnosis of Fluorosis and Training of Technicians to conduct diagnostic tests.
3. Capacity building of Health Professionals and Health Administrators, Healthcare Workers & School Teachers through CMEs
4. Awareness generation in the community
5. Research and development activities on fluorosis
6. Rectification of anaemia in pregnancy and low birth weight babies caused by fluoride poisoning will be dealt with on priority
7. Strengthening the monitoring system in health delivery outlets / in field areas,
8. Printing reports /procuring books /information material
9. Updating Private Practitioners through IMA / any other channels

6.19.4 Strategy under the Programme

To meet these objectives various activities are being carried out in the form of:

1. Establishment of Fluorosis Mitigation Cell in the Directorate
2. Strengthening of Infrastructure in hospitals for diagnosis of Fluorosis
3. Capacity building of health care professionals
4. Awareness generation in the community
5. Research and development on fluorosis
6. School Dental Fluorosis survey
7. Strengthening the monitoring system
8. Printing reports /procuring books /information material
9. Updating knowledge of Private Practitioners through IMA

6.19.5 Activities carried out under the Programme

1. Advocacy workshop on fluorosis

2. Training of lab technicians where ion meter has been procured
3. Training of medical officers
4. Awareness generation in the community for prevention of fluorosis
5. Collection of reports for silicosis cases from Hospitals

6.20. SILICOSIS CONTROL PROGRAMME

6.20.1 Introduction

Silicon Dioxide or Crystallized Silica causes fine dust to be deposited in the lungs. 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.

The Objectives of this programme to mitigate the effects of silicosis include:

1. reduce new cases of Silicosis in Delhi,
2. capacity building of health care personnel,
3. strengthen diagnostic facilities in health care institutions,
4. awareness generation in the community through IEC/BCC activities specially silicosis prone area and
5. clinical care and rehabilitation of silicosis affected people in collaboration with social welfare and urban development department.

6.20.2 Physical and Medical Survey

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

The health survey results showed that about 68 percent of the symptomatic people surveyed suffered from silicosis, silico-tuberculosis. A large percentage of people also suffered from hearing loss and malnutrition. The survey stressed on the need for continued surveillance of the health of the people and a further comprehensive study on the health of Lal Kuan victims. Out of 240 cases suspected to be symptomatic only 165 symptomatic subjects presented for the study and 111 turned up for X-ray. Out of this only 104 subjects had occupational history. Almost 98 subjects presented with a history of working in stone crushers. Out of this 41 were found to be having silicosis. Only one case of silicosis did not have exposure. It appears that the exposure to dust was associated with silicosis in about 45% of those who worked on stone crushers. 43% patients were also having deafness. In addition to this 82% subjects had low hemoglobin levels i.e., Anemia.

6.20.3 Strengthening of services

Health department is generating awareness about silicosis in the community. Doctors are being sensitized to suspect and detect cases of silicosis. The media interest on occupational hazards has triggered the voice to review occupational safety rules and implement them strongly across the country. The most significant effect has been on the minds of the inhabitants of Lal Kuan. It has driven away the feeling of hopelessness and instilled sense of empowerment among the people giving them a new zeal to look forward to life. Active involvement of NGOs has brought public private partnership. Mobile medical vans are now visiting for four days a week. It is distributing free medicines for silicosis and other respiratory and Occupational diseases. The building of the Hospital/PUHC at Tajpur with X-ray facility

needed for the detection of the silicosis is almost complete. The survey of the medical team is complete a short report on the health survey has also been submitted to the Delhi Government.

6.20.4 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.

6.20.5 Rehabilitation Strategies

1. A medical team consisting of occupational health experts' conducted clinical survey of the affected person in Lal Kuan area.
2. A multi purpose Community Health Centre (CHC) for the treatment of the occupational disease will be built at the Tajpur near Lal Kuan.
3. The social welfare department, health department and the urban development department will also explore and provide alternative livelihood opportunities for the citizens of Lal Kuan.

6.21. STATE AWARDS SCHEME

6.21.1. Introduction

State Award to Service Doctors, Nursing & Paramedic & Support staff working in Delhi is an approved plan scheme of the Directorate. Under this scheme 20 service doctors from Allopathy, Homeopathy and Indian System of Medicine working in NCT of Delhi for the last 15 years are conferred the awards every year. The purpose of state awards 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. During the award year 2004-05 the cash award was enhanced from Rs.20,000/- to Rs.50,000/-. It was proposed that the award may be given to 22 Doctors and 49 Paramedical & Nursing staff for the year 2009-10. This award function for awards for Year 2010-11 was held on 1st July 2012 in MAMC Auditorium. Smt. Sheila Dikshit Hon'ble Chief minister conferred these awards to the meritorious candidates.

6.21.2 Criteria of selection to the award

The criteria of selection to the award were as under:

1. 15 years or more service under GNCT Delhi, MCD or NDMC.
2. Recommendations from Head of the department
3. Vigilance Clearance and Annual confidential report/Work & Conduct report of the candidate.
4. Representation to different institutions
5. Representation to different streams like Allopathy, ISM&H, Local bodies (MCD & NDMC).

The HODs/Medical Superintendents invited application from deserving candidate working in their institutions and forwarded the applications of most deserving candidate to Director Health Services. The state award committee decides the final list.

6.21.3 Awards during 2011-12

The number of Awards given to meritorious candidates for 2011-12 is as under:

1. Doctors	-	20
2. Nurses	-	21
3. Pharmacist	-	6
4. Technical/Paramedical Staff	-	13
5. Attendant/NO/Peon/SCC/Other Support Staff	-	7
6. Drivers	-	3

Table 6.21.1 The number of awards conferred under the scheme till 2012-13

Year	No. Of Doctors	No. of Paramedical staff
1997-98	20	Nil
1999-00	19	Nil
2000-01	20	Nil
2001-02	19	Nil
2002-03	25	Nil
2003-04	15	Nil
2004-05	20	Nil
2007-08	19	50
2008-09	20	49
2009-10	22	49
2010-11	22	49
2011-12	20	50
TOTAL	241	245

Following Doctors and Paramedical staffs are being awarded on 1st July 2013 at 6 PM in MAMC Auditorium. These awards were conferred by Smt. Sheila Dikshit, Hon'ble Chief Minister of Delhi.

Table 6.21.2: List of State Awardees for the year 2011-12

S No.	Name	Designation	Institution/Hospital
1.	Dr. Anurag Jain	CMO (SAG)	Deen Dayal Upadhyay Hospital
2.	Dr. Ashok Kumar Sethi	Director Professor (Anaesthesia)	UCMS & GTB Hospital
3.	Dr. Bibhabati Mishra	Director Professor Microbiology	G B Pant Hospital
4.	Dr. Dinesh Kumar Dhanwal	Director Professor Medicine	MAMC & Lok Nayak Hospital
5.	Dr. Madhu Chanda	CDMO (East)	CDMO Office East District, DHS
6.	Dr. Namita Kalra	Professor Paedodontics	U.C.M.S & Guru Tegh Bahadur Hospital
7.	Dr. Nutan Mundeja	CMO (SAG)	Delhi State Health Mission
8.	Dr. Poonam Sareen Nee Kohli	CMO (NFSG)	Kasturba Hospital, MCD
9.	Dr. Praveen Kumar	CMO (SAG)	Dr. Hedgewar Arogya Sansthan
10.	Dr. Praveen Kumar Malik	Addl. Director (DGEHS)	Directorate of Health Services
11.	Dr. Rakesh Kumar Gupta	Medical Superintendent	Deep Chand Bandhu Hospital
12.	Dr. Ramesh Chugh	Medical Superintendent	Janak Puri Super Speciality Hospital

