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

**ANNUAL REPORT
2013-2014**



DIRECTORATE OF HEALTH SERVICES

Govt. of NCT of Delhi

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FORWARD

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

Directorate of Health Services delivers health care through its network of Allopathic Dispensaries, Mobile Health Dispensaries, School Health Clinics besides implementation of other programmes/schemes in addition to opening of new Hospitals & Dispensaries. The health care facilities in Delhi are being delivered by a number of government and non-government organizations whose nodal agency is Directorate of Health Services.

The Directorate is computerized (The Headquarter, districts, School Health Scheme Mobile Health Scheme) of this directorate for the reports on performance of dispensaries/districts and morbidity data are being collected online through intranet/internet. ICD 10 based system of morbidity reporting has been adopted for morbidity reports included in the publications. All hospitals functioning under the Department of Health & Family Welfare have been provided the facility of online feeding of their monthly reports. SHIB is not the primary holder of data given herein. It only collects and compiles the data from selected health institutions.

The publication of the report is delayed due to constraints of data receipt from all agencies.

I appreciate the efforts of all the staff members of this directorate for the achievements made during reference period. I congratulate the team of State Health Intelligence Bureau, headed by Dr. Pawan Kumar for bringing out this publication despite the constraint of staff in the branch and heavy work load.

Suggestions for further improvement of this publication are always welcome and will be appreciated.

(DR TARUN SEEM)
DIRECTOR GENERAL HEALTH SERVICES

**OFFICIALS ASSOCIATED WITH THE PREPARATION OF
ANNUAL REPORT 2013-14**

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EDP UNIT

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Chapter 1

INTRODUCTION

Delhi is an old city that has slowly expanded over the years to acquire its present status of metropolis. According to census 2011, the total population of Delhi was 167.53 lakh spread over an area of 1483 Sq. km. The population density of Delhi was 11297 persons per Sq Km. in 2011, which is the highest in India amongst all states/Union Territories. People come from all over India for livelihood and settle in Delhi being the economic hub for development. Only 2.5% of the population resides in rural areas making it a predominantly urban conglomeration (Source: Census-2011).

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

DEPARTMENT OF HEALTH & FAMILY WELFARE

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

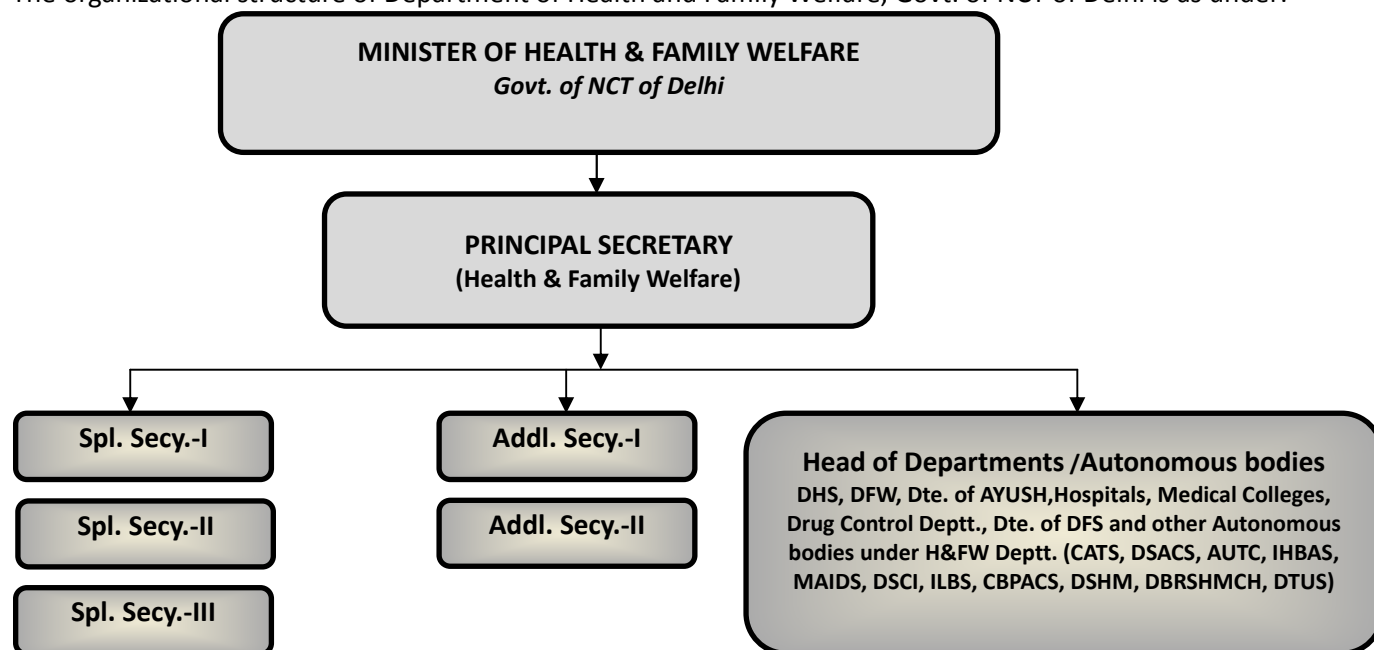
1. Directorate of Health Services
2. Directorate of Family Welfare
3. Directorate of Indian System of Medicine and Homoeopathy
4. Department of Drug Control
5. Department of Food Safety (Earlier Directorate of Prevention of Food Adulteration)
6. Maulana Azad Medical College
7. **Hospitals (other then those functioning as autonomous bodies)**
 - i. Acharyashri Bhikshu Govt. Hospital, Moti Nagar
 - ii. Aruna Asaf Ali Govt. Hospital, Rajpur Road
 - iii. Attar Sain Jain Eye and General Hospital, Lawrence Road
 - iv. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
 - v. Bhagwan Mahavir Hospital, Pitampura
 - vi. Chacha Nehru Bal Chiktisalya, Geeta Colony
 - vii. Deen Dayal Upadhyay Hospital, Hari Nagar
 - viii. Dr. Baba Saheb Ambedkar Hospital, Rohini
 - ix. Deep Chand Bhandhu Hospital, Kokiwala Bagh, Ashok Vihar
 - x. Dr. Hedgewar Arogya Sansthan, Karkardooma
 - xi. Dr. N.C.Joshi Memorial Hospital, Karol Bagh,
 - xii. GB Pant Hospital, Jawahar Lal Nehru Marg
 - xiii. Guru Gobind Singh Government Hospital, Raghubir Nagar
 - xiv. Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg
 - xv. Guru Teg Bahadur Hospital, Shahdara
 - xvi. Health Center cum Maternity Hospital, Kanti Nagar
 - xvii. Jag Prवेश Chandra Hospital, Shastri Park
 - xviii. Janak Puri Superspeciality Hospital, Janak Puri

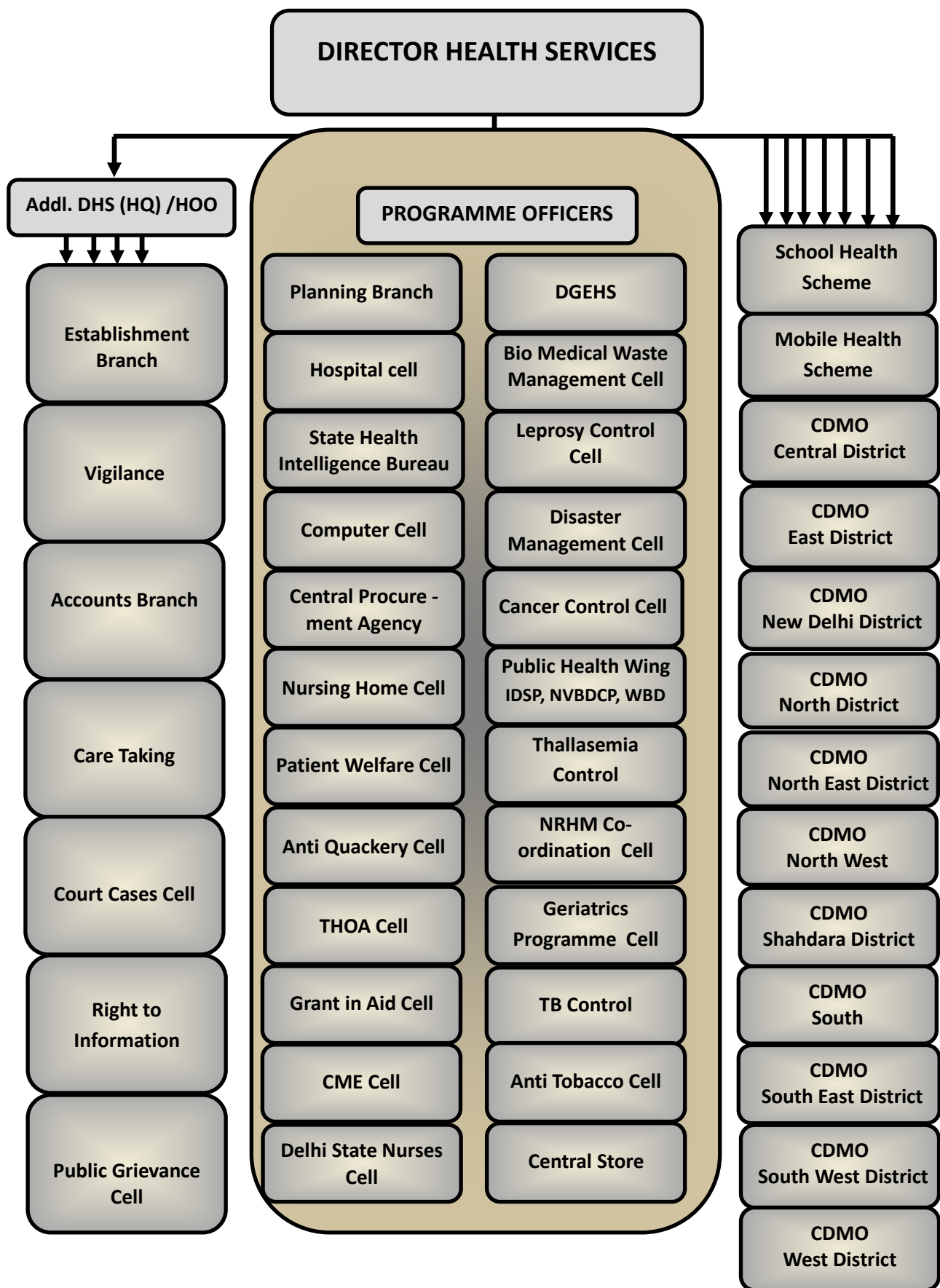
- xix. Lal Bahadur Shastri Hospital, Khichripur
- xx. Lok Nayak Hospital, Jawahar Lal Nehru Marg,
- xxi. Maharishi Valmiki Hospital, Pooth Khurd
- xxii. Nehru Homeopathic Medical College and Hospital, Defence Colony
- xxiii. Pt. Madan Mohan Malviya Hospital, Malviya Nagar
- xxiv. Rajiv Gandhi Super Specialty Hospital, Tahir Pur
- xxv. Rao Tula Ram Memorial Hospital, Jaffarpur
- xxvi. Sanjay Gandhi Memorial Hospital, Mangol Puri
- xxvii. Sardar Vallabhbhai Hospital, Patel Nagar
- xxviii. Satyavadi Raja Harish Chander Hospital, Narela
- xxix. Sewa Kutir Hospital, Kingsway Camp (assciated with AAAG hospital)
- xxx. Sri Dada Dev Matri Avum Shishu Chikitsalya, Nasir Pur
- xxxi. Sushruta Trauma Centre, Bela Road

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

- i. Ayurvedic & Unani Tibbia College and Hospital, Karol Bagh
- ii. Centralized Accidental and Trauma Services, Bela Road
- iii. Chaudhary Braham Prakash Ayurvedic Charak Sansthan, Najafgarh
- iv. Delhi State AIDS Control Society, BSA Hospital Campus, Rohini
- v. Delhi State Cancer Institute, GTB Hospital Complex, Dilshad Garden
- vi. Delhi State Health Mission, Vikas Bhawan 2, Civil Lines
- vii. Delhi Tapedik Unmoolan Samiti, Gulabi Bagh
- viii. Dr. BR Sur Homeopathic Medical College and Hospital, Nanak Pura, Moti Bagh
- ix. Institute of Human Behavior and Allied Sciences, Shahdara
- x. Institute of Liver and Biliary Sciences, Vasant Kunj
- xi. Maulana Azad Institute of Dental Sciences, LNH Complex

The organizational structure of Department of Health and Family Welfare, Govt. of NCT of Delhi is as under:





DIRECTORATE OF HEALTH SERVICES

The Directorate of Health Services is the largest department under Department of Health and Family Welfare Govt. of NCT of Delhi providing health care facilities at primary and secondary level to the citizens of Delhi through various types of health outlets, spread all over Delhi viz., Dispensaries & Health Centres, School Health Clinics and Mobile Health Clinics. Till the year 2006, 14 hospitals used to function under the administrative control of Directorate of Health Services and these were declared as independent establishments headed by respective Medical Superintendents in December 2006.

The Directorate of Health Services is providing health care facilities at primary and secondary level to the citizen of Delhi through various types of health outlets, spread all over Delhi viz. Dispensaries & Health Centres, School Health Clinics and Mobile Health Clinics.

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

This Directorate also monitors the health services being provided by Registered Private Nursing Homes. The registration is done subject to the fulfillment of prerequisite of Delhi Nursing Home Registration Act 1953 and renewed after every three year. The registration of private Nursing Homes is mandatory under the Act.

As far as the monitoring of various health schemes being run by DHS, the regular information/data is being obtained from various health outlets under the direct control of DHS, which are then compiled and analyzed. On the basis of data and its analysis Dispensaries/Health Centres/ Hospitals, the evaluation of various schemes is carried out and necessary corrective measures if needed are taken. In addition to above this directorate is also collecting information regularly from other agencies on communicable diseases, non-communicable diseases and other public health data for taking appropriate measures related to prevention and control of notified diseases.

Sanctioned Strength

The directorate has a total sanctioned strength of 3905 posts. Groupwise Sanctioned strength and vacancy position of the Directorate of Health Services including its subordinate offices as on 31.3.2014 is as mentioned below :-

S.No.	Category - Medical	Sanctioned	Filled Regular	Filled Contract	Vacant
1	Director	1	1	0	0
2	Addl. Director/ HOO	1	1	0	0
3	CDMO	11	11	0	0
4	ACDMO	11	8	0	3
5	Doctors (SAG/ NFSG/ Specialists / CMO/ SMO/ MO/Jr.Resident,Sr.Resident)	659	279	83	297
	Total	683	300	83	300

S.No.	Category- Nursing Staff	Sanctioned	Filled Regular	Filled Contract	Vacant
1	Public Health Nurse (PHN)	164	91	69	4
2	Staff Nurse	5	5	0	0
3	Auxillary Nurse Midwife (ANM)	353	252	84	17
	Total	522	348	153	21
	Category –Paramedical				
1	Lab Technician	2	0	0	2
2	Lab Assistant	205	74	120	11
3	Pharmacist	685	539	95	51
4	Dental Hygienist	10	8	0	2
5	Physiotherapist	1	1	0	0
6	Occup. Therapist	1	0	1	0
7	Jr. Radiographer	3	0	3	0
8	OT Technician	1	0	1	0
9	Audiometric Assistant	1	0	1	0
10	Refractionist	8	4	3	1
11	ECG Technician	2	0	1	1
	Total	919	626	225	68

S.No.	Category- Administrative	Sanctioned	Filled Regular	Filled Contract	Vacant
1	Special Director (Admin)	1	0	0	1
2	Dy. Director (Plg.)	1	1	0	0
3	Dy. Controller (Accounts)	1	1	0	0
4	Office Superintendent	1	0	0	1
5	Sr. Account Officer	1	1	0	0
6	Admn Officer	2	2	0	0
7	Account Officer	1	1	0	0
8	Asstt. Account Officer	9	9	0	0
9	Head Clerk	21	9	0	12
10	Statistical Officer	12	5	0	7
11	Steno Gr. III	10	5	0	5
12	Sr. PA	8	7	0	1
13	UDC	58	33	0	25
14	Stat Assistant	34	16	0	18
15	LDC	54	27	0	27
16	Driver	21	16	0	5
17	C.D.E.O (Out Source)	88	0	78	10
18	Steno, Gr. II	12	12	0	0
19	Programmer	1	1	0	0
20	Asstt. Programmer	1	0	1	0
21	Store Purchase Officer	1	1	0	0
	Total	338	147	79	112

S.No.	Category-Group-D Staff	Sanctioned	Filled Regular	Filled Contract	Vacant
1	Dresser	280	252	0	28
2	Dark Room Attendant	1	0	0	1
3	N.O /Peon/Attendant	407	249	27	131
4	N.O Outsourced	71	0	96	(-)25
5	SCC	573	286	38	249
6	SCC Outsourced	109	0	94	15
7	Safai Karamchari	2	0	0	2
	Total	1443	787	255	401
	Grand Total	3905	2208	795	902

Budget Expenditure of Directorate of Health Services 2013-14

Head	Actual Expenditure (in Rs. Lakhs)
Non Plan	6595.15
Plan (Medical)	5888.68
Plan (Public Health)	266.86
Total	12750.69

Chapter 2

ACHIEVEMENTS AT A GLANCE AND IMPORTANT HEALTH STATISTICS

2.1 ACHIEVEMENTS OF DELHI GOVT. DISPENSARIES AND HOSPITALS AT A GLANCE DURING 2013-14

Sl. No	Activity	Nos.
1	OPD Attendance	
	Dispensaries(Allopathic)	10711016
	Dispensaries(Ayurvedic)	592940
	Dispensaries(Unani)	375440
	Dispensaries(Homeo)	1925219
	Hospitals	18343159
	Mobile Health Clinics	1497683
	School Health Clinic	124934
2	IPD Attendance in Hospitals	604729
3	No. of Laboratory Tests	
	Dispensaries(Allopathic)	1587232
	School Health Scheme	510131
	Mobile Health Scheme	3754
	Hospitals	22125696
4	No. of X-Rays done	1735955
	No. of Hospitals	39
5	No. of Beds in Hospitals	10921 (Sanctioned) 9536(Operational)
6	No. of Dispensaries	260 Allopathic, 90 Mobiles, 100 SHS Clinics/Referral Centres, 100 Homeopathic, 35 Ayurvedic and 17 Unani Dispensaries
7	New Dispensaries Opened during 2013-14	4 Allopathic, 5 Homeopathic, 2 Ayurvedic and 1 Unani

2.2 NUMBER OF HEALTH OUTLETS UNDER GNCT OF DELHI

S. No.	Year Health Outlets	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
1	Allopathic Dispensaries	171	173	179	182	184	188	214	220	234	247	256	260
2	Hospitals	26	33	33	33	33	34	35	38	38	38	39	39
3	Mobile Health Clinics	70	72	68	71	67	68	72	90	90	90	90	90
4	School Health Clinics/ Referral Centres	77	78	78	15	15	28	28	32	34	93	100	100
5	AYUSH Dispensaries												
i	Homeopathy	58	64	66	71	72	78	80	87	92	92	95	100
ii	Ayurvedic	18	21	22	22	22	25	26	27	32	32	33	35
iii	Unani	7	8	9	9	9	10	10	11	15	15	16	17
Total		427	449	455	403	402	431	465	505	535	607	629	641

2.3 BASIC STATISTICS OF DELHI GOVERNMENT DISPENSARIES DURING 2013-14

S.No.	Name of District	Annual OPD Attendance		Number of Lab Investigations		
		New	Old	Blood	Urine	Others
1	2	3	4	5	6	7
1	Central	758410	373849	120951	44882	9370
2	East	609314	429799	98550	15765	16893
3	West	920158	530867	198944	62806	12161
4	North	566547	156741	62621	14045	16668
5	South West`	632217	243624	101496	28207	1962
6	North East	729068	395566	95199	75167	0
7	North West	900532	358722	124724	32618	15839
8	South	420498	214877	60745	19371	0
9.	Shahadra	818063	389755	109008	79093	0
10.	New Delhi	337311	116959	65044	17318	4845
11.	South East	481634	326505	54959	21769	6212
	Total	7173752	3537264	1092241	411041	83950
9	School Health Scheme	100523	24411	510131	0	0
10	Mobile Health Scheme	966112	531571	3754	0	0
11	Ayurvedic Dispensaries	300520	292420	0	0	0
12	Unani Dispensaries	206492	168948	0	0	0
13	Homeopathic Dispensaries	694507	1230712	0	0	0
	Total	2268154	2248062	513885	0	0

2.4 BASIC STATISTICS FOR FAMILY WELFARE ACTIVITIES OF DELHI GOVERNMENT ALLOPATHIC DISPENSARIES 2013-14

Sl.No.	Name of District	Immunization (Total number of doses)								
		BCG	OPV	DPT	HBV	Measles	MMR	Typhoid	DT	TT Doses (Antenatal)
1	2	3	4	5	6	7	8	9	10	11
1	Central	2182	25813	12260	4715	7241	4811	4914	2678	9806
2	East	2272	29522	12820	4981	7929	4531	3806	2612	6315
3	West	5590	57779	43755	26177	20084	9474	0	5929	18112
4	North	2114	17789	8082	2660	4610	3449	5113	1566	7862
5	South West	2450	35375	22420	12786	9068	5808	0	0	16834
6	North East	2825	20368	19000	6445	7053	5623	5157	1798	6537
7	North West	1806	13187	7646	3932	5104	3443	3256	1827	5612
8	South	1486	12756	12970	8341	5645	2460	2358	2252	4826
9	Shahadra	2714	14589	10089	6203	7983	6071	5222	0	7121
10.	New Delhi	778	10553	6244	2478	2758	4634	1686	1128	3284
11.	South East	3213	21720	12537	10804	8239	4849	0	12537	0
12	Mobile Health Scheme	109	2524	2349	1196	0	581	532	361	825
	Total	27539	261975	170172	90718	85714	55734	32044	32688	87134

2.5 STATISTICS RELATING TO PERFORMANCE OF MOTHER LABS IN DELHI GOVERNMENT DISPENSARIES DURING 2013-14

Sl. No.	District Name of the test	Central	East	North	North East	North West	South	South West	West	NEW Delhi	Shahdara	South East
	No. of MotherLabs	5	4	2	3	4	4	3	6	1	4	3
1	KFT	4413	546	823	1136	1967	845	2175	3464	232	0	399
2	LFT	2694	329	739	1138	2521	907	1726	7194	488	0	591
3	Lipid Profile	3039	441	491	986	1573	1172	1171	3004	370	0	385
4	Serum Electrolyte	0	0	0	0	0	0	0	0	0	0	0
5	Blood Sugar	53956	14648	25530	55313	17904	22954	13029	18797	2673	46306	9773
6	Blood Grouping	4301	1469	1457	11596	707	3417	3617	3065	376	10127	1471
7	Peripheral Smear	0	75	0	0	0	0	0	2254	0	54	2
8	Malaria Test	105	22	11073	0	0	0	0	500	0	0	0
9	VDRL	3196	1255	744	6819	668	1930	2861	2583	605	4580	956
10	HBS AG Rapid Test	192	631	1206	244	370	316	273	416	0	142	46
11	Urine Pregnancy Test	4088	1015	1942	6360	998	3116	1142	3064	363	4388	979
12	Urine Sugar	9718	2024	3609	20089	1925	4193	3871	5025	532	16278	1632
13	Urine Albumin	9718	2024	2765	20089	1925	3453	3853	6625	532	16278	1633
14	Urine Microscopic	2094	1526	1733	348	2054	1881	716	2876	508	382	1175
15	Stool Test	0	0	103	0	0	0	0	05	5	0	10
16	Widal Test	1528	430	468	3908	795	1084	- 239	373	85	2842	1226
17	Hematology	9736	4905	6927	31555	7451	10605	0	21690	1599	26832	5417
18	Platelet Count	1789	1531	158	1890	908	875	0	4093	0	1598	56
19	Absolute Eosinophil Count(AEC)	0	0	0	0	0	0	0	50	0	0	0
20	RH Factor	0	875	183	0	286	0	254	447	0	0	0
21	Urine Routine	13653	1264	1999	20089	2374	2994	0	11650	1572	16278	10
22	ECG	0	0	0	0	-	101	-		863	0	0
23	Dengue Serology	0	0	74	0	0	0	0	0	0	147	0
	Total	124220	35010	62024	181560	44426	59843	34688	97175	10803	146232	25761

2.6 BUDGET AND MISCELLANEOUS STATISTICS FOR DELHI GOVERNMENT DISPENSARIES DURING 2013-14

Sl.No.	Districts/ Schemes	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs	No. of existing Dispensaries	New Dispensaries Opened	Dispensaries Closed	Dispensaries Closed temporarily	Functional Dispensaries	Disps. in own building	Other Govt. building.	In Rented buildings	Donated building
1	2	3	4	5	6	7	8	9	10	11	12	13
	Directorate of Health Services											
1	Central	1575.59	1288.17	31	0	0	0	31	11	11	9	0
2	East	1916.83	1730.72	19	1	0	0	19	12	1	6	0
3	North	1136.17	1129.02	19	0	0	0	19	3	6	8	2
4	North East	1302.06	1259.87	23	0	0	0	23	6	0	17	0
5	North West	2391.29	2383.60	35	0	0	0	35	19	2	14	0
6	South	1539.51	1514.02	15	0	0	0	15	8	1	6	0
7	South West	1824.09	1818.12	29	0	0	0	29	10	4	15	0
8	West	1989.65	2150.49	35	1	0	0	35	18	3	14	0
9	New Delhi	160.79	128.30	13	1	0	0	13	3	4	5	1
10	Shahdara	556.82	148.16	23	1	0	0	23	12	0	11	0
11	South East	123.20	116.27	18	0	0	0	18	6	2	10	0
12	School Health Scheme	6008.75	2796.12	100	34	34	0	100	-	-	-	-
13	Mobile Health Scheme	1482.90	1236.58	84	0	0	0	84	-	-	-	-
	Sub Total	22007.65	17699.44	444	38	34	0	444	108	34	115	3
	Directorate of Indian System of Medicine and Homeopathy											
11	Ayurvedic Dispensaries	3861.00	3773.59	35	2	0	0	35	-	-	-	-
12	Unani Dispensaries			17	1	0	0	17	-	-	-	-
13	Homeo.Dispensaries	2123.00	2066.00	100	3	0	0	100	-	-	-	-
	TOTAL	5984	5839.59	152	6	0	0	152	0	0	0	0

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

Sl. No.	Districts/ Scheme	Group A				Group B						
		Medical	Planning & Statistics	Accounts	Others	Medical	Nursing	Other Paramed-ical Staff	Admn.	Planning & Statistics	Accounts	Others
	1	2	3	4	5	6	7	8	9	10	11	12
	Directorate of Health Services											
1	Central	74	0	0	0	0	0	0	0	1	1	0
2	East	45	0	0	0	0	0	0	0	1	0	0
3	West	76	0	0	0	0	10	0	0	5	1	0
4	North	52	0	0	0	0	0	0	0	1	1	0
5	South West	61	0	0	0	0	0	0	0	0	0	1
6	North East	30	0	0	0	0	0	0	0	1	1	0
7	North West	76	0	0	0	0	0	0	0	5	1	0
8	South	36	0	0	0	0	0	0	2	0	1	0
9.	New Delhi	43	0	0	0	0	0	0	0	0	0	0
10	Shahdara	54	0	0	0	0	0	0	0	0	0	0
11	South East	32	0	0	0	0	0	0	0	0	0	0
9	School Health Scheme	53	0	0	0	0	0	0	0	0	0	0
10	Mobile Health Scheme	35	0	0	0	0	20	0	0	0	0	0
	Directorate of Indian System of Medicine and Homeopathy											
11	ISM Wing	54	1	0	0	0	0	0	5	2	2	0
12	Homeopathic Wing	111	0	0	0	0	0	0	0	2	1	0

	TOTAL	832	2	0	0	0	30	0	7	18	9	1
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2.7 (B) DISTRICT WISE DETAILS OF STAFF POSITION SANCTIONED GROUP C POSTS INCLUDING DIRECTORATE OF ISM&H

Sl. No.	Districts/ Scheme	Nursing	Paramedical	Admn.	Planning & Statistics	Accounts	I.T.	Others
1	2	3	4	5	6	7	8	9
	Directorate of Health Services							
1	Central	62	113	7	3	0	0	177
2	East	34	80	6	3	0	0	84
3	West	49	115	6	0	0	0	0
4	North	36	99	7	2	0	0	91
5	South West	47	93	12	0	0	0	147
6	North East	18	0	11	0	0	0	85
7	North West	60	116	7	4	0	0	174
8	South	24	47	8	0	0	0	62
9.	New Delhi	24	0	5	0	0	0	54
10	Shahdara	39	76	4	0	0	0	126
11	South East	19	39	4	0	0	0	60
9	School Health Scheme	61	48	8	0	0	0	151
10	Mobile Health Scheme	15	35	4	0	0	0	70
	Directorate of Indian System of Medicine and Homeopathy							
11	ISM Wing	0	41	6	0	0	0	23

12	Homeopathic Wing	0	106	0	0	0	0	77
	TOTAL	488	1008	95	12	1	0	1381

2.8-A BASIC STATISTICS OF DELHI GOVERNMENT HOSPITAL DURING 2013-2014

Sl.No.	Name of the Hospital	No. of Beds		No of Patients (OPD)				IPD	Surgeries	
		Sanctioned	Functional	New	Old	Emergency (Total)	MLC Cases		Major	Minor
1	2	3	4	5	6	7	8	9	10	11
1	Aruna Asaf Ali Govt.Hospital	100	139	203368	129957	54208	3605	9545	2416	10094
2	Acharya Shree Bhikshu Govt. Hospital	100	134	403657	256858	120226	0	9187	2152	9502
3	Attar Sain Jain Eye and General Hospital	30	30	94772	31811	0	0	1549	1516	250
4	Bhagwan Mahavir Hospital	250	250	365870	154944	66953	4848	19550	4100	13303
5	Baba Saheb Ambedkar Hospital	540	540	789972	227418	154732	14400	50772	8135	39896
6	Babu Jagjiwan Ram Memorial Hospital	150	100	335012	178786	178063	18854	13053	865	8169
7	Central Jail Hospital	240	240	33316	248120	358	0	4193	0	235
8	Chacha Nehru Bal Chikitsalaya	216	216	116902	115477	54861	0	13205	2711	5833
9	Deen Dayal Upadhyay Hospital	640	640	562399	228710	Nil	Nil	64367	12845	3030
10	Delhi State Cancer Institute	160	102	13617	216016	3381	0	8946	244	2443
11	Dr. Hedgewar Arogya Sansthan	200	200	521209	292959	105539	4454	22602	3465	8572
12	Dr. N.C. Joshi Memorial Hospital	30	30	96856	108380	0	0	702	113	1884
13	G.B.Pant Hospital`	691	681	96526	599686	14622	0	27177	4741	331
14	Guru Gobind Singh Govt. Hospital	100	100	199743	273289	133891	0	16902	3038	15447

Sl.No.	Name of the Hospital	No. of Beds		No of Patients (OPD)				IPD	Surgeries	
		Sanctioned	Functional	New	Old	Emergency (Total)	MLC Cases		Major	Minor
1	2	3	4	5	6	7	8	9	10	11
15	Guru Nanak Eye Center	212	212	116117	127014	6330	259	14518	11916	1320
16	Guru Teg Bahadur Hospital	1512	1456	862800	585807	267075	16513	77813	19243	53811
17	Institute of Liver & Biliary Sciences	180	143	21840	40425	5811	18	5435	797	240
18	Institute Of Human Behaviour and Allied Sciences	500	346	65971	336244	2745	0	3549	161	31
19	Janak Puri Super Speciality Hospital	300	0	28711	71731	0	0	0	0	0
20	Lal Bahadur Shastri Hospital	100	114	476738	216389	239948	21648	20796	7906	41728
21	Lok Nayak Hospital	1847	1882	538460	407622	248564	9990	93097	15012	23377
22	Maharishi Valmiki Hospital	150	150	276024	76386	87170	5748	9298	985	6406
23	Pt. Madan Mohan Malviya Hospital	100	100	293016	187956	161711	0	14639	1353	14735
24	Maulana Azad Institute of Dental Sciences	10	10	126983	147576	0	0	121	124	2009
25	Sewa Kutir Hospital	60	20	3667	3110	0	0	00	0	0
26	Rajiv Gandhi Super Speciality Hospital	650	0	8188	23748	0	0	0	0	0
27	Rao Tula Ram Memorial Hospital	100	108	268911	121822	83503	7034	10456	1592	2802
28	Sardar Vallabh Bhai Patel Hospital	50	50	244018	121810	39983	0	4961	1516	12927
29	Satyawadi Raja Harish Chandra Hospital	200	200	294547	152743	42335	4058	6876	438	13747
30	Sanjay Gandhi Memorial Hospital	300	300	443315	102053	236172	24804	33492	3603	25317

Sl.No.	Name of the Hospital	No. of Beds		No of Patients (OPD)				IPD	Surgeries	
		Sanctioned	Functional	New	Old	Emergency (Total)	MLC Cases		Major	Minor
1	2	3	4	5	6	7	8	9	10	11
31	Jag Pravesh Chander Hospital	200	210	390872	138690	103919	14466	12338	2123	10696
32	Sushruta Trauma Cente	49	69	0	13353	17123	3654	5158	1535	3238
33	Sri Dadadev Matri Avum Shishu Chikitsalya	64	88	105128	75422	28574	13	16400	1845	694
34	Health Center Cum Maternity Hospital, Kanti Nagar	30	16	33013	17017	0	0	947	0	57
	Homeopathic/Ayurvedic/Unani Hospitals									
35	A & U Tibbia College & Hospital	300	300	173531	105231	0	0	5196	156	6864
36	B.R. Sur Homeopathic Medical College	50	50	24290	32251	0	0	0	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	210	210	97502	189283	NA	NA	6395	436	1716
38	Nehru Homeopathic Medical College	100	100	77984	103280	0	0	1494	0	366
39	Deep Chand Bandhu Hospital	200	Only OPD	176528	104503	971	0	0	0	228
	TOTAL	10921	9536	8981373	6563877	2458768	154366	604729	117082	341298

2.8-B BASIC STATISTICS OF DELHI GOVERNMENT HOSPITAL DURING 2013-14

Sl.No.	Name of the Hospital	Lab. Investigations			X-Ray Investigations			Other Investigations			No. of Autopsies done
		Blood	Urine	Others	General	Dental	Spl. Inv.	Ultra sound	ECG	Audio-metry	
1	2	3	4	5	6	7	8	9	10	11	12
1	Aruna Asaf Ali Govt.Hospital	252901	30188	1596	29392	0	27	1371	13619	2472	2340
2	Acharya Shree Bhikshu Govt. Hospital	382961	48041	3457	44661	2891	0	9481	998	0	0
3	Attar Sain Jain Eye and General Hospital	13528	4321	0	0	0	0	126	3030	0	0
4	Bhagwan Mahavir Hospital	599341	49355	23676	58303	388	227	16311	14708	1561	0
5	Baba Saheb Ambedkar Hospital	1060019	23796	15294	94609	5408	332	18432	40157	4241	819
6	Babu Jagjiwan Ram Memorial Hospital	292632	27135	17520	39002	555	47	5737	13827	3197	1227
7	Central Jail Hospital	295256	34658	6387	12190	948	2727	0	1366	0	0
8	Chacha Nehru Bal Chikitsalaya	419226	16117	5082	43808	0	516	6565	0	0	0
9	Deen Dayal Upadhyay Hospital	43492	54327	15283	168950	2192	716	40020	131003	0	0
10	Delhi State Cancer Institute	761343	6915	60906	26921	0	28232	17302	10441	0	0
11	Dr. Hedgewar Arogya Sansthan	1160261	46818	93287	59954	0	313	7020	28838	1651	0
12	Dr. N.C. Joshi Memorial Hospital	0	0	0	0	0	0	4926	2114	0	0
13	G.B.Pant Hospital	2278814	63212	393132	57102	0	1567	16968	32721	0	0
14	Guru Gobind Singh Govt. Hospital`	401271	18129	0	43570	57	0	0	6885	2610	0
15	Guru Nanak Eye Center	34479	3760	5430	0	0	0	0	0	0	0
16	Guru Teg Bahadur Hospital	1750837	176971	425881	200241	19540	1904	28092	85203	0	1672
17	Institute of Liver & Biliary Sciences	505832	22472	55535	23397	0	1326	15062	5231	0	0
18	Institute Of Human Behaviour and Allied Sciences	90198	5202	0	6554	0	0	2642	3169	0	0
19	Janak Puri Super Speciality Hospital	106089	3123	311	11487	0	0	0	10641	0	0
20	Lal Bahadur Shastri Hospital	604717	92910	3619	90497	3689	0	9807	18814	1727	487
21	Lok Nayak Hospital	4903186	30915	176921	227166	0	4284	52391	128694	8699	1178
22	Maharishi Valmiki Hospital	251928	15265	5601	38726	1466	0	0	11055	938	0

Sl.No.	Name of the Hospital	Lab. Investigations			X-Ray Investigations			Other Investigations			No. of Autopsies done
		Blood	Urine	Others	General	Dental	Spl. Inv.	Ultra sound	ECG	Audio-metry	
1	2	3	4	5	6	7	8	9	10	11	12
23	Pt. Madan Mohan Malviya Hospital	463517	11254	23388	28133	0	0	9113	7817	1658	0
24	Maulana Azad Institute of Dental Sciences	4866	0	0	0	28335	0	0	0	0	0
25	Sewa Kutir Hospital	0	0	0	0	0	0	0	0	0	0
26	Rajiv Gandhi Super Speciality Hospital	87751	4623	1593	0	0	0	0	0	0	0
27	Rao Tula Ram Memorial Hospital	319671	55319	3711	37171	0	77	9151	11332	1440	317
28	Sardar Vallabh Bhai Patel Hospital	194583	30220	1628	21149	0	0	4371	8925	2301	0
29	Satyawadi Raja Harish Chandra Hospital	596909	6877	3703	50031	0	0	0	9051	676	0
30	Sanjay Gandhi Memorial Hospital	987630	43356	4514	93452	892	93	9090	21999	2049	1307
31	Jag Pravesh Chander Hospital	281117	35805	1777	34508	0	0	7745	9057	2430	0
32	Sushruta Trauma Cente	37669	126	0	59315	0	3814	685	1727	0	0
33	Sri Dadadev Matri Avum Shishu Chikitsalya	288062	128658	824	809	0	0	427	1962	0	0
34	Health Center Cum Maternity Hospital, Kanti Nagar	15567	3337	0	0	0	0	0	0	0	0
	Homeopathic/Ayurvedic/Unani Hospitals										
35	A & U Tibbia College & Hospital	76227	2297	371	5130	0	0	0	0	0	0
36	B.R. Sur Homeopathic Medical College	2785	2219	76	891	0	0	394	32	0	0
37	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	42590	2163	414	5821	0	0	347	0	0	0
38	Nehru Homeopathic Medical College	7713	1653	159	0	0	0	1167	0	0	0
39	Deep Chand Bandhu Hospital	41362	13509	3244	10452	0	0	0	2895	0	0
	TOTAL	19656330	1115046	1354320	1623392	66361	46202	294743	637311	37650	9347

Chapter 3

DELHI GOVERNMENT DISPENSARIES

Introduction

Primary health care is most important component of health care services for the citizens. This view has been equally echoed by Bhore Committee Report (1948) and accordingly this aspect has been given due consideration in National Health Policy. Directorate of Health Services, Government of NCT of Delhi is providing primary health care services to the people of Delhi through a network of dispensaries and mobile health clinics throughout Delhi to meet the primary health care needs of citizens of Delhi.