S No.	Name	Designation	Institution/Hospital
13.	Dr. Sandhya Jain	CMO (NFSG)	Dr. Baba Sahib Ambedkar Hospital
14.	Dr. Savita Babbar	Medical Superintendent	Deen Dayal Upadhyay Hospital
15.	Dr. Shashi Thapa	CMO (NFSG) Homeo	DHS(NWD), DGD Mangol Puri
16.	Dr. Vandana Bagga	CMO NFSG	Guru Gobind Singh Govt. Hospital
17.	Dr. Vijay Kumar Gupta	Consultant (Ophthalmology)	Sanjay Gandhi Memorial Hospital
18.	Dr. Vipon Kapoor	Chief Medical Officer (Medical)	Charak Palika Hospital, NDMC
19.	Dr. Virender Kumar Gautam	Director Professor Orthopaedics	MAMC & Lok Nayak Hospital
20.	Dr. Zeasaly S.K. Marak	CMO (NFSG)	Addl. CDMO (Central), DHS
21.	Arvinder Seth	Nursing Sister	Chacha Nehru Bal Chikitsalaya
22.	Durga Singh	Nursing Sister	DDU Hospital
23.	Kanta Ahuja	Nursing Sister	Lai Bahadur Shastri Hospital
24.	Kiran	Nursing Sister	M.V. Hospital
25.	Kiran Ganju	Nursing sister	Lok Nayak Hospital
26.	Kusum Love	Sister In-charge	GuruGobind Singh Govt. Hospital
27.	Lizy Cherian	Assistant Nursing Suptt	Charak Palika Hospital, NDMC
28.	Lucy Patrick Simon	Nursing Sister	G.B. Pant Hospital
29.	Manjeet Kaur Marwah	Assistant Nursing Superintendent	Maulana Azad Institute of Dental Sciences
30.	Meera Devi	Deputy Nursing Superintendent	Lok Nayak Hospital
31.	Nirmala Devi	Nursing Sister	Sanjay Gandhi Memorial Hospital
32.	Nirmla Devi Navik	Deputy Nursing Superintendent	G.B. Pant Hospital
33.	Prem Bajaj	Nursing Sister	Sanjay Gandhi Memorial Hospital
34.	Radha Chopra	Nursing Sister	Dr. BSA Hospital
35.	Sarasamma Rajan	ANM	CDMO (West), DHS
36.	Sarasamma .A. Kaimal	ANM	Lal Bahadur Shastri Hospital
37.	Saroj Devi	ANM	Sanjay Gandhi Memorial Hospital
38.	Shakuntla Badseara	Nursing Sister	Rao Tula Ram Memorial Hospital
39.	Sudesh Doara	Nursing Sister	Babu Jagjiwan Ram Memorial
40.	Sunita Mogha	Nurse	Charak Palika Hospital , NDMC
41.	Usha Rani Luthra	Nursing Sister	Babu Jagjiwan Ram Memorial Hospital
42.	Aleyamma Benzon	Lab .Technician	Sanjay Gandhi Memorial Hospital
43.	Anasua Dutta	Technical Asstt.	G B Pant Hospital
44.	Bhawarri Singh	Dental Mechanic	MAIDS
45.	C.R .Prameela	Pharmacist	DHS(ED), DGD Vasundhra Enclave
46.	Chander Parkash	Pharmacist	Maulana Azad Institute of Dental Sciences
47.	George Mathew	Technical Assistant	Deptt. of Anaesthesia. G.B. Pant Hospital
48.	Hari Om Sharma	O.T. Assistant	DDU Hospital
49.	Harjinder Kaur	Lab. Technician	Bhagwan Mahavir Hospital

S No.	Name	Designation	Institution/Hospital
50.	Jagnesh Bansal	Pharmacist	Shri Dada Dev Matri Avum Shishu Chikitsalaya
51.	Kusum Lata	Lab. Technician	BJRM Hospital
52.	Meenakshi Rehani	Refractionist	Lai Bahadur Shastri Hospital
53.	Narain Singh Keim	Pharmacist	DHS (DGEHS)
54.	Narender Kumar Tyagi	Sanitary Inspector	GB Pant Hospital
55.	Praveen Arora	Pharmacist,	Dr. BSA Hospital
56.	Randhir Singh Grewal	Pharmacist	Sanjay Gandhi Memorial Hospital
57.	Rohit Kumar	ECG Technician	DDU Hospital
58.	Sant Ram	O.T. Technician	Charak Palika Hospital, NDMC
59.	Shashi Kiran Sood	Lab. Assistant	DHS(ED), DGD Vasundhra Enclave
60.	Valsamma Isac	Lab. Assistant	DHS(ED), DGD Trilok Puri
61.	Amrit Lai	Nursing Orderly	DHS (HQ),
62.	Beer Sen	S.S.C	DHS(WD) DGD Prashant Vihar
63.	Bhupender Kumar	Driver	Department of Health & Family Welfar
64.	Cham an Lai	Attendant	DHS (HQ)
65.	Dharamvir Singh	Driver	Sanjay Gandhi Memorial Hospital
66.	Hari Kishan	Sweeper cum Chowkidar	DHS(ED), DGD Kalyan Puri
67.	Jitender Prasad Sharma	Attendant	RTRM Hospital
68.	Bharat Bhushan	Nursing Orderly	DDU Hospital
69.	Rakesh Kumar	Driver	Directorate of Health Services
70.	Vijay Kumar Basista	Field Worker	Directorate of Family Welfare

6.22. TOBACCO CONTROL PROGRAMME

6.22.1 Introduction

Tobacco use is the major cause of Lung diseases , Heart disease , Asthma attacks, Sudden Infant Death Syndrome (cot death) , Childhood respiratory diseases, Chronic cough, TB , phlegm, and wheezing, Chronic Obstructive Airway Disease etc. Consumption of tobacco in India causes about 9 -10 lakh deaths per year and major health problems. Every day around 3000 people die due to tobacco habit in India. Tobacco continues to be the second major cause of death, disease and disability. As per Global Adults Tobacco Survey 2010, 41% male and 3.7% female in Delhi use any kind of tobacco product and 30 % male and 1.1 % female smoke regularly in Delhi. 17% male and 3% female use other form of tobacco products. A Base line Compliance Study to assess status of Tobacco control laws has been conducted by St. Stephens Hospital in 1000 public places in Delhi in December 2010. Evidence of smoking were found in only 7.2% of public places.

6.22.2 Activities under State Tobacco Control Cell

In Delhi, National Tobacco Control programme is being executed through State Tobacco Control Department, Directorate of Health Services, Deptt of Health & Family Welfare, GNCTD. Two act namely, Cigarettes and Other Tobacco Products Act (COTPA) 2003 and Delhi Prohibition of Smoking and Non – Smokers Health Protection Act 1996 are applicable in Delhi. Strict Enforcement of these acts is the main objectives of tobacco control programme in Delhi. The other activities including awareness generation, Tobacco Cessation Services, School

Health Programme, capacity building of concern manpower etc.

6.22.3 Current Activities

1. Official Declaration of DRY DAY for TOBACCO on last day of every month & is under process
2. Efforts are being made to Ban on all Chewable Tobacco Products & is under process
3. Efforts are being made to impose Ban on Hookah Bar & is under process
4. Tobacco Free Delhi Project started initially in four department like Delhi Police, Health, Education and Transport department under GNCTD.
5. Establishment of Tobacco Cessation Clinic in all eleven district.

Table 6.22.1 Achievement of Tobacco Control Activities in Delhi Since 1997

S.No.	Year	Major Achievement
1	1996	Tobacco Control activities were initiated in Delhi as per Delhi 1996 Act
2	2000	Eight raiding squads constituted under eight districts
3	2004	COTPA 2003 enacted in Delhi and widely implemented.
4	2004	Various categories of officers authorized to monitor tobacco control act in Delhi.
5	2008	The revised rules on Ban on Smoking in Public Places implemented in Delhi.
6	2009	Govt. of Delhi has declared Delhi to be made smoke free and activities implemented thereof.
7	2009	All Faith Religious Conclave was organised where religious leader from seven religions addressed the gathering and jointly declared to make Tobacco Free Mankind.
8	2010	Commonwealth Games 2010 was declared Tobacco Free & activities initiated to ensure this.
9	2012	On 31st May, World No Tobacco Day was declared as DRY DAY for TOBACCO. 700 tobacco vendors closed their shops voluntarily and appealed to general public to avoid any kind of tobacco products on this day.
10	2012	Gutkha and other Pan Masala having tobacco/ nicotine as ingredients are banned in Delhi.
11	2013	This year on occasion of World No Tobacco Day 2013, the day was observed as DRY DAY for TOBACCO and it has been decided that last day of every month will be observed as Dry Day For Tobacco.
12	2013	It has been proposed to set up 11 Tobacco Cessation Clinic in all 11 district of Delhi so to support the tobacco users who wish to quit tobacco habit.
13	2013	A campaign to Make Delhi Tobacco Free has been initiated with the aim to make all the government department in Delhi will be made Tobacco Free in phase manner. In first instance Delhi Police, Transport Department, Education Department and Health Department under Delhi Government will be Tobacco Free.

Table 6.22.2 Summary of enforcement of Tobacco Control Laws in Delhi since 2007

Year	No of Public Place and Public Service Vehicle Inspected	No of Person Fined under Public Places and Public Service Vehicle		No of Tobacco Vendors Fined	Total Fine Collected (INR)
		Male	Female		
2007	33227	5882	24	919	537184
2008	54680	9130	16	701	896291
2009	49752	10766	25	488	872999
2010	129027	16510	26	2711	1520557
2011	103792	15168	22	1200	1219680
2012	21607	6303	0	395	422845

6.23. STATE HEALTH INTELLIGENCE BUREAU CUM RESEARCH/ANALYSIS CELL

6.23.1 Introduction

The State Health Intelligence Bureau (SHIB) of DHS is responsible for collection, compilation and analysis of health related data i.e. Morbidity Data (ICD-10), Communicable and Non-communicable disease, Status Reports, Mother Lab Data, Inspection report (Administrative) pertaining to various health outlets of this Directorate as well as Government and major private hospitals/agencies functioning in Delhi. After collection and compilation of data information, the requisite reports are sent to CBHI, MoHFW, Govt. of India.

6.23.2 Publications

This unit prepares and publish the following publications under plan schemes for which the Data/information are collected throughout the year from various programme officers, district offices of this Directorate and other Govt. & Pvt. hospitals/agencies functioning in Delhi.

- Annual Report
- Health Facilities of Delhi
- Citizen Charter of this Directorate
- Preparation of health statistics for other publication like Statistical Hand Book & Classification of Employees, Annual Report on Vital statistics published by Directorate of Economics & Statistics.

In addition to above this branch has also been assigned responsibility to prepare the information for framing reply of the Parliament/Assembly Questions/Assurances for which the material and information are collected from the concerned Programme Officers, Scheme Incharges and Districts of this Directorate and other health outlets concerned.

6.23.3 Achievements

- Collection & Compilation of Morbidity Data on ICD 10 format from all Health Institutions in Delhi.
- Updation of Citizen Charter of all CDMO Offices & other Plan Schemes/Programmes under DHS
- Publication of Health Planner cum Diary

6.24. COMPUTERIZATION OF DHS (HQ) AND SUBORDINATE OFFICES

A computer cell is functioning in the DHS(HQ) carrying out the following activities :

- Formulation of proposal for extension of Computerization up-to PHC/PUHC level.
- AMC of computers and other peripherals.
- Training to staff in basic computing and application software

- Maintenance and updation of Website of Health Department.
- Procurement of Computer Hardware and peripherals.
- Local Area Network Management

During the year over 1500 website updations were carried out by the cell.

Computerization of Hospitals & Health Centers under GNCTD HIMS Software Component for Hospitals of Delhi Govt.

Hospital Information Management System (HIMS) has been implemented in Guru Gobind Singh Govt. Hospital on pilot basis and shall be implemented in other hospitals in due course of time.

The computerized attendance system has been functioning in all dispensaries of the directorate, wherein dispensary daily attendance is reported online by Incharges.

Table 6.23.1 STATEMENT OF COMPILED MORBIDITY /MORTALITY REPORTS WITH ICD 10 CODES FROM DELHI HOSPITALS IN 2012 (in descending order, includes diseases with cumulative 500 or more cases only)

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
J06	Acute upper respiratory infections of multiple or unspecified sites	83717	78004	77317	398	648	182	9	3	0
R50	Fever of unknown origin	61118	45422	36933	620	372	350	4	4	0
J00	Acute nasopharyngitis [common cold]	33979	25553	73785	81	82	37	0	1	0
A09	Diarrhoea and gastroenteritis of presumed infectious origin	40375	25162	49965	566	493	4507	50	10	18
R05	Cough	35808	33365	44013	18	24	23	0	0	0
K29	Gastritis and duodenitis	33294	42756	9417	146	103	135	0	1	0
L50	Urticaria	25418	23695	21688	0	2	13	0	0	0
R10	Abdominal and pelvic pain	24822	27475	15232	241	446	75	1	0	0
W54	Bitten or struck by dog	29515	12452	23247	981	282	606	0	0	0
L08	Other local infections of skin and subcutaneous tissue	18201	20256	26723	16	7	10	1	0	0
R51	Headache	30029	26791	6792	9	13	5	0	0	0
J44	Other chronic obstructive pulmonary disease	29531	21909	7753	1070	528	133	122	65	3
H52	Disorders of refraction and accommodation	21914	25424	12879	2	0	0	0	0	0
Z34	Supervision of normal pregnancy	0	56088	0	0	1135	0	0	0	0
K02	Dental caries	23604	26572	8079	2	2	1	1	0	0
Z36	Antenatal screening	1097	56443	111	11	247	152	0	0	0
J45	Asthma	25661	18823	12340	530	304	269	42	18	1
I10	Essential (primary) hypertension	31656	23737	845	517	448	17	22	21	0
K30	Dyspepsia	26577	24202	2148	24	8	14	0	1	0
D50	Iron deficiency anaemia	11140	26855	8992	220	2002	1726	9	13	0
J02	Acute pharyngitis	20321	17052	11378	22	23	7	1	0	0
M13	Other arthritis	23747	22209	180	25	29	4	0	0	0
B86	Scabies	16209	12725	14611	0	0	1	0	0	0
E11	Non-insulin-dependent diabetes mellitus	22978	18823	47	776	589	16	44	30	0
R53	Malaise and fatigue	16771	14360	8337	16	0	0	0	0	0
N39	Other disorders of urinary system	14199	18776	5569	88	85	97	0	1	0
L30	Other dermatitis	12920	12726	12816	2	0	1	0	0	0
J22	Unspecified acute lower respiratory infection	13298	10819	11423	155	102	308	3	3	0
H10	Conjunctivitis	12266	15715	6797	4	12	2	0	0	0
K21	Gastro-oesophageal reflux disease	12751	16590	3980	2	2	16	0	0	0
H25	Senile cataract	12823	15690	2344	856	1167	180	0	0	0
L53	Other erythematous conditions	10228	8668	13552	0	0	1	0	0	0
R11	Nausea and vomiting	7364	12347	12484	22	18	25	0	1	0
R12	Heartburn	13269	13096	5805	2	2	0	0	0	0
L70	Acne	14422	14661	1175	0	0	0	0	0	0
B35	Dermatophytosis	12047	9317	8651	0	0	0	0	0	0
Z27	Need for immunization against combinations of infectious diseases	0	0	22043	0	0	7682	0	0	0
J01	Acute sinusitis	10556	10611	8124	99	37	20	0	0	0
A01	Typhoid and paratyphoid fevers	11417	8886	6291	751	583	1417	16	1	4
S99	Other and unspecified injuries of ankle	8137	8056	12845	2	0	0	0	0	0