Dispensaries (Health Centres) under DHS are its front-line health outlets that provide treatment for common ailments including provision of essential medicines to all the persons coming to these dispensaries and also undertake various preventive and promotive activities. The vision of this directorate is to promote these front-line health outlets as the backbone of health services and overall health development and to actively involve these outlets in bottom up planning.

Functioning of Dispensaries

Planning Branch of the Directorate is responsible for planning and opening of new dispensaries, matter related to identification of area, allotment of land, planning and construction of building etc. and financial aspect are being taken care of by this branch. The operation of dispensaries in the Directorate of Health Services is based upon district pattern. In 2013-2014, there were 11 districts functioning under the administrative control of Chief District Medical Officers. Geographically these districts correspond with the revenue districts.. Each District is headed by a CDMO for monitoring the functioning of District. Each District has got its own chain of Dispensaries.

Facilities at Dispensaries

The facilities provided by these dispensaries are:

- General OPD for treatment of common ailments
- Free distribution of prescribed essential medicines.
- Treatment of minor injuries and dressing etc.
- Basic emergency care during working hours.
- Laboratory Services (Routine Lab. Services)
- Immunization and Family Welfare activities.
- Health Education
- Malaria Clinic (in selected dispensaries only).
- DOTS Center/Microscopy Center (in selected dispensaries only).

Table 3.1 District wise distribution of Delhi Govt. Dispensaries (Allopathic) as on 31.3.2014

District	No. of Health Centres functioning on 31.3.2013	New Health Centres opened during 2013-14	Health Centres closed during 2013-14	No. of Health Centres functioning on 31.3.2014
Central	15*	0	0	31
East	26*	1	0	19
New Delhi	0	1	0	13
North	18*	0	0	19
North-East	36*	0	0	23
North West	54*	0	0	35
Shahdara	0	2	0	23
South	33*	0	0	15
South-East	0	0	0	18
South-West	39*	0	0	29
West	34*	0	0	35
Total	256	04	0	260

*Figure shown as per 8 District.

Table 3.2 Year wise Distribution of new allopathic dispensaries opened /closed since 2002-03

Year	New Health Centres opened	Closed	Total functioning at end of Financial Year
2002-03	10	2	164
2003-04	9	5	168
2004-05	9	3	174
2005-06	9	2	181
2006-07	5	2	184
2007-08	6	2	188
2008-09	23	2	209
2009-10	12	2	219
2010-11	16	1	234
2011-12	14	1	247
2012-13	08	0	256
2013-14	04	0	260

Table 3.3 New dispensaries/seed PUHCs opened in 2013-14

S.No.	Name of Dispensary	Date of opening	District
1.	DGD Jhilmil: Basti Vikas Kendra,B-Block,Jhilmil,Delhi-95	06.09.13	Shahdara
2.	DGD Basant Gaon: Basant Gaon,New Delhi-110057	07.09.13	New Delhi
3.	DGD Pandav Nagar: B-28,Pandav Nagar, New Delhi	16.09.13	East
4.	DGD Shiv Vihar Tiraha : SPS Double Story Building,Shiv Vihar Tiraha,Mustafabad,Delhi-94	25.09.13	Shahdara

Table 3.4 Building status of dispensaries/health centres

Districts	Own Building	Other Govt. Building	Private Rented Building	Total
East	12	1	6	19
North East.	6	0	17	23
West.	18	3	14	35
South West.	10	4	15	29
South.	7	2	6	15
North West.	18	3	14	35
North.	4	7	8	19
Central.	13	10	8	31
Shahdara	9	3	11	23
New Delhi	4	4	5	13
South East	6	2	10	18
Total	107	39	114	260

Chapter 4

MOBILE HEALTH SCHEME

The Directorate of Health Services is major nodal agency of Govt. of NCT of Delhi which provides Primary Health care facilities to the residents of Delhi. Directorate of Health Services realizes that no amount of drugs and curative care provided to J.J.Clusters can control their pathetic condition until or unless other sectors also contribute with DHS to improve overall physical quality of life. As a result, the mobile Health Scheme was established in 1989 as an innovative and effective means of providing primary health care to the JJ clusters in Delhi which chiefly comprised of the poor migrant workers and their family at their doorsteps and now which encompasses a whole lot of other services and initiatives. Rapid urbanization has brought about migration of rural population to urban settings in search of food and job. Prevailing high disparity between rich and poor has forced this migrant population to settle in the small groups in unauthorized colonies called J.J.Clusters. Poverty, sub-human conditions, poor quality of life and lack of medical facilities has resulted in higher incidence of diseases. Today about 35% of Delhi population is living in the J.J.Clusters and unauthorized colonies. Civic bodies are not able to provide required civic amenities as they are all settled in the area labeled as unauthorized. Newly formed Government of Delhi took a serious note of poor health status of residents of J.J.Clusters and decided to strengthen Mobile Health Scheme to provide basic health care to the residents at their door-step according to their felt needs. To start with a fleet of 20 mobile dispensaries was launched covering different J.J. Clusters all over Delhi on weakly basis in 1989. To start with a fleet of 20 mobile dispensaries was launched covering different J.J. Clusters all over Delhi on weakly basis in 1989. Due to paucity to resources and keen interest shown by some NGO's Delhi Government invited NGO sector to participate in the scheme and as a result, a fleet of 90 mobile Dispensaries started providing health care to the J. J. Clusters / un served areas / construction sites.

Mobile Health Scheme has been strengthened to a fleet of 90 mobile vans to provide basic health care to JJ cluster /unserved areas/construction sites.

Onward June 2014, the involvement of NGO was discontinued as per the decision taken by Govt. of NCT of Delhi. As a result now only 45 Mobile dispensaries are functioning and are managed by staff of MHS.

The services of Mobile Health Scheme can be divided into three major categories:

1. Primary Treatment
2. Preventive and Precautionary
3. Health Education and Rehabilitation.

MODUS OPRENDI

Teams report to their control rooms as per schedule and after marking attendance the teams collect their medicines and materials for the day and leave the control room in their allotted vehicle to the designated JJ cluster. On reaching the JJ clusters, the Mobile van parks itself at pre-determined regular spot and renders health

care services for two hours. After providing health care services in that particular J J cluster the team moves to the second J J cluster allotted to it. After completion of scheduled work in second J J cluster, the mobile team returns to the control room. After reaching the control room, the team prepares the daily report and balance of the medicines and other records. After that the staffs disburse for the day from the control room. Indents for the medicines are given on monthly basis. These officers send Morbidity Data Report, Vehicle Duty Report and Immunization & Contraception Report monthly to the Chief Medical Officer, Mobile Health Scheme for compilation and onward transmission as required.

Organizational structure of Mobile Health Scheme at a glance

Head Office-Delhi Government Dispensary Building, B-Block, Prashant Vihar, Delhi-85.

Zones of Mobile Health Scheme

Zone	Location
North Zone	Delhi Government Dispensary, SahazadaBagh, Delhi.
East Zone	Delhi Government Dispensary, Dilshad Garden, Delhi.
West Zone	Delhi Government Dispensary, Prashant Vihar, Delhi.
South Zone	Delhi Government Dispensary, Ber Sarai, Delhi.

Drug store of Mobile Health Scheme is located at Delhi Government Dispensary Building, B-Block, Prashant Vihar, Delhi .

No. of Mobile Health Dispensaries functioning under MHS:

Number of mobile dispensaries sanctioned	90
Number of mobile dispensaries running	90
DHS Runs	45
NGO Runs	40
Number of NGOs working in Mobile Health Scheme	40

Hired Commercial vehicles with seating capacity of 08 or above are deployed as Mobile Van Dispensaries. A sign board and banner are displayed on these vehicles at time of functioning of Mobile Van Dispensaries.

A mobile health team consists of following members:

Designation	Number	Functions/Duties
Medical Officer	01	Examination of patient, to prescribe the medicines, advises of Immunization and relevant record keeping.
Pharmacist	01	To store and dispense the medicines and relevant record keeping.

Public Health Nurse/ Ancillary Nurse Midwife	01	To assist the medical officer while examination, Immunization, Health Education.
Dresser	01	Dressing and to assist the PHN
Nursing Orderly	01	Other supportive activities.

Financial Achievements of Mobile Health Scheme

Year	Sanctioned Amount (Rs.)	Expenditure(Rs.)	Expenditure per patient (Rs.)
2000-01	36440000	35772499	22.08
2001-02	43021000	42672170	24.06
2002-03	42518000	42419058	21.58
2003-04	47230000	46809969	24.23
2004-05	51810000	51572286	26.54
2005-06	54200000	53119502	26.20
2006-07	55600000	53778989	30.71
2007-08	66575000	63568379	31.44
2008-09	105200000	85563987	34.86
2009-10	110950000	110221959	47.83
2010-11	111000000	97682925	40.98
2011-12	125500000	119732579	56.11
2012-13	142515000	132463638	62.34
2013-14	148290000	123658476	82.56

STATISTICAL PREVIEW OF MOBILE HEALTH SCHEME:

A year wise details of the number of Mobile Van Dispensaries run by NGOs in collaboration with MHS and Government staff.

Year	Number of Mobile Van Dispensaries run			Number of patients attended by Mobile Van Dispensaries		
	NGO	Govt. staff	Total	NGO	Govt. Staff	Total
2000-01	28	42	70	653858	966535	1620393
2001-02	21	52	73	644632	1129188	1773820
2002-03	25	44	69	781969	1183451	1965420
2003-04	26	46	72	713980	1217828	1931808
2004-05	22	46	68	681772	1261272	1943044
2005-06	25	46	71	773700	1253520	2027220
2006-07	17	45	62	553202	1197837	1751039
2007-08	24	45	69	679896	1341859	2021755
2008-09	30	45	75	900424	1554120	2454544
2009-10	43	45	88	814518	1490163	2304681
2010-11	43	45	88	859669	1523851	2383520

2011-12	45	45	90	755992	1377984	2133976
2012-13	45	45	90	690144	1434856	2125000
2013-14	40	45	85	747659	750024	1497683

The sanctioned posts of Mobile Health Scheme:

S No.	Name of the post	Sanctioned Posts	Filled	Vacant
1.	Medical Officer	35	33	02
2.	Public Health Nurse (PHN)	20	19	01
3.	Pharmacist	35	34	01
4.	Auxiliary Nurse Midwife (ANM)	15	15	0
5.	Dresser	35	34	01
6.	NO/Peon/Attendant	35	19	16
7.	Head Clerk	1	1	0
8.	UDC	1	1	0
9.	LDC	2	1	1
10	Total	179	157	22

1. Area covered of J.J. clusters by MHS 264

Numbers of Night Shelters covered by MHS 139

2. Extra Activities Undertaken by Mobile Health Scheme:

A. To take active participation in National Health Programs like Pulse Polio, Measles immunization, Family welfare etc.

B. To provide medical coverage in following places:

Details	Venue	No. of Teams
1. Prison Camps/Juvenile Homes	- Bangladeshi Prisoners, SahzadaBagh - FRRO Camp, Lampur,- MajnuKaTila	03
2. Leprosy Homes	- Tahir pur, HLTB - Tilak Nagar - Lajpat Nagar - R.K Puram	04
3. Night Shelters	-North Zone -South Zone -West Zone -East Zone	10
4. Destitute Homes/Beggar Homes	- Jahangir Puri - Motia Khan - Lampur	03
5. Orphanages/Old Age Homes	- Daryaganj - Shanti Dham, KheraKhurd - JivodayaAshralaya, Shiv Vihar Jayanti Kalan	04
6. Construction sites	- As given by Labour Department	10

Mobile Dispensaries for Night Shelter Dwellers:

The medical services through mobile dispensaries are being provided at temporary night shelters for homeless people set up by revenue deptt, GNCTD set up during peak winter season at 139 locations. Mobile Van Dispensaries are deployed from 5.00Pm to 11.00 Pm to provide medical cover to these Night Shelters. A compiled Monthly report received from such dispensaries is duly forwarded to Revenue Deptt.

MHS also provide medical coverage at various religious/sports/national events involving mass gatherings like:

- Kanwar Camps all over Delhi.
- Chhat Puja camps all over Delhi.
- SantNirankariSammagam at Burari Grounds.
- Haj Pilgrim Camp at Haj Manzil, Nizammudin and IGI Airport.
- Urs Camp at Burari Grounds.
- National Games at School all over Delhi.
- Republic Day & Independence Day Duties at Chatrasal Stadium.

Proposals in pipeline for strengthening of Mobile Health Scheme

- All weather, with GIS system 50 Mobile Van Dispensaries (as Mobile Medical Units) out of which 30 through DHS and 20 through Labour Department may be purchased. The proposed specifications of vehicle to be used as Mobile Medical Unit.
- To Increase the total Sanctioned Strength from present 35 teams to 50 teams along with 50 Mobile Van Dispensaries of Mobile Health Scheme

Our Vision to Mobile Health Scheme

Our vision to Mobile Health Scheme is that MHS should reach all JJ clusters on daily basis and work in our own vehicles which should be easy to be recognized by the catchment population, able to handle all staff, with able to carry education material, able to store the required medicines and vaccines. At present the vehicles are hired and board is displayed on it for recognition and medicines are stored daily and get it vacate after the use.

Chapter 5

SCHOOL HEALTH SCHEME

The Directorate of Health Services started School Health Scheme in March 1979 with six school health clinics initially. The scheme later expanded to provide comprehensive health care services to the school going children. The School Health Clinics were established in the school premises itself for easy accessibility by children. These were planned to cover the children studying in Government and Government Aided Secondary schools.

The facilities under the scheme are provided through a network of School Health Clinics and School Referral Centres.

Objectives of School Health Scheme

- Ascertaining health status of children studying in Govt. schools till XII class
- Screening for deficiencies, diseases and disabilities.
- Counseling & treating wherever deficiencies and diseases are detected.
- Referral wherever required to district FRU/tertiary hospitals.
- Increasing health awareness and inculcating healthy behaviour.
- Facilitating continuum of health care by creating data base.
- Synergizing with relevant programmes of Education Deptt.(Yuva) & Health Deptt. (Blindness Control, Deafness Control, & AIDS Programme etc.)

Table 5.1 Cumulative Data for the Year 2013-14

S.No.	Data	NUMBERS
1.	No. of Teams	100 + 4 Referral Centres
2.	No. of School Covered	419 Schools
3	Annual Medical Examination (Screeninig)	630809
4.	No. of Lab.Investigations	Hb - 97513 RBS - 382093 Blood grouping - 30525

Achievements of Schools Health Scheme

1. **District Half Day Trainings:** - School Health Scheme is conduting Half Day Trainings of the officers /Officials in the District on every Second Saturday of the month. These trainings are skill oriented and academic for strengthening the components of School Health Scheme.
2. **Capacity building of EGCs on Substance Abuse:-** 100 Educational Vocational Guidance Counsellors of Directorate of Education have been trained in early identification and prevention of Substance/Drug Abuse in school going children in the year 2013-14.
3. Financial assistance for Special Treatment under School Health Scheme:-
 - Four children of Delhi Govt. Schools were detected with CHD in North West B District during medical screening.
 - The financial assistance for three heart surgeries provided under School Health Scheme.

4.) IEC Achievements:-

- Dengue cars, an important part of the mass Campaign being carried out to prevent Vector Borne Diseases amongst School going children.
- A manual on Substance/ Drug abuse named **SAMARTH** has been developed and is under print.
- Mobile Health Free Messages (by MTNL/ Dolphin) are disseminated to the registered callers on important health issues like WIFS, Substance/Drug Abuse, Hygiene etc.
- Outdoor publicity through different media on CNSY and WIFS Programme.

2. STATE PROGRAMMES CONDUCTED UNDER SCHOOL HEALTH SCHEME

i. Weekly Iron and Folic Acid Supplementatio Programm:-

WIFS was launched by Hon'ble Chief Minister of GNCT of Delhi, on 15TH July 2013 implemented in all schools of Delhi Govt., Govt. Aided, NDMC & Cantonment board Schools for students from 6TH to 12TH Clall and the out of school adolescent girls through Anganwadis. School Health Schemen under Directorate of Health Services is covering 1218 Delhi Govt. and Govt. Aided Schools.

- 843203 Students, Class 6TH to 8TH adolescents were covered under WIFS.
- The teams of School Health Scheme addressed the Morning Assemblies /PTM of the Schools of their clusters to motivate the students for taking WIFS tablets and its benefits and also for the sustainability of the programme.

ii. Annual Mass De worming:-

- II-Phase of annual Mass De- worming Programme was launched on 24TH September 2013 for the age group of 02 years to 18 years and implemented on 3RD October 2013 followed by Mop Up day on 5TH October 2013.
- Targeted 3.6 million children.
- Albendazole Suspension for children 2-7 years and chewable Albendazole tablets for older children are used for the De-worming Programme.
- **Roun II (2013) Mass De-worming programme Coverage**

S.No.	Particulars	Coverage
1.	Total number of children covered*	2382517
2.	Total number of school covered*	2417
3.	Total number of Anganwadis covered*	10591
4.	Total number of districts covered **	11

*The programme targeted 3000 Schools and 10591 Anganwadis, the coverage is calculated as per the Data reported from the fields.

** School Health Scheme has deputed its staff for managing adverse events with activation of control room and also trained teachers in First Aid Management, CATS, were also a part of this adverse event management. All hospitals and dispensaries were put on high alert for managing the adverse events on priority basis.

Table 5.2 Month wise progressive for the year of 2013 to 2014

S.No.	MONTH	MEDICAL/ SCREENING	OPD	OPD+MED	AILMENT	REFERREL	FOLLOWED UP	HEALTH EDUCATION
1	Apr-13	85880	15535	101415	55338	18792	3485	2859
2	May-13	33736	7937	41673	19920	7709	1664	1077
3	Jul-13	85663	13151	98814	43623	14903	5758	2472
4	Aug-13	78290	10873	89163	31624	14712	8622	2025
5	Sep-13	35299	8323	43622	18924	6667	1939	889
6	Oct-13	60563	11161	71724	23352	11869	2116	1553
7	Nov-13	75252	11327	86579	23578	14232	3268	2046
8	Dec-13	67645	8193	75838	34527	13352	2614	2047
9	Jan-14	53223	6009	59232	28635	9939	2497	1661
10	Feb-14	55258	3049	58307	34642	10996	1790	1795
GRAND TOTAL		630809	95558	726367	314163	123171	33753	18424

Table 5.3: Morbidity profile of school children by School Health Scheme 2013-14

S.No.	Details of health problem identified	Total
1	Anaemia	52657 (on the basis of Hb Estimation)
2	Refractive errors	53697
3	Dental Problems	47433
4	Respiratory infections	21518
5	GIT Problems	22325
6	Skin Diseases	14359
7	Fever/Headache	21486
8	Injuries	12559
9	Nutritional Deficiencies	12534
10	Urinary Tract Infection	2357
11	Jaundice	0
12	Eye Ailments	12165
13	Gynaecological Problems	5537
14	Worm Infestations	3719
15	Behavioural Problems	1186
16	Ear Ailments	11482
17	Weakness/ Fatigue	4672
18	Obesity	3308

19	Burn	1513
20	Thyroid	563 (on treatment)
21	Others (animal Bites, Epilepsy, Mental Retardatio, Frost bite, etc.)	9093

Budgetary achievements

Allocated budget (in Lakhs) in 2013-14	R.E. Plan	: Rs.	20,00,00,000/-
	R.E Non-Plan	: Rs.	12,00,00,000/-
	Total	: Rs.	32,00,00,000/-
Expenditure (in Lakhs) in 2013-14	Plan	: Rs.	16,09,46,818/-
	Non-Plan	: Rs.	11,86,64,978/-
	Total	: Rs.	27,96,11,796/-

CHAPTER 6

FUNCTIONS OF BRANCHES AND STATE SCHEMES

6.1. PLANNING BRANCH

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 achievements. It also coordinates with Planning and Finance Department GNCTD for related policy matters on Plan Schemes.

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

During the year 2013-14, 04 dispensaries were opened in different districts by Planning Branch and processes for construction of 08 dispensary building was initiated which will be completed during 2014-15.

6.1.2 Budgeting and Planning

During the financial year 2013-14, there were 26 plan schemes under Medical Sector and 5 plan Schemes in Public Health Sector. The budget allotment under medical sector in revenue Head was Rs.7542.24 lakh and Rs. 12155.33 lakh in Capital Head.

In Public Health Sector the budget allotment under Revenue Head is Rs.400.00 Lakh.

The actual expenditure for 2013-14 in Revenue Head (Plan Scheme) is 5888.68 lakh and expenditure in Public Health Sector is Rs. 266.86 Lakh (Plan).

6.2. HOSPITAL CELL

The planning/establishment of different hospitals is being taken care of by the Hospital Cell functioning in this Directorate under direct supervision of Director, Health Services. The responsibilities of Hospital Cell included 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.

List of Hospital Projects :

The list of various hospital projects dealt under the Hospital Cell (DHS) during 2012-13 is as under :-

S.No. Name of project

1. 200 bed Deep Chand Hospital at Kokiwala Bagh, Delhi.
2. 200 beded Hospital at Burari, Delhi. (North)
3. 200 beded Hospital at Ambedkar Nagar, Delhi. (North)
4. 700 Beds i.e. Indira Gandhi Hospital at Sec.9,Dwarka,Delhi
5. 200 Beded Hospital at Sarita Vihar, Delhi.
6. 200 Beded Hospital at Hastal, Vikas Puri, Delhi.
7. 200 Beded Hospital at Madipur, Delhi.
8. 225 Beded Hospital at Chhatarpur, Delhi.
9. Land for Medical College Project at Sector 17,Dwarka, Delhi.
10. 200 Beded Hospital and Trauma Centre at Siras Pur, Delhi.
11. 100 Beds Hospital at Bindapur, Pkt.IV in Zone K-2,Dwarka, Delhi
12. 50/100 Beds Hospital at Naraina, Delhi.
13. 200 Beds Hospital at Jwala Puri (Sant Durbal Nath Hospital).
14. Construction of office building for various offices under H&FW at Raghubir Nagar,Delhi.

A. Hospital Project for whom expenditure has been approved by EFC

1. **200 bed Deep Chand Bandhu hospital at Kokiwala Bagh (Ashok Vihar)**
 - Physical work completed except fittings and fixtures pending.
 - Handing over/Taking over by PWD/MS,DCBH.
 - OPD Functional.
 - Posts have been created.
 - Next milestone is starting of IPD.
 - Fire clearance of IPD is awaited.
 - For electricity power line-Road cutting will be done after getting approval.
2. **200 Beded Hospital at Burari, Delhi (North).**
 - Project Cost:- Rs.208.11 Crore (Capital=Rs. 183.27 Crore)
 - Cabinet Approval on 27.8.2012
 - Construction started on 16.2.2013.
 - Target date for completion= 36 months from date of award.
 - Full commissioning of hospital on (August 2015)
 - Proposal for creation of post is in under process.

3. **200 Bedded Hospital at Ambedkar Nagar, Delhi.(North)**
 - Total Project Cost :- Rs.125.90 Crore
 - Cabinet Approval :- 07.08.13
 - NBCC was awarded construction works.
 - Construction started on 30.12.2013.
 - Proposal for creation of posts is in under process.
 - Equipment planning is in process.
 - Full commissioning of hospital on October 2015.
4. **700 Beds i.e.Indira Gandhi Hospital at Sec.9,Dwarka.**
 - Total Project Cost :- Rs.566 Crore
 - Cabinet Approval :- 02.06.13
 - Tender awarded to M/s.Larsen & Toubro Ltd.on composite basis.
 - Construction started on 27.08.2014.
 - Expected date of completion is June 2017
 - MFP for Medical and Nursing College is in process.
5. **200 Beds Hospital at Sarita Vihar, Delhi**
 - Total Project Cost :- Rs.109.14 Crore (Capital =Rs.87.14 Crore)
 - Cabinet Approval :- 15.07.2013
 - Target date of completion =24 months i.e.March 2016.
 - Tender finalized and M/s.NN Buildcon Pvt Ltd awarded work in August 2014.
 - Clearance from DPCC is awaited.
 - Presently ,SEAC has been resolved.
 - No physical progress.
6. **200 Beds Hospital at Hastal, Vikas Puri, Delhi**
 - The possession of land taken from DDA on October 26,2006.
 - PE Rs.229.00 Crore under examination.
 - Clearance awaited from SEAC and other local agencies.
 - No physical progress.
7. **200 bedded Hospital at Madipur**
 - The possession of land taken from DUSIB on July 02,2010.
 - PE of Rs.179.97 Crore prepared by PWD is yet to approve by Cabinet/Delhi Govt.
 - SDMC has approved the building plan vide letter dated 18.02.14
 - All clearances are yet not obtained.
 - No physical progress.
8. **225 Beds Hospital at Chhatarpur, Delhi.**
 - Possession of land of 9.2 Acres taken from Directorate of Panchayet on August 7,2009.
 - Lay out plan submitted to MCD.
 - Drawings are not yet approved.
 - Clearances are not yet obtained.
 - There is no link road to the proposed hospital project site and no road clearance from DDA.
 - Presently, matter of link road construction is under process with DDA & Forest Department.
9. **Land for Medical college Project at Sec.17, Dwarka, Delhi.**
 - 9.14 acres of land handed over from DDA to DHS and subsequently to PWD on 15.06.2011.
 - Consultant not appointed by PWD.
 - Boundary wall constructed.
 - Watch & ward services is in process.

- It is decided to keep this area at sec.17 for future use in some other project.
- 10. 200 beds Hospital and Trauma Centre at Siras Pur, Delhi.**
- 20.50 acre of land was purchased from Gram Panchayat dept on 13.02.1986 and was handed over to PWD.
 - Clearance has been obtained from AAI (19.02.2013)
 - PE of Rs 175.00 Crore submitted by PWD on 11.02.2014.
 - Concept drawings approved by DHS and submitted to PWD on 03.08.2012.
 - A/A & E/S of PE is to be obtained.
 - Clearance from local bodies Viz.MCD,Fire, DUAC etc and State level expert Appraisal Committee is to be obtained.
- 11. 100 beds Hospital at Bindapur, Pkt.IV in Zone K-2, Dwarka**
- 2701.50 Sqm land was handed over by DDA to DHS on 22.07.2013 which was subsequently handed over to PWD on the same day for construction purpose.
 - Construction of boundary wall is completed.
 - Sanction has accorded for providing watch & ward of the vacant land.
 - The conceptual drawings have been submitted by PWD and are under review and examination.
- 12. 50/ 100 beds Hospital at Naraina**
- 2700 sqm. Land was handed over by DDA to DHS on 05/09/2013 and same was handed over to PWD for construction purpose.
 - Boundary wall has been existing around the plot and the site is encroachment free.
 - 50 bedded hospital has been approved. According to Delhi master plan 2021, for a plot size of 0.25 hect. To 0.5 hect. Hospital upto 100 beds can be executed. Hence approval of upto 100 beds is awaited.
- 13. 200 bed hospital at Jwala puri (Sant Durbal Nath Hospital)**
- DHS took land possession from DUSIB and handed over to DSIIDC on 14-01-2013.A/A & E/S accorded by DHS for Rs. 180.00 lacs towards pre-operative expenses.
 - Consultant M/s Rajiva Kumar & Associates appointed in May 2013.
 - Change of land use case approved by MOUD on 24-09.2013.
 - AAI clearance received.
 - Objection by TP regarding Partial land use change (3.87 acres out of 5.00 acres).LOP submitted to TP on 08.01.2014, approval of LOP from TP,MCD still waited.
 - DFS clearance, DUAC clearance to be processed by NDMC.
 - Environmental clearance to be processed by DSIIDC. Revised plan waiting from DSIIDC for converted land 3.87 acres.
- 14. Construction of office building for various offices under H&FW at Raghbir Nagar Delhi.**
- A piece of land (9 acres), opposite Guru Gobind Singh GOVT. hospital, Raghbir Nagar, Delhi-110027 was handed over to PWD from MCD on 13-07-2005.
 - PE for Rs 357.49 crore submitted by PWD is under examination for construction of office buildings for various offices under H&FW.

6.3. NURSING HOME CELL

Nursing Home Cell was established in the DHS with a view to register the private nursing homes and hospitals under the provisions of Delhi Nursing Home Registration Act, 1953. The main activities of the cell are to receive the applications from Nursing Homes owners for registration and renewal of registration every three 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 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 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 Nursing Homes.

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.

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

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

The Special Committee constituted by the Hon'ble High Court of Delhi revised the eligibility criteria of EWS patients income per family per month as per the minimum wages of an unskilled worker or less 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.

6.4 DELHI AROGYA NIDHI

Delhi Arogya Nidhi (DAN) is a scheme to provide financial assistance upto Rs. 1.5 lacs to needy patients whose family income is less than Rs. 1 lakh per annum for treatment of diseases in Government hospitals only.

ELIGIBILITY:

1. Patient should belong to a family whose annual income is less than Rs. 1 lakh per annum.
2. Patient must be resident of Delhi and has to furnish domicile proof of residing in Delhi continuously for last 3yrs (prior to the date of submission of application).
3. Treatment should be from Government Hospital in Delhi.

PROCEDURE FOR APPLYING FOR GRANT

1. Application to be submitted in Patient Welfare Cell, Directorate of Health Services, 6th Floor, F-17, Karkardoom, Delhi-110032 in prescribed proforma.
2. Proof of continuous residence in Delhi continuously for last 3yrs (prior to the date of submission of application).
through any one of the following documents :
 - Ration Card
 - Electoral Voter's Photo Identity Card (birth certificate in case the patient is a minor).
 - Extract from electoral roll
 - Aadhar Card
3. Original Estimate Certificate duly signed by Consultant/ Medical Superintendent/ Chief Medical Officer of the Hospital.
4. Two photographs of patient, duly attested by the treating doctor.
5. A copy of National Food Security Card.
6. Photocopies of the treatment record.
7. Documentary evidence from the employer, if in service.
8. Applicant has to submit an affidavit for his signature verification as given in the application form.

Note: The photocopies of these documents are to be attached with the application and original to be brought at the time of submission of same for verification.

WHERE TO APPLY

O/O

Patient Welfare Cell, Room No.1, 6th floor,
Directorate of Health Services,
F-17, Karkardooma (Near Karkardooma Court)
Delhi-110032
Tel No. 011-22306851

DELHI AROGYA KOSH

INTRODUCTION

"Delhi Arogya Kosh" (DAK) is a registered society which provides financial assistance to the extent of Rs. 5 lacs to the needy eligible patients for treatment of any illness /disease in Government Hospital

FINANCIAL ASSISTANCE FOR TREATMENT IN GOVERNMENT HOSPITALS:

For any illness/treatment/ intervention required by the patient undergoing treatment in a Government Hospital run by Delhi Government or Central Government or Local Bodies or Autonomous Hospital under State Government.

ELIGIBILITY

1. Patient with annual family income upto Rs 3 lacs are eligible.
2. Patient should be a bonafide resident of Delhi for last 3yrs (prior to the date of submission of application)
- a. Patient requiring treatment for any illness/ treatment/ intervention in a Government Hospital run by Delhi Govt./Central Govt./AIIMS /Autonomous Institutes of the State Govt./Local Bodies.

Requisite documents for verification of INCOME (any one of the following):

National Food Security Card for income less than Rs. 1 lakh per annum.

Income Certificate issued from area SDM (or any other officer authorized in this behalf by the Revenue Department) for income between Rs. 1 lakh to Rs. 3 lakh per annum.

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

- ❖ Domicile Certificate issued from area SDM.
- ❖ Ration card
- ❖ EPIC (Voter ID)
- ❖ Driving License
- ❖ Passport
- ❖ Extract from the Electoral Roll
- ❖ Aadhar Card

Note: In case the patient is a minor, Birth Certificate of the patient and the domicile proof of either of the parent (any one of the aforementioned document)

WHERE TO APPLY

Patient Welfare Cell, Room No.1, 6th floor,
Directorate of Health Services,
F-17, Karkardooma(Near Karkardooma Court)
Delhi-110032
Tel No. 011-22306851

HOW TO APPLY

Application form to be filled by the patient or through his representative alongwith the following documents in person:

- ✓ Original **Income Certificate** issued by the area SDM (for income between Rs. 1-3 lakh p.a.) or photocopy of National Food Security Card (for income less than Rs. 1 lakh p.a.).
- ✓ Original **Estimate certificate** issued by the treating doctor of the concerned Government Hospital indicating the patient's disease and the treatment required alongwith the estimated expenditure of the treatment duly certified by the Medical Superintendent of the said hospital.
- ✓ Two **photographs** of the concerned patient, duly attested by the treating doctor of the concerned Government.
- ✓ Photocopies of the **treatment record**.

PROCESSING OF AN APPLICATION

A complete application form alongwith all the requisite documents is processed and sent to Director Health Services for his approval.

Thereafter, the application needs approval from the Finance Department, GNCTD and is thence forwarded to Secretary (Health) and Chairman, DAK for their approvals, respectively.

After the due approvals, the application comes back to Patient Welfare Cell and either a cheque of the sanctioned amount is issued in favour of the concerned Government Hospital .

The applicant, too, is informed through letter sent by Speed-post and, if contact number is available, telephonically.

6.5 DELHI GOVERNMENT EMPLOYEE'S HEALTH SCHEME

Delhi Government Employee's Health Scheme (DGEHS) was launched in April 1997 with a view to provide comprehensive medical facilities to Delhi Government employees and pensioners and their dependants on the pattern of Central Government Health Scheme. All health facilities (hospitals/dispensaries) run by the Govt. of NCT of Delhi and autonomous bodies under Delhi Government, local bodies viz. MCD, NDMC, Delhi Cantonment Board, Central Government and other Government bodies (such as AIIMS, Patel Chest Institute (University of Delhi) etc.) are recognized under the scheme. In addition, some Private Hospitals/Diagnostic centers notified from time to time are also empanelled/empanelled as referral health facilities. The scheme has been modified for the benefit of beneficiaries vide Office Memorandums dated 06.10.2003 dated 21.02.2005 dated 25.10.2007 dated 28.07.2010, 31.01.2012 and 27.04.2012.

OBJECTIVE OF SCHEME

It is welfare scheme with the objective to provide comprehensive medical care facilities to the Delhi Govt. Employees/pensioners and members of their families on the lines of CGHS.

STATISTICS AT A GLANCE

- Serving employees – Approximately 100000.
- Pensioners – Approximately 30000
- Total beneficiaries – 5 to 6 lakhs
- Total hospitals / diagnostic centers empanelled in NCT -125
- 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.

SALIENT FEATURES OF THE SCHEME

- Comprehensive health Care services to employees and pensioners of Delhi Government through network of Delhi Government dispensaries, hospitals and Govt./Private empanelled Hospitals and Diagnostic Centres.
- All Hospitals/Dispensaries under Delhi Govt. its autonomous bodies and under local self Governance Bodies (viz. Municipal Corporation of Delhi. New Delhi Municipal Council and Delhi Cantonment Board) are recognized for the purpose of medical attendance. Under the Scheme it is envisaged to empanel Private Hospitals and Diagnostic Centres in addition to already existing Government facilities for the beneficiaries for availing hospital care and diagnostic facilities.

These Private Hospitals/Diagnostic centres are also envisaged to Provide cashless facilities in case of medical emergencies to the beneficiaries.

- Based upon CGHS pattern
- Membership is compulsory for all eligible serving employees of GNCTD and for retired employees they have to opt the scheme or Fixed Medical Allowance at the time of retirement.
- Each beneficiary (employee/pensioner) to get attached to Delhi Government allopathic Dispensary/Hospital and that would be his/her AMA for all the purpose.
- Benefits of the scheme are prospective in nature.
- On the basis of prescribed rate of Contribution for its membership.
- Referral/Authorization required for undergoing treatment/diagnosis in Private empanelled Hospital/Diagnostic Centre from the AMA.
- Treatment facilities – cashless facility for all beneficiaries during emergency in empanelled private hospitals and for pensioners' cashless facility is available even in non emergent conditions on the authorization of AMA.
- Prevailing CGHS rates for availing treatment/diagnosis in private empanelled hospitals/diagnostic centres.

FACILITIES PROVIDED TO MEMBERS

The following facilities are being provided to the beneficiaries through the recognized health facilities under DGEHS i.e. Govt. dispensaries/hospitals & Private empanelled hospitals:

- Out patient care facilities in all systems.
- Emergency services in Allopathic system.
- Free supply of necessary drugs.
- Lab. And Radiological investigations.
- Super specialty treatment i.e. Kidney transplant, CABG, Joint replacement etc.
- Family Welfare Services.
- Specialized treatment/Diagnosis in hospitals, both in Govt. And private empanelled hospitals/Diagnostic centres under DGEHS.

PERSONS ELIGIBLE TO OPT FOR DGEHS SCHEME:

- All Delhi Government working and retired employees (including family pensioners)
- Sitting and Ex-MLAs and Ex-Metropolitan councilors and their dependents.
- Sitting and retired judges of High Court of Delhi.
- Retired officers of Indian Administrative Service/Indian Forest Service of AGMUT Cadre, officers of DANICS/UTCS CADRE including their family pensioners.
- Autonomous/Statutory bodies fully funded by Delhi Government.
- Families of IAS AGMUT Cadre /DANICS officers posted outside Delhi on deputation/short term transfers on payment of DGEHS subscription in advance on yearly basis.

SUBSCRIPTION FOR THE SCHEME

The following are the current rates of subscription on the basis of Pay/Pension of the Delhi Government Employees/Pensioners: w.e.f July 2009.

S. NO.	Grade pay drawn per month	Rate of monthly Subscription
1.	Up to Rs. 1,650	Rs. 50.00
2.	Rs. 1,800, Rs. 1,900 and Rs.2000. Rs. 2,400 and Rs. 2,800	Rs. 125.00
3.	Rs. 4,200	Rs. 225.00
4.	Rs. 4,600 Rs. 4,800 Rs.5,400 and Rs. 6,600	Rs. 325.00
5.	Rs. 7,600 and above	Rs. 500.00

The Subscription to the scheme in case of employees would be deducted from salary on monthly basis.

CONTRIBUTION BY PENSIONERS

Pensioners/family pensioners have an option to get the membership of the scheme and get their DGEHS Pensioners card made by paying a Lump sum amount equivalent to 10 years contribution as due on the date of becoming life time member of the scheme. The beneficiary is not covered under the scheme during the period for which contribution has not been paid. The scheme has been made open ended for the pensioners i.e. the pensioners who are not members of the scheme can opt for scheme at any stage by paying it's contribution at the prevailing rates.

ENTITLEMENT OF WARD FOR INDOOR TREATMENT IN EMPANELLED HOSPITALS

S.No.	Pay in pay band /Pension / Family Pension drawn per month	Ward entitlement
1	Up to Rs. 13,950	General Ward
2	Rs. 13960 to Rs. 19,530	Semi-Private ward
3	Rs. 19,540 and above	Private ward

CASHLESS TREATMENT FACILITY

The cashless facilities as per entitlenelled private hospitals/diagnostic centres in Delhi will be available to serving employees and pensioners in emergent conditions on production of valid DGEHS cards. The cashless facilities will also be available to the pensioner beneficiaries even in non-emergent conditions on the authorization of the AMA. Cashless treatment is also available to self and dependent family members of Ministers, MLAs, EX. MLAs and Ex. Metropolitan Councilors for routine & emergent treatments and investigations on production of valid DGEHS card in original. Credit / Cashless facility is also available to dependents of IAS (AGMUT) & DANICS officers posted on deputation / transfer to outside Delhi.

6.6 CENTRAL PROCUREMENT AGENCY (CPA)

Central procurement Agency (CPA Cell) for drugs was established in Directorate of Health Services as a part of implementation of one of the main aim of 'Drug Policy' of Govt. of Delhi announced in 1994. The agency is to make available good quality drugs at affordable price in all Government of Delhi Hospitals/Health 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" 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 ensure the quality of medicines by testing the randomly picked up medicines & surgical consumables in NABL approved Laboratories. In this system of procurement, pit falls of multi point procurement system will also be over come. Therefore, it is proposed to sustain the scheme during 11th five year plan period.

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 "Establishment Central Procurement Agency" was initially implemented under Drug Control Department and was transferred to Directorate of Health Services w.e.f. 1.3.2000. The agency as a unit of DHS is located at F-17, Karkardooma, Delhi. The broad objective of the scheme was to procure quality drugs centrally required by the hospitals and various health centres situated in different parts of Delhi and distribution to these institutions ensuring high quality standards with comparatively low cost. Through this system, the state is in a position to procure drugs at competitive rates because of larger size of orders being placed with the pharmaceutical firms, ensuring the availability of drugs which are uniform and good quality of medicines by testing the randomly picked up medicines and surgical consumables in an NABL approved laboratories. In this system of procurement, pit falls of multi point procurement system are also over come.

Achievements during 2013-14

- CPA floated 3 tenders during the year 2013-14.
- Tender for Directorate of Family Welfare also floated by CPA.
- CPA finalized the R/c of 205 items and ARV medicine.
- 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 STORE & PURCHASE

1. Store & Purchase Branch at DHS (HQ) carries out procurement, storage and distribution of lab, consumable, general items, stationary items, furniture items, miscellaneous equipments/items for dispensaries and Seed PUHC under Directorate of Health Services.

2. AMC/CMC of all Equipments (Inverters, Refrigerators, pharmaceutical, semiautomatic blood analysers, etc.).
3. Co-ordination between six District Sub Stores for CPA medicines and surgical consumable items.
4. Sanction of CPA medicines and surgical consumable items bills of six District Sub Stores under DHS.
5. Procurement of medicines for eligible poor patients under Delhi Arogya Kosh, DHS(HQ).
6. Non CPA tender (general stationary items, lab items, etc.) process.
7. Co-ordination of functions and meetings of technical purchase committees and tender related activity.
8. Maintenance of central store for items concerned with store and purchase and also CPA products which is an additional task.
9. Stock Entries and maintenance of stock registers, entries of challans.
10. Entries of bills in stock registers.
11. Proper maintenance of store.

6.8 COURT CASE CELL

Court case cell in DHS (HQ) deals with the court cases filed or defended by the Directorate of Health Services or Health & Family Welfare 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 is also processed by the court cases cell. The details of the annual work during 2014 is given as below.

Details of the annual work of Court Cases Cell during 2014.

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 Payment of Which not Made to Counsel
Arbitration	0	0	0	0	0
CAT	16	06	10	0	0
Consumer Forum	07	04	07	0	0
District Court	23	07	23	0	0
Financial Commissioner	0	0	0	0	0
High Court	38	15	24	0	0
Labour Court	1	0	1	0	0
MACT	0	0	0	0	0

Court Wise & Year Wise Details of the Court Case, defended:

Nos.	Annual Years	2010-11	2011-12	2012-13	2013-14
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	Court				
No. of case BFC	Supreme Court	1	1	1	1
	CAT	6	7	8	7
	District Court	10	20	15	27
	Consumer Form	7	10	9	11
	Delhi High Court	4	10	13	27
	Total	28	48	46	73
New Case	Supreme Court	NIL	NIL	NIL	NIL
	CAT	5	6	5	2
	District Court	12	3	11	3
	Consumer Form	3	2	3	-
	Delhi High Court	13	6	20	12
	TOTAL	33	17	39	24
Decided	Supreme Court	NIL	NIL	NIL	NIL
	CAT	4	5	6	6
	District Court	2	8	2	7
	Consumer Form	0	3	1	4
	Delhi High Court	7	3	6	15
	TOTAL	13	19	15	34
Balance on or 31 March,till		48	46	70	63

6.9 BIO MEDICAL WASTE MANAGEMENT CELL

Ministry of Environment and Forest, Govt. of India notified the Biomedical Waste (Management & Handling) Rules, 1998 in exercise of power conferred under sections 6,8 and 25 of the Environment (Protection) Act, 1986. The Delhi Pollution Control Committee has been designated as Prescribed Authority to implement these rules in the National Capital Territory of Delhi. The Lt. Governor of Delhi has constituted an Advisory Committee which has 10 members with Pr. Secretary (H & FW), Govt. of NCT of Delhi as Chairman and Director (Health Services) as Member Secretary/Convenor.

There are 131 hospitals (including T.B.Clinics, Ayurvedic Hospitals, Primary Health Centers, Maternity Home, IPP VIII) under Govt. Sector, 857 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 Home/Clinics, Blood Bank/Diagnostic Laboratories etc. The Government has taken initiatives to establish centralized waste treatment facilities. The Delhi Government has purchased land from Delhi Development Authority (DDA) for establishment of Centralised Biomedical Waste Treatment facilities at Okhla and Nilothi in Delhi. The Okhla has become operational on 11th November 2006 and Nilothi is operational since April 2011. Biomedical Waste is collected, transported and treated in these Common Bio-medical Waste Treatment Facilities (CBWTF).

Objectives of the programme:

In order to implement 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, for promoting, facilitation and monitoring the Biomedical Waste Management (Management & Handling) Rules 1998 in the health care facilities in the state of Delhi. Objectives in brief are as follows:

- 1 Facilitation of Biomedical Waste (Management & 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 also the community at large.
- 4 Capacity building of health care institutions to manage biomedical waste.
- 5 Strengthening of monitoring mechanism at state and district level.

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.

The BMW Management Cell has been conducting regular trainings of all categories of health care worker 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. A quarterly review meeting of Nodal Officers of Districts & Delhi Government Hospitals and Districts has been conducted on 23.4.2013.. Hospitals are also conducting training on BMW Management to promote awareness among health care workers including resident doctors. Training for Nurses of all Govt. Hospitals and PHNs/ANMs Districts was held o 18/12/2013. National Level Conference on Patient Safety and Bio Medical Waste Management was held on 14th & 15th February 2014. State Level Workshop/Training Programme/Workshop on Injection Safety was held on 11th & 12th March 2013. Training of Nodal Officer and PWD Engineers on ETP and Biomedical Waste Management on 17th June 2013 and a Training of Nodal Officer in r/o Biomedical Waste Management On 29th October 2013.

Further, regular awareness activities are also being undertaken by the Biomedical Waste Management Cell, Directorate of Health Services through TV, Outdoor banners, print media and interpersonal communication. Display of Bio Medical Waste Management message on Sadhna Channal was telecasted in daily from 18.6.2013 to 25.9.2013 and a programme titled Chanakya in DD-I was telecasted from 29.09.13 to 17.11.2013 only on Sundays.

As per the Advisory Committee No.1, it is suggested to constitute a dedicated Environmental Management Group (EMG) in all Govt. Hospitals having 100 beds and above, headed by the Medical Superintendent/Medical Director of the Hospital and consisting of other members e.g. Nodal Officer (BMW), concerned Engineers from PWD/Engineering Division, Paramedical staff etc.

Dte. of Health Services, Govt. of NCT of Delhi constituted Environmental Management Cell with the Director as Chairperson and SPO BMW Management as State Programme Officer of Environmental Management Cell.

The mandate of EMG will be to look after the matters concerning implementation of the requirements under Pollution Control laws including BMW Rules, Air & Water Acts etc. as given below:

- The Biomedical Waste (Management & Handling) Rules, 1998
- The Municipal Solid Waste (Management & Handling) Ruls, 2000

- The Water (Prevention & Control of Pollution) Act, 1974
- The Air (Prevention & Control of Pollution) Act, 1981
- The Environment (Protection) Act, 1986
- The E Waste (Management & Handling) Rules, 2011
- The Batteries (Management & Handling) Rules 2011
- The Water (Prevention & Control of Pollution) Cess Act, 1977
- The Hazardous Waste (Management, Handling & Transboundary Movement) Rules 2008
- The Plastics Manufacture, Sale and Usage Rules, 1999
- The Delhi Degradable Plastic Bag (Manufacture, Sale and Storage) and Garbage (Control) Act, 2000
- The Noise Pollution (Regulation and Control) Rules 2000

Furthermore, under the direction of Biomedical Waste Management, Dte of Health Services following measures were taken:

- 1 Use of colour coded trolleys for transportation of waste.
- 2 Provision of needle destroyers.
- 3 Use of weighing machines to weigh and record the biomedical waste daily.
- 4 Provision of personal protective equipments to the waste handles.
- 6 Creation of separate budget head for biomedical waste management.

6.10 TRANSPLANTATION OF HUMAN ORGANS ACT (THOA) CELL

The Transplantation of Human Organs and Tissues Act Cell is processing all the applications received in the Cell for issuance of No Objection Certificates in respect of Transplantation of Human Organs. There is a State Organ Transplant Authorization Committee which meets at DHS from time to time to clear the cases for NOC.

Representatives from the Dte. of Health Services, Govt. of NCT of Delhi are on the Hospital Organ Transplant Authorization Committee in various approved hospitals of Govt. of NCT of Delhi. They represent the Government of Delhi in the Hospital Organ Transplant Committee meetings held from time to time.

Report for the year ending 1st April 2013 to 31st March 2014

NOC for Kidney	NOC for Liver
54	05

6.11 ANTIQUACKERY CELL

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

The Delhi Bhartiya Chikitsa Parishad and Board of Homeoathic System of Medicine shall share the

districtwise data of practitioners registered with them with the Directorate of Health Services to enable the districtwise 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.

Districtwise performance of antiquackery cases : 2013-14

District	No. of cases heard	No. of closure orders issued	No. of actual closures as per record
West	25	24	24
Central	0	0	0
East	0	0	0
North West	6	4	4
South West	14	12	12
South	17	12	12
North East	10	5	5
North	6	6	6
New Delhi	0	0	0
Shahdara	0	0	
South East	0	0	0
Total	78	63	63

6.12 CME CELL

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.

Achievements of CME Cell for the Year 2013-14

1 CME were organized for District Programme on effective implementation of various health programme at DHS (HQ) by the CME Cell in which 40 Doctors/Officers were trained.

Details of the workshop organized by CME Cell during 2013-14

S.No.	Conference/Workshop/Course	No. of Officers participated
1	Training Programme for District Programme Officers on effective implementation of various health programme.	40

Details of the conference/workshop/seminars and course where the doctors/official were sponsored by CME

Cell during 2013-14

S.No.	Name of the training	Venue	No. of Participants
1.	International Conference on Transforming Healthcare with I.T. held on 6 th – 7 th Sep.2013	Hyderabad International conventional centre, Hyderabad	3
2.	3rd National Conference of Consortium Against Rabies, CARCON 2013 held on 20th April 2013.	Conference Hall, UCMS & GTB Hospital	66
3.	Emerging Trends in Supply Chain on 15 th Fed.2013	Thiruvananthapuram	2
4.	Conference on Clean Water and Health on 5 th – 6 th April 2013 (IDCF)	New Delhi	5
5.	Hospital Administration for senior Hospital Administrators on 22 nd April 2013	NIHFW	3
6.	Annual Conference & Workshop of Indian Society of Anesthesiologists (ISATRICON-2013) on 10 th -12 th May 2013	Trivandrum	1
7.	Brain Storming Conference on Dengue, Scenario in India: Disease Burden, Surveillance and Control on 25 th – 26 th July 2013	Madurai, Tamilnadu.	2
8.	National Workshop on New Trends & Best Practices in Managing Hospital Services Part-II on 6 th – 7 th July 2013	Advanced Management Institute, New Delhi	38
9.	Management Development Programme on Supply Chain Management on 22 nd – 24 th July 2013	International Institute of Health Management Research, New Delhi	14
10	Managing the Contract Labour: Issue, Concerns, Problems & Remedies on 13 th -14 th Sept. 2013	Hotel Radosspm Blu Plaza, New Delhi	3
11	5 th CME cum Workshop on Laws applicable to Hospitals: Issues, Challenges and possible solution on 26 th – 27 th Sep. 2013	PGIMR, Chandigarh	7
12	2 nd International conference on Emergency Medical Services System and Innovation & Enter premiership in Health Care on 18 th – 20 th Jan. 2013	JL Auditorium,AIIMS	7
13	Managing Hospital Communication on 3 rd – 5 th Oct. 2013	MICA-Ahmadabad	1
14	AHA approved BLS+ACLS Course on 25 th -27 th Sep.2013	Bhagwan Mahavir Hospital, Pitampura, Delhi	5
15	International Solid Waste Association (ISHWM) on 7 th - 11 th Oct. 2013	Vienna, Austria	1
16	Conference of Indian Society of Hospital Waste Management on 7 th – 8 th Dec. 2013	Lucknow, Uttar Pradesh	13

17	National workshop on New Trends in Supply Chain Management in Hospital on 16 th – 17 th Nov. 2013	India International Centre, Lodhi Estate, New Delhi	70
18	Supper Maidcon-2013 on 20 th Oct. 2013	Hotel Kempinski Ambience	26
19	Management Development Programme on Supply Chain Management on 9 th – 11 th Dec. 2013	IIHMR, New Delhi	23
20	Annual Conference of Indian Society of Malaria and other communicable disease on 2 nd to 4 th Nov. 2013	India Habitat Centre, Lodhi Road, New Delhi	11
21	Joint conference of India Chest Society & National College of Chest Physicians on 26 th Nov. 2013	Chennai Trade Centre, Chennai	1
22	Delhicon-2013 on 20 th – 21 st Dec. 2013	JL Nehru Auditorium, AIIMS, Delhi	26
23	Induction Training Programme for 4 batches-IIHMR	IIHMR, Dwarka, New Delhi	110
24	2 nd International conference on Emergency Medical Services System and Innovation & Enter premiership in Health Care on 18 th – 20 th Oct. 2013	JL Auditorium, AIIMS	2
25	International Conference on Geriatric Care on 16 th – 17 th Nov. 2013	PHD House, 4/2 Siri Institutional Area, August Kranti Marg, New Delhi	32
26	Maternal Health Initiative and Governance-Including Citizens Partnership –UCMS on 17 th – 18 th Jan. 2014	Conference Hall, Library Block, UCMS & GTB Hospital, New Delhi	109
27	Patient Safety and Bio-Medical Waste Management on 14 th – 15 th Feb. 2014	IIC, New Delhi	92
28	Medication Safety in Hospital: Role of Pharmacist-DSPURD on 13 th -14 th Feb. 2014	Hotel Golden Palms and Spa, New Delhi	46
29	Indian Academy of Paediatrics (IAP) –Paediatric Dermatology Update on 16 th Feb. 2014	Siddharth Jaypee Hotel, New Delhi	13
30	Pediatric Dermatology Update on 9 th March 2014	Gulmohar Hall, India Habitate Centre, Lodhi Road, New Delhi	20
31	Communication and Team Building in Hospital – Advance Management Institute on 1 st – 2 nd March 2014	India International, Lecture Hall. No. 1 Kamla Devi Block, New Delhi	44
32	Three days TOT programme -Medical Specialist at UCMS on 10 th Jan. 2014	MAMC, New Delhi	45
33	Three days TOT programme-Surgery Specialist at MAMC	MAMC	138
34	Three days TOT programme - Anesthesia, Gyne/Obs & Peds at MAMC	MAMC	50
35	56 th Annual Delhi State Medical Conference on 16 th March 2014	Hotel Le-Meridien, New Delhi	154

Summarily during the CFY 2013-14 the following achievements by CME Cell as under:-

1. 1180 Medical officers/officials were nominated from various Delhi Govt. hospitals /Districts/schemes/DHS (HQ) for various CME/trainings/conferences/workshops etc.
2. 1 CME were organized for District Programme Officers on effective implementation of various health programme at DHS (HQ) by the CME Cell in which 40 doctors/officers were trained.

Budget

The total expenditure during CFY 2013-14 was Rs.3663500/- /- out of 50 lacs (RE) under Major Head '2210'A1 (2) (1) (1) (1) - Establishment of Human Resource Training Centre in financial year 2013-14.

6.13 GRANT IN AID CELL

85 proposals from NGO's had been received by this office, in response to this directorate advertisement inviting proposal for GIA to NGO's under the scheme 'GIA to NGO's for Delhi Government approved programme' for the year 2013-14.

After scrutinization of documents by screening committee constituted by DHS followed by presentation followed by the NGO and satisfactory physical verification of the NGO's, GIA has been released to 34 NGO's as under:

S.No.	Name of Scheme	Number of NGO's	Activity Undertaken
1	Community health Care For Senior Citizens	14	Health camp and OPD
2	Medical Care For Night Shelter dweller	04	Health visit for Night Shelter dweller
3	Home based care & support to MDR TB patients with option of running evening DOT centre for MDR TB patient in Delhi as per state requirement	01	Camps and Community meetings
4	Improvement of Medical facility in Charitable dispensary`	01	General OPD
5	Health promotion targeting life style factors and danger signals for prevention and early detection of cancer for organizing camp.	02	Health and awareness camp and Community meetings
6	Awareness of anti-quackery in community Meetings	09	awareness camp and Community meetings, nukkad natak/street play,workshop
7	Empowering youths towards premarital counseling for thalassemia prevation)	03	awareness camp and Community meetings

1. Grant-in-Aid amounting to Rs1,973,200.00 has been released to 34 NGO's recommended in 2013-14. approx 23743 citizens have benefitted from the activities organized by 34 NGO's
2. Delhi Kalyan Samiti has forwarded eight proposals from NGO's in 2013-14 for views/recommendation for release of grant from DKS and comments in three proposals have been sent to department of Health and Family Welfare.
3. Grant-in-Aid amounting to Rs. 4,80, 478/- has been released to St. John Ambulance Brigade for the Year 2013-14.

This directorate has invited proposal from NGO's for GIA under the scheme 'GIA to NGO's for Delhi Government approved programme' through newspaper/website advertisement for the year 2013-14 for ten schemes 85 proposals from NGO's had been received by this Directorate.

After scrutiny of documents and satisfactory physical inspection, GIA has been provided to 34 NGO's under seven schemes as per details given below

S.No.	Name of Scheme	Recommended & released in the Year 2013-14	Amount (Rs)
1	Medical Care For Night Shelter	04	2,38,000.00
2	Health promotion targeting life style factors and danger signals for prevention & early detection of cancer.*	02	1,28,000.00
3	Awareness of anti-quackery in the community	09	4,79,000.00
4	Community Care For Senior Citizens	14	8,52,200.00
5	Improvement of Medical facility in Charitable dispensary`	01	76,000.00
6	Home based care & support to MDR TB patients with option of running evening DOT centre for MDR TB patient in Delhi as per state requirement	01	35,000.00
7	Empowering youths towards premarital counseling for thalassemia prevation)	03	1,65,000.00
	TOTAL		19,73,200.00

- II. Grant-in-Aid amounting to Rs. 4, 80, 478/- has been provided to St. John Ambulance Brigade for the Year 2013-14.

III. Eight Proposals have been received from Delhi Kalyan Samiti for comments/recommendation. Proposals have been examined and recommendations have been provided for 5 proposals.

6.14 PUBLIC GRIEVANCE CELL

1. The Public Grievances Cell received grievances regarding health related issues (complaint against staff of CDMO office, facilities, opening of dispensaries, NHRC complaints, CPGRAMS complaint, PGC hearing letters, PGMS references, LG references, RTIs matter, MHS complaints, matter related to Govt. Hospital complaints, opening of new hospital, matter pertaining to DAN/IS&M/MCD/T.B./Anti Quackery/Nursing Home Cell/ financial assistance and the matter related to branches of Directorate of Health Services.
2. The matter is examined and forwarded to the concerned branches or district or hospitals or other departments

for enquiry/comments/necessary action. If allegation is substantiated then action is taken against the defaulter.

3. Staff/Manpower :-

LDC - 02

Peon - 01

4 Issues requiring decision and Activities of Public Grievance Cell:-

- Compusory attending of the Public grievances Commission hearing by the concerned branch officer or concerned CDMO.
- Preliminary enquiry on allegation against Nursing Home is being conducted by Nursing Home Cell, Health Services. If any allegation on negligence & unethical practice by doctors is substantiated in preliminary enquiry, then the matter is forwarded to Delhi Medical Council for final enquiry & disposal of the case.
- The matter forwarded to CDMO concerned and branch for enquiry. Findings of inquiry ;intimated to the complainant and action is taken against the defaulters.
- The complaint pertaining to PGMS Portal examined by this branch and forwarded to the concerned branches or district or hospitals or other departments for comments/necessary action.

Public Grievance Cell Annual Report for the Year 2013-14

	Complaint pertaining to Distt. (Sl. No. 1 to 8)	Grievance received	Grievances Redressed	Pending
1	East	14	14	
2	North-East	16	16	
3	West	27	27	
4	North-West	23	23	
5	South	12	09	
6	South-West	09	19	
7	Central & New Delhi	11	11	
8	North	10	10	
9	Misc. Matter pertaining to other department	90	90	
10	Grievances related to financial assistance	13	13	
11	PGC Correspondence	32	32	
12	CPGRAMS Correspondence	105	86	19
13	Matters Pertaning to Anti Quackery	60	60	
14	MHS correspondence	35	35	
15	Matters pertaining to Nursing Home Cell	135	135	
16	Matter pertaining to Hospital etc.	205	205	
17	RTI matters	20	20	
18	Matters relating to DMC + MCI	13	13	
19	Circular/Meeting notice received	60	60	
20	Matter pertaining to DAN	10	10	
21	Matter pertaining to opening of dispensary	30	30	

22	Matter pertaining to opening of new hospital	35	35	
23	Matter pertaining to school Health Scheme	13	13	
24	Matter pertaining to ISM.	18	18	
25	Matter pertaining to MCD	30	30	
26	Matter pertaining to STO (TB Control office)	07	07	
27	Matter related to the branches of D?HS 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.	120	120	
28	Matter pertaining to NHRC	30	30	
29	Complaint pertaining to PGMS	187	168	19

6.15 RIGHT TO INFORMATION ACT, 2005

This Directorate has been implementing the Right to information Act, 2005 since October 2005. The details of the Directorate's functions alongwith its functionaries and the list of Public information Officer as well as Appellate Authority with particulars are available on <http://delhi.govt.in>.

Seventeen manuals as required under the Act have been prepared and put on the website. This Directorate has presently 14 Public Information Officers (PIO) (at the level of Chief District Medical Officers, Additional Directors & Chief Medical Officer) and 01 Appellate Authority/ Additional Director(HQ) H.O.O. During the year 2013-14 (1st April, 2013-31st March, 2014), 1142 applications and 69 appeals were received.

The progress report of RTI during the year 2013-14

	No. of applications received as transfer from other PAs u/s	Received from April, 13 to March, 14 (including cases transferred to other PAs)	No. of Cases transferred to other PAs u/s 6(3)	Decisions where requests/appeals rejected	Decisions where accepted
Requests	213	1142	187	NIL	763
First Appeals	NIL	69	NIL	14	55

6.16 DISASTER MANAGEMENT CELL

Disasters are known to strike without warning. 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 capital of India, eventualities in the form of floods and outbreaks like cholera and dengue, terrorist attacks have been witnessed in the past. Delhi is located in a high seismic Zone of the country and the possibility of major earthquakes is very real. Disaster Management Cell works within the confines of mandated functions under Disaster Management Act 2005. The cell is focusing on the lead function "Medical Response & Trauma Care" and support function search/rescue and evacuation of victims under expert care in emergencies.

Activities under the scheme

Directorate of Health Services is implementing the plan scheme on disaster management as part of State Disaster Management Plan, wherein funds have been made available for different activities like purchase of equipments and consumables and training of staff.

Action Plan for Disaster Management in Delhi has been prepared by DHS for state level. Hospital Disaster Management Plans are also been prepared by the individual Delhi Government Hospitals separately.

Achievements during 2013-14

1. Training on emergency Medical Response as part of creation on 1ST responders is one of the prime activity. One hundred lay rescuers & seventy Pharmacists working in Health Centres under Government of Delhi were trained. The training of Doctors, Revenue personnel & other categories were also taken in National Institute of Disaster Management (NIDM) from time to time.
2. Norms & guidelines related to First Aid course for bus conductors was worked out as per Motor Vehicle Act & transferred to Transport department.
3. As a part of medical rehabilitation of victims arising out of crisis situation in the past, the victims were provided with support for medical rehabilitation.
4. The cell took part in mock drills conducted from time to time by revenue Department, Government of Delhi.

Directorate of Public Health: The following Non-communicable disease were targeted.

1. Hypertension
2. Diabetes
3. Thalassemia

The operational issues pertaining to Thalassemial control were worked out.

1. Free availability of iron chelators in five designated Hospitals.
2. Free blood transfusion facility for Thalassimics for all days of the week.
3. Preparation of information material of Thalassemia for common public & dissemination through various out door publicity mediums.

Issues concerning Diabetes/Hypertension (DT/HT) were targeted together & following were done.

1. Preparation of information material for common public regarding do's & don't's and importance of early detection & the developed messages were displayed through various out door publicity mediums.
2. Establishment of bi-weekly DT/HT clinic in all Hospitals under GNCTD.
3. Facilitation of screening for DT/HT of asymptomatics through Health Centres all over Delhi.

6.17 CANCER CONTROL CELL

Govt. of National Capital Territory of Delhi is pursuing and co-ordinating various activities related to Cancer Control through Cancer Control Cell, Public Health-II in the Directorate of Health Services, GNCT Delhi. The cell has two broad objectives.

1. Sustained information dissemination for prevention & early diagnoses of Common Cancers (breast Cancer, Oral Cancer & Cervix Cancer)
2. Facility up-gradation for treatment of Cancer.

Various activities undertaken in 2013-14 under the programme were as under:

1. Education materials were prepared focusing on the common preventive aspects & early detection issues related to Common Cancers and were displayed through various modes of Metro Network.
2. Information dissemination was also done through participation in field activities.
3. Weekly Cancer Clinics focusing on Common Cancers are working through various Hospitals.

6.18 NATIONAL LEPROSY ERADICATION PROGRAMME: DELHI

Introduction

Leprosy, a chronic disease caused by infection from *Mycobacterium leprae*. It spreads from one untreated patient to another person via respiratory tract or injured skin. Leprosy is curable and free treatment is available in all government hospitals and dispensaries in Delhi.

Leprosy is classified into two categories: Multibacillary (MB) and Paucibacillary (PB). Treatment is simple and all newly detected cases must be started on an appropriate MDT regimen immediately. MDT is the combination of Rifampicin, Clofazimine & Dapsone for MB patients and Rifampicin & Dapsone for PB patients. Leprosy is associated with intense stigma because of the disabilities and deformities that result from leprosy. Most of disabilities are preventable. Damage to peripheral nerves supplying the hands and feet, result in loss of sensation over the area supplied by the nerve and paralysis of the muscles supplied by them.

Disability due to leprosy can be prevented by early detection of disease, adequate advice and explanation regarding disease and complications and prompt and appropriate management, if disability sits in. The social stigma attached to leprosy and the social discrimination against its suffering is beginning to weaken as the message that the disease now completely curable is spreading far and wide. Community awareness has also increased over the years.

Objectives of NLEP

- Integration of leprosy services in general health care system
- Further reduction of leprosy burden in Delhi.
- Reduction of stigma attached to Leprosy.
- Prevention of disability, medical care of disabled and rehabilitation of displaced patients.

Strategies

- Integration of leprosy services in general health care system including health care institutions managed by local bodies (MCD, NDMC and Cantonment)
- Well organized referral system to the needy patients
- Further reduction of leprosy burden in Delhi (New case detection and disability cases).
- Elimination of stigma attached to Leprosy with intention to domiciliary treatment and inclusion of patient in family.
- Prevention of disability & Rehabilitation.
- Early case detection and adequate treatment (MDT)
- Prevention of leprosy related disabilities (POD), and
- Comprehensive rehabilitation (IBR) and CBR)
- Monitoring and evaluation of NLEP
- Surveillance of drug resistance (MDT)

Salient Features of NLEP Delhi

1. Implementation of NLEP through NRHM (SPMU, DPMU)
2. There is a strong political commitment to further reduce the burden of leprosy
3. Result Based Decentralized Planning with integrated setup involving districts and grass root level functionaries.
4. NLEP is ensuring availability of MDT Drugs through districts to all health care institutions
5. Strong commitment for quality diagnosis and treatment in all Health Care Institutions
6. Establishment of referral for suspected, and complicated patients to district hospitals
7. Involvement of ASHA, NGOs, RWA in Anti Leprosy Activities
8. There is NLEP technical support in all eleven districts
9. NLEP is involving treated leprosy patients in IEC and DPMR activities

10. Time to time school surveys, employees survey, targeted intervention are carried out
11. NLEP is participating in big social & religious gatherings.
12. IEC activities are carried out in vernacular language & display in the offices.
13. Relevant Messages are disseminated through newspaper, TV, Radio and Telephones
14. Regular conduction of prevention of disability and technical training to all health care personnel
15. Disability Care and Medical Rehabilitation including reconstructive surgeries (RCS)
16. Reporting of cases to DLOs & State Health Directorate as per simplified information system (SIS)
17. Computerization of records, maintenance mandatory district master register
18. Assisting mobility of monitoring staff-provision of hired vehicle in each district.
19. Supportive supervision at state and district level.
20. Evaluation, feedback and revised action.
21. Incentive, awards and recognition to good workers for better motivation.

Achievements of NLEP Delhi

Leprosy burden

Intensive anti-leprosy activities started during the last decade only. Prevalence of Leprosy in Delhi has come down to 0.64 per 10,000 populations in March 2014. The rigorous Information Education & Communication (IEC) activities, active search and MDT services were carried out regularly. The active search has been stopped in 2004. New patients are voluntarily reporting to health care institutions. Similarly new cases detection rate has reduced to 6.45/100000 population for Delhi Patients.

Strengthening of referral system

Each district has referral hospitals. All referral hospitals have a referral team consist of Dermatologists, Orthopaedicians, Ophthalmologists, PMR Specialist, Physiotherapist and Lab Technician. Dermatologist is the coordinator for this team. Referral of patients is required for confirmation of diagnosis or specialized care for reaction/disability care.

Referral Centres (Hospitals) for Leprosy in various Districts of Delhi.

S No.	District	Referral Hospital	Referral Hospital
1	East	LBS Hospital	
2	Shahdara	GTB Hospital	TLM Hospital
3	Northeast	JPC Hospital	
4	North	M V Hospital	SRHC Hospital
5	Northwest	BSA Hospital	SGMH Hospital
6	West	DDU Hospital	GGs Govt. Hospital
7	Southwest	RTRM Hospital	
8	South	AIIMS	PT MMM Hospital
9	Southeast	ESI Hospital Okhla	
10	New Delhi	RML Hospital	Safdarjung Hospital SSK Hospital
11	Central	Lok Nayak Hospital	Hindu Rao Hospital

Involvement of ASHA and Community volunteers

ASHA is involved in following areas for leprosy control activities:

- Generating awareness in the community in local language to reduce stigma.
- Encourage self reporting of suspected patients for early case detection and treatment.
- Identify/ suspect leprosy completions in the community and refer them to the treatment centre.
- Ensuring leprosy treatment regularity and its timely completion.
- Encouraging leprosy disabled persons to practice self care (as advised by doctor/ health worker).
- Encouraging the leprosy affected persons for health contact examination of their family.

Reduction of Stigma and Discrimination

Various IEC/BCC activities (involving electronic, outdoor and interpersonal communication) are conducted by national leprosy eradication programme in Delhi. A State level workshop was also conducted for religious leaders in Delhi. The commitment made by religious leaders for reduction of stigma has far reaching results.