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
	and foot									
W01	Fall on same level from slipping, tripping and stumbling	6882	8833	12551	2	0	0	0	0	0
O80	Single spontaneous delivery	0	434	0	361	24801	2574	0	0	16
Z30	Contraceptive management	57	23972	75	0	1308	140	0	0	0
J20	Acute bronchitis	11329	8017	4973	204	93	538	4	2	6
H66	Suppurative and unspecified otitis media	8078	8820	7234	185	311	81	0	0	0
R14	Flatulence and related conditions	9009	10977	4135	3	0	0	0	0	0
H60	Otitis externa	7103	8162	7166	5	9	7	0	0	0
S40	Superficial injury of shoulder and upper arm	7522	8687	6224	9	2	5	0	0	0
I10-I15	Hypertensive diseases	12009	9462	0	286	187	1	27	17	0
M17	Gonarthrosis [arthrosis of knee]	9694	12023	231	2	3	1	0	0	0
M15	Polyarthrosis	10067	10481	1160	10	2	0	0	0	0
A06	Amoebiasis	8103	6243	7100	87	48	30	0	0	0
X00	Exposure to uncontrolled fire in building or structure	7368	8330	5883	0	0	0	0	0	0
L02	Cutaneous abscess, furuncle and carbuncle	8662	7728	4994	57	51	77	1	0	0
S81	Open wound of lower leg	6494	5388	9191	5	6	5	0	0	0
J40	Bronchitis, not specified as acute or chronic	8652	6480	5709	75	54	90	4	1	0
Z32	Pregnancy examination and test	0	20504	0	0	85	0	0	0	0
S89	Other and unspecified injuries of lower leg	6068	5352	9335	6	3	1	0	0	0
E53	Deficiency of other B group vitamins	6841	6261	6847	0	0	0	0	0	0
K05	Gingivitis and periodontal diseases	9880	8633	1290	4	0	1	0	0	0
M00	Pyogenic arthritis	9798	8645	947	19	4	40	0	0	0
S60	Superficial injury of wrist and hand	6499	6994	5934	11	4	0	0	0	0
G40	Epilepsy	8005	5973	3492	381	197	566	30	6	5
E55	Vitamin D deficiency	3533	6777	7324	0	0	68	0	0	0
N94	Pain and other conditions associated with female genital organs and menstrual cycle	67	16597	34	0	267	41	0	1	0
S59	Other and unspecified injuries of forearm	6149	4972	5840	5	1	0	0	0	0
L03	Cellulitis	6443	5329	4928	93	40	62	2	1	1
L23	Allergic contact dermatitis	6749	6451	3538	0	0	0	0	0	0
B82	Unspecified intestinal parasitism	4802	4043	7413	5	6	3	0	0	0
M70	Soft tissue disorders related to use, overuse and pressure	6799	7622	1698	23	10	6	0	0	0
J03	Acute tonsillitis	3577	4363	7799	146	72	155	0	0	0
E58	Dietary calcium deficiency	3013	7169	5566	0	3	4	0	0	0
H11	Other disorders of conjunctiva	4368	5003	6281	15	6	2	0	0	0
I20-I25	Ischaemic heart diseases	8370	6288	9	226	142	0	20	11	0
J18	Pneumonia, organism unspecified	3766	2819	5228	325	296	2070	52	24	114
K00	Disorders of tooth development and eruption	5652	6864	2147	2	0	0	0	0	0
Z38	Liveborn infants according to place of birth	0	924	22	410	4793	7910	0	0	1
D53	Other nutritional anaemias	2378	7600	3784	27	80	97	1	1	2
A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	6814	5242	997	453	198	56	57	19	0
E46	Unspecified protein-energy malnutrition	1874	4475	7401	1	0	22	1	0	0
H61	Other disorders of external ear	4842	5290	3003	6	5	4	0	0	0
M81	Osteoporosis without pathological fracture	5594	7276	187	2	4	0	0	0	0
Z30-Z39	Persons encountering health services in circumstances related to reproduction	0	12001	1	0	108	622	0	0	0
Z35	Supervision of high-risk pregnancy	0	10946	0	0	1301	0	0	0	1
Z39	Postpartum care and examination	6	5487	35	0	5888	995	0	0	0
H01	Other inflammation of eyelid	4195	4061	4115	5	5	2	0	0	0
S82	Fracture of lower leg, including ankle	5377	4421	1569	553	138	65	2	0	0
N72	Inflammatory disease of cervix uteri	0	11927	32	0	134	1	0	0	0
L00	Staphylococcal scalded skin syndrome	3065	4868	3859	0	0	2	0	0	0
L29	Pruritus	5247	6251	274	0	0	2	0	0	0
M50	Cervical disc disorders	4561	6504	72	2	1	0	0	0	0
K12	Stomatitis and related lesions	3009	4375	3741	6	6	3	0	0	0
M47	Spondylosis	4821	5749	537	7	4	1	0	0	0
L25	Unspecified contact dermatitis	208	196	10396	0	0	0	0	0	0
S62	Fracture at wrist and hand level	3410	4745	2021	231	64	46	1	0	0

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
K04	Diseases of pulp and periapical tissues	4048	4964	779	1	1	0	0	0	0
M65	Synovitis and tenosynovitis	4309	5190	241	3	1	12	0	0	0
O80-O84	Delivery	0	0	0	0	8774	833	0	0	0
H93	Other disorders of ear, not elsewhere classified	3069	2683	3535	1	0	0	0	0	0
J16	Pneumonia due to other infectious organisms, not elsewhere classified	848	609	7125	63	44	314	6	3	4
O25	Malnutrition in pregnancy	0	7438	0	0	625	0	0	0	0
Z26	Need for immunization against other single infectious diseases	51	86	8792	0	0	0	0	0	0
B36	Other superficial mycoses	3334	2415	3160	7	4	1	0	0	0
G44	Other headache syndromes	2927	5283	544	7	4	0	1	1	0
H90	Conductive and sensorineural hearing loss	3383	2946	2095	2	0	0	0	0	0
M51	Other intervertebral disc disorders	3453	4827	46	13	8	1	0	0	0
E44	Protein-energy malnutrition of moderate and mild degree	0	2	8102	2	3	97	0	0	0
H49-H52	Disorders of ocular muscles, binocular movement, accommodation and refraction	2667	2841	2681	0	2	0	0	0	0
I25	Chronic ischaemic heart disease	4552	2016	202	1035	290	3	52	31	1
H72	Perforation of tympanic membrane	3093	3087	1659	124	124	23	0	0	0
O82	Single delivery by caesarean section	0	249	0	39	7379	408	0	0	1
R30	Pain associated with micturition	4315	3233	505	2	3	3	0	0	0
S92	Fracture of foot, except ankle	3615	2640	1581	139	25	16	0	0	0
E10	Insulin-dependent diabetes mellitus	4738	2692	16	264	246	20	18	11	0
J10	Influenza due to identified influenza virus	3914	3601	321	29	33	1	0	0	0
S52	Fracture of forearm	2735	1654	2343	358	598	111	0	0	0
N92	Excessive, frequent and irregular menstruation	26	6770	52	0	776	39	0	0	0
B08	Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified	4487	1300	1678	1	0	3	0	0	0
H57	Other disorders of eye and adnexa	2292	3115	2026	7	8	5	0	0	0
L01	Impetigo	3014	1811	2594	6	1	5	0	0	0
K80	Cholelithiasis	1373	3605	69	597	1536	187	11	6	1
D51	Vitamin B12 deficiency anaemia	2245	3020	1966	19	14	4	0	0	0
J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	3783	2976	85	135	48	9	12	5	0
K03	Other diseases of hard tissues of teeth	3348	3196	432	1	4	0	0	0	0
S42	Fracture of shoulder and upper arm	2059	2535	1703	233	87	114	0	0	0
H71	Cholesteatoma of middle ear	2594	2518	1406	16	26	5	0	0	0
H74	Other disorders of middle ear and mastoid	2742	1925	1642	27	29	1	0	0	0
H65	Nonsuppurative otitis media	1643	2026	2577	0	0	2	0	0	0
L40	Psoriasis	3127	2548	503	9	5	1	0	0	0
L21	Seborrhoeic dermatitis	1833	2598	1718	0	0	0	0	0	0
E03	Other hypothyroidism	2315	3516	143	27	61	4	7	3	0
T02	Fractures involving multiple body regions	2669	2023	1004	210	81	63	0	0	0
E50	Vitamin A deficiency	949	1883	2939	0	0	6	0	1	0
P92	Feeding problems of newborn	0	0	1318	0	0	4367	0	0	0
L80	Vitiligo	1893	2866	907	0	0	1	0	0	0
S90	Superficial injury of ankle and foot	2794	2078	774	11	6	2	0	0	0
M54	Dorsalgia	3189	2222	202	14	3	0	0	0	0
D52	Folate deficiency anaemia	353	3487	1739	4	3	1	0	0	0
G43	Migraine	2375	3196	2	1	1	1	0	0	0
I84	Haemorrhoids	3667	1426	46	126	80	3	0	0	0
A00-A09	Intestinal infectious diseases	2071	2263	742	33	31	138	1	0	0
A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	2287	1614	1003	99	81	143	8	3	5
I63	Cerebral infarction	2880	2165	0	83	29	4	8	3	0
N20	Calculus of kidney and ureter	2789	1495	227	253	177	53	0	0	0
L20	Atopic dermatitis	1800	1489	1623	0	0	2	0	0	0
H00	Hordeolum and chalazion	1669	1822	1389	5	3	1	0	0	0
F40-F48	Neurotic, stress-related and somatoform disorders	1760	3057	71	0	0	0	0	0	0
B30	Viral conjunctivitis	1733	1492	1597	0	0	0	0	0	0
V09	Pedestrian injured in other and unspecified transport accidents	2842	1039	871	23	7	2	3	3	1
Z37	Outcome of delivery	0	502	0	0	2580	1678	0	0	8