Disability Prevention and Medical Rehabilitation

After achieving the primary goal of eliminating leprosy as a public health problem, prevention of deformities and disabilities has been given higher emphasis during the 12th Five Year Plan period (2012-2017). The DPMR services are to be provided through the infrastructure already existing. The Objectives of DPMR (Disability Prevention & Medical Rehabilitation) are to prevent disabilities and worsening of existing deformities in all needy leprosy affected persons cases, both patients on treatment and those released from treatment and to develop a referral system for providing POD services to all leprosy patients. For correction of disability, surgeries were conducted by various hospitals in Delhi.

Remember Five Points for Advocacy for Leprosy:

1. Leprosy patches are painless
2. Patches are without itch
3. Leprosy is not a killer disease
4. Leprosy is curable with MDT
5. MDT is available free of cost in all Govt. hospitals and dispensaries

District	Population	Cases on record as on 1st April 2013			New Cases detected (2013-14)					Among New cases (2013-14)			Cases discharged (2013-14)			Cases on record as on 31st March 2014			PR	NCDR
		PB	MB	Total	PB(A)	PB(C)	MB(A)	MB(C)	Total	Females	Grade I	Grade II	PB	MB	Total	PB	MB	Total		
East	1546443	23	60	83	29	3	47	2	81	13	6	4	41	63	104	14	46	60	0.39	5.24
Shahdara	1173984	16	212	228	25	1	148	8	182	31	29	41	34	189	223	8	179	187	1.59	15.50
Northeast	1459875	32	68	100	12	0	67	7	86	19	15	20	36	78	114	8	64	72	0.49	5.89
North	1487439	34	67	101	36	6	41	4	87	25	3	4	52	71	123	24	41	65	0.44	5.85
Northwest	2378198	65	130	195	22	2	169	8	201	62	33	12	35	139	174	54	168	222	0.93	8.45
West	2680220	7	97	104	24	3	116	2	145	28	15	13	21	107	128	13	108	121	0.45	5.41
Southwest	1442782	30	70	100	31	3	54	2	90	23	10	19	40	60	100	24	66	90	0.62	6.24
South	1305817	56	195	251	55	7	80	3	145	34	10	22	66	132	198	52	146	198	1.52	11.10
Southeast	1588442	12	44	56	26	4	43	1	74	13	2	13	23	37	60	19	51	70	0.44	4.66
New Delhi	1125737	0	6	6	9	1	5	0	15	5	0	1	4	4	8	6	7	13	0.12	1.33
Central	1547932	11	27	38	16	1	21	1	39	8	2	1	16	21	37	12	28	40	0.26	2.52
Total Delhi	17736869	286	976	1262	285	31	791	38	1145	261	125	150	368	901	1269	234	904	1138	0.64	6.46
UP		95	699	794	139	8	400	23	570	110	47	70	166	562	728	76	561	637		
Bihar		71	373	444	102	9	403	18	532	93	35	91	116	399	515	66	395	461		
MP		12	24	36	8	0	24	2	34	1	0	2	12	31	43	8	19	27		
Jharkhand		11	28	39	5	0	28	0	33	5	1	3	6	25	31	10	31	41		
Chhattisgarh		3	6	9	1	0	6	0	7	0	1	0	1	5	6	3	7	10		
Orissa		4	7	11	0	0	3	0	3	0	0	1	2	4	6	2	6	8		
WB		1	15	16	1	0	6	1	8	0	0	1	1	8	9	1	14	15		
Rajasthan		2	24	26	1	0	8	0	9	4	1	2	2	11	13	1	21	22		
Haryana		14	43	57	14	1	24	0	39	10	2	3	14	34	48	15	33	48		
Other states		2	14	16	0	0	8	3	11	1	1	1	1	12	13	1	13	14		
Total Outside Delhi		215	1233	1448	271	18	911	47	1247	224	88	174	321	1091	1412	183	1100	1283		
Nepal		1	12	13	0	0	6	0	6	1	1	0	0	8	8	1	10	11		
Bangladesh		0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1		
Others		0	1	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0		
Total Other countries		1	13	14	0	0	7	0	7	1	1	0	0	9	9	1	11	12		
Total Cases		502	2222	2724	556	49	1709	85	2399	486	214	324	689	2001	2690	418	2015	2433		
Relapse		0	7	7	0	0	3	0	3	0	0	1	0	1	1	0	9	9		
Re-entered		29	359	388	52	6	349	7	414	42	30	80	57	404	461	30	311	341		
Referred		1	3	4	0	0	5	0	5	0	0	0	0	4	4	1	4	5		
Reclassified		0	1	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0		
Total		30	370	400	52	6	357	7	422	42	30	81	57	410	467	31	324	355		
Grand Total	17736869	532	2592	3124	608	55	2066	92	2821	528	244	405	746	2411	3157	449	2339	2788		

6.19 SPECIAL HEALTH PROGRAMME FOR GERIATRIC POPULATION

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. It is estimated that around 14 lakh senior citizens are living in Delhi. Senior citizens at large require holistic care to meet their social, imotional health and financial needs. Delhi Govt. has already frames state policy for senior citizens with commitment to provide financial and social security in form of old age, pension, protection of life and property, and priority health care.

Senior citizens suffer from multiple chronic diseases like Hypertension, Cataract, Osteoarthritis, Chronic Heart Diseases, Diabetes, Nesual deafness and several types of mental disorder. These diseases results in disabilities affecting the activities of daily living. It has been reported that 8 % of senior citizens are confined to their home or bed.

The following provisions have been made and being impliemented to provide special health care to senior citizens in Delhi.

- General Health Care is being provided to all senior citizens on preferential basis in all Delhi Govt. Hospitals & Dispensaries.
- Sunday Clinics for Senior Citizens in all Delhi Govt. Hospitals except superspeciality and maternity & Child Hospital.
- Provision of separate Queues for senior citizens at OPD, Pharmacy,Dignostic facilities etc.
- Senior citizen help desk in all Delhi Govt. hospitals has been set up at OPD.
- Designated nodal officer has been placed in all hospitals to address the grievances.
- It has also been provisioned that inmates of various old age home to be attended on priority in each hospitals.
- Screening of senior citizens at dispensary level for identification of hidden diseases/disabilities for which one is not aware or which have not been manifested and referral to appropriate higher level. In this activity ASHA worker has been engaged.
- Trainging of medical/para medical staff on geriatric health care so that senior citizen can be attended with care and on priority basis.
- IEC/awareness generation/observation of international day for older person and similar activities has been organised on 1st October to acknowledge the importance of senior citizens and create awareness on various services provided by Delhi Govt.

6.20 NATIONAL PROGRAMME FOR PREVANTION AND CONTROL OF DEAFNESS

Introduction

Burdon of Deafness: 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.

Objective of the programme:

1. To prevent the avoidable hearing loss on account of disease or injury.

2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Components of the Programme:

The following components were looked in while implementing the programme: (1) Manpower training & development, (2) Capacity building, (3) Service provisioning, including rehabilitation, (4) Awareness generation through IEC activities, (5) Monitoring & evaluation.

Strategies:

- 1) Strengthening of service delivery including rehabilitation.
- 2) Developing human resource for ear care.
- 3) Promoting outreach activities and public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- 4) Developing institutional capacity of the district hospitals, community health centers and primary health centers, selected under the project.

Programme execution, expansion & achievement:

The GOI Programme Division has taken up and included 4 districts of Delhi in National Programme for Prevention and Control of Deafness (NPPCD Prog.). The "State Health Society Delhi" is implementing NPPCD programme in Delhi on district pattern through respective "Integrated District Health Society". The districts of Delhi covered in the programme at present are: North East, Central, North West and West in 2013-14.

During the year 2013-14, ongoing activity of previous year was carried out i.e. continuation of district level human resource as no formal budget was allocated for fresh activity and permission to utilize unspent fund of previous years to carry out on going activities (Man Power remuneration) was received late in the year for 13-14. One Audiological Asstt. is in place against the approved post in Prog. The activities / achievements of ENT department of reporting hospital in Ear Care front (statistics) is enclosed.

Annual Performance Report for F.Y. 2013-14

S No	No. of cases examined with Deafness	0-5 years		5-15 years		15-50 years		>50 years		Total	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	Mild	328	303	331	234	765	638	291	174	1472	1096
2	Moderate	249	198	214	221	852	674	459	335	1596	1247
3	Severe	212	130	185	170	415	305	340	216	1012	688
4	Profound	204	138	162	131	309	183	149	115	692	439
5	Total	993	769	892	756	2341	1800	1239	840	4772	3470

Tympanogram	2505
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Hearing Aid Trial	1754
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Number of Surgeries Performed:-

S.No	Surgery	Male	Female	Total
1	Myringoplasty	286	340	626
2	Tympanoplasty	174	222	396

3	Myringotomy	20	13	33
4	Grommet Insertion	12	10	22
5	Stapedectomy	54	41	95
6	Mastoidectomy	273	280	553
7	Total	819	906	1725

Referrals:

S.No	Referred For	Up to 15 years		15-50 years		>50 years		Total	
		Male	Female	Male	Female	Male	Female	Male	Female
1	Number of hearing aids fitted	337	297	227	219	278	267	842	783
2	No. of persons referred for rehabilitation	877	738	309	227	402	425	1588	1390
3	Speech	242	239	144	64	58	172	444	475
4	Counselling	501	467	383	264	400	365	1284	1096
5	Total	1957	1741	1063	774	1138	1229	4158	3744

6.21 FLUOROSIS MITIGATION PROGRAMME

Introduction

Fluorosis/ Fluoride poisoning among the population living in all the 11 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 disease. 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

Fluoride level in groundwater samples provided by Fluorosis patients

S. No	Area	Fluoride content in mg/L
1	Mohammadpur	2.50
2	PLAM	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	4.45
16	Masjid Moth	3.45
17	Rani Bagh	6.20
18	Okhla Village	5.95
19	Hari Nagr	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 flouride in drinking water: 1.0 mg/L is the upper limit: lesser the better.

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 form the Ministry of Environment and Forests (GOI) for the systematic study of all drinking water sources in South West of Delhi (Plan area) 7 villages (200-2003).

Table 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/1)
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	74	10	64	1.10-8.24

Extension				
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.

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 Fluorosis Mitigation Cell in the Directorate.
2. Strengthening of Infrastructure. In hospital for diagnosis of Fluorosis and Training of Technicians to conduct diagnostic tests.
3. Capacity building of Health Professionals and Health Administrators, Health 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 outposts / in field areas,
8. Printing reports / procuring books/ information material
9. Updating Private Practitioners through IMA/ any other channels

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

Activities carried out under the Programme

1. Advocacy workshop on Fluorosis 25-26 February 2014
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 form Hospital.

FLUOROSIS REPORT 2013-14

S.No	Hospital	Non-Skeletal	Skeletal	Dental	Total
A	East District				
1	Lal Bahadur Shastri Hospital	0	0	0	0
B	Shahdara	0	0	0	0
2	Dr. Hedgewar Arogya Sansthan			13	13
3	Health Center Cum Maternity Hospital	0	0	0	0
4	Chacha Nehru Bal Chikitsalya	0	0	0	0
5	Super Speciality Hospital, Tahirpur	0	0	0	0
6	IBHAS	0	0	0	0
C	North East	0	0	0	0
7	Jagpravesh Chandra Hospital	0	0	0	0
D	North	0	0	0	0
8	St. Stephen's Hospital	0	0	0	0
9	Tirath Ram Shah Hospital	0	0	0	0
10	Balak Ram Hospital	0	0	0	0
11	Sunder Lal Jain Hospital	0	0	0	0
E	North West	0	0	0	0
12	Bhagwan Mahavir Hospital	0	0	0	0
13	Dr. Baba Saheb Ambedkar Hospital			0	0
14	Satyawadi Raja Harish Chander	0	0	65	65
15	BJRM	0	0	8	8
F	West	0	0	0	0
16	Central Jail	0	0	0	0
17	Janakpuri Super Speciality Hospital			0	0
18	Achrya Shree Bhikshu	0	0	38	38
19	Mata Chanan Devi Hospital			0	0
20	Guru Gobind Singh	0	0	27	27
G	South Wset	0	0	0	0
21	Rao Tula Ram Hospital	0	0	59	59
H	South	0	0	0	0
22	All India Institute of Medical Sciences	0	0	2	2
23	Moolchand Hospital	0	0	0	0
24	Fotis Escorts	0	0	0	0
25	Pt. Madan Mohan Malaviya Hospital	0	0	0	0
I	Southeast	0	0	0	0

26	ESI Okhla			0	0
27	Holy Family Hospital	0	0	0	0
28	Indraprastha Apollo Hospital	0	0	0	0
J	New Delhi	0	0	0	0
29	N.C Joshi	0	0	0	0
30	Safdarjung Hospital			0	0
31	Institute of Liver & Billiary Sciences	0	0	0	0
K	Central	0	0	0	0
32	Lok Nayak Hospital	0	0	0	0
33	Aruna Asaf Ali Hospital	0	0	0	0
34	B L Kapoor	0	0	0	0
35	Sir Ganga Ram Hospital			0	0
	TOTAL	0	0	212	212

6.22 SILICOSIS CONTROL PROGRAMME

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 institution
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.

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 NCO-PRASAR, 6 Anganwadi workers (AWWs). The Social welfare Department 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 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 had not have exposure. It appears that the exposure to dust was associated with silicosis in about 43% patients were also having deafness. In addition to this 82% subjects had low haemoglobin levels i.e. Anaemia.

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 county. The most significant effect has been 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 disease. The building of the Hospital /PUHC at Tajpur with X-ray facility. A Delhi Government Dispensary has also been opened in Lal Kuan itself.

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.

Awareness activities

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

Rehabilitation Strategies

1. A medical team consisting of occupational health experts conducted clinical survey of affected person in Lal Kaun area.
2. A multi purpose Community Health Centre (CHC) for the treatment of the occupational disease will be built at the Tajpur near Lal Kauan.
3. Delhi Government Dispensary has been opened in the area with focus to provide services to silicosis affected people.
4. 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.

6.23 STATE AWARD SCHEME

Introduction

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

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

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

medical research, Public health, etc.

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

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

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

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

The criteria of selection to the awards:

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

The HODs/ Directors/ Medical Superintendents will invite application from deserving candidate working in their institutions and scrutinise them. The recommended applications of the most deserving candidate will be forwarded to Director Health Services. The state award/search committee will decide the final list of candidates to be awarded.

The Approximate number of Awards:

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

1. Doctors – 20
 - a. Teaching= 5
 - b. Non-teaching=3
 - c. General cadre = 8
 - d. MCD=1

- e. NDMC=1
- f. ISM&H=1
- g. Dental=1
- 2. Nurses – 11(Nurses, PHNs, ANMs)
- 3. Pharmacist/ Technician/ Supervisor / - 10
- 4. Peon /SCC/ NO/Drivers & other Staff - 10

The award /search committee on the advice of Government may relax the criteria of 15 years experience in Delhi government to the extra ordinary deserving candidates.

Composition of Screening /Search Committee:

The Screening/search committee will consists of following members:

- | | |
|--|----------------------|
| 1. Principal Secretary Health and Family Welfare | - Chairperson |
| 2. Dean Maulana Azad Medical College | - Member |
| 3. Special Secretary Health (dealing paramedical Staff) | - Member |
| 4. Medical Superintendent of 500 or more bedded hospital | - Member |
| 5. Medical superintendent of 100-200 bedded hospital | - Member |
| 6. Chief Nursing Officer of LNH or GB Pant or GTB hospital | - Member |
| 7. Director Health Services | - Convenor |

The number of awards conferred so far:

Year	Doctors	Paramedical/ Nursing staff
1997-98	20	
1998-99	19	
1999-00	20	
2000-01	20	
2002-03	25	
2003-04	15	
2004-05	20	
2007-08	19	50
2008-09	20	49
2009-10	22	49
2010-11	21	47
2011-12	20	50
Total	241	245

List of previous awardees is given at annexure I. The application forms are attached as Annexure II, III, and IV. Recommendation Letter from HODs/Directors/Medical Superintendents is attached at Annexure V.

Currently, the applications are invited for State Awards 2012-13. Complete applications duly

screened and nominated by Directors/ HODs/ MSs should reach to ***“The Director Health Services, Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110032*** well before 20th July 2014.

Annexure I

	Award Function held on 1 st July 2013 State Awardees for 2011-12			
	Doctors			
S No.	Name	Designation	Official Address	Date of Birth
1	Dr. Anurag Jain	CMO (SAG)	Deen Dayal Upadhyay Hospital, New Delhi	22-06-1958
2	Dr. Ashok Kumar Sethi	Director Professor of Anaesthesia	UCMS & GTB Hospital,, Dilshad Garden, Delhi	03-01-1955
3	Dr. Bibhabati Mishra	Director Professor Microbiology	G B Pant Hospital, New Delhi-	04-09-1954
4	Dr. Dinesh Kumar Dhanwal	Director Professor Medicine	MAMC New Delhi-2	01-01-1966
5	Dr. Madhu Chanda	CDMO (East)	CDMO East Office	26-05-1960
6	Dr. Namita Kalra	Professor Paeododontics	U.C.M.S Dilshad Garden Delhi - 95	10-12-1958
7	Dr. Nutan Mundeja	CMO (SAG)	Delhi State Health Mission	10-08-1961
8	Dr. Poonam Sareen Nee Kohli	CMO (NFSG)	Kasturba Hospital Darya Ganj, New Delhi-06	10-06-1967
9	Dr. Praveen Kumar	CMO (SAG)	Dr. Hedgewar Arogya Sansthan, Delhi 32	30-06-1959
10	Dr. Praveen Kumar Malik	Addl. Director (DGEHS)	Directorate of Health Services,	27-07-1960
11	Dr. Rakesh Kumar Gupta	Medical Superintendent	Deep Chand Bandhu Hospital	28-09-1960
12	Dr. Ramesh Chugh	Medical Superintendent	Janak Puri Super Speciality Hospital,	12-11-1958
13	Dr. Sandhya Jain	CMO (NFSG)	Dr. Baba Sahib Ambedkar Hospital	26-10-1966
14	Dr. Savita Babbar	Medical Superintendent	Deen Dayal Upadhyay Hospital, New Delhi	14-06-1957
15	Dr. Shashi Thapa	CMO (NFSG) Homeo	Delhi Govt. Dispensary Mangol Puri, Delhi-83	19-10-1953
16	Dr. Vandana Bagga	CMO NFSG	Guru Gobind Singh Govt. Hospital	19-12-1964
17	Dr. Vijay Kumar Gupta	Consultant (Ophthalmology)	Sanjay Gandhi Memorial Hospital	05-11-1958
18	Dr. Vipon Kapoor	Chief Medical Officer (Medical)	Charak Palika Hospital Moti Bagh -1,	24-11-1953
19	Dr. Virender Kumar Gautam	Director Professor Orthopaedics	MAMC & Lok Nayak Hospital, New Delhi-02	30-05-1955
20	Dr. Zeasaly S.K. Marak	CMO (NFSG)	Addl. CDMO (Central),	26-09-1968
	Nurses/Pharmacist/Paramedical Staff			
	Name	Designation	Official Address	Date of Birth
1	Arvinder Seth	Nursing Sister	Chacha Nehru Bal Chikitsalaya,	01-01-1958
2	Durga Singh	Nursing Sister	DDU Hospital, Hari Nagar	03-07-1963
3	Kanta Ahuja	Nursing Sister	Lal Bahadur Shastri Hospital	04-04-1958
4	Kiran	Nursing Sister	M.V. Hospital, Pooth Khurd, Delhi -39	08-08-1970
5	Kiran Ganju	Nursing sister	Lok Nayak Hospital, New Delhi-02	30-10-1953
6	Kusum Love	Sister In-charge	Guru Gobind Singh Govt. Hospital	26-04-1958

7	Lizy Cherian	Assistant Nursing Suptt.	Charak Palika Hospital, Moti Bagh- 1, New Delhi	03-03-1953
8	Lucy Patrick Simon	Nursing Sister	G.B. Pant Hospital, New Delhi-110002	04-01-1959
9	Manjeet Kaur Marwah	Assistant Nursing Superintendent	Maulana Azad Institute of Dental Sciences, Delhi-02	18-01-1953
10	Meera Devi	Deputy Nursing Superintendent	Lok Nayak Hospital New Delhi-02	16-01-1953
11	Nirmala Devi	Nursing Sister	Sanjay Gandhi Memorial Hospital, Mangol Puri	08-04-1970
12	Nirmala Devi Navik	Deputy Nursing Superintendent	G.B. Pant Hospital, New Delhi-02	24-01-1953
13	Prem Bajaj	Nursing Sister	Sanjay Gandhi Memorial Hospital, Mangol Puri	01-05-1965
14	Radha Chopra	Nursing Sister	Dr. BSA Hospital, Rohini, New Delhi -85	15-04-1958
15	Sarasamma Rajan	ANM	CDMO (West), DHS, A-2 Paschim Vihar	21-10-1956
16	Sarasamma .A. Kaimal	ANM	Lal Bahadur Shastri Hospital	19-06-1954
17	Saroj Devi	ANM	Sanjay Gandhi Memorial Hospital, Mangol Puri	19-03-1965
18	Shakuntla Badseera	Nursing Sister	Rao Tula Ram Memorial Hospital Jafarpur,	12-01-1964
19	Sudesh Doara	Nursing Sister	Babu Jagjiwan Ram Memorial Hospital	02-05-1960
20	Sunita Mogha	Nurse	Charak Palika Hospital Moti Bagh- 1, New Delhi	01-05-1962
21	Usha Rani Luthra	Nursing Sister	Babu Jagjiwan Ram Memorial Hospital	16-11-1960
22	Aleyamma Benzon	Lab .Technician	Sanjay Gandhi Memorial Hospital, Mangol Puri	30-05-1964
23	Anasua Dutta	Technical Asstt.	G B Pant Hospital, New Delhi -110002	11-02-1953
24	Bhawani Singh	Dental Mechanic	MAIDS, MAMC Complex	27-06-1960
25	C.R .Prameela	Pharmacist	DGD Vasundhra Enclave, Delhi-96	14-02-1964
26	Chander Parkash	Pharmacist	Maulana Azad Institute of Dental Sciences,	06-03-1953
27	George Mathew	Technical Assistant	Deptt. of Anaesthesia. G.B. Pant Hospital	02-08-1961
28	Hari Om Sharma	O.T. Assistant	DDU Hospital, Hari Nagar New Delhi-64	07-09-1968
29	Harjinder Kaur	Lab. Technician	Bhagwan Mahavir Hospital, Pitam Pura	03-03-1963
30	Jagnesh Bansal	Pharmacist	Shri Dada Dev Matri Avum Shishu Chikitsalaya, Naseerpur	06-12-1967
31	Kusum Lata	Lab. Technician	BJRM Hospital, Jahangir Puri, Delhi-33	01-04-1968
32	Meenakshi Rehani	Refractionist	Lal Bahadur Shastri Hospital, Khichripur	31-01-1960
33	Narain Singh Keim	Pharmacist	DHS (DGEHS), F-17, Karkardooma, Delhi-32	25-03-1954
34	Narender Kumar Tyagi	Sanitary Inspector	GB Pant Hospital, JLN Marg, New Delhi -110002	04-07-1957
35	Praveen Arora	Pharmacist,	Dr. BSA Hospital, Sec - 6, Rohini, New Delhi	01-08-1965
36	Randhir Singh Grewal	Pharmacist	Sanjay Gandhi Memorial Hospital, Mangol Puri	02-01-1958

37	Rohit Kumar	ECG Technician	DDU Hospital, Hari Nagar, New Delhi-64	07-08-1969
38	Sant Ram	O.T. Technician	Charak Palika Hospital (NDMC) Moti Bagh- 1	04-03-1953
39	Shashi Kiran Sood	Lab. Assistant	DGD Vasundhra Enclave, Delhi - 96	22-04-1954
40	Valsamma Isac	Lab. Assistant	Delhi Govt. Dispensary Block - 5, Trilok Puri	17-11-1953
41	Amrit Lal	Nursing Orderly	DHS (HQ), F-17, Karkardooma, Delhi-32	28-06-1961
42	Beer Sen	S.S.C	DGD Building, B' Block Prashant Vihar, Delhi	04-04-1962
43	Bhupender Kumar	Driver	Department of Health & Family Welfare, Delhi Secretariat	21-05-1954
44	Chaman Lal	Attendant	DHS (HQ), F-17, Karkardooma, Delhi-32	06-04-1958
45	Dharamvir Singh	Driver	Sanjay Gandhi Memorial Hospital, Mangol Puri	15-05-1962
46	Hari Kishan	Sweeper cum Chowkidar	DGD Block No. 1, Kalyan Puri, Delhi -110091	19-02-1958
47	Jitender Prasad Sharma	Attendant	RTRM Hospital, Jafarpur New Delhi-73	22-10-1961
48	Bharat Bhushan	Nursing Orderly	DDU Hospital Hari Nagar, New Delhi-64	15-06-1972
49	Rakesh Kumar	Driver	Directorate of Health Services	15-01-1972
50	Vijay Kumar Basista	Field Worker	Directorate of Family Welfare	25-08-1954

6.24 TOBACCO CONTROL PROGRAMME

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 access status of Tobacco control laws has been conducted by St. Stephens Hospital in 1000 public placed in Delhi in December 2010. Evidence of smoking were found in only 7.2% of public places.

In Delhi, Tobacco Control Activities have been initiated with the enactment of Delhi Prohibition of Smoking and Non – Smokers Health Protection Act 1996. Delhi is among the pioneer states in India which had separate tobacco control legislation even before enactment of Central Legislation i.e Cigarettes and Other Tobacco Products Act (COTPA) 2003. Delhi has the advantage of both Delhi Act 1996 & COTPA 2003.

MAJOR ACTIVITY GOING ON UNDER TOBACCO CONTROL PROGRAMME IN DELHI

1. AWARENESS & ENFORCEMENT SQUADS : ANTI SMOKING RAIDING SQUADS has been renamed as DISTRICT TOBACCO AWARENESS AND ENFORCEMENT TEAM so as to make it more meaningful as our primary job should be to create awareness & sensitization towards tobacco control programme rather than to act as merely police man to generate revenue by issuing challan and have been extended to all eleven districts to enforce, monitor tobacco control legislation and create awareness. All the teams are working hard to create awareness and implement Delhi Act 1996 ,COTPA 2003 & Gutkha Ban 2012 through out Delhi.

The teams are very alert and the action is initiated immediately once the complaint is received and the action taken report is communicated to the complainant immediately mostly in less than three days time.

2. TOBACCO CESSATION CENTRES : Two Tobacco Cessation Centers (one each at East district and New Delhi district) were made functional at the PHC level in a unique manner covering all the district population by assigning schedule of counsellor two days in a week (like Monday – Thursday) at three places at PHC level.

3. DRY DAY FOR TOBACCO ON LAST DAY OF EVERY MONTH : Concept of DRY DAY for TOBACCO on last day of every month in Delhi has been very popular & has become Remarkable Tool for Intensive Awareness & Enforcement drive in Delhi as compared to rest of India / world. On this particular day we appeal to all Tobacco Vendors for not to sell any Tobacco Products and also to Public for not to consume any Tobacco Products on that day. We publicized this concept through repeated newspaper advertisement and emails to more than 5000 offices – government / private and various social medias. Apart from this Intensive Awareness & Enforcement drives are conducted through out the state on this day .

4. EFFORTS ARE BEING MADE TO BAN ON ALL CHEWABLE TOBACCO PRODUCTS IN DELHI. In this regard Govt of Delhi has already imposed complete ban on GUTKHA and Pan Masala having Tobacco or Nicotine as ingredients. But the other chewable tobacco products like khaini, zarda etc were exempted from this ban. Inview of that a fresh proposal has been forwarded to higher authority to impose complete ban on all chewable tobacco products.

5. CAPACITY BUILDING / SENSITIZATION PROGRAMME : So far we have conducted capacity building / sensitization programme in following manner –

SL No.	DEPARTMENT	No of Activities	No of Participants
1	Health Department	12	330 (Medical Officers, Para Medical Staff and other clerical staffs)
2	Transport Department	04 (Shadipur and Wazirpur depot)	212 DTC staffs
3	Police Department	06	92 Police Personnel
4	Education Department	33 School	Around 17800 students

6. TOBACCO FREE DELHI INITIATIVE: A campaign to Make Delhi Tobacco Free has been initiated with the aim to make Delhi,Tobacco Free Capital of India in phase manner. In first instance Delhi Police, Transport Department, Education Department and Health Department will be declared Tobacco Free and gradually it will be implemented in rest of the departments.

- Identification of nodal officer from all Department / Building/ Offices : We have received list of nodal officers from various department for training / coordination purpose.
- Display ‘**Tobacco Free Premises**’ board at the entrance of boundary wall in Hindi & English languages.
- Display of ‘**No – Smoking Signage**’ along with the name and contact detail of Nodal Officer within the building at entrance, reception, prominent places of every floor, staircase, lift and other important places. In this regard instruction sent to all concern department and organisation have started displaying such boards within their premises.
- Banning selling of tobacco products around all building under the departments by issuing self administrative order.
- IEC programme / awareness generation programme. Maximum utilization of departmental display board for dissemination of anti – tobacco messages.
- Ensure No-Smoking / Tobacco Free status within the premises.

- Instruction also sent for noncompliance of Tobacco Control Legislations & presence of direct / indirect evidence of smoking / use of gutkha like tobacco products may attract challan / fine of nodal officer / Head of the Institute as per Delhi Act 1996 & COTPA 2003.
- Ensuring ban on direct / indirect advertisement of Tobacco Products on State / Interstate Bus Services / Taxies / Autos / Trucks / Tempos /Others
- Display of Anti – Tobacco messages on Transport department properties, public service vehicles and bus / train / flight tickets etc
- Ensuring Smoke free / Gutkha like Tobacco free status in all public service vehicles – Buses, Taxis, Autos etc
- Apart from that regular inspection / monitoring is being conducted through State as well district units.

7. BAN ON DIRECT AND INDIRECT ADVERTISEMENT OF TOBACCO PRODUCTS (Counter attack to Tobacco Companies for illicit trade practices). Efforts are being made to control Point of Sale advertisement and surrogate advertisement. In this regard the matter has been brought to the notice of following department -

1. Transport Department
2. Directorate of Information and Publicity, GNCTD
3. DAVP / DIP empaneled advertisement agencies
4. MCD , NDMC and Home Department (for removal of Point of Sale Advertisements which are not as per rule).
5. Repeated letters written. Number of challans issued.
6. We have communicated the Tobacco Companies and Tobacco Vendors association in writing for the removal of all kinds of advertisement boards from the shops as some of the shop owners were not aware about the rules and they take these boards / counters as gift from the tobacco companies.

8. VAT / TAX hike on Tobacco Products.

In Delhi right now the VAT is 20% across all Tobacco Products. We proposed to increase VAT upto 70% level.

9. Enforcement of Tobacco Control Legislation since 2007 - March 2014

• No of Public Place and Public Service Vehicle Inspected	– 396773
• No of Person Fined under Public Places and Public Service Vehicle	– 67907
• No of Tobacco Vendors Fined	– 6485
• Total fine Collected (in INR)	– Rs 56,76,530/-

TOBACCO KILLS – QUIT NOW

6.25 STATE HEALTH INTELLIGENCE BUREAU CUM RESEARCH/ANALYSIS CELL(2013-14)

The State Health Intelligence Bureau Branch was established in the Directorate of Health Services in 1989 under Plan Scheme. This branch collects, compiles and analysis the health related data of GNCT of Delhi i.e. Communicable and Non-communicable disease, Status Report, Morbidity Data (ICD-10), Mother Lab reports. SHIB prepares Annual report, citizen charter, health facility

Functioning/Achievements:-

- Online monthly reporting of Communicable & Non-communicable diseases, received from various Hospitals of Delhi , to CBHI, Govt. of India.
- Collection & compilation of Morbidity & Mortality report (ICD-10), Mother Lab Report and Status Report of Health Institutions of Delhi.
- Preparation of Annual report 2013-14.
- District wise and agency wise Health Facilities prepared and uploaded on the website on Health & Family Welfare Department.
- Collection & compilation of annual data for 'Statistical Hand Book' and submit the Dte. of Economics & Statistics , GNCT of Delhi.
- Collection, compilation & preparation of annual data for National Health Profile Publication from various hospitals/ health outlets of Delhi and submit to the CBHI.
- Preparation of Citizen Charter of DHS.
- Dealing with RTI matters and other miscellaneous matters.
- In addition to above this branch is also assigned responsibility to prepare the reply of the Parliament/Assembly Questions/Assurance for which the material and information are collected from the concerned Programme Officers, Scheme Incharges, Districts of this Directorate and other health outlets concerned.

6.26 COMPUTERIZATION OF DHS (HQ) AND SUBORDINATE OFFICES

A Computer cell is involved in computerization of DHS (HQ) and subordinate offices and carrying out the following activities for period 2013-2014:

1. Computer Branch is maintaining an intranet facility with Two servers and 150 nodes since 2004 that connects the DHS (HQ) with its various subordinate offices including various district health administrations and special schemes like Mobile Health Schemes and School Health Schemes.
2. Provided AMC Support for Computers & Peripherals.
3. Tender Processed for computerization OPD Registration for 39 Hospitals.
4. It maintains the web-server that supports various applications being used by various branches of DHS. In addition it collects OPD and IPD Registration data 38 Delhi Govt Hospitals and 260 dispensaries.
5. It maintains two –mbps lease lines and one DSWAN lines to meet the communication needs of the DHS Intranet.
6. The System had become old and new districts have been added. Accordingly a need-assessment has been done with intent to bring out the next advanced version of the Application Software.
7. Performance data of the computer cell in 2013-14 is as below: Computer cell also provided IT Support and help centre for various branches of DHS.
 - a. Requests from Depts. Under H&FW for up-loading information :Around 1400
 - b. New Web pages designed for various Dept/Hospitals: 20
 - c. Modifications done on existing pages for various Dept/Hospitals: 70

6.27 MORBIDITY / MORTALITY REPORTS WITH ICD 10 CODES REPORTED FROM HEALTH INSTITUTIONS IIN DELHI FOR 2013

Disease Name	Disease Code	OPD(M)	OPD (F)	OPD (CH)	IPD (M)	IPD (F)	IPD (CH)	Death (M)	Death (F)	Death (CH)
A00	Cholera	2816	2833	2167	5	4	58	0	0	0
A00-A09	Intestinal infectious diseases	30659	34997	33854	157	77	46	25	35	60
A01	Typhoid and paratyphoid fevers	12456	11289	6164	704	596	1281	2	2	3
A02	Other Salmonella infection	20	325	9	0	0	4	0	0	0
A03	Shigellosis	32	34	818	1	1	64	0	0	0
A04	Other bacterial intestinal infections	156	113	62	0	0	14	0	0	0
A05	Other bacterial foodborne intoxications	759	818	110	2	0	14	0	0	0
A06	Amoebiasis	20361	20201	19771	41	8	9	0	0	0
A07	Other protozoal intestinal diseases	560	237	182	18	6	0	0	0	0
A08	Viral and other specified intestinal infections	164	105	77	0	2	1	0	0	0
A09	Diarrhoea and gastroenteritis of presumed infections origin	85015	80657	95512	344	429	5111	72	8	21
A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	13343	6056	1038	353	215	111	53	28	0
A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	2177	2003	1017	128	78	92	14	7	7
A18	Tuberculosis of other organs	1620	1518	619	25	48	90	3	1	4
A19	Miliary tuberculosis	369	763	504	6	7	11	0	1	2
A30	Leprosy Hansen's disease	1085	751	442	1	0	0	0	0	0
A30-A49	Other bacterial diseases	508	464	173	0	0	0	0	0	0
A31	Infection due to other mycobacteria	728	580	155	2	2	1	0	0	0
A37	Whooping cough	210	410	317	17	7	103	0	0	0
A41	Other septicaemia	2	1	0	300	121	782	292	91	302
A49	Bacterial infection of unspecified site	654	542	1412	2	2	7	1	2	2
A50	Congenital syphilis	83	444	5	1	2	1	0	0	0
A50-A64	Infections with a predominantly sexual mode of transmission	553	1513	0	0	0	0	0	0	0
A54	Gonococcal infection	336	321	1093	0	1	0	0	0	0
A56	Other sexually transmitted chlamydial diseases	11	564	0	0	1	0	0	0	0

A58	Granuloma inguinale	0	18	0	0	0	0	0	0	0
A59	Trichomoniasis	64	753	1	0	0	1	0	0	0
A71	Trachoma	1223	1193	482	0	0	0	0	0	0
A75	Typhus fever	4	3	0	0	0	2	0	0	0
A77	Spotted fever [tick-borne rickettsioses]	0	1	0	0	0	0	0	0	0
A79	Other rickettsioses	0	0	0	0	1	1	0	0	0
B02	Zoster [herpes zoster]	752	487	46	3	0	0	0	0	0
B03	Smallpox	2	0	8	0	0	0	0	0	0
B04	Monkeypox	0	0	0	1	3	0	0	0	0
B05	Measles	426	314	846	4	1	35	0	0	3
B06	Rubella [German measles]	1	0	51	0	0	0	0	0	0
B07	Viral warts	773	645	571	0	0	1	0	0	0
B08	Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified	2403	2078	2825	0	1	1	0	0	0
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	57	47	125	0	0	4	0	0	1
B15	Acute hepatitis A	2882	1911	37	42	22	19	1	1	0
B16	Acute hepatitis B	367	24	49	39	12	7	4	1	1
B17	Other acute viral hepatitis	284	135	114	56	34	30	2	0	1
B18	Chronic viral hepatitis	66	36	60	365	201	37	52	16	0
B19	Unspecified viral hepatitis	2566	1953	3210	50	27	59	2	0	1
B24	Unspecified human immunodeficiency virus (HIV) disease	639	185	16	12	3	1	0	0	0
B25	Cytomegaloviral disease	236	195	304	0	0	1	0	0	0
B25-B34	Other viral diseases	3111	3093	2286	0	0	1	0	0	0
B26	Mumps	277	319	686	0	0	5	0	0	0
B30	Viral conjunctivitis	6533	6259	5451	0	0	0	0	0	0
B33	Other viral diseases, not elsewhere classified	2319	2687	2341	13	23	157	0	0	0
B35	Dermatophytosis	13781	11398	7679	0	0	5	0	0	0
B35-B49	Mycoses	6450	6157	5099	0	0	0	0	0	0
B36	Other superficial mycoses	6345	5036	4288	0	0	0	0	0	0

B37	Candidiasis	1664	2114	1464	0	0	0	0	0	0
B49	Unspecified mycosis	761	633	577	0	0	0	1	0	0
B50	Plasmodium falciparum malaria	284	328	148	86	38	27	0	0	5
B51	Plasmodium vivax malaria	405	818	548	46	46	61	4	1	0
B54	Unspecified malaria	1927	250	221	162	73	119	2	0	5
B60	Other protozoal diseases, not elsewhere classified	243	142	109	0	0	0	0	0	0
B64	Unspecified protozoal disease	95	116	299	0	0	0	0	0	0
B65	Schistosomiasis (bilharziasis)	1595	2073	2003	0	0	0	0	0	0
B65-B83	Helminthiasis	11828	12548	17546	274	302	152	50	37	36
B76	Hookworm diseases	635	988	1963	0	0	0	0	0	0
B77	Ascariasis	1998	2523	4208	0	1	3	0	0	0
B81	Other intestinal helminthiasis, not elsewhere classified	1274	1744	1475	0	0	0	0	0	0
B82	Unspecified intestinal parasitism	10191	11454	14513	0	0	1	0	0	0
B83	Other helminthiasis	804	777	1061	0	0	9	0	0	0
B85	Pediculosis and phthiriasis	3770	5395	5490	0	0	0	0	0	0
B85-B89	Pediculosis, acariasis and other Infestations	9062	11703	11660	172	228	44	14	30	3
B86	Scabies	31725	32415	33012	0	0	3	0	0	0
B90	Sequelae of tuberculosis	958	679	105	91	99	23	5	0	1
D10-D36	Benign neoplasms	464	430	144	4	53	3	0	0	0
D23	Other benign neoplasms of skin	276	237	61	4	4	0	0	0	0
D24	Benign neoplasm of breast	0	1050	70	0	65	9	0	0	0
D25	Leiomyoma of uterus	0	633	0	0	313	0	0	0	0
D26	Other benign neoplasms of uterus	0	229	0	0	140	0	0	0	0
D50	Iron deficiency anaemia	28249	62541	23446	237	523	116	12	15	1
D50-D53	Nutritional anaemias	16789	29175	17290	1650	3226	198	308	87	124
D51	Vitamin B 12 deficiency anaemia	4880	7991	3194	19	28	2	0	0	1
D52	Folate deficiency anaemia	3516	6384	3086	1	2	1	0	0	0
D53	Other nutritional anaemias	8406	19187	10504	29	32	133	1	1	0
E00-E07	Disorders of thyroid gland	365	1100	49	13	7	0	0	0	0

E01	Iodine-deficiency-related thyroid disorders and allied conditions	741	1003	26	10	1	0	0	0	0
E02	Subclinical iodine-deficiency hypothyroidism	316	376	66	0	1	1	0	0	0
E03	Other hypothyroidism	2548	3179	197	72	151	3	1	3	0
E05	Thyrotoxicosis (hyperthyroidism)	369	472	1	0	0	0	0	0	0
E10	Insulin-dependent diabetes mellitus	9578	8160	287	307	303	31	41	27	1
E10-E14	Diabetes mellitus	20911	19845	53	0	4	0	0	0	0
E11	Non-insulin-dependent diabetes mellitus	40092	33586	1323	697	573	61	76	37	1
E12	Malnutrition-related diabetes mellitus	1114	936	0	14	9	0	2	1	0
E13	Other specified diabetes mellitus	921	711	0	0	0	0	0	0	0
E14	Unspecified diabetes mellitus	2674	2587	84	2095	942	28	61	30	0
E40	Kwashiorkor	0	0	961	1	1	13	0	0	0
E40-E46	Malnutrition	3157	4753	7992	39	191	57	5	5	7
E44	Protein-energy malnutrition of moderate and mild degree	408	957	6349	0	0	158	0	0	3
E45	Retarded development following protein-energy malnutrition	212	129	431	0	0	6	0	0	0
E46	Unspecified protein-energy malnutrition	4995	6743	10370	0	0	18	0	0	0
E50	Vitamin A deficiency	1843	2911	2207	1	6	19	0	0	0
E50-E64	Other nutritional deficiencies	9163	11600	8892	603	667	154	55	78	41
E53	Deficiency of other B group vitamins	15717	22909	15975	1	0	0	0	0	0
E54	Ascorbic acid deficiency	424	734	1044	0	0	9	0	0	0
E55	Vitamin D deficiency	7704	11938	7674	0	11	50	0	0	0
E58	Dietary calcium deficiency	16674	23826	15700	0	0	9	0	0	0
E63	Other nutritional deficiencies	325	615	390	0	0	0	0	0	0
E64	Sequelae of malnutrition and other nutritional deficiencies	631	991	658	0	0	2	0	0	0
E65	Localized adiposity	363	441	93	0	0	0	0	0	0
E65-E68	Obesity and other hyperalimentation	861	1246	332	40	117	22	8	18	3
E66	Obesity	2065	5684	1880	0	0	2	0	0	0
F10	Mental and behavioural disorders due to use of alcohol	1767	130	0	195	3	0	0	0	0
F10-F19	Mental and behavioural disorders due to psychoactive substance use	1719	256	114	5	3	0	0	0	0

F11	Mental and behavioural disorders due to use of opioids	543	35	24	48	1	2	0	0	0
F12	Mental and behavioural disorders due to use of cannabinoids	560	9	26	57	1	1	0	0	0
F13	Mental and behavioural disorders due to sedatives or hypnotics	400	189	0	0	0	0	0	0	0
F17	Mental and behavioural disorders due to use of tobacco	1014	21	10	1	0	0	0	0	0
F20	Schizophrenia	1403	1028	94	319	184	25	0	1	0
F20-F29	Schizophrenia, schizotypal and delusional disorders	1723	1621	244	0	0	0	0	0	0
F23	Acute and transient psychotic disorders	688	722	185	37	15	7	0	0	0
F29	Unspecified nonorganic psychosis	1353	1166	198	89	80	8	0	0	0
F30	Manic episode	474	247	88	48	20	10	0	0	0
F30-F39	Mood (affective) disorders	2219	2347	215	0	0	0	0	0	0
F31	Bipolar affective disorder	999	528	53	318	63	12	0	0	0
F32	Depressive episodes	2471	2501	235	48	14	6	0	0	0
F33	Recurrent depressive disorder	677	658	24	17	11	0	0	0	0
F34	Persistent mood [affective] disorders	330	286	4	7	2	0	0	0	0
F40-F48	Neurotic, stress-related and somatoform disorders	2018	3376	210	2	10	1	0	0	0
F41	Other anxiety disorders	1830	2000	75	12	16	2	0	0	0
F42	Obsessive - compulsive disorder	1117	1029	75	23	10	1	0	0	0
F43	Reaction to severe stress, and adjustment disorders	458	726	70	7	3	3	0	0	0
F44	Dissociative [conversion] disorders	173	1632	152	4	17	8	0	0	0
F50-F59	Behavioural syndromes associates with physiological disturbances and physical factors	655	356	77	5	0	1	0	0	1
F70	Mild mental retardation	232	154	764	10	17	6	0	0	0
F70-F79	Mental retardation	276	288	1091	4	6	1	0	0	1
F71	Moderate mental retardation	219	210	1237	7	16	11	0	0	0
F72	Severe mental retardation	59	144	354	5	10	7	0	0	0
G20	Parkinson's disease	2162	1338	0	57	40	0	1	0	0
G40	Epilepsy	12862	9242	9628	526	297	820	26	9	2
G40-G47	Episodic and paroxysmal disorders	1593	1643	651	0	0	0	0	0	0
G41	Status epilepticus	280	220	1015	30	26	70	5	7	2

G43	Migraine	3090	3921	202	5	8	3	0	0	0
G44	Other headache syndromes	7657	11796	1635	19	16	7	1	0	0
G47	Sleep disorders	665	683	123	1	1	0	0	0	0
G80	Infantile cerebral palsy	0	0	850	0	0	105	0	0	4
G81	Hemiplegia	3059	2230	49	142	85	25	8	3	2
H00	Hordeolum and chalazion	3575	3627	3653	2	2	7	0	0	0
H00-H06	Disorder of eyelid, lacrimal system and orbit	5134	5424	4573	1710	2090	740	298	321	234
H01	Other inflammation of eyelid	8203	8597	8117	13	8	8	0	0	0
H02	Other disorders of eyelid	1954	2135	601	1	1	0	0	0	0
H04	Disorders of lacrimal system	790	959	907	3	13	23	0	0	0
H05	Disorders of orbit	697	556	469	0	0	0	0	0	0
H10	Conjunctivitis	25154	27492	19105	27	19	0	0	0	0
H10-H13	Disorders of conjunctiva	7856	8062	7406	0	0	0	0	0	0
H11	Other disorders of conjunctiva	3826	3342	4276	1	4	2	0	0	0
H15	Disorders of sclera	570	467	164	0	0	0	0	0	0
H16	Keratitis	1354	1185	891	2	0	0	0	0	0
H17	Corneal scars and opacities	721	709	137	0	1	0	0	0	0
H18	Other disorders of cornea	1252	920	586	0	1	0	0	0	0
H25	Senile cataract	13909	14640	0	1065	1442	0	0	0	0
H25-H28	Disorders of lens	1502	1704	19	0	0	0	0	0	0
H26	Other cataract	2892	2329	7	228	270	5	0	0	0
H27	Other disorders of lens	1074	1265	77	41	59	28	0	0	0
H28*	Cataract and other disorders of lens in diseases classified elsewhere	707	1033	39	0	0	0	0	0	0
H40	Glaucoma	1783	1693	40	57	37	0	0	0	0
H49-H52	Disorders of ocular muscles, binocular movement, accommodation and refraction	696	679	699	0	0	0	0	0	0
H50	Other strabismus	891	642	646	5	2	4	0	0	0
H51	Other disorders of binocular movements	376	428	88	2	1	4	0	0	0
H52	Disorders of refraction and accommodation	28471	36075	11475	6	14	0	0	0	0

H53	Visual disturbances	1153	646	44	0	0	1	0	0	0
H53-H54	Visual disturbances and blindness	6086	5343	6200	0	0	0	0	0	0
H54	Blindness and low vision	1716	1958	991	0	0	0	0	0	0
H55	Nystagmus and other irregular eye movements	433	403	121	0	0	1	0	0	0
H55-H59	Other disorders of eye and adnexa	282	143	64	0	0	0	0	0	0
H57	Other disorders of eye and adnexa	2491	3526	2227	0	2	1	0	0	0
H59	Postprocedural disorders of eye and adnexa, not elsewhere classified	354	378	203	1	1	0	0	0	0
H60	Otitis externa	10862	11865	11369	1	5	1	0	0	0
H60-H62	Diseases of external ear	8855	9547	8782	196	238	75	35	57	29
H61	Other disorders of external ear	4119	3773	2728	8	12	19	0	0	0
H62*	Disorders of external ear in diseases classified elsewhere	172	183	23	1	0	1	0	0	0
H65	Nonsuppurative otitis media	8062	7970	8335	8	8	1	0	0	0
H65-H75	Diseases of middle ear and mastoid	7862	8084	8135	61	66	17	0	0	0
H66	Suppurative and unspecified otitis media	11564	13870	12743	264	287	48	0	0	0
H68	Eustachian salpingitis and obstruction	471	331	37	0	1	0	0	0	0
H70	Mastoiditis and related conditions	563	456	256	9	16	2	1	0	0
H71	Cholesteatoma of middle ear	2134	1799	692	11	11	4	0	0	0
H72	Perforation of tympanic membrane	3764	4292	941	48	57	10	0	0	0
H73	Other disorders of tympanic membrane	602	206	0	4	6	3	0	0	0
H74	Other disorders of middle ear and mastoid	3211	3039	1901	1	3	0	0	0	0
H75*	Other disorders of middle ear and mastoid in diseases classified elsewhere	33	22	4	0	1	0	0	0	0
H80	Otosclerosis	100	54	45	0	2	0	0	0	0
H80-H83	Diseases of inner ear	292	297	166	0	0	0	0	0	0
H81	Disorders of vestibular function	314	83	20	0	1	0	0	0	0
H82*	Vertiginous syndromes in diseases classified elsewhere	24	5	0	0	0	0	0	0	0
H83	Other diseases of inner ear	590	476	0	0	0	0	0	0	0
H90	Conductive and sensorineural hearing loss	2659	2156	1288	0	0	0	0	0	0
H90-H95	Other disorders of ear	1120	1136	939	0	0	0	0	0	0

H91	Other hearing loss	1656	714	262	0	1	5	0	0	0
H92	Otalgia and effusion of ear	2559	2595	1826	1	0	0	0	0	0
H93	Other disorders of ear, not elsewhere classified	1707	1786	2226	0	1	0	0	0	0
H95	Postprocedural disorders of ear and mastoid process, not elsewhere classified	40	87	0	3	1	0	0	0	0
I00	Rheumatic fever without mention of heart involvement	10	12	60	0	2	2	0	0	0
I05	Rheumatic mitral valve diseases	285	151	40	423	628	12	8	21	0
I05-I09	Chronic rheumatic heart diseases	3045	2045	4	5	3	0	0	0	0
I10	Essential (primary) hypertension	52243	42422	1448	393	300	62	28	21	0
I10-I15	Hypertensive diseases	41050	36488	73	217	154	0	36	20	0
I11	Hypertensive heart disease	5132	4803	4	2677	1206	6	52	27	0
I20	Angina pectoris	2266	2150	0	1668	444	6	16	11	0
I20-I25	Ischaemic heart diseases	15217	11772	29	171	92	2	28	20	0
I21	Acute myocardial infarction	683	426	0	137	81	14	27	12	0
I24	Other acute ischaemic heart diseases	600	1241	1	39	18	6	4	0	0
I25	Chronic ischaemic heart disease	4927	3125	442	10689	2260	126	197	86	0
I42	Cardiomyopathy	1875	1081	0	57	39	4	5	3	2
I44	Atrioventricular and left bundle-branch block	597	348	0	7	3	0	2	1	0
I60-I69	Cerebrovascular diseases	1584	1169	0	57	36	0	6	2	0
I63	Cerebral infarction	2457	1726	0	100	135	11	12	5	0
I64	Stroke, not specified as haemorrhage or infarction	627	338	2	246	111	20	44	27	0
I80-I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	1779	1902	202	2	2	0	0	0	0
I84	Haemorrhoids	7059	6756	532	103	63	2	1	0	0
I95	Hypotension	2639	3573	1118	1	4	0	1	1	0
I95-I99	Other and unspecified disorders of the circulatory system	1126	1397	798	0	0	0	0	0	0
J00	Acute nasopharyngitis	66042	53263	104616	79	49	13	0	0	0
J00-J06	Acute upper respiratory infections	111825	121421	111770	348	344	130	67	105	65
J01	Acute sinusitis	15192	11907	9956	8	6	1	0	0	0
J02	Acute pharyngitis	27965	23397	18293	4	4	1	0	0	0

J03	Acute tonsillitis	6199	6272	11587	41	36	140	0	0	0
J04	Acute laryngitis and tracheitis	1180	1014	1278	2	4	1	0	0	0
J05	Acute obstructive laryngitis [croup] and epiglottitis	203	76	285	1	2	4	0	0	0
J06	Acute upper respiratory infections of multiple or unspecified sites	124495	113025	123976	17	18	363	11	5	1
J10	Influenza due to identified influenza virus	3782	2646	1653	21	33	4	1	3	0
J10-J18	Influenza and pneumonia	5522	5799	5924	0	0	1	0	0	0
J11	Influenza, virus not identified	6491	3634	4555	217	166	36	0	0	0
J12	Viral pneumonia, not elsewhere classified	347	421	915	98	72	508	15	11	11
J15	Bacterial pneumonia, not elsewhere classified	351	255	3032	22	15	410	0	0	2
J16	Pneumonia due to other infectious organisms, not elsewhere classified	3404	364	3296	21	16	169	9	2	1
J17*	Pneumonia in diseases classified elsewhere	590	477	41	25	16	0	9	7	0
J18	Pneumonia, organism unspecified	4625	3386	3960	250	200	2375	65	25	131
J20	Acute bronchitis	11343	10611	9246	112	82	297	2	2	2
J20-J22	Other acute lower respiratory infections	14141	15025	12219	20	39	22	0	0	0
J21	Acute bronchiolitis	1080	1194	2632	5	3	472	0	0	0
J22	Unspecified acute lower respiratory infection	10571	8266	10381	14	8	408	2	2	3
J30	Vasomotor and allergic rhinitis	5757	6321	4729	4	4	1	0	0	0
J30-J39	Other diseases of upper respiratory tract	18495	19193	17951	51	20	11	31	26	11
J31	Chronic rhinitis, nasopharyngitis and pharyngitis	2219	2025	1815	99	80	5	0	0	0
J32	Chronic sinusitis	2793	1770	792	116	37	17	0	0	0
J33	Nasal polyp	1104	856	380	46	22	12	0	0	0
J34	Other disorders of nose and nasal sinuses	907	399	599	32	16	6	0	0	0
J35	Chronic diseases of tonsils of adenoids	957	717	747	26	23	42	0	0	0
J37	Chronic laryngitis and laryngotracheitis	197	460	245	1	0	0	0	0	0
J40	Bronchitis, not specified as acute or chronic	18107	15199	6971	100	40	10	10	4	0
J40-J47	Chronic lower respiratory diseases	18198	17892	10271	6	6	3	0	1	0
J42	Unspecified chronic bronchitis	1053	1229	208	3	1	0	1	0	0
J43	Emphysema	1483	627	1	25	11	3	0	0	0

J44	Other chronic obstructive pulmonary disease	29035	20226	4847	760	425	65	126	73	0
J45	Asthma	40429	34769	16444	325	275	362	47	14	0
J46	Status asthmaticus	667	603	272	49	34	17	6	1	1
J65	Pneumoconiosis associated with tuberculosis	371	425	874	4	3	0	14	6	0
J66	Airway disease due to specific organic dust	346	276	434	0	0	0	0	0	0
J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	8253	6066	43	91	27	8	7	3	0
J80-J84	Other respiratory diseases principally affecting the interstitium	2311	2418	642	1	0	0	0	0	0
J90	Pleural effusion, not elsewhere classified	2353	1691	230	98	68	31	3	4	1
J91*	Pleural effusion in conditions classified elsewhere	540	420	0	10	5	1	1	0	0
K00	Disorders of tooth development and eruption	8867	9027	4209	0	0	0	0	0	0
K00-K14	Diseases of oral cavity, salivary glands and jaws	16673	16409	12244	1199	1710	702	78	341	154
K01	Embedded and impacted teeth	4130	2925	1545	48	0	0	0	0	0
K02	Dental caries	43444	46055	27139	1326	0	0	0	0	0
K03	Other diseases of hard tissues of teeth	3056	2779	1332	135	0	0	0	0	0
K04	Diseases of pulp and periapical tissues	6194	7077	1572	45	0	0	0	0	0
K05	Gingivitis and periodontal disease	14293	14828	4438	507	0	0	0	0	0
K06	Other disorders of gingiva and edentulous alveolar ridge	1014	1146	178	261	0	0	0	0	0
K07	Dentofacial anomalies (including malocclusion)	1140	1034	339	61	0	0	0	0	0
K08	Other disorders of teeth and supporting structures	487	262	44	0	0	0	0	0	0
K09	Cysts of oral region, not elsewhere classified	2354	2611	1078	3	1	1	0	0	1
K10	Other diseases of jaws	355	210	251	1	2	1	0	0	0
K11	Diseases of salivary glands	303	217	38	9	4	8	0	0	0
K12	Stomatitis and related lesions	9581	11628	7109	13	3	4	0	0	0
K13	Other diseases of lip and oral mucosa	491	1006	621	6	1	0	0	0	0
K14	Diseases of tongue	1057	1210	549	7	4	16	0	0	0
K20	Oesophagitis	3240	3205	811	6	4	1	0	0	0
K20-K31	Diseases of oesophagus, stomach and duodenum	16018	16920	6393	83	84	19	65	46	8
K21	Gastro - oesophageal reflux disease	15108	14229	7088	2	3	16	0	0	0

K25	Gastric ulcer	1827	1156	583	30	8	1	2	0	0
K27	Peptic ulcer, site unspecified	1257	798	146	13	2	0	0	0	0
K29	Gastritis and duodenitis	40488	44767	9072	102	68	60	0	1	1
K30	Dyspepsia	39461	31552	5466	9	5	2	0	0	0
K31	Other disease of stomach and duodenum	2581	3272	484	87	65	12	6	2	0
K35	Acute appendicitis	836	544	56	320	160	54	0	1	0
K40	Inguinal hernia	2861	268	497	1212	132	435	0	0	1
K42	Umbilical hernia	524	277	555	59	42	29	0	0	0
K50	Crohn's disease (regional enteritis)	543	602	116	5	4	3	0	0	0
K50-K52	Noninfective enteritis and colitis	442	345	211	0	0	0	0	0	0
K52	Other noninfective gastroenteritis and colitis	1210	1297	1123	7	14	36	0	0	1
K55-K63	Other diseases of intestines	1383	1793	610	0	0	0	0	0	0
K60	Fissure and fistula of anal and rectal regions	4591	2668	332	144	83	11	0	0	0
K62	Other diseases of anus and rectum	813	1110	177	14	6	137	0	0	0
K63	Other diseases of intestine	756	866	260	30	12	10	3	1	2
K70	Alcoholic liver disease	3616	82	0	2012	49	5	207	4	0
K70-K77	Diseases of liver	641	361	83	11	6	3	0	0	0
K73	Chronic hepatitis, not elsewhere classified	471	300	0	42	21	2	7	2	0
K74	Fibrosis and cirrhosis of liver	1669	1648	2	175	75	12	21	9	0
K75	Other inflammatory liver diseases	1196	1045	27	216	53	164	9	3	3
K76	Other diseases of liver	789	443	7	1808	1000	334	282	48	6
K80	Cholelithiasis	1867	5263	149	633	2271	156	2	13	0
K80-K87	Disorders of gallbladder, biliary tract and pancreas	463	517	120	0	0	0	0	0	0
K81	Cholecystitis	545	1031	30	98	300	8	2	2	0
K90	Intestinal malabsorption	591	602	457	5	5	100	0	0	1
K90-K93	Other diseases of the digestive system	3678	3758	2154	0	0	0	0	0	0
K92	Other diseases of digestive system	1018	1078	1288	25	15	7	2	0	0
L00	Staphylococcal scalded skin syndrome	5900	5599	4588	0	0	6	0	0	0
L00-L08	Infections of the skin and subcutaneous tissue	24660	27501	25135	42	41	14	0	0	0

L01	Impetigo	3846	3113	3321	0	0	14	0	0	0
L02	Cutaneous abscess, furuncle and carbuncle	14345	15812	20732	59	33	67	0	0	1
L03	Cellulitis	5892	4525	3665	159	78	75	3	0	0
L04	Acute lymphadenitis	1384	1396	2741	31	32	18	0	0	0
L05	Pilonidal cyst	544	545	319	31	1	14	0	0	0
L08	Other local infections of skin and subcutaneous tissue	21400	17772	22053	15	7	3	0	0	0
L20	Atopic dermatitis	5133	4988	4036	1	0	0	0	0	0
L20-L30	Dermatitis and eczema	17829	23054	15490	100	161	55	12	11	2
L21	Seborrhoeic dermatitis	2462	2942	3222	0	0	0	0	0	0
L22	Diaper (napkin) dermatitis	0	0	2035	0	0	1	0	0	0
L23	Allergic contact dermatitis	4560	3774	2820	0	1	1	0	0	0
L24	Irritant contact dermatitis	2037	1319	1058	0	1	1	0	0	0
L25	Unspecified contact dermatitis	1042	1189	7507	0	0	0	0	0	0
L26	Exfoliative dermatitis	623	205	240	0	0	0	0	0	0
L27	Dermatitis due to substances taken internally	1518	990	210	0	0	0	0	0	0
L28	Lichen simplex chronicus and prurigo	1619	1814	959	0	0	0	0	0	0
L29	Pruritus	5550	6786	3534	0	0	0	0	0	0
L30	Other dermatitis	10734	10187	6320	1	1	2	0	0	0
L40	Psoriasis	2659	2018	405	0	0	1	0	0	0
L42	Pityriasis rosea	699	779	752	0	0	0	0	0	0
L43	Lichen planus	1013	784	403	1	0	0	0	0	0
L50	Urticaria	24047	23835	12100	0	4	3	0	0	0
L50-L54	Urticaria and erythema	3983	3759	2506	0	10	0	0	0	0
L53	Other erythematous conditions	7477	8548	4609	0	0	1	0	0	0
L55	Sunburn	836	861	479	0	0	0	0	0	0
L55-L59	Radiation-related disorder of the skin and subcutaneous tissue	304	366	41	153	234	16	45	64	10
L56	Other acute skin changes due to ultraviolet radiation	364	956	105	0	0	0	0	0	0
L60	Nail disorders	2061	1919	986	0	1	0	0	0	0
L60-L75	Disorder of skin appendages	3758	4352	2095	0	0	0	0	0	0

L63	Alopecia areata	2149	1610	676	4	0	0	0	0	0
L64	Androgenic alopecia	1631	1094	331	0	0	0	0	0	0
L65	Other nonscarring hair loss	896	788	218	0	0	0	0	0	0
L67	Hair colour and hair shaft abnormalities	402	385	133	0	0	0	0	0	0
L68	Hypertrichosis	237	113	1	0	0	0	0	0	0
L70	Acne	21015	22458	3276	0	0	0	0	0	0
L71	Rosacea	268	364	190	0	0	0	0	0	0
L72	Follicular cysts of skin and subcutaneous tissue	770	706	523	17	11	22	0	0	0
L73	Other follicular disorders	281	474	464	0	0	0	0	0	0
L80	Vitiligo	3040	3000	2073	2	0	0	0	0	0
L80-L99	Other disorders of the skin and subcutaneous tissue	4529	3862	1917	3	0	1	0	0	0
L81	Other disorders of pigmentation	2572	4152	1966	0	0	2	0	0	0
L84	Corns and callosities	1924	1623	465	4	6	2	0	0	0
L91	Hypertrophic disorders of skin	1007	884	209	0	1	3	0	0	0
L95	Vasculitis limited to skin, not elsewhere classified	435	189	21	0	0	0	0	0	0
L98	Other disorders of skin and subcutaneous tissue, not elsewhere classified	480	436	446	27	28	9	2	1	0
M00	Pyogenic arthritis	9647	11679	1524	27	6	45	0	0	0
M00-M25	Arthropathies	330	375	37	3	7	1	0	0	0
M05	Seropositive rheumatoid arthritis	1940	1886	86	9	5	2	0	0	0
M05-M14	Inflammatory polyarthropathies	11736	13102	1643	3	2	2	0	0	0
M06	Other rheumatoid arthritis	1374	1949	33	1	1	1	0	0	0
M10	Gout	1971	2373	531	1	0	0	0	0	0
M12	Other specific arthropathies	460	415	519	0	1	0	0	0	0
M13	Other arthritis	24900	31384	2987	19	12	10	0	0	0
M14*	Arthropathies in other diseases classified elsewhere	347	4	0	0	0	0	0	0	0
M15	Polyarthrosis	11565	13207	2668	5	2	1	0	0	0
M15-M19	Arthrosis	255	746	26	4	4	1	0	0	0
M16	Coxarthrosis [arthrosis of hip]	235	399	52	1	2	0	0	0	0

M17	Gonarthrosis [arthrosis of knee]	1960	3359	92	4	4	1	1	2	0
M20	Acquired deformities of fingers and toes	791	754	383	3	1	11	0	0	0
M20-M25	Other joint disorder	3363	1735	419	3	3	2	0	0	0
M21	Other acquired deformities of limbs	295	225	257	9	8	45	0	0	0
M23	Internal derangement of knee	338	367	45	29	9	1	0	0	0
M24	Other specific joint derangements	590	717	213	12	3	2	0	0	0
M40	Kyphosis and lordosis	2355	3350	362	1	1	0	0	0	0
M45	Ankylosing spondylitis	2512	2630	271	1	3	3	0	0	0
M45-M49	Spondylopathies	4564	4540	55	0	0	0	0	0	0
M47	Spondylosis	4506	6400	588	19	10	2	0	0	0
M48	Other spondylopathies	413	591	22	2	1	0	0	0	0
M49*	Spondylopathies in diseases classified elsewhere	40	1090	94	0	0	0	0	0	0
M50	Cervical disc disorders	3876	5020	214	3	2	0	0	0	0
M50-M54	Other dorsopathies	414	284	2	0	0	0	0	0	0
M51	Other intervertebral disc disorders	3168	3512	36	56	18	0	0	0	0
M54	Dorsalgia	11136	10344	625	23	15	1	0	0	0
M60	Myositis	773	1235	125	4	1	15	0	0	0
M60-M63	Disorders of muscles	828	658	331	0	0	0	0	0	0
M62	Other disorders of muscle	451	814	162	1	0	0	0	0	0
M65	Synovitis and tenosynovitis	444	1057	242	2	1	12	0	0	0
M66	Spontaneous rupture of synovium and tendon	106	695	30	0	0	0	0	0	0
M67	Other disorders of synvium and tendon	2079	1700	143	7	7	5	0	0	0
M70	Soft tissue disorders related to use, overuse and pressue	2256	2349	330	1	0	0	0	0	0
M70-M79	Other soft tissue disorders	3144	3414	648	0	0	0	0	0	0
M72	Fibroblastic disorders	319	1325	132	0	0	3	0	0	1
M80	Osteoporosis with pathological fracture	816	1633	143	45	32	9	3	2	1
M80-M94	Disorders of bone density and structure	398	364	22	1	0	0	0	0	0
M81	Osteoporosis without pathological fracture	1623	3438	85	37	31	0	7	3	0
M83	Adult ostemalacia	401	867	1	0	0	0	0	0	0

M85	Other disorders of bone density and structure	215	853	374	0	5	1	0	0	0
M86	Osteomyelitis	742	1467	196	40	20	49	0	0	0
M89	Other disorder of bone	427	289	26	6	1	5	0	0	0
N18	Chronic renal failure	6073	2431	13	202	119	400	17	9	1
N20	Calculus of kidney and ureter	4568	2925	538	425	369	78	0	0	0
N20-N23	Urolithiasis	343	185	10	1	0	0	0	0	0
N21	Calculus of lower urinary tract	1093	711	338	80	70	39	0	0	0
N23	Unspecified renal colic	2835	2397	198	7	56	0	0	0	0
N30	Cystitis	3494	4803	493	5	80	16	0	0	0
N30-N39	Other diseases of urinary system	4529	5455	1421	0	0	0	0	0	0
N34	Urethritis and urethral syndrome	460	700	73	7	16	2	0	0	0
N35	Urethral stricture	798	12	9	166	8	8	0	1	0
N39	Other disorders of urinary system	14994	23084	9147	31	45	51	0	0	0
N40	Hyperplasia of prostate	3117	0	0	199	0	0	0	0	0
N40-N51	Diseases of male genital organs	2328	0	0	0	0	1	0	0	0
N41	Inflammatory diseases of prostate	435	0	0	0	0	0	0	0	0
N43	Hydrocele and spermatocele	2453	0	0	573	0	0	0	0	0
N45	Orchitis and epididymitis	1691	56	87	46	10	13	0	0	0
N46	Male infertility	424	0	0	1	0	0	0	0	0
N47	Redundant prepuce, phimosis and paraphimosis	359	9	456	48	13	43	0	0	0
N60	Benign mammary dysplasia	78	3607	55	22	70	6	0	0	0
N60-N64	Disorders of breast	0	1321	98	0	1	0	0	0	0
N61	Inflammatory disorders of breast	0	880	1	0	39	0	0	0	0
N62	Hypertrophy of breast	0	256	11	0	12	0	0	0	0
N63	Unspecified lump in breast	0	1177	69	0	37	8	0	0	0
N64	Other disorders of breast	0	426	0	0	3	0	0	0	0
N70	Salpingitis and oophoritis	0	5099	91	0	100	1	0	0	0
N70-N77	Inflammatory diseases of female pelvic organs	0	20572	742	0	455	56	0	49	0
N71	inflammatory diseases of uterus, except cervix	0	2164	0	0	26	0	0	0	0

N72	Inflammatory diseases of cervix uteri	0	11116	4	0	161	16	0	0	0
N73	Other female pelvic inflammatory diseases	0	17416	76	0	106	3	0	0	0
N75	Diseases of Bartholin's gland	0	1036	0	0	27	2	0	0	0
N76	Other inflammation of vagina and vulva	0	9247	32	0	30	2	0	0	0
N80	endometriosis	0	2223	1	0	25	0	0	0	0
N80-N98	Non inflammatory disorders of female genital tract	0	10353	207	0	2	0	0	0	0
N81	female genital prolapse	0	1685	0	0	250	0	0	0	0
N86	Erosion and ectropion of cervix uteri	0	1176	0	0	27	0	0	0	0
N91	Absent, scanty and reare menstruation	0	9663	556	0	393	312	0	0	0
N92	Excessive, frequent and irregular menstruation	0	14969	101	0	400	38	0	0	0
N93	Other abnormal uterine and vaginal bleeding	0	3282	0	0	84	18	0	0	0
N94	Pain and other conditions associated with female genital organs and menstrual cycle	0	27782	471	0	94	0	0	0	0
N95	Menopausal and other perimenopausal disorders	0	1357	3	0	60	1	0	0	0
N96	Habitual aborter	0	1567	0	0	163	0	0	0	0
N97	Female infertility	0	4005	0	0	324	0	0	0	0
O04	Medical abortion	0	387	0	0	703	0	0	0	0
O05	Other abortion	0	468	0	0	962	0	0	0	0
O08	Complications following abortion and ectopic and molar pregnancy	0	501	0	0	36	0	0	1	0
O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	362	0	0	124	0	0	1	0
O10-O16	Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	0	2431	0	0	720	0	0	1	0
O12	Gestational (pregnancy - induced) oedema and proteinuria without hypertension	0	1102	0	0	771	0	0	0	0
O13	Gestational (pregnancy - induced) hypertension without significant proteinuria	0	402	0	0	177	0	0	0	0
O14	Gestational (pregnancy - induced) hypertension with significant proteinuria	0	325	0	0	216	0	0	1	0
O20	Haemorrhage in early pregnancy	0	2459	0	0	524	0	0	0	0
O20-O29	Other maternal disorders predominantly related to pregnancy	0	2497	0	0	230	0	0	0	0
O21	Excessive vomiting in pregnancy	0	1963	0	0	244	0	0	0	0