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
K75	Other inflammatory liver diseases	2655	1610	5	133	38	175	6	2	2
N76	Other inflammation of vagina and vulva	0	4307	47	0	16	1	0	0	0
R52	Pain, not elsewhere classified	2245	1857	245	2	2	3	0	0	0
R68	Other general symptoms and signs	1725	1544	1048	2	0	0	0	0	0
H26	Other cataract	1577	1322	634	350	396	15	0	0	0
B15	Acute hepatitis A	2364	1757	37	54	40	15	2	5	2
G81	Hemiplegia	2411	1591	35	29	30	16	2	2	0
K40	Inguinal hernia	2016	169	482	935	69	430	0	0	0
F30-F39	Mood (affective) disorders	1695	2257	131	0	0	0	0	0	0
L81	Other disorders of pigmentation	1163	2221	650	0	0	0	0	0	0
V01	Pedestrian injured in collision with pedal cycle	2139	1011	378	358	64	28	18	3	0
S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	1715	1683	581	6	3	0	0	0	0
L28	Lichen simplex chronicus and prurigo	1915	1407	653	0	0	0	0	0	0
B85	Pediculosis and phthiriasis	746	1556	1638	0	0	0	0	0	0
N91	Absent, scanty and rare menstruation	77	3735	54	7	57	2	1	0	0
O83	Other assisted single delivery	0	267	0	0	3156	491	0	0	0
J32	Chronic sinusitis	1674	1597	564	37	17	3	0	0	0
M20-M25	Other joint disorder	2080	960	779	6	0	0	0	0	0
F32	Depressive episodes	1802	1809	99	30	13	1	0	0	0
A46	Erysipelas	1	0	3749	1	0	0	0	0	0
K76	Other diseases of liver	1169	828	2	1051	360	116	157	37	4
H40	Glaucoma	1273	1421	174	37	794	16	0	0	0
J00-J06	Acute upper respiratory infections	1387	1473	793	17	13	9	0	0	0
N71	Inflammatory disease of uterus, except cervix	0	2471	37	0	1138	0	0	1	0
F20-F29	Schizophrenia, schizotypal and delusional disorders	1784	1689	161	0	1	0	0	0	0
O47	False labour	0	2262	0	0	1210	161	0	0	0
J90	Pleural effusion, not elsewhere classified	1901	1408	71	90	58	87	7	3	1
M05-M14	Inflammatory polyarthropathies	1513	2082	19	3	0	1	0	0	0
L27	Dermatitis due to substances taken internally	1842	1428	309	1	1	0	0	0	0
S43	Dislocation, sprain and strain of joints and ligaments of shoulder girdle	1082	2398	80	15	3	0	0	0	0
O30-O48	Maternal care related to fetus and amniotic cavity and possible delivery problems	0	2096	0	0	1456	0	0	0	0
I42	Cardiomyopathy	2175	1323	0	18	15	8	3	5	1
M80	Osteoporosis with pathological fracture	1618	1584	188	95	48	3	0	0	1
N73	Other female pelvic inflammatory diseases	241	3016	100	0	151	3	0	0	0
H04	Disorders of lacrimal system	1076	1160	1237	9	7	13	0	0	0
N18	Chronic renal failure	1752	1361	0	65	31	266	8	2	2
N30	Cystitis	1404	1868	80	22	66	22	0	0	0
I20	Angina pectoris	1509	1413	0	321	149	2	7	3	0
S93	Dislocation, sprain and strain of joints and ligaments at ankle and foot level	1500	1729	120	3	0	1	0	0	0
M16	Coxarthrosis [arthrosis of hip]	1329	2010	4	0	0	0	0	0	0
D50-D53	Nutritional anaemias	1550	1674	2	37	64	8	1	4	0
K01	Embedded and impacted teeth	2030	1013	290	1	0	3	0	0	0
X85	Assault by drugs, medicaments and biological substances	1791	925	86	305	141	51	1	0	0
H16	Keratitis	1465	1154	656	2	1	1	1	1	0
K70	Alcoholic liver disease	2350	6	0	702	77	28	116	1	0
K90	Intestinal malabsorption	996	925	1196	13	6	112	0	0	1
L55	Sunburn	1393	887	936	0	0	1	0	0	0
K60	Fissure and fistula of anal and rectal regions	1905	994	100	123	68	6	0	0	0
S83	Dislocation, sprain and strain of joints and ligaments of knee	1201	1789	118	12	5	0	0	0	0
N43	Hydrocele and spermatocele	2267	3	214	488	33	76	1	0	0
R07	Pain in throat and chest	1654	1116	170	25	24	2	1	0	0
S50	Superficial injury of forearm	1176	1341	443	16	4	5	0	0	0
F41	Other anxiety disorders	1238	1652	51	1	1	0	0	0	0
H10-H13	Disorders of conjunctiva	809	1284	825	3	2	0	0	0	0
G20	Parkinson's disease	1774	1027	0	13	12	3	0	0	0
J30	Vasomotor and allergic rhinitis	1462	1004	332	10	4	1	0	0	0
M10	Gout	1248	1311	241	0	1	0	0	0	0