O23	Infections of genitourinary tract in pregnancy	0	2206	0	0	157	0	0	0	0
O24	Diabetes mellitus in pregnancy	0	396	0	0	157	0	0	0	0
O25	Malnutrition in pregnancy	0	9291	0	0	1372	0	0	0	1
O30-O48	Maternal care related to fetus and amniotic cavity and possible delivery problems	0	1450	0	0	994	0	0	0	0
O34	Maternal care for known or suspected abnormality of pelvic organs	0	626	0	0	99	0	0	0	0
O42	Premature rupture of membranes	0	543	0	0	532	0	0	1	0
O47	False labour	0	967	0	0	516	0	0	0	0
O48	Prolonged pregnancy	0	437	0	0	972	0	0	0	0
O60	Preterm delivery	0	206	0	0	730	0	0	0	48
O80	Single spontaneous delivery	0	1288	0	0	29059	2543	0	2	15
O80-O84	Delivery	0	228	0	0	7349	0	0	0	0
O81	Single delivery by forceps and vaccum extractor	0	0	0	0	570	0	0	0	0
O82	Single delivery by cesarean section	0	0	0	0	8756	0	0	0	0
O83	Other assisted single delivery	0	0	0	0	3028	0	0	0	0
O84	Multiple delivery	0	0	0	0	938	0	0	0	0
P05	Slow fetal growth and fetal malnutrition	0	0	283	0	0	598	0	0	22
P07	Disorders related to short gestation and low birth weight, not elsewhere classified	0	0	2831	0	0	1366	0	0	191
P21	Birth asphyxia	0	0	26	0	0	809	0	0	158
P22	Respiratory distress of newborn	0	0	28	0	0	1010	0	0	105
P36	Bacterial sepsis of newborn	0	0	446	0	0	1152	0	0	251
P58	Neonatal jaundice due to other excessive haemolysis	0	0	152	0	0	614	0	0	3
P59	Neonatal jaundice from other and unspecified causes	0	0	1319	0	0	1087	0	0	2
P92	Feeding problems of newborn	0	0	2488	0	0	3246	0	0	0
Q12	Congenital lens malformations	169	765	0	1	0	0	0	0	0
Q50	Congenital malformations of ovaries, fallopian tubes and broad ligaments	0	841	0	0	1	0	0	0	0
Q82	Other congenital malformations of skin	389	490	538	3	16	14	0	0	2
R00	Abnormalities of heart beat	1194	1433	262	26	18	4	0	1	0

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	6765	6142	4291	211	271	80	24	52	11
R01	Cardiac murmurs and other cardiac sounds	665	900	139	0	0	3	0	0	4
R04	Haemorrhage from respiratory passages	670	480	243	3	0	3	0	1	0
R05	Cough	70573	69527	71195	16	9	1849	0	0	0
R07	Pain in throat and chest	1483	809	66	440	287	4	3	0	0
R10	Abdominal and pelvic pain	36845	43795	22497	287	277	68	1	0	1
R10-R19	Symptoms and signs involving the digestive system and abdomen	18644	23890	13789	0	1	0	0	0	0
R11	Nausea and vomiting	19884	25438	18346	2	3	4	0	0	0
R12	Heartburn	23426	19156	4845	4	8	1	1	0	0
R13	Dysphagia	1236	1377	718	6	4	0	0	0	0
R14	Flatulence and related conditions	15710	17738	8134	2	0	0	0	0	0
R16	Hepatomegaly and splenomegaly, not elsewhere classified	994	685	19	20	10	48	0	1	1
R17	Unspecified jaundice	83	13	0	446	171	92	58	44	1
R18	Ascites	437	220	2	1167	555	95	131	63	1
R20	Disturbances of skin sensation	2646	2713	496	1	0	1	0	0	0
R21	Rash and other nonspecific skin eruption	604	554	223	2	2	0	0	0	0
R22	Localized swelling, mass and lump of skin and subcutaneous tissue	253	414	884	94	69	36	11	7	7
R23	Other skin changes	498	490	649	0	0	1	0	0	0
R30	Pain associated with micturition	5921	7408	3219	1	0	2	0	0	0
R30-R39	Symptoms and signs involving the urinary system	4472	5534	1570	313	313	67	143	173	52
R31	Unspecified haematuria	747	515	398	0	5	12	0	0	0
R32	Unspecified urinary incontinence	219	193	69	0	19	2	0	0	0
R33	Retention of urine	795	321	13	0	5	4	0	0	0
R35	Polyuria	267	558	16	0	1	0	0	0	0
R36	Urethral discharge	360	275	276	0	0	2	0	0	0
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behaviour	1077	1250	272	0	0	0	0	0	0
R42	Dizziness and giddiness	3452	4225	1215	5	4	1	0	0	0

R50	Fever of unknown origin	101453	107324	73960	646	377	380	9	3	3
R50-R69	General symptoms and signs	49905	51101	35574	1	1	3	0	0	0
R51	Headache	39347	45350	18566	348	43	9	3	2	0
R52	Pain, not elsewhere classified	2358	2760	1376	0	0	10	0	0	0
R53	Malaise and fatigue	29682	36305	13528	2	1	0	0	0	0
R55	Syncope and collapse	349	707	776	21	7	3	2	1	0
R56	Convulsions, not elsewhere classified	329	29	47	126	81	1020	8	5	8
R59	Enlarged lymph nodes	663	1026	700	0	3	9	0	0	0
R60	Oedema, not elsewhere classified	437	329	640	0	0	2	0	0	0
R68	Other general symptoms and signs	2078	2014	1542	39	35	1	0	1	0
R69	Unknown and unspecified causes of morbidity	547	557	351	1	0	1	0	0	0
R82	Other abnormal findings in urine	373	713	176	101	127	43	0	0	0
S00	Superficial injury of head	4367	2998	2404	146	56	56	8	4	3
S00-S09	Injuries to the head	1852	1598	1435	7	4	1	5	8	3
S01	Open wound of head	690	712	541	35	15	7	1	0	0
S05	Injury of eye and orbit	477	344	747	17	1	1	0	0	0
S09	Other and unspecified injuries of head	461	392	576	27	11	8	8	4	0
S13	Dislocation, sprain and strain of joints and ligaments at neck level	174	579	408	5	1	2	0	0	0
S20	Superficial injury of the thorax	898	419	566	28	9	3	3	0	0
S30	Superficial injury of abdomen, lower back and pelvis	1026	725	614	9	2	4	0	0	0

S30-S39	Injuries to the abdomen, lower back, lumbar spine and pelvis	969	776	220	41	43	0	0	0	0
S31	Open wound of abdomen, lower back and pelvis	62	69	5	2	2	0	0	0	0
S32	Fracture of lumbar spine and pelvis	1316	1615	661	395	197	103	0	0	0
S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	6026	6471	1292	3	5	2	0	0	0
S40	Superficial injury of shoulder and upper arm	10380	9802	6247	24	7	2	0	0	0
S40-S49	Injuries to the shoulder and upper arm	4647	3324	1487	18	3	0	0	0	0
S41	Open wound of shoulder and upper arm	842	829	156	2	5	4	0	0	0
S42	Fracture of shoulder and upper arm	3418	2949	1789	279	104	112	0	0	0
S43	Dislocation, sprain and strain of joints and ligaments of shoulder girdle	1368	1332	747	14	4	6	0	0	0
S49	Other and unspecified injuries of shoulder and upper arm	619	317	469	5	3	0	0	0	0
S50	Superficial injury of forearm	4796	3834	2376	34	1	5	0	0	0
S50-S59	Injuries to the elbow and forearm	2554	2692	2242	40	14	14	9	0	1
S51	Open wound of forearm	1403	1368	343	1	0	0	0	0	0
S52	Fracture of forearm	3886	3600	1888	372	130	81	0	0	0
S53	Dislocation, sprain and strain of joints and ligaments of elbow	866	939	928	9	6	8	0	0	0
S59	Other and unspecified injuries of forearm	5464	5535	5578	3	2	0	0	0	0
S60	Superficial injury of wrist and hand	18128	11339	9011	18	10	4	0	0	0
S60-S69	Injuries to the wrist and hand	3065	3333	1938	22	12	2	20	24	10
S61	Open wound of wrist and hand	1988	1638	749	1	4	2	0	0	0

S62	Fracture of wrist and hand level	3940	4089	1189	117	34	6	0	0	0
S63	Dislocation,sprain and strain of joints and ligaments at wrist and hand level	1050	1090	693	1	1	0	0	0	0
S70	Superficial injury of hip and thigh	1606	1330	1318	12	11	4	0	0	0
S70-S79	Injuries to the hip and thigh	2058	2242	571	52	34	12	1	1	2
S71	Open wound of hip and thigh	671	322	199	34	6	10	0	0	0
S72	Fracture of femur	3200	3064	1223	537	276	143	2	0	0
S73	Dislocation,sprain and strain of joint and ligaments of hip	533	372	190	4	0	2	0	0	0
S79	Other and unspecified injuries of hip and thigh	1549	1547	86	4	1	0	0	0	0
S80	Superficial injury of lower leg	6483	6104	3973	36	11	4	0	0	0
S80-S89	Injiuries to the knee and lower leg	3379	3452	1985	41	8	8	12	3	0
S81	Open wound of lower leg	9609	9500	11422	4	2	2	0	0	0
S82	Fracture of lower leg, including ankle	7115	6336	3317	504	144	70	1	0	0
S83	Dislocation,sprain and strain of joints and ligaments of knee	2726	2788	702	4	5	1	0	0	0
S89	Other and unspecified injuries of lower leg	9520	9965	10883	10	3	2	0	0	0
S90	Superficial injury of ankle and foot	8577	6680	4271	9	7	0	0	0	0
S90-S99	Injuries to the ankle and foot	2891	2336	1904	7	2	2	11	13	7
S91	Open wound of ankle and foot	1233	888	675	7	4	1	0	0	0
S92	Fracture of foot, except ankle	2064	2057	1240	94	22	5	0	0	0
S93	Dislocation, Sprain and strain of joints and ligaments at ankle and foot level	913	929	652	1	1	0	0	0	0

S98	Traumatic amputation of ankle and foot	340	259	395	1	0	0	0	0	0
S99	Other and unspecified injuries of ankle and foot	6835	6203	6518	1	0	0	0	0	0
T00	Superficial injuries involving multiple body regions	2608	1634	1510	4	0	0	0	0	0
T00-T07	Injuries of involving multiple body regions	911	815	838	0	0	0	0	0	0
T01	Open wounds involving multiple body regions	240	178	112	2	0	0	0	0	0
T02	Fractures involving multiple body region	2346	1726	1438	153	41	43	0	1	0
T20	Burn and corrosion of head and neck	650	657	573	35	25	15	0	1	0
T23	Burn and corrosion of wrist and hand	823	1397	639	3	6	0	0	0	0
T25	Burn and corrosion of ankle and foot	414	507	368	0	0	0	0	0	0
T29	Burn and corrosions of multiple body regions	748	429	480	1	3	0	0	0	0
V01	Pedestrian injured in collision with pedal cycle	1798	599	420	0	1	0	20	4	1
V09	Pedestrian injured in other and unspecified transport accidents	4538	2224	1843	4	2	0	1	2	0
V12	Pedal cyclist injured in collision with two or three wheeled motor vehicle	776	314	92	1	0	0	0	0	0
V23	Motorcycle rider injured in collision with car, pick-up truck or van	870	131	11	0	0	0	0	0	0
W01	Fall on same level from slipping, tripping and stumbling	9059	7706	9221	2	3	0	0	0	0
W10	Fall on and from stairs and steps	1132	212	225	0	2	2	0	0	0
W50	Hit, struck, kicked, twisted, bitten or scratched by another person	865	428	222	99	26	6	3	1	0
W50-W64	Exposure to animate mechanical forces	267	306	266	0	0	0	0	0	0
X00	Exposure to uncontrolled fire in building or structure	5686	3637	3440	2	3	1	0	0	0

X00-X09	Exposure to smoke, fire and flames	322	503	58	0	0	0	0	0	0
X09	Exposure to unspecified smoke, fire and flames	304	450	49	0	1	0	0	0	0
X30	Exposure to excessive natural heat	816	503	432	3	0	0	1	0	0
X85	Assault by drugs, medicaments and biological substances	1649	718	73	137	90	22	0	0	0
X85-Y09	Assault	451	248	10	1	0	0	0	0	0
Y00	Assault by blunt object	1287	441	72	12	2	0	0	0	0
Y04	Assault by bodily force	1947	628	22	1	3	2	0	0	0
Y09	Assault by unspecified means	702	479	200	19	12	1	0	0	0
Z09	Follow up examination after treatment for conditions other than malignant neoplasms	1	911	159	3	2	0	0	0	1
Z11	Special screening examination for infectious and parasitic diseases	606	66	200	3	1	0	0	0	0
Z20	Contact with and exposure to communicable disease	39	360	399	0	0	1	0	0	0
Z20-Z29	Persons with potential health hazards related to communicable diseases	62	646	4345	0	0	0	0	0	0
Z23	Need for immunization against single bacterial disease	60	28	419	0	0	0	0	0	0
Z26	Need for immunization against other single infectious diseases	439	276	6758	0	0	0	0	0	0
Z27	Need for immunization against combinations of infectious diseases	800	0	19861	0	0	4581	0	0	0
Z30	Contraceptive management	9995	20859	0	132	2129	0	0	0	0
Z30-Z39	Persons encountering health services in circumstances related to reproduction	10192	19147	0	777	32	0	0	0	0
Z31	Procreative management	8	2950	0	4	86	0	0	0	0

Z32	Pregnancy examination and test	0	38973	0	0	3146	0	0	0	0
Z33	Pregnant state, incidental	0	2156	0	0	5	0	0	0	0
Z34	Supervision of normal pregnancy	0	74563	0	0	1309	0	0	1	0
Z35	Supervision of high-risk pregnancy	0	8746	0	0	3060	0	0	1	0
Z36	Antenatal screening	0	34690	0	0	778	0	0	0	0
Z37	Outcome of delivery	0	1089	498	0	2834	519	0	0	0
Z38	Liveborn infants according to place of birth	0	0	101	0	0	9600	0	0	0
Z39	Postpartum care and examination	0	5345	0	0	1039	0	0	0	0

Note : The above reports are from the morbidity / mortality reports of some hospitals in Delhi submitted to SHIB based on the diagnosis made by the treating doctors.

SHIB is not the primary holder of data given herein. It only collects and compiles the data from select health institutions.

Inadvertent errors during the data entry process/ coding may be there despite best efforts.

6.28 Statement of Reported Noncommunicable Diseases in Delhi during 2013

CODE	NAME OF DISEASE	CASES			DEATHS		
		M	F	T	M	F	T
NCD11	Hypertension	85698	65270	150968	731	547	1278
NCD12	Ischemic Heart Diseases	57426	26328	83754	757	322	1079
NCD21	Cerebro Vascular Accident	5798	3665	9463	316	158	474
NCD22	Other Neurological Disorders	5428	3866	9294	54	43	97
NCD31	Diabetic Mellitus Type-I	9479	6736	16215	92	68	160
NCD32	Diabetic Mellitus Type-II	46875	37186	84061	653	536	1189
NCD41	Bronchitis	11605	7320	18925	27	19	46
NCD42	Emphysema	3081	1451	4532	12	2	14
NCD43	Asthma	35306	27858	63164	49	31	80
NCD51	Common Mental Disorders	3853	1794	5647	19	0	19
NCD52	Severe Mental Disorders	538	516	1054	0	0	0
NCD6	Accidents	52413	35129	87542	521	234	755
NCD7	Cancers	33997	32716	66713	1110	717	1827
NCD8	Snake Bite	34	26	60	2	2	4
Grand Total		351531	249861	601392	4343	2679	7022

Note : The above Non Communicable reports are from various hospitals in Delhi submitted to SHIB based on the diagnosis made by the treating doctors. SHIB is not the primary holder of data given herein. It only collects and compiles the data from select health institutions. Inadvertent errors during the data entry process / coding may be there despite best efforts.

6.29 Statement of Reported Principal Communicable Diseases in Delhi during 2013

S.No	Name Of The Disease	No of Patients						Deaths		
		OPD		IPD		TOTAL		(IPD ONLY)		
		M	F	M	F	M	F	M	F	T
1	Acute Diarrhoeal Diseases	61426	51048	8655	7646	70081	58694	28	34	62
2	Diphtheria	35	43	59	44	94	87	24	18	42
3	Tetanus other than Neonatal	31	5	36	10	67	15	15	1	16
4	NeoNatal Tetanus	2	0	11	6	13	6	2	1	3
5	Whooping Cough	8	0	16	7	24	7	0	0	0
6	Measles	256	188	298	203	554	391	0	4	4
7	Acute Respiratory Infections	214681	163682	5770	3916	220451	167598	112	63	175
8	Pneumonia	13393	9686	5892	3646	19285	13332	355	235	590

9	Enteric Fever	14163	11657	3589	2865	17752	14522	18	11	29
10	Viral Hepatitis -A	3155	2072	330	181	3485	2253	14	6	20
11	Viral Hepatitis -B	404	108	616	298	1020	406	50	17	67
12	Viral Hepatitis - C,D,E	193	26	557	347	750	373	34	10	44
13	Meningococcal Meningitis	9	14	27	23	36	37	2	0	2
14	Rabies	3	0	30	10	33	10	6	4	10
15	AIDS	94	55	237	63	331	118	4	3	7
16	Syphilis	4	48	4	18	8	66	1	0	1
17	Gonococcal infection	201	161	0	1	201	162	0	0	0
18	Other STD Diseases	92	1554	19	6	111	1560	1	0	1
19	Pulmonary Tuberculosis	19596	39860	7782	3821	27378	43681	120	71	191
20	Kala Azar	0	5	1	0	1	5	0	0	0
21	Japanese Encephalitis	0	0	1	1	1	1	0	0	0
22	Chicken pox	381	245	32	10	413	255	0	1	1
23	Cholera	0	1	12	12	12	13	0	0	0
24	Encephalitis	77	57	162	112	239	169	25	13	38
25	All Other diseases treated in institution excluding above mentioned diseases	13024	17042	20504	27952	33528	44994	503	335	838
26	Viral Meningitis	176	114	335	251	511	365	31	22	53
Total		341404	297671	54975	51449	396379	349120	1345	849	2194

Note : The above Communicable reports are from various hospitals in Delhi submitted to SHIB based on the diagnosis made by the treating doctors. SHIB is not the primary holder of data given herein. It only collects and compiles the data from select health institutions. Inadvertent errors during the data entry process / coding may be there despite best efforts.

There may be possibility of duplication of cases and may also be at variance from that under IDSP.

CHAPTER 7
NATIONAL HEALTH PROGRAMMES
7.1 DELHI STATE HEALTH MISSION

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

Health Concerns and Challenges:

- 1) IMR is very high 24/1000 live birth SRS-2013.
- 2) Over crowded Hospital and facilities needing improved management.
- 3) Delhi has almost 18 service providing agencies. Effective inter agency convergence remains a major challenge.
- 4) Incidence of many communicable disease remains potent threat to vulnerable groups, slums, construction sites, inadequate drainage, deteriorating water quality, sanitation, environmental degrading.
- 5) Life style disease load steeply increasing.
- 6) Streamlining referral Linkages and system.
- 7) Delhi specific standards for PUHCs needs to be implemented as the PUHCs in Delhi are not providing round the clock services and indoor facilities which is a mandate for PHCs as per Indian Public Health Standards, GOI.

NRHM was launched in Delhi on 2nd Oct 2006 and has helped in improving the Health Care Delivery and still much more needs to be done.

Achievements of NRHM

1. SPMU and 11 DPMUs have been set up and functionalized. Decentralization and delegation of Powers have been given to the Districts. District health plan are being consolidated by the District. District health plan are being consolidated by the District Nodal Officers which are consolidated into the State Plan.
2. ASHA Scheme has been in place in the field for activity.
3. Almost all the un-served/underserved areas have been identified across the State. Seed PUHCs have been proposed to be set up in these areas to provide comprehensive basic health services to 50,000 populations and are subsequently to be upgraded into PUHCs. 58 seed PUHCs under DHS have been established.
4. Mother labs of DHS have been provided with lab technicians and more than 60 basic labs in the M&CW Centres (MCD) have been strengthened in terms of manpower and equipments. Pathologist in the District supervises these activities.
5. Strengthening of Maternity Homes:- Maternity Homes of MCD are being strengthened to provide 24x7 basic obstetric care. A new maternity home is being set up at Nithari in North West District.
6. Rogi Kalyan Samities (RKS): RKS has been registered in 25 Delhi Govt. Hospital, 1 MCD Hospital & 8 Maternity Homes of East Delhi Municipal Corporation.

7. Gaps in health care identified and strengthened to provide quality neonatal services. 16 FRUs have been optimally functionalized.
8. IYCF Centres and nutrition corners have been created in the hospitals in the state.

STRATEGIES & INTERVENTIONS PLANNED

I. Strengthening of State and District Programme Management Units: Strengthening of SPMU and 11 DPMU in terms of infrastructure and manpower. Most of the workforce has already been recruited and the remaining officials under SPMU/DPMU to be recruited soon. DPMUs have been functional in eleven Districts only.

II. Community Empowerment & Supportive Facilitation

- a) ASHA: The linkage of the community with the healthcare delivery system is being done by ASHA's at present State has 4276 ASHA's in placed. These ASHA's has been trained in knowledge and skills, required for mobilizing and facilitating the community members to avail health care services.
- b) Rogi Kalyan Samitis (RKS): To make hospitals and PUHCs Centres of excellence by ensuring optimum use of available resources and infrastructure. Rogi Kalyan Samitis (RKS) has been registered in 25 Delhi Govt. Hospital, 1 MCD Hospital & 8 Maternity Homes of East Delhi Municipal corporation. Setting up of RKS Jan Swasthya Samitis (JSS) for other health facilities under process.

III. Strengthening of Existing Infrastructure:

- a. Primary health Care Strengthening: A committee was set up to prepare IPHS Standards for PUHC level of facilities. The Standards have been finalized and approved by the Cabinet. They are now being implemented for strengthening the facilities.
- b. Up-gradation of physical infrastructure as per standard norms.
- c. Rationalization of manpower as per the standard norms.
- d. Strengthening of Lab Services: Facilities of GNCTD and M&CW Centres (MCD) which were lacking with diagnostic services were identified and were provisioned with Basic Labs. 5 to 6 such facilities have been linked to the nearest Mother Lab.
- e. Coverage of un-served/underserved areas: Almost all the un-served/underserved areas have been identified across the State. 58 Seed PUHCs have been set up in such areas to provide comprehensive health care services, each looking after approx. 50,000 population. Subsequently, these shall be up-graded into full fledged PUHC level facilities depending upon their workload.
- f. Maternity Home Strengthening: In order to increase the Institutional Delivery rate in Delhi, 23 Maternity Homes and the Maternal Wing of RHTC, Najafgarh have been strengthened in terms of manpower and equipments.

IV. Innovation

- a. Senior Citizen Friendly health Services at PUHC level: The Scheme envisage the screening of Senior Citizens once in six months, at PUHC level to detect/treat/refer at early stage of the disease. Screening of elderly citizens is being facilitated by ASHAs.
- b) Health Management Information System (HMIS): There are 900 Health facilities (Public & Private), who are reporting their achievements under NRHM on the HMIS Web Portal of GOI on monthly basis. This data is being utilized by various departments of State/GOI for monitoring /planning health

policies/strategies.

- c) Mother and Child Tracking System (MCTS): Data uploaded on this web based portal of GOI, generates the work plan for due/overdue services of the pregnant mothers/children. This tool is being used for tracking and ensuring timely health care service to the beneficiaries.
- d) State MIS Portal: State has designed a MIS portal for ASHAs, which records the detail database of ASHA's trainings received and the various activities performed by ASHAs. This portal helps in monitoring the activities and ASHAs, calculation of their incentives for payment and payments are being disbursed directly through NEFT to their bank accounts. There are 4276 ASHAs in place.
- e) Referral Linkages: A pilot project is being implemented in two clusters in the State with Secondary level hospitals (Sanjay Gandhi Memorial Hospital and Lal Bahadur Shastri hospital). These hospitals have been linked to the nearby PUHCs. Linked PUHCs level facilities are providing ANC care. Hospitals are providing high risk and delivery care to the beneficiaries of linked PUHCs. This gives opportunity to the hospitals to devote more time to high risk and delivery cases.
- f) Monitoring and Evaluation: Mission provides an excellent opportunity to put sound, Community Level, District Level and State Level monitoring in plan.

V. Inter-Sectoral Convergence:

- A) Addressing Multiplicity of agency through Inter Agency Convergence: District and State Level MCD / NDMC Co-coordinators are involved in planning of join activities and preparation of district health action plans.
 - The primary healthcare facilities of MCD are being strengthened by provision of staff / logistics and setting up of basic labs.
 - Maternity homes and many hospitals of MCD are being strengthened for maternal and neonatal care by providing staff / equipment gaps.
 - 50 % of ASHA units are located in MCD centers.
- B) With Department of Social Welfare through Integrated Child Development Services (ICDS): Provisions had been made for providing weighing machines in all Anganwadis through the Mission.
- C) Convergence with Department of Education: Manpower support for implementing Chacha Nehru Swasthaya Yojna (CNSY) is being provided by DSHM.
- D) Integration of various National Health Programmes under one umbrella: The various National Health Programmes have been brought under the umbrella of State Health Mission with decentralization of planning to ensure a better coordination, implementation and monitoring. These individual disease specific programmes are contributing with their primary healthcare level interventions.

Following health programmes are being implemented by DSHM.

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

- RMNCH +A
- Mission Flexipool
- Routine Immunization with Pulse Polio Immunization Program
- Iodine Deficiency Disorder

B. National Urban Health Mission (NUHM)

C. Communicable Disease Programme:-

- Integrated Disease Surveillance Project
- National Leprosy eradication Program
- National Vector Borne Disease Control Program
- Revised National Tuberculosis Control Program

D. Non-Communicable Disease Programme:-

- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
- National Programme for Control of Blindness (NPCB)
- National Mental Health Programme (NMHP)
- National Programme for Health Care of the Elderly (NPHCE)
- National Programme for Prevention and Control of Deafness (NPCCD)
- National Tobacco Control Programme (NTCP)
- National Oral Health Programme (NOHP)
- National Programme for Palliative Care (NPPC)
- National Programme for Prevention & Management of Burn Injuries (NPPMBI)

7.2 INTEGRATED DISEASE SURVEILLANCE PROJECT AND PUBLIC HEALTH CAMPAIGN OF GOVT. OF N.C.T. OF DELHI (IDSP/NVBDCP) 2013-14

Introduction

Delhi has been reporting regular occurrence of various epidemic prone disease. Cases of Cholera, Gastroenteritis, Dengue, Chikungunya, Malaria, Meningococcal Meningitis etc. are reported regularly. In addition, new diseases like Japanese Encephalitis, SARS, Swine Flu etc. have also occurred in the past and such new diseases are likely to come in the shape of Avian Influenza, new viral infections etc. The epidemics of these diseases are largely preventable and controllable. Awareness campaigns are needed to be undertaken regularly to prevent and control the ill effects of said diseases.

Ongoing regular activities:

- ❖ **Surveillance activities:**
Surveillance of IDSP data through collection, compilation, analysis and interpretation & feedback to the DSOs regularly. Sometimes the IDSP portal becomes defunct and unable to do analysis at SSU level for which Complaints sent to the CSU for corrections.
- ❖ **Field visits :**
Field visits are performed regularly to the concerned DSUs and field areas where outbreaks are reported and controlled in time. DHOs, DJB and PHE deptts try to delay action for which repeated meetings are done with DHOs, DJB-En, DSOs & DMCs alongwith documentary evidence (L-form data and line-list) & persuasion to control outbreaks.
- ❖ **Correspondence:**
All letters and emails received are responded on time.
- ❖ **RTIs:**

All RTIs related to IDSP / NVBDCP are responded in time with no pendency.

❖ **Trainings:**

- Organizing training under IDSP/ NVBDCP for Data Managers & DEOs was organized at SSU-DHS level for newly recruits.
- One batch of 20 DSOs/MOs has been trained as TOT by National Institute of Health & Family Welfare, New Delhi.
- DSOs had undergone FETP by PHFI at Gurgaon for 12 days.
- 2 Epidemiologists have been trained for FETP (12 days) at Mohali by Dept. of PSM, Amritsar.
- One batch of DSOs, Microbiologists and RRT functionaries were trained for three days at NDTB Centre by SSU, New Delhi-110001.
- Districts have also trained Medical & Paramedics at DSU level.
- SSO/ DSOs have retired/promoted. New DSOs are yet to be trained.
- Current Training Undergone:
- All DSOs have been trained for FETP at PHFI, Gurgaon.
- Epidemiologists have been trained for FETP at PHFI, Gurgaon.
- Microbiologists have been trained for FETP at BJMC, Pune.
- SSO, DSOs, Epidemiologists, Microbiologists have been trained for Measles at Imperial Hotel, Delhi by WHO.
- State Microbiologist has been trained for Quality Management System (QMS) at IIPA, Delhi.
- Training provided from January to November 2014:
- Medical officers of all dispensaries under 11 DSUs for Dengue Management.
- Lab Technicians of all dispensaries under 11 DSUs under Dengue Management.
- Induction training for all Medical officers of all dispensaries under 11 DSUs under IDSP.
- Measles training to MOs of all dispensaries under 11 DSUs.
- Induction training for Data Managers & Data Entry Operators.
- Ebola training for Physician, Pediatrician, Microbiologist/ Pathologist, Nodal Officer & staff nurse of all Sentinel Surveillance Hospitals under 11 DSUs for Ebola Management.

Outbreaks Investigated & Controlled in Delhi in 2013-14

S.No.	Date	Disease	Week	Total Cases	Death	Area affected
1	27.05.2013	Cholera (Azad Pur)	22th	8	Nil	
2	27.05.2013	Cholera	22th	3	Nil	Mukund Pur
3	26.06.2013	ADD/ GE	26th	180	2	NCERT, Aurbindo Marg
4	01.07.2013	Enteric Fever/ Typhoid Fever	27th	Apprx.10-15	Nil	Pashchim Vihar
5	01.07.2013	Cholera	27th	4	Nil	South Delhi
6	10.07.2013	Ac GE/ADD	28th	50	1	Rajokari pahari
7	19.08.2013	GE/ Cholera	34th	50	1	Loha Mandi
8	10.09.2013	Hand/Foot/Mouth Disease	37th	12	Nil	DPS Vasant Kunj

9	16.09.2013	Hand/Foot/Mouth Disease	38th	8	Nil	Sardar Patel Vidyalaya
10	25.09.2013	Dengue	39th	1378	2	Whole Delhi but mostly the North district
11	07.10.2013	Hand/Foot/Mouth Disease	41th	3	Nil	S. Model Public School
12	09.10.2013	GE	41th	35	6	Shahabad dairy

Outbreaks Investigated & Controlled in Delhi in 2014

S.No.	Date	Disease	Week	Total Cases	Death	Area affected
1	24.02.14	Hepatitis E	9th	8-10	Nil	GGSGH Residential Campus, Raghbir Nagar
2	13.06.14	Typhoid Fever	24th	5-6	Nil	Khayala/Vishnu Garden.
3	02.07.14	Typhoid Fever	27th	11	Nil	Basai Darapur
4	08.07.14	Food Poisoning	28th	12	Nil	Govt. Girl School, Patparganj
5	22.08.14	Typhoid Fever	34th	10-15	Nil	Shora Kothi/ Kedar building, Subji Mandi
6	15.09.14	Typhoid Fever	38th	25	Nil	Jahangir Puri & Bharola
7	04.10.14	Cholera	43rd	8	Nil	Paharganj , Nabi karim

Preparedness of Ebola Virus Disease

- Screening of passengers coming from West African (EVD affected) countries being done at APHO, Delhi/ Mumbai/ Bangalore according to category A (Suspected), Category B (Probable), Category C (Confirmed). Isolation & quarantine facilities are available at APHO.
- Identified referral Hospitals for isolation & quarantine facilities are: Lok Nayak Hospital & Dr. Ram Manohar Lohia Hospitals
- 32 Nodal officers have been identified in each Sentinel Surveillance Hospital (SSH) for EVD by 01 State Nodal Officer (identified by GoI).
- NCDC, Delhi & NIV, Pune have been geared to test samples for Diagnosis of EVD.
- Doctors & paramedical staff deputed for EVD management have been trained under Central, North, Northwest, West district and others are in the process of being trained.
- Surveillance of each suspected EVD passengers is being carried out by IDSP on daily basis and daily report is submitted to MoHFW & Delhi State.
- Technical Advisory committee has been formed.
- All EVD related Guidelines have been disseminated to all the stake holders of Delhi.
- Rapid Response Team (RRT) & Training of Trainers (TOT) have been identified & trained at NIHFWS & IIPA.
- Setting up the control Room at Nirman Bhawan (011-23061302) & DHS (011-22307145)
- 400 PPE kits have been distributed to all SSHs.

❖ Vector/Water Borne Diseases:

- Control of Dengue, Malaria, Cholera, JE & Chikungunya since Den-2 strain of Dengue has been identified during 2013 for which more 20 review meetings organized under the Chairmanship of Hon'ble Health Minister and control measures were taken to control it alongwith Malaria, Cholera, JE & Chikungunya. Lack of awareness among the community and inadequate cooperation of MCD staff resulted into 5574 dengue confirmed cases and 6 deaths as on 31.12.2013 and 200 Malaria, 8 Chikungunya and 339 cholera cases in Delhi.
- The State Epidemiologist participated as resource person at the community level to create awareness about dengue in more than 10 remote areas in collaboration with VHAI. Amendments in DMC Act have been suggested to penalize the defaulters. He also Participated in the training programme carried out by DHOs of Delhi for Principals, teachers and other RWAs and participated in various inter-sectoral coordination committee meetings/workshops organized by MHOs of 3 DMCs.
- Meeting held with DOE to involve Delhi Govt. school students and teachers in dengue control. Action plan for next 3 month developed and submitted to Sec (H) of GNCT-Delhi. He also participated in NPCC meeting. Inter-sectoral Coordination work shop/training under NVBDCP is proposed to be organized this month to improve the situation.

PREPAREDNESS OF HOSPITALS

- Total 34 Sentinel Surveillance Centres are fully functional for Dengue diagnosis and treatment. Each centre has dedicated fever clinic, Dengue beds, trained staff and additional manpower deployed in some hospitals.
- In addition to the existing staff 22 Medical Officers and 40 Lab Technicians were deployed in different Hospitals for management of Dengue cases.
- Nodal officers were deputed for each Sentinel Surveillance Centre.
- Around 1232 dedicated Dengue beds are available in Govt. Hospitals at present and the MSs are also requested to increase the number of beds for Dengue cases as and when required.
- Private Hospitals registered under the Delhi Nursing Home Registration Act 1953 are also directed to increase Dengue beds up to 10 beds in smaller and medium sized Hospital and more in bigger Hospitals as per the requirement.
- All the Hospitals are directed to ensure that the dengue fever cases requiring admissions are not denied admission due to lack of beds.
- Advisory for Dengue Management has already been circulated to each Hospital from time to time.
- Dengue Control Room established at DHS (Ground floor) round the clock and Dengue Control Room No. 011-22307145.

Month and year wise Situation of Dengue Cases from 2006 to 2014 (up to (5.12.2014))

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Death
2006	0	0	0	0	0	1	5	59	412	2163	681	45	3366	
2007	2	1	0	1	0	0	2	15	68	320	129	10	548	1
2008	0	0	0	0	0	0	4	71	505	496	197	39	1312	2
2009	0	0	0	0	0	0	2	2	33	337	713	66	1153	3
2010	0	0	0	0	0	1	51	885	2360	2246	678	38	6259	8

2011	0	0	1	3	0	1	10	51	179	512	328	46	1131	8
2012	0	0	0	2	0	3	4	4	55	951	1005	69	2093	4
2013	2	2	0	3	0	2	11	142	1962	2442	549	459	5574	6
2014	0	0	2	0	3	10	7	11	87	318	444	58	940*	3

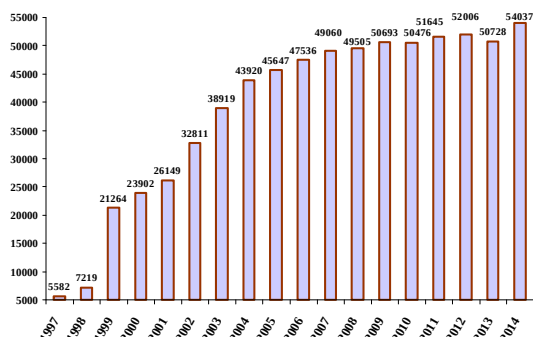
7.3 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM IN DELHI

- Tuberculosis is the most pressing health problem in our country as it traps people in a vicious cycle of poverty and disease, inhibiting the economic and social growth of the community at large. Tuberculosis still remains a major public health problem in Delhi. 40% of our population in Delhi is infected with TB germs and is vulnerable to the disease in case their body resistance is weakened.
- Delhi has been implementing the Revised National TB Control Programme with DOTS strategy since 1997. Delhi State RNTCP has been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State RNTCP is being implemented through a decentralized flexible mode through 25 Chest Clinics equivalent to DTC. Out of 25 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, GoI-1 and NGO-1 chest clinics respectively. Delhi is the only state in the country where one NGO – Ramakrishna Mission, has been entrusted the responsibility to run the RNTCP in a district. The RNTCP has 201 diagnostic centres and 551 treatment centres located all over Delhi. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way. The diagnosis and treatment is provided free to the patients under the RNTCP. The NGOs & Private Practitioners are also providing free diagnosis and treatment services.
- Delhi has been the first State in the country to have full coverage with DOTS (WHO recommended treatment strategy for TB) since 1997 and with DOTS-PLUS (treatment schedule for Drug resistant TB) since 2008.
- Delhi has been the best performing State in terms of achieving international objective of the programme in detecting new infectious TB patients 70% and their success rate at 85% consistently for the last eleven years.
- The State has been able to bring down the death rate due to tuberculosis at the lowest level of 3% (all India 4%) amongst new infected patients, 2% (4% All India) amongst new sputum negative patients and 1% (2% All India) amongst new extra pulmonary cases. Therefore the State is saving lot of lives and achieving the goal of the Programme to decrease mortality due to TB.
- Delhi has been treating maximum number of children suffering from TB at the rate of 14% against 6% all India figures.
- Delhi State RNTCP became the first State in the country to have base line drug sensitivity to second line drugs in all cases of MDR TB.

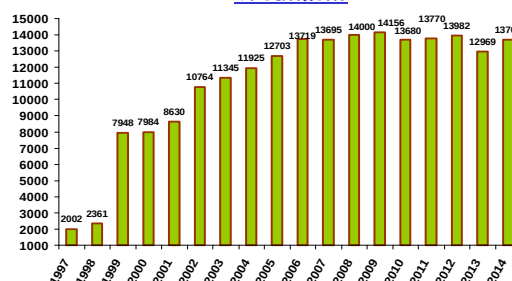
Indicator	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total number of patients put on treatment	26,149	32,811	38919	43920	45,647	47,536	49,060	49,505	50,693	50476	51,645	52006	50728	54037
New Infectious patients put on treatment	8630	10764	11345	11925	12703	13719	13695	14000	14156	13680	13770	13982	12969	13704
Conversion rate from infectious to non infectious status at three months of treatment (Target 90%)	88%	86%	88%	90%	91%	89%	89%	90%	89%	89%	89.5%	90%	89%	89%
Case detection rate of new infectious patients (Universal coverage)	74%	89%	90%	92%	85%	89%	86%	86%	80%	82%	85%	85.7	80%	80%
Case detection rate of all types of TB patients (Universal coverage)	83%	101%	114%	125%	124%	113%	114%	113%	105%	112%	118%	128%	118%	122%
Success rate (cure + completion) of new smear positive (Target 90%)	83%	84%	82%	85.5%	87%	87%	86%	87%	87%	86%	86%	85.7%	86%	85%
Death Rate (Target < 5%)	3%	2.5%	2.7%	2.5%	2.3%	2%	2.8%	2.5%	2.5%	3%	3%	2.7%	2.6%	3.5%
Default Rate (Target < 5%)	9%	9%	9.5	6.5%	5.3%	5%	5%	4.5%	4.5%	4.3%	4.5%	4.4%	5%	5.7%
Failure Rate (Target < 5%)	4%	4%	4.5%	4%	3.8%	4%	4.5%	4%	4.5%	4%	4%	4.1%	3%	2.7%
Number of persons saved from death	4775	6201	7117	8449	9015	9507	9328	9690	9921	9489	9690	9776	9486	9875
Number of persons prevented from getting infected with TB	311973	392348	406730	440044	474457	553576	504126	522900	528714	504633	507310	513839	480501	523407

PERFORMANCE OF REVISED NATIONAL TB CONTROL PROGRAMME From 1997 to 2014

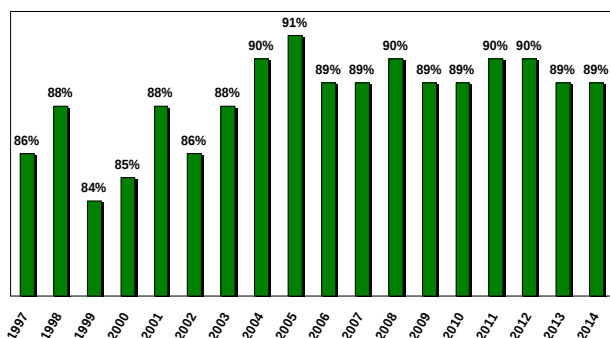
Revised National TB Control Programme-DELHI
Yearly Total cases put on Treatment



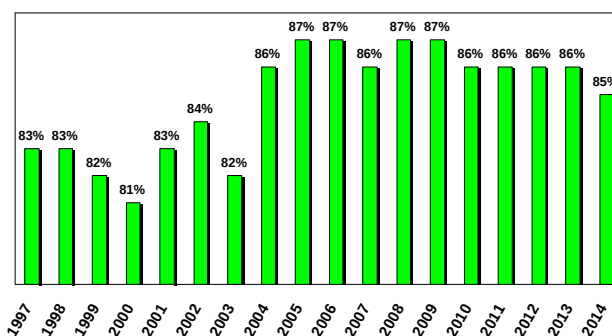
Revised National TB Control Programme-DELHI
Yearly new sputum Positive cases put on Treatment



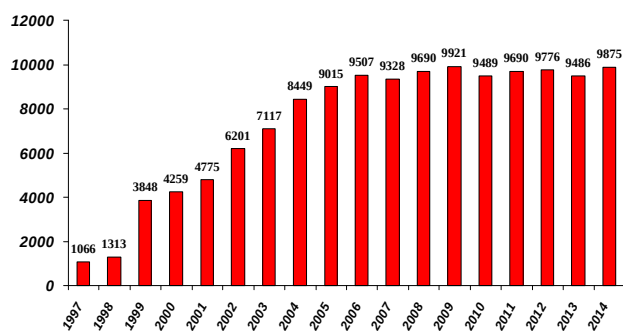
Revised National TB Control Programme-DELHI
Sputum Conversion Rate of New Sputum positive patients



Revised National TB Control Programme-DELHI
Success Rate of new sputum Positive patients



NUMBER OF LIVES SAVED FROM DEATH



Revised National TB Control Programme-DELHI
Impact Of DOTS 1997 to Up to 2014

- 6,88,942 patients put on treatment
- >86 out of 100 patients treated successfully
- >72,69,395 infections averted
- >7,26,939 illness averted
- >1,30,539 precious lives saved

7.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

The “State Health Society Delhi” is implementing NPCB programme in Delhi on district pattern through respective “Integrated District Health Society”. Various approved activities were under taken during the year 2013-14 as per Prog. guidelines.

The detail of activities under taken during this period is given here under:-

Campaign cataract countdown

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

Demands from regular sources. The details of the cataract surgeries performed are as under:

Year	No. of Cataract Surgeries	IOL Surgeries out of total cataract surgeries
2006-07	84,914	82,954
2007-08	93,808	91,159
2008-09	92,064	89,956
2009-10	90,859	87,878
2010-11	90,372	87,739
2011-12	90,944	89,740
2012-13	87,912	85,795
2013-14	75,186	73,587

School Eye Screening Project

Under this project during 2013-14, health teams of Chacha Nehru Sehat Yojna under School Health Scheme DHS had done the primary screening of students of schools of Deptt. of Education GNCTD. All students of up to class XII are examined by health teams and those students suspected to be suffering with defective vision are further examined by Refractionist and those needing glasses are provided free spectacles through respective

IDHS. The report of School Eye Screening Project is as below: -

Year	No of additional teachers trained	No. of Students Screened	No. of Students detected with refractive error	No. of Students provided free glasses
2006-07	97	5631	1420	1311
2007-08	Nil	Nil	Nil	Nil
2008-09	342	140381	23949	11943
2009-10	Nil	53746	7694	2194
2010-11	56	114835	9676	5853
2011-12	NR	NR	NR	4874
2012-13	Nil	608264	82064	12887

2013-14	Nil	630809	53697	5513
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Eye Banking Activities

Under the NPCB the Eye Banks located in Delhi are continuously encouraged to collect as many eyes as possible. In the month of August / Sept. 2013 an "Eye Donation Fortnight" was also held, under which special incentive is given to the eye banks to promote the eye donations activities. Talk on Radio and Doordarshan were got organized during this fortnight by eminent eye specialists of State.

The report of Eye Banks is as below: -

Year	No. of Eyes Collected	No. of Eyes used in Keratoplasty
2006-07	1582	781
2007-08	1883	862
2008-09	1778	1013
2009-10	2075	1169
2010-11	2094	1175
2011-12	2400	1249
2012-13	2935	1707
2013-14	3365	1946

The eye banks are connected with MTNL Toll free number 1919 so that the calls made on this number are promptly attended to by the eye banks and all those who wish to donate their eyes can also contact the eye banks on this number. All the eye banks have kept one of the telephone lines dedicated for this purpose i.e. they would provide a 24 hrs. X 7 days service on this number.

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

S. No.	Name of Eye Bank	Location of Eye Bank	Direct Telephone Number
1	National Eye Bank	Dr. R. P. Centre, AIIMS, Aurobindo Marg, New Delhi-29	26589461 26593060
2	Eye Bank at Venu Eye Institute	1/31/, Sheikh Sarai, Institutional Area, Phase-2, New Delhi-17	29250952 9899396838
3	Central Eye Bank, Sir Ganga Ram Hospital	Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi-60	25732035
4	Sewa Eye Bank	29, Link Road, Lajpat Nagar-III, New Delhi-24	29841919
5	Shroffs Eye Bank	5027, Kedar Nath Road, Darya Ganj, New Delhi-02	011-43524444 9650300300
6	Guru Nanak Eye Centre	Maharaja Ranjit Singh Marg, Delhi-02	23234612, 23235145 23234622
7	Safdarjung Hospital Eye	Aurobindo Marg, New	9868272292

	Bank	Delhi-29	26707217
8	Army Hospital Eye Bank	R.R. Centre, Subroto Park N. Delhi	011-23338181 011-23338187 01123338440
9	Eye Bank at Guru Govind Singh Institute of Eye Research & Cure Centre	31, Defanse Enclave, Vikas Marg New Delhi-92	22542325 9810155682
10	Centre for sight	Preet Vihar Delhi-92	22042226 8468004687
11	Eye Bank at Sunder Lal Jain Hospital	B 1/5, Phase-3, Sawan Park Ashok Vihar N. Delhi-52	01147030900

The eye banks are also given the financial assistance for collection of tissues @ Rs. 1000/- per eye ball collected. During 2013-14 an amount of Rs. 17,95,500/- were utilized on this activity, some pending payment of previous year was also paid @ Rs. 750/- per eye ball.

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

Supply Of Ophthalmic Equipments

To strengthen the service component in Vision Centre in Delhi Govt. Disp. Rs.5,00,000/- were allocated to 3 district health societies so that Distt. may use it for procuring ophthalmic equipment to augment the ophthalmic services in the primary health care. North East district procured the equipment and could utilize the fund in 2013-14.

Grant-in-Aid to various IDHSs

Under the programme, some of components like grant-in-aid to NGOs for Cataract Surgery, "School Eye Screening Project", collection of Eye Balls, Salary to Eye Donation Counselors working in eye banks and Para Medical Ophthalmic Asstt in Vision Centers, procuring and maintenance of equipment for hospitals, opening and strengthening of vision centers and for IEC activity are being implemented at the level of District Health Societies and for this an amount of Rs.76,09,000/- was released to them during the year in addition to the unspent balance available with them.

Strengthening Of Eye Department Of District Hospital

Non-recurring assistance was not requested from GOI during this year due to shortage of envelope. Rs. 1.35 was allocated to districts in the beginning of year to procure consumable items for Cataract Operation so that district level hospitals may full fill their immediate requirement of consumables for Cat- Surgery. The districts did not use this amount as fund was available from routine channel, so the amount was withdrawn at the time of revised estimate.

Training of Eye Surgeons

The GOI is providing training to in service Eye Surgeons in identified institutes in following areas: - ECCE / IOL Implantation Surgery, Small Incision Cataract surgery, Phaco-emulsification, Low Vision Services, Glaucoma, Pediatric Ophthalmology, Indirect Ophthalmology & Laser Techniques, Vitreoretinal Surgery, Eye Banking & Corneal Transplantation Surgery etc. Delhi has been allotted 5 slots for training, (3 for Phaco & 2 for Medical Retina & Vitreo Retinal Surgery). The State has to nominate eye specialists for these training. A total of

02 Eye specialists were nominated to Govt. of India in the year 2013-14 for training.

Vision Centers

Gol has been asking to open the Vision Centers in the facilities like Primary Health Centers or facilities equivalent to primary health center. This year stress was again given to open the already approved 12 Vision Centers in Primary Health Care. The funding assistance for which was provided in previous years. All other IDHSs were asked to utilize the unspent balance with them. The fund was released to various IDHSs towards the remuneration of PMOAs and their services were utilized in the Vision Centers. During this period 5 vision centers were functionalized.

Status of Vision Centers up to 2013-14

S. No.	District	No of Vision Centre sanctioned	Place identified	Equipment purchased	Manpower in position	VC Fully functional
1	North East	1	Old Seemapuri	1	1	1
2	Shahdara	0		0	0	0
3	East	2	Mayur Vihar Ph III Bank Enclave	2	2(Partly)	2(Partly)
4	Central	1	To identify	0	0	0
5	New Delhi	0		0	0	0
6	North	0		0	0	0
7	North West	1	Sawanpark	1	1	1
8	West	3	Nihal Vihar KamruddinNgr Basaidarapur	0	0	0
9	South West	2		0	0	0
10	South	2	Bersarai, Chhatarpur	0	0	0
11	South East	0	0	0	0	0
	Total	12		2	2	2

Some special events in the field of blindness control observed:

i) National Fortnight on Eye Donation (NFED): 25.08.2013 TO 08.09.2013:

There are about 0.12 million corneal blind persons in India and many other with visual impairment due to corneal disease. About 20,000 new cases are added every year in this pool. Majority of such blind persons are young and their sight can be restored only by a corneal transplantation. Presently about 45,000 to 50,000 eyes are collected every year by the Eye Banks working in Govt. NGO sector in various parts of India but there is still a backlog of corneal blind persons waiting for transplantation. In order to bridge this gap in demand and supply of corneal tissue and to further increase collection of cornea, a joint campaign of IEC was organized for eye donation during 28th National Fortnight on Eye Donation (NFED) with the help of eye banks functioning in Delhi State under the directive of GOI. The activities of NFED were organized by health centers, district level

secondary hospitals, medical college hospitals, autonomous organization, NGO Hospitals and private partners during which the cause of eye donation was highlighted with intensified educational and motivational efforts to increase the collection of donor tissue and to create awareness among the general public about preventive aspect of corneal blindness. The main activity was held in eye banks, where eye banks faculty and staff of various eye banks of Delhi has organized the orientation sessions for the health staff of other departments in hospital and also of various linked hospitals about their role in eye donation being the first contact health staff with family members of deceased and how to counsel and motivate family members for donating the eyes of the deceased. Because the hospital staff, under the Hospital Cornea Retrieval Prog. (HCRP), is expected to inform death to the eye donation counselor if available in hospital or to the linked Eye Bank well in time and also motivate relatives of deceased for eye donation. The Eye Bank Staff will further motivate the relatives for eye donation and if they agree, tissue may be harvested. The felicitation of family members who have donated the eyes of their deceased members along with the recipient of cornea and their family members have been held in Eye banks, particularly notable were National Eye Bank Dr. R. P. Centre AIIMS, Guru Nanak Eye Centre, Shroff's Eye Center and others.

ii) World Sight Day Campaign - 2013:

The World Sight Day (WSD) is being celebrated globally on second Thursday of October every year with different theme since 2000. During this period World Sight Day 2013 was celebrated on 10th Oct. 2013. The theme for WSD 2013 is 'GET YOUR EYES TESTED' with focus on detection, diagnosis, management and prevention of eye diseases such as Cataract, Refractive Errors, Corneal Blindness including new emerging diseases namely Diabetic Retinopathy, Glaucoma, Childhood Blindness, Trachoma and Ocular Injuries, etc.

Various approved IEC & Screening activities were successfully organized in Delhi State by State Unit of NPCB Delhi under State Health Society, Delhi through respective Integrated District Health Societies (IDHSs) of Delhi Districts for creating mass awareness for eye care & prevention of blindness and to improve Eye Care in Delhi. The activities were held at health center, hospitals and in schools. IEC material like display of banners, distribution of pamphlets, holding painting and poster making & slogan writing competition in schools were held and prizes were given to best performers. Health talks were organized for health staff, patients and visitors. The Group Discussions were held, documentary film show was also arranged in hospitals and health centers. Rallies by school students were held in surrounding area of school, Nukkad Nataks were also held. The patients were screened and referred to hospital for further treatment. The IEC activities were under taken in health centers, hospital, AHA Units & health Centers. The children have participated in various activities held in Schools.

iii) World Glaucoma Day Celebration - 12th March 2014:

The 6th World Glaucoma Day 12th March & Week 09.03.2014 to 15.03.2014 was observed all over Delhi to create awareness amongst the public about prevention and control of Glaucoma and to emphasize the need for taking more initiatives with regard to Glaucoma. The theme of the year was 'Big-Beat Invisible Glaucoma'. In order to celebrate 'World Glaucoma Day / Week' in a befitting manner all over Delhi under the directives of National Programme for Control of Blindness (GOI), a 'Glaucoma Detection, Control and Prevention Week' was observed from March 09th to 15th, 2014 across the city in health centers, district level secondary hospitals, medical college hospitals, autonomous organization, NGO Hospitals and private partners during which the various activities concerning it was under taken in a week long period for creating awareness among masses. The screening camps were organized, IEC material was displayed and health talks were held during the period.

iv) Motia Bind Mukti Abhiyan: The Govt. of Delhi has organized 14th Phase of Motiabind Mukti Abhiyan (MMA) in March 2014. About 500 screening centers were set up all over Delhi in existing fixed health centers of various health agencies functioning in Delhi. Area specific Pulse Polio Coordinators were involved in this programme who visited the respective health centers for distribution of logistic material, programme related stationary and IEC material and collection of reports directly from the center In charges. About 40 referral hospitals from Govt. and Non-Govt. sector were identified under Motiabind Mukti Abhiyan, Phase-IVX, These hospitals have performed cataract surgery and provided IOLs to patients. A list of the hospitals identified is attached.

List of Hospitals identified as base hospital under MMA phase IVX:

1) East Zone:

Guru Teg Bahadur Hospital, Dilshad Garden, Delhi-95.
Lal Bahadur Shastri Hospital, Mayur Vihar Ph-II, Khichripur, Delhi-91.
Swami Dayanand Hospital, Shahdara, Delhi-95.
Jag Pravesh Chand Hospital, Shastri Park Delhi-53.
Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi.

2) West Zone:

Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi-110064.
Vinayak Hospital, Gujranwala Town, Delhi-110009.
RTRM Hospital, Jaffar pur, Delhi-110073
Guru Govind Singh Govt. Hospital, Raghubir Nagar, Delhi-110027.
Mahrishi Valmiki Hospital, Pooth Khurd, New Delhi-110039
Sardar Vallabh Bhai Patel Hospital, East Patel Nagar New Delhi-08.
Acharya Shree Bhikshu Hospital, Moti Nagar, Delhi-15.
Nayantara Eye Hospital, B-106,, Subhadra Colony, Delhi-35
Bhagwan Mahavir Hospital, Pitampura Delhi-34

3) North Zone:

Hindu Rao Hospital, Subzi Mandi-07.
SGM Hospital, Mangolpuri, Delhi-83.
Aruna Asaf Ali Hospital, Rajpur Road, Delhi-54.
Attar Sain Jain Hospital, Lawrence Road, Industrial Area.
Dr. Baba Ambedkar Hospital, Rohini, Delhi-85.
Shree Jeewan Hospital, 67/1 New Rohtak Road, New Delhi-05.
Sant Nirankari Charitable Hospital, Nirankari Colony, Delhi-110009
Chadha Medical & Social Welfare Society (Regd.), 339, Rajdhani Encl. Delhi.
Bhagwan Mahavir Hospital, H-4/5 Guru Harikishan Marg, Pitampura, Delhi -34.
ESI Hospital, Rohini, Sector-15, New Delhi-110085.
N.C. Joshi Hosp., East Park Road, Joshi Lane, Karol Bagh, N Delhi-5.
Satyawadi Raja Harishchnadra Hospital, Sector-A-7, Narela, Delhi

4) South Zone:

Banarsidas Chandiwalla Eye Institute, Maa Anandmai Marg, Kalakaji, New Delhi-19.
Dr. R.P. Centre, AIIMS, Ansari Nagar, New Delhi-110029.
Charak Palika Hospital, Moti Bagh, New Delhi-110021.

Holy Family Hospital, Okhla Road, New Delhi

Safdarjang Hospital, Aurbindo Marg New Delhi-110029

Lala Aman Singh Charitable Eye Reasrch & medical Centre, Hauz Rani, Saket, New Delhi-17.

Kishwaran Charitable Eye & Medical Centre, Badarpur, New Delhi-44.

Pandit Madan Mohan Malviya Hospital, Malviya Nagar, New Delhi-17.

Central Zone:

Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg, New Delhi-02.

Dr. RML Hospital, New Delhi-01.

Smt. Sucheta Kriplani Hospital, Panchkuian Road, New Delhi-01.

Northern Railway Central Hosp, Basant Lane, Panchkuian Road, N.D.

Rajdhani Charitable Eye Hospital, Qutab Road Delhi-110006.

Chapter 8

HOSPITALS OF GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

The hospitals are integral part of health care delivery system of any state. Hospitals are expected to be the partners and supporters of health care delivery system rather than limiting their role to medical care only. In the present scenario, the role of hospitals range from providing primary level medical care to hospital care (secondary/tertiary level).

The planning/ establishment of new hospitals is taken care of by Hospital Cell/ Planning Branch of the Directorate of Health Services. The broad functions of Hospital Cell involve planning and commissioning of hospitals which include site inspection, monitoring and coordination with different Govt./ semi Govt./ autonomous/ Pvt. Agencies etc. related to establishment of Hospitals. The financial aspect of these upcoming hospitals such as preparation of SFC Memo for cost estimates of hospital which include estimates of manpower, equipments and other vital components required for establishment of hospital are also being taken care of by Hospital Cell.

In the year 2006-07, there were fourteen hospitals functioning under Directorate of Health Services. Since December 2006, these hospitals have been declared as independent establishments with powers of head of the department delegated to the respective Medical Superintendent of these hospitals. Presently 39 hospitals are functioning independently under overall administrative control of Department of Health & Family Welfare.

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

ALLOPATHIC SYSTEM OF MEDICINE

1. Acharyashree Bhikshu Govt. Hospital, Moti Nagar
2. Aruna Asaf Ali Govt. Hospital, Rajpur Road
3. Attar Sain Jain Hospital, Lawrence Road
4. Dr. Baba Saheb Ambedkar Hospital, Rohini
5. Babu Jagjivan Ram Memorial Hospital, Jahangir Puri
6. Bhagwan Mahavir Hospital, Pitampura
7. Central Jail Hospital, Tihar New Delhi
8. Chacha Nehru Bal Chiktisalya, Geeta Colony
9. Deen Dayal Upadhyay Hospital, Hari Nagar
10. Deep Chand Bhandhu Hospital, Kokiwala Bagh, Ashok Vihar
11. Dr. Hedgewar Arogya Sansthan, Karkardooma
12. Dr. N.C. Joshi Memorial Hospital, Karol Bagh
13. GB Pant Hospital, Jawahar Lal Nehru Marg, New Delhi
14. Guru Gobind Singh Government Hospital, Raghbir Nagar
15. Guru Nanak Eye Centre, Maharaja Ranjeet Singh Marg
16. Guru Teg Bahadur Hospital, Shahdara
17. Health Centre cum Maternity Hospital Kanti Nagar
18. Jag Pravesh Chandra Hospital, Shastri Park
19. Janak Puri Super Speciality Hospital, Janak Puri
20. Lal Bahadur Shastri Hospital, Khichripur

21. Lok Nayak Hospital, Jawahar Lal Nehru Marg
22. Maharishi Valmiki Hospital, Pooth Khurd
23. Pt. Madan Mohan Malviya Hospital, Malviya Nagar
24. Sewa Kutir Hospital, Kingsway Camp (linked to AAAG hospital)
25. Rajiv Gandhi Super Speciality Hospital, Tahir Pur
26. Rao Tula Ram Memorial Hospital, Jaffarpur
27. Sanjay Gandhi Memorial Hospital, Mangol Puri
28. Sardar Vallabh Bhai Patel Hospital, Patel Nagar
29. Satyavadi Raja Harish Chander Hospital, Narela
30. Sri Dada Dev Matri Avum Shishu Chikitsalya, Nasir Pur
31. Sushruta Trauma Centre, Bela Road

HOMEOPATHIC SYSTEM OF MEDICINE

32. Nehru Homeopathic Medical College, Defence Colony

The hospitals functioning as autonomous bodies under the department are as under :

ALLOPATHIC SYSTEM OF MEDICINE

33. Delhi State Cancer Institute, GTBH Complex, Dilshad Garden
34. Institute of Human Behaviour & Allied Sciences, Dilshad Garden
35. Institute of Liver & Biliary Sciences, Vasant Kunj
36. Maulana Azad Institute of Dental Sciences, LNH-MAMC Complex

INDIAN SYSTEM OF MEDICINE AND HOMEOPATHY

37. A& U Tibbia College & Hospital, Karol Bagh
38. Chaudhary Braham Prakash Ayurvedic Charak Sansthan, Khera Dabar
39. Dr. B.R. Sur Homeopathic Medical College, Hospital & Research Centre, Nanak Pura, Moti Bagh

BRIEF DESCRIPTION OF HOSPITAL PERFORMANCE DURING 2013-14

1 . ACHARYASHREE BHIKSHU GOVERNMENT HOSPITAL

This hospital situated in Moti Nagar in West Delhi is one of the 7 colony hospitals taken over by Delhi Government from MCD on 1.10.1996 for up gradation to a 100 bedded multispecialty hospital. This Colony Hospital at Moti Nagar is spread over 4.77 acres of Land. With the naming of the hospital after the Jain Muni Acharyashree Bhikshu on 15.01.2005, this Moti Nagar Colony Hospital is now known Acharayashree Bhikshu Government Hospital. The hospital functioned with a sanctioned strength of 100 beds during the year.

After completion of the OPD block, OPD services from new OPD block were inaugurated by the Hon'ble Health Minister on 13.09.2003. In the current year the pharmacy was shifted to new premises and Emergency OT has started functioning round the clock.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	81	334084	128870	49140	0	6942	1520	14561
2010-11	100	100	362776	214845	59091	0	7396	1874	9484
2011-12	100	80	440831	206779	79503	398	7813	2012	9360
2012-13	100	112	382709	216479	100793	0	7145	1683	8642
2013-14	100	134	403657	256858	120226	0	9187	2152	9502

During 2013-14,

- Bed strength increase upto 134 beds instead of sanctioned 100 beds.
- Solar Water bodies system has been installed over the roof top of Hospital.
- E.T.P. has been installed in the Hospital.
- Proper signages, Landscaping and plantation has been made.

2 ARUNA ASAF ALI GOVERNMENT HOSPITAL

Aruna Asaf Ali Govt. Hospital (Civil Hospital) is presently having three functional units. The main hospital complex is situated at 5, Rajpur Road with second functional unit at Subzi Mandi Mortuary. The hospital also manages services at Poor House Hospital at Sewa Kutir, Kingsway Camp, a hospital under Social Welfare department. The main hospital complex is having 100 beds. At present, the hospital is providing services in the following specialties:

- General Surgery
- General Medicines
- Pediatrics
- Orthopedic Surgery
- Gynecology
- Dental

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	215251	135162	0	0	9077	1594	10216

2010-11	100	100	206267	133439	48274	6130	9115	2572	10072
2011-12	100	139	180695	114546	45093	2598	8907	2617	7640
2012-13	100	139	174816	139672	47706	2865	9179	2346	6566
2013-14	100	139	203368	129957	54208	3605	9545	2416	10094

During the year 2013-14 other achievements are as under:

- Computerization of OPD Registration.
- Computerization of Emergency.

3 ATTAR SAIN JAIN EYE & GENERAL HOSPITAL

This 30 bedded primary level eye & general hospital situated in Lawrence Road Industrial area of North West Delhi provides medical care to public. The hospital was taken over by Delhi Government on 16th June 1999.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	30	30	48807	19024	0	0	864	856	94
2010-11	30	30	65038	0	0	0	780	777	83
2011-12	30	30	69537	24816	0	0	827	818	
2012-13	30	30	83741	34143	0	0	1074	1063	154
2013-14	30	30	94772	31811	0	0	1549	1516	250

During the year 2013-14 other achievements are as under:

The number of major eye surgeries has shown upward trend by about 30% of the previous year.

4 A & U TIBBIA COLLEGE & HOSPITAL

Tibbia was re-established into the new building at Karol Bagh by Masih-ul-Mulk Hakim Ajmal Khan Saheb. The foundation stone of the Institute was laid by H.E. Lord Hardinge (the then Viceroy of India) on 29th March, 1916. This institution was inaugurated by Father of the Nation Mahatma Gandhi on 13th February 1921. Previously this college and allied units were managed by a board established under Tibbia College Act, 1952. This Act now has been repealed by a new Act known as Delhi Tibbia College (Take Over) Act, 1998 and enforced by the Govt. of NCT of Delhi w.e.f. 1st May, 1998.

The college is affiliated to the University of Delhi since 1973. It provides 4 ½ years regular course of study followed by one year internship leading to the award of the degree of Bachelor-of- Ayurvedic Medicine & Surgery (BAMS) and Bachelor-of-Unani Medicine & Surgery (BUMS). There are 28 Departments (14 Departments for each system) and a Hospital with 300 beds (functional) attached to the College to give practical training to the students.

The admission in BAMS & BUMS /M.D. (Ay) & M.D. (Unani) are dealt by Faculty of Ayurveda & Unani Medicines, University of Delhi. The Post Graduate Course (M.D) in the subject of Kriya Sharir & Kayachikitsa of Ayurved Medicine and in the subject of Moalejat of Unani Medicine have been started from Academic Session 2002 with intake capacity of 3 students in each discipline.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	300	150	13461	59574	0	0	0	0	0

2010-11	300	300	122951	69494	0	0	4402	156	3965
2011-12	300	300	112815	84102	0	0	0	0	0
2012-13	300	300	128095	100880			4555	134	5901
2013-14	300	300	173531	105231	0	0	5196	156	6864

5 DR. BABA SAHEB AMBEDKAR HOSPITAL

Dr. Baba Saheb Ambedkar Hospital, Rohini is a 500-bedded multi specialty hospital with provision of super specialties in future. This hospital is the biggest hospital in North-west Delhi catering to the population of around 10 lacs. This hospital was started in August 1999 under Directorate of Health services but is now working directly under Department of Health and Family Welfare, Govt. of NCT, Delhi since 01.08.2003. At present the hospital is having 540 functional beds.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	500	500	665902	295847	126863	6862	42067	8989	40843
2010-11	500	540	683801	29791	128990	11158	42253	8755	39055
2011-12	500	540	721825	321931	132990	12145	49453	10085	39222
2012-13	540	540	728875	318750	145577	15884	48630	8165	41179
2013-14	540	540	789972	227418	154732	14400	50772	8135	39896

During the year 2013-14 other achievements are as under:

- Additional counters for Drug Distribution have been set up.
- Additional counters for Patient Registration started.
- Additional facilities for patient waiting area have been created.
- Many areas of hospital have been renovated with floor and Wall tiles for cleanliness and Hygiene.

6 BABU JAGJIVAN RAM MEMORIAL HOSPITAL

This 100 bedded secondary level hospital situated in resettlement colony in Jahangirpuri in North West Delhi provides health care services in broad basic specialties. The hospital is providing OPD services, round the clock emergency and casualty services, labour room, Nursery and Indoor facility in all basic clinical specialities. Rogi Kalyan Samiti has been established in Babu Jagjivan Ram Hospital w.e.f. 04-06-2010. 50 new beds have been added raising the total no. of beds to 150 from 100. Facilitate of the hospital is proposed and shall be carried out shortly and facility of ICU.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	435086	214074	0	5914	12931	3005	7443
2010-11	100	100	326943	198579	130879	14060	11568	2154	7495
2011-12	100	100	321792	195770	141587	15108	12583	1263	9207
2012-13	150	100	334271	207294	143479	15928	12694	902	6652
2013-14	150	100	335012	178786	178063	18854	13053	865	8169

During the year 2013-14 other achievements are as under:

- Five New Water Coolers installed in the hospital.
- AHU's of both (Gyne and Surgery) the O.T's replaced.
- 6 KVA uninterrupted Power supply system for ILR in OPD immunization room installed.
- False ceiling in the corridors replaced.
- False lifting of the hospital carried out.
- Special repair/maintenance of roof of OPD block carried out.
- ETP installed.

7 BHAGWAN MAHAVIR HOSPITAL

This 200 bedded secondary level hospital is situated in Pitampura area of North West Delhi. The vision of the hospital is to provide quality health services in all the specialties in a harmonious atmosphere to every section of society especially the under privileged through this 200 bedded multi specialty hospital, whereby quality to be ensured by close monitoring, constant feedback from the people and regular CME's for the staff, well equipped library & yoga work outs.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	200	172	317766	179015	43493	4221	9845	1947	5158
2010-11	200	218	331009	189740	70631	1848	12264	2759	8426
2011-12	250	240	291501	219968	70560	1863	14544	3406	10452
2012-13	250	250	331042	218359	78640	3190	17823	3769	11971
2013-14	250	250	365870	154944	66953	4848	19550	4100	13303

During the year 2013-14 other achievements are as under:

- Proposal of Dialysis unit under PPP mode.
- Conducting ACLS/BLS training course.
- Starting of ETP Plant.
- Fully functional Blood Bank is proposed.
- Maintenance of Indoor/Outdoor services.

8 CENTRAL JAIL HOSPITAL

Central Jail Hospital located in Tihar Jail Complex provides the medical care to the inmates of Tihar Jail in New Delhi, which is one of the largest prison complexes in the world. The complex comprises of seven prisons in the Tihar Complex with sanction capacity of 4000 prisoners and accommodates over twelve thousand prisoners. The hospital is having 270 beds, 150 in main hospital and 120 in Deaddiction Centre (DAC). DAC is ISO 9001-2008 certified unit. The hospital has separate medical, surgical, tuberculosis and psychiatric wards. The hospital has an integrated counseling and testing Centre (ICTC) for HIV, functioning in Central Jail Hospital functioning since June 10, 2008, a DOTS Centre for Tuberculosis treatment and also a Dental unit. The hospital provides round the clock casualty services for the inmates. Pulse polio immunization programs are carried out regularly as per kept separately. Various NGO's also working with tihar prisons and contributing toward medical services. 64 Doctor's & 131 Paramedical staff deputed for prison health care.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	270	270	29391	250402	47233	0	4178	0	0
2010-11	270	270	27186	25654	41427	0	6767	0	06
2011-12	240	240	24010	218241	44789	0	5969	0	57
2012-13	240	240	28130	227868	36884	0	5049	10	49
2013-14	240	240	33316	248120	358	0	4193	0	235

During the year 2013-14 other achievements are as under:

- Oral substitution therapy for opioid addicts inmates restarted on 17.09.2012.
- One integrated `counseling and testing Centre for HIV, functioning in Central Jail Hospital from June 10, 2008,ICTC(Integrated Counseling)-1802 inmates counseled, 1782 tested for HIV & 93 cases of HIV detected. STI(Sexually Transmitted Infections)-721 inmates counseled, 202 diagnosed, 8 inmates found positive for venereal diseases.
- Prisoners are referred to various specialty and super specialty hospital for providing medical care as per standing order. Nodal Officers are designated in Seven Hospital of GNCT of Delhi & Safdarjung Hospital where prison inmates in need are referred. Also Specialists doctors in Eight Specialities are visiting Cenral Jail Tihar to provide at door services. This has minimized outside referral.
- Mental Health Unit formed for streamlining & effective delivery of mental health services, mental health screening camp organized by team of psychiatrists to find out hidden cases, In need of psychiatric support.
- Committee to examine seriously Sick patients has been consitituted. They are provided with specific medical attention.
- DOTS therapy being provided at all dispensaries as per RNTCP.
- Complete Dental Unit in CJ Hospital, CJ-4, CJ-6 and DJR.
- Pulse Polio immunization programs are carried out regularly as per Pulse Polio Schedule of Delhi Government, in CJ6.
- The prisoners suffering from various contagious diseases are kept separately.
- Various NGO's also working with Tihar Prisons and contributing towards medical services.
- Special diet for HIV/AIDS,Tubercular and other deserving inmates as per standing order.
- 65 Doctors & 118 paramedical staff deputed for prison health care.
- 120 bedded Hospital with Medical, Surgical, Tuberculosis and Psychiatric Ward and 120 bedded De-addiction Centre (ISO Certified)
- Round the clock Emergency services in all Jails.
- A minor O.T. in Central Jail Hospital.
- Investigation facility for Biochemistry, Pathology,X-Ray, ECG available , Physiotherapy was provided to 2391 inmates and 3318 X-Ray were done in radiology department in CJH.
- Biomedical waste management is done as per rules of DPCC.
- Various specialists/Senior Resident-Medicine, Ophthalmology,Orthopedics, Chest & TB, Skin Psychiatry and Pathology are available.
- Regular Health Check up of inmates.