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S72	Fracture of femur	1073	416	283	615	243	160	4	3	0
M05	Seropositive rheumatoid arthritis	879	1755	139	5	6	5	0	0	0
K92	Other diseases of digestive system	719	641	1248	61	64	13	4	1	0
O20-O29	Other maternal disorders predominantly related to pregnancy	0	2494	0	0	244	0	0	0	0
B49	Unspecified mycosis	831	851	1040	0	0	0	0	0	0
K09	Cysts of oral region, not elsewhere classified	1186	1277	184	2	1	0	0	0	0
B77	Ascariasis	688	278	1628	0	1	3	0	0	0
B19	Unspecified viral hepatitis	839	1008	572	66	50	60	2	1	0
L63	Alopecia areata	1253	908	434	0	0	0	0	0	0
I08	Multiple valve diseases	1412	1141	0	7	3	0	2	1	0
J31	Chronic rhinitis, nasopharyngitis and pharyngitis	1161	991	306	33	21	5	0	0	0
M60	Myositis	1030	1261	177	6	3	16	0	0	0
F29	Unspecified nonorganic psychosis	1186	1054	144	38	37	9	0	0	0
N97	Female infertility	39	2040	46	0	306	25	0	0	0
S00	Superficial injury of head	1053	666	429	215	51	29	8	3	0
J21	Acute bronchiolitis	230	173	1632	10	3	374	0	0	4
C50	Malignant neoplasm of breast	10	1720	0	18	624	8	2	38	0
A71	Trachoma	1234	1054	88	0	0	0	0	0	0
K14	Diseases of tongue	1189	924	235	15	1	2	0	0	0
L24	Irritant contact dermatitis	1097	715	553	0	0	0	0	0	0
N81	Female genital prolapse	34	1515	32	23	680	72	0	0	0
N93	Other abnormal uterine and vaginal bleeding	0	1483	617	0	119	3	0	0	0
L04	Acute lymphadenitis	519	397	1362	14	6	16	0	0	1
H65-H75	Diseases of middle ear and mastoid	834	895	499	31	39	4	0	0	0
L64	Androgenic alopecia	1474	703	73	0	0	0	0	0	0
O48	Prolonged pregnancy	0	935	0	0	1301	0	0	0	0
N80-N98	Non inflammatory disorders of female genital tract	0	2056	0	0	148	21	0	0	0
N17	Acute renal failure	1108	837	0	104	38	10	70	25	2
Z00	General examination and investigation of persons without complaint and reported diagnosis	724	630	823	0	13	1	0	0	0
J11	Influenza, virus not identified	892	703	323	31	13	214	0	0	0
R01	Cardiac murmurs and other cardiac sounds	621	863	669	5	8	3	0	0	0
K00-K14	Diseases of oral cavity, salivary glands and jaws	888	964	278	3	3	2	0	0	0
Y04	Assault by bodily force	1625	471	6	13	7	0	0	0	0
S10	Superficial injury of neck	1040	865	188	9	13	0	0	0	0
Z31	Procreative management	203	1891	5	0	4	0	0	0	0
K20	Oesophagitis	689	974	371	21	9	1	1	0	0
O05	Other abortion	0	372	0	0	1531	126	0	1	0
B90	Sequelae of tuberculosis	1010	642	200	73	52	27	4	2	0
O20	Haemorrhage in early pregnancy	0	1513	0	0	460	0	0	0	0
F20	Schizophrenia	1019	793	28	84	53	5	0	0	0
R13	Dysphagia	1189	698	84	3	4	0	1	0	0
L80-L99	Other disorders of the skin and subcutaneous tissue	876	498	582	1	0	0	0	0	0
G41	Status epilepticus	576	744	542	10	3	52	2	0	1
B05	Measles	634	447	787	2	1	53	0	0	2
B37	Candidiasis	759	718	432	1	0	1	0	0	0
A30	Leprosy [Hansen's disease]	716	472	685	2	1	0	0	0	0
I60-I69	Cerebrovascular diseases	1070	800	0	0	1	0	0	0	0
M86	Osteomyelitis	782	729	266	28	19	42	0	0	0
H00-H06	Disorder of eyelid, lacrimal system and orbit	581	500	766	0	8	0	0	0	0
A18	Tuberculosis of other organs	792	619	221	39	24	120	4	4	5
M02	Reactive arthropathies	824	924	56	7	1	0	0	0	0
M45	Ankylosing spondylitis	925	799	70	2	0	0	0	0	0
O03	Spontaneous abortion	58	513	46	1	1061	107	0	1	0
H17	Corneal scars and opacities	788	771	210	0	1	0	0	0	0
M40	Kyphosis and lordosis	1016	603	136	0	0	1	0	0	0
M70-M79	Other soft tissue disorders	799	945	6	2	0	0	0	0	0
F23	Acute and transient psychotic disorders	774	833	106	18	8	3	0	0	0
A19	Miliary tuberculosis	280	720	667	7	4	21	0	0	3
H54	Blindness and low vision	716	561	410	0	0	0	0	0	0
M83	Adult osteomalacia	611	1022	40	0	0	0	0	0	0
G47	Sleep disorders	879	778	3	4	0	3	0	0	0

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E14	Unspecified diabetes mellitus	497	596	1	287	206	51	12	14	0
H28*	Cataract and other disorders of lens in diseases classified elsewhere	651	959	17	0	3	0	0	0	0
R50-R69	General symptoms and signs	767	772	77	1	6	7	0	0	0
S40-S49	Injuries to the shoulder and upper arm	897	368	330	17	7	5	0	0	0
E05	Thyrotoxicosis [hyperthyroidism]	839	781	2	0	0	0	0	0	0
N40	Hyperplasia of prostate	1403	73	6	122	12	5	0	0	0
S32	Fracture of lumbar spine and pelvis	324	189	134	619	254	78	1	0	0
N21	Calculus of lower urinary tract	690	577	174	87	44	26	0	0	0
J34	Other disorders of nose and nasal sinuses	553	389	576	41	28	5	0	0	0
A41	Other septicaemia	0	1	3	147	79	807	143	60	352
H83	Other diseases of inner ear	821	756	0	0	0	0	0	0	0
H55	Nystagmus and other irregular eye movements	572	596	383	0	0	1	0	0	0
M50-M54	Other dorsopathies	716	807	0	4	0	0	0	0	0
W53	Bitten by rat	691	264	569	0	1	0	0	0	0
X34	Victim of earthquake	0	1486	0	0	15	0	0	0	0
N86	Erosion and ectropion of cervix uteri	0	1373	39	0	30	0	0	0	0
N70	Salpingitis and oophoritis	5	1296	34	4	143	0	0	0	0
M20	Acquired deformities of fingers and toes	392	861	188	1	5	13	0	0	0
F42	Obsessive-compulsive disorder	723	667	44	8	4	0	0	0	1
P36	Bacterial sepsis of newborn	0	0	150	0	42	1101	0	0	151
H21	Other disorders of iris and ciliary body	516	552	365	0	4	1	0	0	0
N45	Orchitis and epididymitis	1238	21	124	23	0	5	0	0	0
O12	Gestational [pregnancy-induced] oedema and proteinuria without hypertension	0	1255	0	0	141	0	0	0	0
B00	Herpesviral [herpes simplex] infections	248	456	695	2	0	0	0	0	0
G80	Infantile cerebral palsy	413	397	449	3	2	122	0	0	1
F39	Unspecified mood [affective] disorder	522	834	20	1	3	1	0	0	0
J17*	Pneumonia in diseases classified elsewhere	760	560	0	30	24	0	1	0	0
H18	Other disorders of cornea	657	340	372	1	0	0	0	0	0
R56	Convulsions, not elsewhere classified	240	0	131	104	74	785	0	0	11
L84	Corns and callosities	782	467	89	2	1	1	0	0	0
M22	Disorders of patella	655	564	57	39	22	1	0	0	0
F34	Persistent mood [affective] disorders	834	497	1	1	1	0	0	0	0
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	4	126	0	26	1007	0	0	157
R18	Ascites	226	163	3	558	181	10	145	28	3
O04	Medical abortion	0	337	0	0	916	57	0	0	0
F10	Mental and behavioural disorders due to use of alcohol	1170	38	12	74	3	0	1	0	0
B01	Varicella [chickenpox]	466	268	516	16	0	4	0	0	0
H50	Other strabismus	560	417	280	2	1	5	0	0	0
R16	Hepatomegaly and splenomegaly, not elsewhere classified	623	554	0	17	11	54	0	0	0
K31	Other diseases of stomach and duodenum	658	525	0	30	34	1	2	1	0
R20	Disturbances of skin sensation	496	555	113	42	42	0	0	0	0
B34	Viral infection of unspecified site	80	9	1082	10	8	57	0	0	1
S90-S99	Injuries to the ankle and foot	799	210	233	3	1	0	0	0	0
N23	Unspecified renal colic	624	479	133	6	0	0	0	0	0
R42	Dizziness and giddiness	826	397	17	0	0	1	0	0	0
B54	Unspecified malaria	382	246	206	150	64	160	6	2	3
O42	Premature rupture of membranes	1	481	0	0	723	7	0	0	0
R59	Enlarged lymph nodes	359	417	406	3	4	20	0	0	0
I11	Hypertensive heart disease	431	157	1	362	207	12	23	8	0
R22	Localized swelling, mass and lump of skin and subcutaneous tissue	216	270	689	2	3	11	0	0	0
S20	Superficial injury of thorax	557	442	160	21	7	1	0	0	0
V12	Pedal cyclist injured in collision with two- or three-wheeled motor vehicle	707	296	143	5	4	2	13	0	0
S53	Dislocation, sprain and strain of joints and ligaments of elbow	193	346	608	2	1	1	0	0	0
K06	Other disorders of gingiva and edentulous alveolar ridge	466	504	175	0	0	0	0	0	0
F33	Recurrent depressive disorder	587	528	5	11	5	1	0	0	0
H60-H62	Diseases of external ear	445	492	197	1	1	0	0	0	0
O13	Gestational [pregnancy-induced]	0	809	0	0	317	0	0	0	0

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
	hypertension without significant proteinuria									
P59	Neonatal jaundice from other and unspecified causes	0	0	406	12	3	695	0	0	2
O84	Multiple delivery	0	8	0	0	1091	6	0	0	0
O23	Infections of genitourinary tract in pregnancy	0	976	0	0	103	0	0	0	0
K73	Chronic hepatitis, not elsewhere classified	642	413	3	28	11	3	2	0	1
M49*	Spondylopathies in diseases classified elsewhere	0	1103	0	0	0	0	0	0	0
R73	Elevated blood glucose level	200	490	0	100	104	202	0	0	0
L42	Pityriasis rosea	433	332	330	1	0	0	0	0	0
A03	Shigellosis	0	0	999	0	2	95	0	0	0
K71	Toxic liver disease	583	396	0	49	50	0	0	1	0
Y00	Assault by blunt object	832	197	41	2	1	0	0	0	0
F10-F19	Mental and behavioural disorders due to psychoactive substance use	945	84	43	1	0	0	0	0	0
S80	Superficial injury of lower leg	576	350	124	18	0	4	0	0	0
A54	Gonococcal infection	195	150	724	0	0	0	0	0	0
K61	Abscess of anal and rectal regions	497	534	0	25	7	4	0	0	0
K35	Acute appendicitis	304	297	52	200	108	102	2	0	0
T20	Burn and corrosion of head and neck	363	248	334	64	39	17	0	0	0
H92	Otalgia and effusion of ear	409	388	266	0	1	0	0	0	0
H15	Disorders of sclera	451	436	157	0	0	0	0	0	0
J12	Viral pneumonia, not elsewhere classified	94	101	321	105	43	357	6	3	13
M18	Arthrosis of first carpometacarpal joint	483	556	0	0	1	0	0	0	0
N96	Habitual aborter	27	790	79	0	122	20	0	1	0
F43	Reaction to severe stress, and adjustment disorders	454	550	26	9	0	0	0	0	0
M23	Internal derangement of knee	634	370	19	6	2	1	0	0	0
F31	Bipolar affective disorder	565	320	38	88	18	2	0	0	0
K74	Fibrosis and cirrhosis of liver	472	430	0	81	25	3	6	2	0
J04	Acute laryngitis and tracheitis	307	397	292	1	1	1	0	0	0
O68	Labour and delivery complicated by fetal stress [distress]	0	1	0	1	937	9	0	0	0
J40-J47	Chronic lower respiratory diseases	493	402	8	25	12	5	0	0	0
I05-I09	Chronic rheumatic heart diseases	550	380	0	6	2	0	0	0	0
O60	Preterm delivery	0	8	0	0	732	111	0	0	68
L43	Lichen planus	394	342	180	0	0	0	0	0	0
N95	Menopausal and other perimenopausal disorders	0	849	0	0	45	6	0	0	0
O60-O75	Complications of labour and delivery	0	0	0	0	897	0	0	0	0
S70	Superficial injury of hip and thigh	444	367	65	7	3	4	1	0	0
H40-H42	Glaucoma	413	409	7	25	35	0	0	0	0
J05	Acute obstructive laryngitis [croup] and epiglottitis	295	282	299	1	2	5	0	1	0
J33	Nasal polyp	439	340	76	16	10	3	0	0	0
O81	Single delivery by forceps and vacuum extractor	0	10	0	2	752	119	1	0	0
D24	Benign neoplasm of breast	59	774	3	1	30	4	0	0	0
F44	Dissociative [conversion] disorders	158	640	65	5	0	2	0	0	0
A00	Cholera	272	429	158	0	3	4	0	0	0
L60	Nail disorders	486	227	151	0	1	0	0	0	0
S22	Fracture of rib(s), sternum and thoracic spine	339	284	151	54	20	11	0	0	0
J35	Chronic diseases of tonsils and adenoids	90	287	404	15	12	49	0	0	0
D25	Leiomyoma of uterus	10	573	0	8	241	17	0	0	0
K52	Other noninfective gastroenteritis and colitis	373	366	41	5	18	32	0	0	1
P22	Respiratory distress of newborn	0	0	2	10	75	638	0	1	98
O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	0	599	0	0	218	0	0	1	0
O32	Maternal care for known or suspected malpresentation of fetus	0	530	0	0	293	0	0	0	0
N47	Redundant prepuce, phimosis and paraphimosis	283	8	444	44	1	38	0	0	0
O10-O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	0	659	0	0	154	0	0	0	0

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
L56	Other acute skin changes due to ultraviolet radiation	195	557	59	0	1	0	0	0	0
S63	Dislocation, sprain and strain of joints and ligaments at wrist and hand level	407	333	64	5	1	0	0	0	0
C34	Malignant neoplasm of bronchus and lung	296	63	0	308	74	10	46	12	0
N74*	Female pelvic inflammatory disorders in diseases classified elsewhere	0	777	0	0	31	0	0	0	0
A92	Other mosquito-borne viral fevers	0	0	0	145	96	565	0	1	0
H68	Eustachian salpingitis and obstruction	239	267	281	3	5	0	0	0	0
S50-S59	Injuries to the elbow and forearm	218	346	183	13	11	7	0	0	0
S05	Injury of eye and orbit	279	166	306	18	5	0	0	0	0
A02	Other salmonella infections	244	328	185	6	5	4	0	0	0
L22	Diaper [napkin] dermatitis	81	118	569	0	0	0	0	0	0
W50	Hit, struck, kicked, twisted, bitten or scratched by another person	523	167	38	35	2	1	0	0	0
C23	Malignant neoplasm of gallbladder	97	290	0	90	244	5	14	26	0
M45-M49	Spondylopathies	342	328	76	3	0	0	0	0	0
N63	Unspecified lump in breast	51	632	45	0	17	0	0	0	0
H51	Other disorders of binocular movement	280	308	143	1	0	7	0	0	3
N83	Noninflammatory disorders of ovary, fallopian tube and broad ligament	0	636	0	0	102	3	0	0	0
V20	Motorcycle rider injured in collision with pedestrian or animal	88	14	1	413	149	57	10	1	3
O00-O08	Pregnancy with abortive outcome	0	435	0	0	295	0	0	0	0
S60-S69	Injuries to the wrist and hand	392	259	67	6	2	2	0	0	0
A56	Other sexually transmitted chlamydial diseases	1	313	414	0	0	0	0	0	0
N85	Other noninflammatory disorders of uterus, except cervix	0	569	0	0	143	14	0	0	0
R23	Other skin changes	239	274	208	0	4	0	0	0	0
W50-W64	Exposure to animate mechanical forces	401	195	125	0	0	0	0	0	0
B07	Viral warts	335	244	138	0	0	0	0	0	0
N60	Benign mammary dysplasia	34	514	44	7	108	6	0	0	0
L00-L08	Infections of the skin and subcutaneous tissue	329	269	89	10	5	2	0	0	0
N34	Urethritis and urethral syndrome	348	137	210	1	8	0	0	0	0
E01	Iodine-deficiency-related thyroid disorders and allied conditions	265	428	2	3	4	0	0	0	0
J46	Status asthmaticus	175	348	102	27	9	22	16	3	0
O02	Other abnormal products of conception	0	526	0	0	168	5	0	0	0
H27	Other disorders of lens	299	304	0	45	51	0	0	0	0
N70-N77	Inflammatory diseases of female pelvic organs	0	670	0	0	23	5	0	0	0
T29	Burns and corrosions of multiple body regions	406	186	97	2	2	1	0	0	0
K81	Cholecystitis	122	257	1	83	208	11	1	0	0
W55	Bitten or struck by other mammals	272	221	189	0	0	0	0	0	0
F50-F59	Behavioural syndromes associates with physiological disturbances and physical factors	610	63	0	0	0	0	0	0	0
L98	Other disorders of skin and subcutaneous tissue, not elsewhere classified	256	263	153	0	0	1	0	0	0
D56	Thalassaemia	2	6	4	11	13	635	0	0	0
T00	Superficial injuries involving multiple body regions	218	140	301	4	3	0	0	0	0
J15	Bacterial pneumonia, not elsewhere classified	16	37	468	40	17	86	0	0	0
M06	Other rheumatoid arthritis	183	404	53	11	11	0	0	0	0
K65	Peritonitis	18	12	0	335	172	80	22	12	8
K13	Other diseases of lip and oral mucosa	178	309	166	1	0	1	0	0	0
J90-J94	Suppurative and necrotic conditions of lower respiratory tract	380	270	0	1	2	0	0	0	0
I46	Cardiac arrest	3	1	1	83	42	4	364	127	26
P21	Birth asphyxia	0	0	28	10	46	430	2	0	132
S02	Fracture of skull and facial bones	264	163	150	53	8	6	0	0	1
S61	Open wound of wrist and hand	230	259	144	5	2	2	0	0	0
N77*	Vulvovaginal ulceration and inflame mation in diseases classified elsewhere	0	272	226	0	23	0	0	0	0
K66	Other disorders of peritoneum	301	240	95	2	1	2	0	0	0
O21	Excessive vomiting in pregnancy	0	436	0	0	187	0	0	0	0

ICD 10 CODE	DISEASE NAME	OPD (M)	OPD(F)	OPD(CH)	IPD(M)	IPD(F)	IPD(CH)	DEATH (M)	DEATH (F)	DEATH (CH)
J91*	Pleural effusion in conditions classified elsewhere	340	270	0	17	6	0	2	0	0
H53	Visual disturbances	358	114	144	0	0	0	0	0	0
F70-F79	Mental retardation	8	12	581	7	0	0	0	0	0
M12	Other specific arthropathies	189	260	151	6	0	0	0	0	0
I44	Atrioventricular and left bundle-branch block	320	270	0	8	2	0	1	0	0
S30	Superficial injury of abdomen, lower back and pelvis	288	175	120	11	0	2	0	0	0
D10-D36	Benign neoplasms	69	401	19	3	102	1	0	0	0
L91	Hypertrophic disorders of skin	314	160	121	0	0	0	0	0	0
F71	Moderate mental retardation	84	51	442	5	7	3	0	0	0
R04	Haemorrhage from respiratory passages	387	162	22	7	2	2	0	0	2
W17	Other fall from one level to another	428	80	76	0	0	0	0	0	0
E02	Subclinical iodine-deficiency hypothyroidism	306	259	5	0	1	0	0	0	0
S80-S89	Injuries to the knee and lower leg	265	235	32	18	9	3	0	0	0
G59*	Mononeuropathy in diseases classified elsewhere	300	260	0	1	0	1	0	0	0
L72	Follicular cysts of skin and subcutaneous tissue	263	177	91	6	5	19	0	0	0
K85	Acute pancreatitis	162	136	26	116	87	29	4	0	0
J66	Airway disease due to specific organic dust	142	249	166	0	0	0	0	0	0
K07	Dentofacial anomalies [including malocclusion]	285	210	61	0	0	0	0	0	0
F40	Phobic anxiety disorders	204	347	4	1	0	0	0	0	0
F52	Sexual dysfunction, not caused by organic disorder or disease	527	22	0	0	0	0	0	0	0
B26	Mumps	204	143	191	3	1	5	0	0	0
R71	Abnormality of red blood cells	84	102	107	78	106	67	0	0	0
R00-R09	Symptoms and signs involving the circulatory and respiratory systems	276	259	5	0	0	0	0	0	0
I01	Rheumatic fever with heart involvement	157	200	28	49	96	5	2	0	0
F11	Mental and behavioural disorders due to use of opioids	512	7	2	12	1	0	0	0	0
S01	Open wound of head	201	95	175	49	6	6	2	0	0
P05	Slow fetal growth and fetal malnutrition	0	84	1	0	133	272	0	0	33
S12	Fracture of neck	282	210	9	12	6	2	0	0	0
R60	Oedema, not elsewhere classified	145	40	332	0	1	3	0	0	0
L05	Pilonidal cyst	260	95	144	12	1	4	0	0	0
N04	Nephrotic syndrome	17	64	249	0	3	181	0	0	1
X85-Y09	Assault	336	144	27	1	2	0	0	0	0
R17	Unspecified jaundice	36	21	57	234	63	9	73	16	1
D17	Benign lipomatous neoplasm	279	184	24	5	6	4	0	0	0
G40-G47	Episodic and paroxysmal disorders	280	211	0	3	1	7	0	0	0
C22	Malignant neoplasm of liver and intrahepatic bile ducts	108	104	0	173	81	7	24	5	0

Disclaimer : The above reports are based upon the morbidity/mortality reports of various hospitals in Delhi submitted to SHIB based on the diagnosis made by the treating doctors. The data is not fully validated. Inadvertent errors during the data entry process/ coding /typing may be there despite best efforts.

Table 6.23.2 Statement of Reported Noncommunicable Diseases in Delhi during 2012

CODE	NAME OF DISEASE	CASES			DEATHS		
		M	F	T	M	F	T
NCD11	Hypertension	70035	56141	126176	651	426	1077
NCD12	Ischemic Heart Diseases	46247	20884	67131	497	203	700
NCD21	Cerebro Vascular Accident	6225	4112	10337	247	143	390
NCD22	Other Neurological Disorders	3884	3398	7282	100	64	164
NCD31	Diabetic Mellitus Type-I	7299	4938	12237	40	37	77
NCD32	Diabetic Mellitus Type-II	40850	33298	74148	525	427	952
NCD41	Bronchitis	15893	11642	27535	27	18	45
NCD42	Emphysema	2761	1618	4379	70	41	111

CODE	NAME OF DISEASE	CASES			DEATHS		
NCD43	Asthma	28328	22204	50532	63	37	100
NCD51	Common Mental Disorders	4692	2219	6911	13	1	14
NCD52	Severe Mental Disorders	1188	1208	2396	0	0	0
NCD6	Accidents	35922	25697	61619	326	178	504
NCD7	Cancers	31935	31696	63631	820	576	1396
NCD8	Snake Bite	59	30	89	0	1	1
Grand Total		295318	219085	514403	3379	2152	5531

Note : This report is collected by SHIB on monthly basis from hospitals situated in Delhi with possibility of duplication of cases or incomplete reporting besides errors in the process of coding/data entry.

Table 6.23.2 Statement of Reported Principal Communicable Diseases in Delhi during 2012

S.No	Name Of The Disease	No. of Patients						Deaths (IPD ONLY)		
		OPD		IPD		TOTAL		M	F	T
		M	F	M	F	M	F			
1	Acute Diarrhoeal Diseases	72060	59900	9609	7987	81669	67887	55	48	103
2	Diphtheria	1	1	44	33	45	34	3	5	8
3	Acute Poliomyelitis(New Listed Cases)	0	0	1	2	1	2	0	0	0
4	Tetanus other than Neonatal	7	0	40	17	47	17	18	3	21
5	NeoNatal Tetanus	0	0	85	68	85	68	5	1	6
6	Whooping Cough	0	0	50	25	50	25	0	0	0
7	Measels	559	401	374	253	933	654	8	8	16
8	Acute Respiratory infections	188942	157091	7156	4770	196098	161861	143	100	243
9	Pneumonia	16361	11919	6191	3847	22552	15766	475	314	789
10	Enteric Fever	25156	20298	4671	3488	29827	23786	54	21	75
11	Viral Hepatitis -A	2866	1939	461	260	3327	2199	17	11	28
12	Viral Hepatitis -B	270	82	582	235	852	317	19	9	28
13	Viral Hepatitis - C,D,E	471	336	748	394	1219	730	13	4	17
14	Meningococcal Meningitis	11	26	49	36	60	62	4	2	6
15	Rabies	10	10	2	2	12	12	1	2	3
16	AIDS (as reported to NACO)	488	220	350	102	838	322	23	9	32
17	Syphilis	39	15	10	5	49	20	0	0	0
18	Gonococcal infection	196	260	8	0	204	260	0	0	0
19	Other STD Diseases	614	11201	36	30	650	11231	0	0	0
20	Pulmonary Tuberculosis	19485	20833	8795	4268	28280	25101	205	131	336
21	Kala Azar	0	0	5	6	5	6	0	0	0
22	Japanese Encephalitis	0	0	4	3	4	3	0	0	0
23	Cholera	0	1	21	14	21	15	0	0	0
24	Swine Flu	0	0	3	2	3	2	1	0	1
25	Chicken Pox	357	245	17	9	374	254	0	0	0
26	Encephalitis	66	45	148	109	214	154	40	35	75
27	Viral Meningitis	62	39	150	101	212	140	13	11	24
	TOTAL	328021	284862	39610	26066	367631	310928	1097	714	1811

Note : This report is collected by SHIB on monthly basis from hospitals situated in Delhi with possibility of duplication of cases, incomplete reporting besides errors in the process of coding/data entry and may also be at variance from that under IDSP.