9 CHACHA NEHRU BAL CHIKITSALAYA

Chacha Nehru Bal Chikitsalaya, a 216 bedded hospital superspeciality pediatric hospital situated in Geeta Colony has been established to provide preventive & quality curative services to children up to age of 12 years. This is a teaching hospital affiliated to Maulana Azad Medical College. The hospital was established in the year 2003 in an area of 1.6 hectare. Besides providing medical facilities it is being developed as a, Post Graduate Teaching/ Training institute affiliated to Maulana Azad Medical College.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	216	216	134617	123166	46082	0	12161	2261	0
2010-11	216	216	124381	101764	59776	0	15152	2662	0
2011-12	216	216	120947	116743	55420	0	17123	2767	0
2012-13	216	216	115011	119049	63263	0	12650	2342	0
2013-14	216	216	116902	115477	54861	0	13205	2711	5833

10 CHAUDHARY BRAHM PRAKASH AYURVEDIC CHARAK SANSTHAN

Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, an ayurvedic teaching institute with 210 bedded Hospital was established in 2009 in Khera Dabar in rural Najafagarh area for providing Ayurvedic treatment to the public. This prestigious institute fully financed and controlled by the Health & Family Welfare Department, Govt. of Delhi, running as a society provides Ayurveda health services, education and research. Society named as “Ch. Brahm Prakash Ayurvedic Society” was formed in the year 2006 with Hon’ble Minister (H&FW) as Chairperson and Pr. Secretary (H&FW) as Vice-Chairperson, which was registered under Societies Registration Act, 1860. On the foundation day ceremony in the year 2007, the institute was renamed as “Chaudhary Brahm Prakash Ayurvedic Charak Sansthan” by the Honorable Chief Minister, Smt. Sheila Dixit, in the honor of first Chief Minister of Delhi, Late Shri Chaudhary Brahm; Prakashji. The name of the Sansthan was further modified vide two resolutions of the Governing Council of the Sansthan in the year 2008 and 2009 and now it is known as “Ch. Brahm Prakash Ayurved Charak Sansthan”.

The institute is spread over 95 Acres of Eco-friendly & Huge Campus with total built up area of 47,150 Sq. Mtr. and 4 stored building with basement in Hospital Complex. The foundation of this premier institute was laid in 2007 and within two years this Institute started functioning from its hospital unit in 2009. The institute has five Lecture theatres and 01 Seminar hall equipped with audio visual facility. Other amenities are separate boys and girls’ hostel, Doctors hostel, Central Library, Sports ground, Canteen and Housing complex.

The admission capacity of institute for Ayurvedacharya degree (graduate course -B.A.M.S.) is 100. The institute is affiliated to Guru Gobind Singh Indraprastha University, recognized by Central Council of Indian Medicine and approved by Department of AYUSH, Govt. of India. The institute has 210-bedded hospital. Other amenities include hostels for students, quarters for staff and nurses and faculty residences.

The institute has fully equipped modern Operation Theatres, where minor surgeries are performed using the latest techniques and technology. Emergency Lab provides 24 hours services throughout the year, for all emergency investigations. The hospital has two panchakarma units one for male and another for female which are providing

special ayurvedic treatment to the chronic patients of paralysis, joint disorders, disc related ailments, migraine skin disorders like psoriasis, eczema, acne, chronic sinusitis etc. Kshar sutra Unit is providing specialty treatment to the patients of anorectal disorders like hemorrhoids, fistula & fissures. Leech application unit is providing specialty treatment to the patients of DVT, psoriasis, diabetic ulcers/foot, varicose ulcers etc. Ambulance facility with BLS and AC is available to transfer patients to other hospitals or meet any exigency/disaster situation.

The Sansthan started the OPD; in Dec. 2009 and IPD in June. 2010.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	210	0	6768	4992	0	0	41	0	54
2010-11	210	210	54086	74348	0	0	2122	106	454
2011-12	210	210	100761	206442	0	0	15962	497	1466
2012-13	210	210	94824	200929	0	0	5903	459	1474
2013-14	210	210	97502	189283	0	0	6395	436	1716

During the year 2013-14 other achievements are as under:

- LOI for admitting 75 PG scholars in 14 subjects from Deptt. of AYUSH.
- Installation of Biometric Attendance.
- Organizing of CME Programme.
- Provision of USG facilities at Hospital.
- Regular Medical Camps.
- Computerization & fully A.C. in Library.
- Development o Herbal Garden by planting 5000 species.

11 DEEN DAYAL UPADHYAY HOSPITAL

Deen Dayal Upadhyay Hospital, presently a 640 bedded hospital, was started in 1970 in Hari Nagar in West Delhi which was extended upto 500 Beds in 1987. Casualty services in the hospital were started in 1987 for day time only and with effect from April,1998 the services became functional round the clock. In 2008, trauma block was commissioned which increased the bed strength to 640; emergency services shifted to this new block with expanded emergency room and wards. This hospital is providing specialized services to people of West Delhi and imparting training to Post graduate and under graduate medical students and para-medicals.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	640	640	570913	220112	239519	23564	61743	11906	4017
2010-11	640	640	494721	229776	274728	22078	54372	11640	3499
2011-12	640	640	506136	154290	278818	25709	53473	9568	6117
2012-13	640	640	532551	157584	287910	26035	58477	12688	3575
2013-14	640	640	562399	228710	-	-	64367	12845	3030

12 DEEP CHAND BHANDHU HOSPITAL

200-bedded Deep Chand Bandhu hospital at Kokiwala Bagh, Ashok Vihar, is inaugurated with OPD services in February 2013.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2012-13	200	-	13722	5201	1	0	0	0	34
2013-14	200	-	176528	104503	971	0	0	0	228

13 DELHI STATE CANCER INSTITUTE

Delhi State Cancer Institute, a cancer hospital with 100 sanctioned beds is situated in UCMS-GTBH complex at Dilshad Garden in east Delhi. Delhi State Cancer Institute was approved by the Council of Ministers, Govt. of NCT of Delhi on 5th April 2006 for establishing as an autonomous institute under the Societies Registration Act. First phase facilities at this Institute with OPD services, chemotherapy and linear accelerator based radiotherapy facility were formally inaugurated by the Hon'ble Chief Minister of Delhi on the 26th August 2006. The Institute has been making consistent progress in all its activities ever since its establishment. One hundred bedded in-patients facility consisting of General Wards, Semi-Private Wards, Private Wards and Deluxe Suites have been commissioned during FY 2010-11 along with the existing thirty-two bedded day care set up. All facilities including medicines are provided free to all the patients. While the OPD and all support services for all the patients are available from 7.00 AM to 5.00 PM on all working days the emergency services are available on round-the-clock basis.

The hospital has the latest technology radiodiagnosis facilities with 128-slice CT scanner with RT Simulation, Digital X-ray, Digital Mammography, high-end ultrasound with breast elastography and RFA. All these equipments are on PACS and LAN for online reporting and access. Ultra-modern, fully automated Lab equipments for hematology, biochemistry, immunoassay and microbiology all connected through LAN for instant online reporting and access are available to provide necessary laboratory support.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	32	4642	113454	0	0	0	0	0
2010-11	100	95	7104	132239	479	0	1438	0	48
2011-12	100	95	9175	155044	1859	0	6776	36	538
2012-13	100	95	9693	174662	2528	0	7734	53	1071
2013-14	160	102	13617	216016	3381	0	8946	244	2443

During the year 2013-14 other achievements are as under:

- 1 Signing the Mou with MD Anderson Cancer Center, Houston, TX, USA on 19 Aug 2013 for academic, clinical and research collaboration. DSCI was the second such institution after Tata Memorial Hospital, Mumbai to have entered into such an agreement with the globally the largest and the most reputed cancer Institute.
- 2 An interantional workshop on Translational Cancer Research organized successfully at Vigyan Bhawan from 6-9 feb 2014.
- 3 Delhi State Cancer Institute at Dilshad Garden (East Unit) and at Janak Puri (West Unit) continued to

extend their services for the patients, especially the poor, who are provided free treatment.

- 4 Ultra-modern Surgical facilities were added during the year at DSCI (East). State-of-the-art Radiodiagnosis and Radiotherapy facilities and 50-bedded indoor services are under commissioning – to get commissioned during the year at DSCI (West).
- 5 Both the Institutes need to expand their infrastructure facilities to meet the needs of rapidly growing number of patients. Govt. is exploring the possibility of allotting additional land for expansion of facilities and for recruiting additional staff at all levels for both the set ups of DSCI during the year to meet these needs.

14 DR.B.R.SUR HOMEOPATHIC MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE

Dr. B. R. Sur Homoeopathic Medical College, Hospital & Research Centre was established in November 1985 by Dr. B. R. Sur, who is a great philanthropist and a leading Homoeopath of Delhi. The hospital started functioning in the year 1986 with its diagnostic facilities like X-Ray, Ultrasound, ECG, Pathology Laboratory and Operation Theater facilities, though it was formally inaugurated by Shri Jagpravesh Chander as a full fledged 40 bedded hospital in 1987. This institution was donated to Govt. of NCT of Delhi on 1st October 1998. The medical college is having a 50 bedded attached hospital. This institution is situated in Nanak Pura, Moti Bagh, New Delhi and is built on a land measuring one acre and has 27,000 sq. ft. covered area on three floors. The institution is affiliated to Guru Gobind Singh Indraprastha University imparting Bachelor in Homeopathic System of Medicine (BHMS) Degree Course of 5 ½ years with an admission capacity of 50 students every year. There is a common entrance test conducted every year by Guru Gobind Singh Indraprastha University. The hospital runs special Sunday clinic for senior citizens.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	50	50	2663	41093	0	0	362	0	0
2010-11	50	50	27873	42766	0	0	434	0	0
2011-12	50	50	29132	40158	0	0	386	0	0
2012-13	50	50	25750	38272	0	0	357	0	0
2013-14	50	50	24290	32251	0	0	0	0	0

During the year 2013-14 other achievements are as under:

1. Instalation of fire fighting equipments and infrastructure.
2. Procurement of equipments in the Deptt. of the college.
3. 01 post of Jr. Radiographer and 01 post of Lab Asstt. Has been filled.

15 DR. HEDGEWAR AROGYA SANSTHAN

This 200 bedded secondary level hospital in Trans Yamuna area is located near the Karkardooma Courts and is surrounded by localities of Krishna Nagar, Kanti Nagar, and Arjun Nagar etc. The hospital is spread over 4.8 acres of land . The OPD services of the hospital in limited specialties were started in Nov. 2002 in the partially completed building. The Hospital at present is providing both IPD and OPD services with supporting Diagnostic services.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor

2009-10	200	200	377570	163196	20025	3461	0	3781	11581
2010-11	200	200	414658	178290	6544	3470	19700	3690	11578
2011-12	200	200	457061	206286	0	3678	17992	3236	11277
2012-13	200	200	530341	285486	107027	6016	20719	3564	9702
2013-14	200	200	521209	292959	105539	4454	22602	3465	8572

During the year 2013-14 other achievements are as under:

- 1 Renovation of public toilets in Hospital.
- 2 Strengthening of patient sitting area.
- 3 Patient waiting area in casualty.
- 4 Expansion of NICU .
- 5 Construction of liquid oxygen plant.
- 6 Providing stretcher bearers in patient care round the clock in casualty.
- 7 Trolley/ stretcher bay area in casualty developed/constructed.

16 DR. N.C.JOSHI MEMORIAL HOSPITAL

Dr.N.C. Joshi Memorial Hospital is a 30 bedded secondary level hospital located in midst of City in Karol Bagh in Central Delhi. The hospital was established in 1970 as an orthopedics hospital. The hospital services since then have been strengthened and upgraded upto the present level in phased manner. Dr. N.C. Joshi Hospital is mainly a specialized orthopedic hospital but now several general specialties like medicines, Eye, ENT, and Gynae etc. have been added to the existing orthopedic facilities.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	30	30	146059	0	0	0	208	780	0
2010-11	30	30	96786	0	0	0	0	0	0
2011-12	30	30	80776	104976	18	0	805	370	8891
2012-13	30	30	90167	113472	0	0	910	9216	416
2013-14	30	30	96856	108380	0	0	702	113	1884

During the year 2013-14 other achievements are as under:

1. Hospital has been providing multispeciality treatment to patients of the area.
2. Patients are satisfied.
3. With additional space, Bed Strength will be increased to 60 and new round the clock services will be started.

17 GOVIND BALLABH PANT HOSPITAL

The Foundation stone of Govind Ballabh Pant Hospital was laid in October 1961 and was commissioned by the Prime Minister late Pundit Jawaharlal Nehru on 30th April 1964. From a very humble beginning with 229 beds, indoor admissions of 590 patients and outdoor department (OPD) attendance of 8522 in 1964-65, the hospital has gradually expanded over the years. Now this is a 615 bedded hospital. The hospital is a nationally recognized tertiary care institution for cardiac, neurological and gastrointestinal disorders. It offers specialized medical and surgical treatment

to about 5 lac patients in the OPD and almost 23,000 patients every year.

It is one of the reputed centers for post-doctoral teaching and training and recognized for many path breaking researches. The Institution is recognized by Medical Council of India and University Grants Commission as an independent post graduate college affiliated to University of Delhi. The institution offers post-doctoral D.M. degrees in Cardiology, Neurology and Gastroenterology and M.Ch. degrees in Cardio thoracic Surgery, Neuro Surgery and Gastrointestinal Surgery. Students are also admitted in M.D. courses in the fields of Microbiology, Pathology, Psychiatry and Radio-Diagnosis - in association with Maulana Azad Medical College - a sister institution. In addition, many departments are recognized for Ph. D. courses.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	601	557	69871	433879	0	0	21193	3616	130
2010-11	615	615	68809	437994	0	0	22879	4020	87
2011-12	627	627	78281	457290	0	0	24554	4588	155
2012-13	691	691	89774	53289	9688	0	26845	4738	201
2013-14	691	681	96526	599686	14622	0	27177	4741	331

During the year 2013-14 other achievements are as under:

1. Development and maintenance of park / parking in front of main building academic block.
2. Providing CCTV in surrounding area VVIP gate (gate no.8) including parking area.
3. Structure repair and guniting work in AC plant including development of surrounding area.

18 GURU GOBIND SINGH GOVT. HOSPITAL

Guru Gobind Singh Govt. Hospital is a 100-bedded hospital established in the resettlement colony of Raghbir Nagar, West Delhi under "Special Component plan" with a view to provide secondary level health care to low socio economic group of people of Raghbir Nagar and adjacent areas. The scheme was approved at an estimated cost of Rs.16.96 crores. Construction of the hospital building began in 1993 in a plot of land measuring approximately 14 acres. On completion of the OPD block, OPD services were commissioned on 30th Dec.1995. The hospital services have since been strengthened and upgraded to the current level in a phased manner.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	300465	199038	72216	409	0	2766	13934
2010-11	100	100	32597	8797	82008	1259	11069	3097	15744
2011-12	100	100	323100	225607	87535	1963	11503	3257	18049
2012-13	100	100	293917	231714	102066	2276	11300	1911	16577
2013-14	100	100	199743	273289	133891	-	16902	3038	15447

During the year 2013-14 other achievements are as under:

1. 24X7 internet service available in labour room.
2. MCTS No. has been linked with Pt.CR No. and IPD so that defaulters are decrease.
3. Proper illumination of the campus has been done by PWD (E).

19 GURU NANAK EYE CENTRE

Guru Nanak Eye Centre was conceived in 1971 with a view to provide best eye Centre to residents of Delhi. The name of institution was adopted as GNEC with a view to maintain the teaching of Guru Nanak & initial support was provided by Gurudawara Prabanthak Committee Delhi. The Outpatient Department block started functioning in 1977 and the Indoor Patients were kept in eye ward of LNJP hospital. GNEC became administratively independent on 14th March 1986 with complete indoor facility. 184 bedded hospitals started functionally in small building.

Guru Nanak Eye Centre, presently a 212 bedded eye hospital is part of MAMC-LNH-GBPH-GNEC complex. The hospital is attached to Maulana Azad Medical College. The Eye Centre, each year, imparts comprehensive training in Ophthalmology to post-graduates and undergraduates (as part of MBBS course) of Maulana Azad Medical College. The postgraduate training includes clinical, research and other academic activities. Besides, the centre also trains faculty members from other institutions coming for specialized training. A number of ophthalmologists are trained under national programme for prevention of Cataract blindness and the centre gets a number of observers from all over the country and visitors from different parts of the world.

It provides comprehensive eye health care services to the public. The Eye Centre started functioning independently in 1985. The various services provided by the Centre includes OPD services, indoor services, operation theatre (24 hours) facilities, emergency services (24 hours), Speciality clinics, Eye Banks, Community eye services through peripheral health center at Narela, Delhi and by being a referral center of the Motia- Mukti-Bind Abhiyan Programme of Government of NCT, Delhi.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	212	212	92029	105853	4368	205	11142	10610	31655
2010-11	212	212	94142	108451	2982	1259	11303	10820	1692
2011-12	212	212	107159	121075	4123	215	13782	12295	1823
2012-13	212	212	98862	120326	5225	249	15274	12333	2549
2013-14	212	212	116117	127014	6330	259	14518	11916	1320

During the year 2013-14 other achievements are as under:

- OPD Registration and Admission Computerised, Renovation of Ist phase of Ground floor of OPD is under process and will be completed very soon.

20 GURU TEG BAHADUR HOSPITAL

Guru Teg Bahadur Hospital is the prestigious and largest Hospital situated in Dilshad Garden area of Trans-Yamuna (East Delhi) with 957 sanctioned beds. The hospital started functioning in 1985 with 350 beds. The hospital is tertiary care teaching hospital associated with University College of Medical Science. The hospital serves as a training center for undergraduate and post-graduate medical students. The hospital also runs 3½ Years Diploma in Nursing and Midwifery course in its School of Nursing. The hospital provides round the clock emergency service in common clinical disciplines including neurosurgery facilities for road side accident and other trauma victims, burn care facilities,

thalassemia day care center, CT-Scan, Hemo-dialysis and Peritoneal dialysis besides OPD/IPD services in broad basic specialties.

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

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	957	1027	791249	706102	215253	11096	75270	16987	40714
2010-11	957	1185	786755	520297	229894	11056	78065	16964	41169
2011-12	957	1196	891995	706984	242134	17392	77838	17796	48852
2012-13	957	1196	716249	493920	244372	15688	65393	17815	59599
2013-14	1512	1456	862800	585807	267075	16513	77813	19243	53811

During the year 2013-14 other achievements are as under:

1. OPD Services started in Diabetic Endocrine Metabolic Centre on September 2013.

21 HEALTH CENTER CUM MATERNITY HOSPITAL, KANTINAGAR

Health center cum maternity hospital a 30 bedded Hospital was established in 2008 and is situated in Kanti Nagar, Delhi thickly populated area of East Delhi for providing maternity services to the residents. Daytime Casualty and Minor OT services were started in May 2010 and observation facilities was made functional during the year.

The brief performance statistics of the Health center cum maternity hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	30	0	28349	18833	0	0	0	0	0
2010-11	30	10	31669	17899	0	0	256	0	34
2011-12	30	10	33228	20648	0	0	709	0	108
2012-13	30	16	35977	19325	0	0	664	0	56
2013-14	30	16	33013	17017	0	0	947	0	57

During 2013-14 the achievements are as under:

- Indoor delivery of patients have been same but no death due to delivery reported.
- JSSK has been started. JSY is already going on.

22 INSTITUTE OF HUMAN BEHAVIOR AND ALLIED SCIENCE

The Hospital for Mental Diseases (HMD), Shahdara, was established in 1966 in the eastern outskirts of Delhi across the Yamuna River at a time when custodial care of mentally ill was order of the day. During this era, the society had lost hopes for recovery of such patients and kept them far away. It was a virtual dumping ground for society's unwanted people. There used to be inadequate facilities, paucity of trained staff and often ill-treatment to patients. The hospital was converted into a multidisciplinary institute under the Societies Act and registered as a Society by Supreme Court order in response to public interest litigation. Since its inception in 1993, it has served as a good example of how judicial intervention can bring about changes for the benefit of the patients. At present, it is functioning as an autonomous body with support from Central and Delhi Governments for its maintenance and developmental activities.

Institute of Human Behaviour & Allied Sciences (IHBAS) is a tertiary level Medical Institute deals in patient care, teaching and research activities in the field of Psychiatry and neurological sciences. The Institute is an autonomous body registered under the Societies Act 1860, funded jointly by Ministry of Health and Family Welfare, Government of India and Government of NCT of Delhi. As an autonomous body, the institute has its Memorandum of Association and Rules and Regulations duly approved under the Societies Act. Minister for Health, Govt. of NCT of Delhi is the President and Chief Secretary, Govt. of NCT of Delhi is the Chairman of the Executive Council of the institute. This institute has hospital with 500 sanctioned beds with 336 functioning beds. The nature of the institute has been outlined as modern, state of the art tertiary care center and post graduate teaching training institute for behavioural, neurology and allied sciences. The institute aims at integrating psychiatry as specialty with other disciplines related to human behavior by providing comprehensive treatment programmes.

The hospital has Standing Medical Board for issuance of disability certificate under Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 Act for mental illness/disorders and Neurological disorders/Cerebral Palsy etc..

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	334	334	47964	269503	15013	0	3208	88	65
2010-11	500	336	52457	286595	18396	0	3562	78	81
2011-12	500	336	56672	314813	20338	0	3344	109	44
2012-13	500	336	63116	340143	2525	0	3395	122	51
2013-14	500	346	65971	336244	2745	0	3549	161	31

During the year 2013-14 other achievements are as under:

Identified Centre of excellence in the field of Mental Health

IHBAS has been identified for up gradation under Centre of Excellence Scheme of National Mental Health Programme (NMHP) of Govt. of India. On getting central grant of 30 crores (includes Rs. 17.04 crores for capital and 11.97 crores for non plan expenditure for technical/non-technical equipments including support for faculty and other technical staff as per regulatory requirement, as one time grant in 11th plan period).

23 INSTITUTE OF LIVER & BILIARY SCIENCES

The Institute of Liver and Biliary Sciences (ILBS) has been established by the Government of the National Capital Territory (NCT) of Delhi as an Autonomous Institute, under the Societies Registration Act – 1860, at New Delhi. ILBS has been given the status of Deemed University by the University Grants Commission (UGC). The institute with 180 sanctioned beds is situated at D-1 Vasant Kunj, New Delhi. The foundation stone of ILBS was laid in 2003. The first phase of ILBS was completed in 2009. The hospital was started functioning in the year 2009 for providing special treatment of liver related problem with latest medical facilities. The formal inauguration of the hospital took place on January 14, 2010 by the Chief Minister of Delhi, Mrs. Sheila Dixit. ILBS envisions becoming an international Centre of excellence for the prevention and cure, advance competency-based training and cutting edge research in liver, biliary and allied sciences.

The brief performance statistics of the ILBS during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	180	86	3208	4526	282	01	1104	67	07
2010-11	180	100	7173	12671	1800	06	3163	227	04
2011-12	180	118	10430	20656	2808	8	3737	382	22
2012-13	180	122	17434	30427	4210	12	4365	564	124
2013-14	180	143	21840	40425	5811	18	5435	797	240

During 2013-14 other achievements are as under :

- Kidney Transplantation-16.
- Liver Transplantation-52.

24 JAG PARVESH CHANDRA HOSPITAL

The hospital is situated in Shastri Park area of North East District of Delhi covering about a million population residing in Ghonda, Seelampur, Yamuna Vihar and Babarpur Assembly constituencies of Trans Yamuna Area. This hospital provides secondary health care services to the people of the above Assembly Constituencies and adjoining areas in addition to primary health care services, laboratory services, MCH, Family Welfare services and other emergency services. Keeping in view of the above objective O.P.D. services at 200 bedded Shastri Park Hospital under Directorate of Health Services, Govt. of Delhi were inaugurated by Hon'ble Health Minister on 3rd Oct. 2003 through a part of OPD Block which was still under construction. Complete OPD block was handed over by PWD during 2nd quarter of 2005. At present the hospital is functioning with full 200 beds.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	200	200	53237	107241	24168	1638	9075	602	2552
2010-11	200	200	445080	146706	80301	1230	10384	1770	2839
2011-12	200	200	409191	199316	80887	2960	11547	2354	7754
2012-13	200	200	420233	218612	76977	5212	12255	2090	8135
2013-14	200	210	390872	138690	103919	14466	12338	2123	10696

Major Achievement during 2013-14 are as under :

- 1 No waiting for any major / minor surgery in eye department.

25 JANAK PURI SUPER SPECIALTY HOSPITAL

Janak Puri Super Speciality Hospital, with 300 sanctioned beds is situated in Janakpuri West Delhi, under Govt. of N.C.T. of Delhi with a view to provide Super Speciality level health care to people of west Delhi. The Hospital has been constructed on a plot with an area of 8.82 acre. The Hospital started the services of OPD from 18th Sept.' 2008. At present the OPD and supportive services of Laboratory, Radiology, Speech therapy, Occupational and Physiotherapy are operational. Out of the total 49 posts of SRs in the hospital, 16 posts have been temporarily transferred to RTRM Hospitals during the year.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	300	0	12274	20866	0	0	0	0	0
2010-11	300	0	18796	36252	0	0	0	0	0
2011-12	300	0	24103	47149	0	0	0	0	0
2012-13	300	0	31579	65754	0	0	0	0	0
2013-14	300	0	28711	71731	0	0	0	0	0

26 LAL BHADUR SHASTRI HOSPITAL

This secondary level 100 Bedded General Hospital is situated in Khichdipur area of East Delhi in a resettlement Colony. The hospital campus is spread over 10.11 Acres of land. The OPDs services of the hospital in limited specialties were started in December 1991 in the partially completed building. The hospital services since then have been strengthened and upgraded up-to the present level in phased manner. The hospital has Medical Board for issuance of disability certificate under Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 Act.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	529184	215424	0	11648	18775	2534	23845
2010-11	100	114	675418	136133	164395	14165	17325	3240	22109
2011-12	100	114	402215	183044	179124	18737	18296	4414	38257
2012-13	100	114	421977	207376	205205	16741	20273	3294	33898
2013-14	100	114	476738	216389	239948	21648	20796	7906	41728

During 2013-14 other achievements are as under :

1. 04 ventilators for ICU has been procured.
2. A scan and slit lamp has been procured for eye department.
3. 01 biometric machine has been installed in the hospital.

27 LOK NAYAK HOSPITAL

Lord Irwin laid down the foundation stone of this old hospital that was set up in Central Jail complex, named for the bulwark of British Vice regality - Lord Irwin on 10 January 1930. It was in 1936 that under Lt. Col. Cruickshank, I.M.S., and this Lok Nayak Hospital was commissioned 'Irwin Hospital' with bed strength of 320. In November 1977 the name of Irwin Hospital was changed to LNJP Hospital . Lok Nayak Hospital christened in 1989 from Lok Nayak Jai Prakash Narayan Hospital (LNJP) was originally popular and still continues to be known as Irwin Hospital.

Lok Nayak Hospital is a premier public hospital under Govt. of NCT of Delhi with present bed strength of 1821. During these 6 decades of its existence this hospital has grown enormously in its size and volume so as to cope with the growing needs of the ever-increasing population of this capital city. New State of out OPD, emergency block and indoor ward are being constructed some of the builds one already made operational and others are coming up including ortho indoor block. The catchments area of this Hospital includes the most thickly populated old Delhi areas including Jama Masjid and Trans Yamuna Area. Patients attending this hospital from the neighbouring states and other parts of the city have increased manifolds. The hospital provides the general medical care encompassing all the departments like Medicine, Surgery, Obstt. & Gynae, Paediatrics, Burns & Plastic etc. It also provides specialized services like Dialysis, Lithotripsy, Respiratory Care, Plastic Surgery and others. New Department of Pulmonary Medicine is being setup. The hospital also provides the tertiary care connected with the National Programmes including mainly family welfare & maternity and child health care.

The hospital is tertiary level teaching hospital attached to Maulana Azad Medical College, providing clinical training facilities to under graduate and post graduate students.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	1597	1757	590259	351115	191640	10798	78488	12907	19461
2010-11	1774	1774	8946700	219149	9522	83079	13715	25371	
2011-12	1774	1811	531608	393871	224543	10078	89360	17466	29322
2012-13	1839	1816	571439	392202	259746	8387	91909	13758	23973
2013-14	1847	1882	538460	407622	248564	9990	93097	15012	23377

During 2013-14 other achievements are as under :

1. The building of new OPD block was inaugurated by Hon'ble Chief Minister Smt. Sheela Dixit on 19 September 2013 and has been functional since 14th July 2014. It is one of the initiations for the new era of Lok Nayak Hospital which has been chosen to be a model hospital of Delhi Govt.
2. Lok Nayak Hospital became fully prepared to issue first free copy of Birth & Death certificate in 2013 and launch of issuance of first free copy of birth and death certificate from Lok Nayak hospital was done by Sh. SK Srivastava, Chief Secretary GNCTD on 13th Sept 2014. This has been a huge step on making it convenient for public to get Birth & Death Certificate.
3. Medical gas pipe line is going to be installed.
4. Seven modular O.T.s for orthopedics block are going to be constructed.
5. Advance ear surgery simulator lab has been established in ENT department.

6. Cochlear implant surgery is done routinely in the ENT department.
7. 22 beds have been added to medicine emergency considering a heavy rush of patients.
8. A new spacious ART Centre for HIV patients has been made functional.
9. A large number of waiting halls with basic amenities for relatives / attendants of patients have been constructed.
10. Screening and educational programme for awareness of diabetic patients and general public being run in screening OPD of hospital.
11. Main pharmacy has been up-graded with separate cubicles for each pharmacist for better medicine delivery to patients.
12. Information centre / helpdesk for senior citizens at the entrance of hospital are operational.
13. Lok Nayak Hospital is the first hospital for starting the facility of development of dialysis centre under PPP (Public Private Partnership) mode undertaken by health & family department, GNCT of Delhi. The facility was inaugurated on 30/08/2013 by 10 dialysis machines are installed in the hospital for the purpose. EWS patients are provided free dialysis and related care. Non-EWS patients are charged at very nominal rates for the dialysis facility under PPP mode as per the concession agreement.
14. Nodal officer has been appointed for conducting medical examination for Amarnath Yatri.
15. Lok Nayak Hospital has been designated state Nodal Hospital for Management of Ebola Virus Disease.
16. OPD

Smooth and efficient functioning of a huge annual OPD of approx. 10 lacs patients, maintain punctuality and discipline of OPD staff.

Redressal of grievances of senior citizens / patient /staff and general public at large and tried to find a solution to their satisfaction.

Conducted Medical Board for medical examination of New Recruits of various allotted departments of Delhi Govt.. for first entry into Govt. Service and sent the reports to concerned department within stipulated time.

Streamlined the process of Scrutiny of all Jail cases (Under Trial Prisoners) on priority basis before referral to various departments of LNH for expert opinion / treatment /medical examination of various other tests etc.

Conducted Medical Board for medical examination / assessment of disabled candidates of New Delhi District and other candidates as referred by various Hon'ble Courts for issue of disability Certificates. Also issued Fresh Railway Concession Certificates to disabled candidates who have already been issued D.Cs from Lok Nayak Hospital.

17. Department of Radio diagnosis.

High and colour Doppler system with elastography has been installed in the department of Radio diagnosis.

Recent advances and applied physics in imaging 2nd edition and musculoskeletal and breast imaging 3rd edition books published recently.

Technical specification for 3 Tesla-MRI systems already sent to HLL.All other equipments are TAC approved.

18. Department of Radiotherapy.

- HDR Brachy Machine is sanctioned and the installation process will be starting soon.
- New COBALT-60 source procurement is under process.
- Old disused radioactive sources disposed off along with Decaying old Cobalt Therapy unit.
- Radiotherapy services-Telecobalt Theraton 780 E Machine has been made functional after getting permission from AERB. The radiotherapy services have been resumed since Nov. 2011.

19. MRD

- Lok Nayak Hospital is designated sentinel surveillance Hospital.
- Dengue & VBD disease reporting and coordination with nodal officer of different department and transmission of data and report to MCD is been done in 2013. 5513 patient were reported to be screened for dengue and 902 were found positive.
- Birth and death certificate is being printed in front of parent / next of keen and issued to them there and then to make it convenience for the stake holders.
- MRD provide all data for implementing of all programs under National Rural Health mission, providing data for state health intelligence Bureau, integrated disease surveillance programme, reporting of communicable disease/ generating morbidity and mortality status.

20. Anesthesia Department.

New Facility added: Fourth Orthopedics OT table started on Tuesday and Friday.

- Rendered services for “The Lifeline Express” camp organized by Impact India Foundation held at Shivpuri, M.P. in March-2014.
- In house training for OT Technicians.

21. Disaster Preparedness and Disaster Management.

- Department of Accident & Emergency is always prepared & ready to handle all kinds of disaster. Delhi Disaster Management Authority, revenue department has successfully handled real life scenario, Mega mock drills conducted by them from time to time, details of which are as under :-

Date of Incident	Name of Incident	Injured & Dead Attended
5/09/2013	Mock Drill	05 person
25/02/2014	Disaster (Burn injury)	08 person
27/03/2014	Disaster (Burn injury)	03 person

28 MAHARISHI VALMIKI HOSPITAL

This 150 Bedded secondary level hospital situated in rural area of North West Delhi provides services in broad basic specialities.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	150	150	209109	99966	49933	3848	10707	1591	5117
2010-11	150	150	271288	67661	83799	5322	10665	1404	4718
2011-12	150	150	257045	65786	92142	5705	9179	1284	5510

2012-13	150	150	270077	56134	99114	4852	8619	1278	5894
2013-14	150	150	276024	76386	87170	5748	9298	985	6406

During 2013-14 other achievements are as under :

1. Work of new hospital block(Maternity & Child Wing) for another 100 bedded has been started.
2. Starting of Blood Bank is in progress.
3. .NRHM schemes like JSY, JSSK, Sterilization, IYCF, NRC, MTP, IUCD etc are running smoothly.
4. Blood C/S, Urine C/S services started.
5. Thyroid function test started.

29 MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

Maulana Azad Dental Institute of Dental Sciences is located within the Maulana Azad Medical College – Lok Nayak Hospital Campus situated near Delhi Gate. The institute has 10 bedded hospital. The College and Hospital made its inception as a “Dental Wing” in 1983. Two decades later, on 26th September 2003, Dental Wing was upgraded to its present status of a full-fledged Dental College and Hospital. The institute is a Centre for technical education in the field of dentistry, conducts professional research and provides basic as well as specialized dental health care services to the patients. Bachelor of Dental Surgery (BDS) is a four years graduate programme offered at the institute with admission capacity of 20 students in BDS. The colleges is affiliated with University of Delhi.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	10	10	249374	102332	528	0	0	64	1527
2010-11	10	10	107101	111838	0	0	142	127	849
2011-12	10	10	114018	172649	60	20	202	188	1733
2012-13	8	8	159929	122211	0	0	161	144	2491
2013-14	10	10	126983	147576	0	0	121	124	2009

During 2013-14 other achievements are as under :

1. MAIDS has been accorded very prestigious NABH Accreditations.
2. Director-Principal Dr. Mahesh Verma was confirmed with Prestigious award “padma Shri”.
3. During 2013-14, MAIDS provided Dental treatment to 274559 Dental Patients in OPD. It also conducted 2009 Minor and 124 Major Dental Surgeries. It admitted 121 Indoor patients.
4. During 2013-14, 27946 IOPA and 3849 OPG X-Rays were done.
5. The present building of MAIDS is not sufficient to meet even day to day requirements. Therefore, a Second Phase Building shall be constructed on the existing land adjacent to the existing Building. MAIDS has obtained A/A & E/S of the competent Authority for incurring an expenditure of Rs. 64.88 Crores for ‘Construction of 2nd Phase Building of MAIDS for its expansion’ as per recommendations / approval of Expenditure Finance Committee(EFC) in its 4th Meeting for the year 2013-14 held on 11th September, 2013. The drawings are approved. NIT has been published by PWD and the work is likely to start soon.
6. The construction of Electric Sub-Station has started and shall be completed in 2014-15.
7. Under the NRHM Programme, MAIDS has got two “Mobile Dental Clinics” with all necessary equipments and minor treatment facilities like Dental Chairs, X-Ray units etc. Four ‘Mobile Dental Vans’ have also been procured to serve the Dental Patients in various parts of Delhi and work under Community Dentistry

Department.

8. The "Continuing Dental Education Department" is being setup in MAIDS which shall have 31 Simulators besides other latest Dental and Audio-Visual equipments. This work is being carried out by DSIIDC. The work has started and shall be completed by March 2015.
9. Machinery & Equipments worth Rs 8412381/- and all types Consumable worth Rs. 18554895/- were purchased during 2013-14.
10. The land measuring 10 acres (approx) is being allotted to this Institute by DDA at Rohini for expansion of the activities of MAIDS.

30 NEHRU HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL

Nehru Homoeopathic Medical College and Hospital is one of the premier and reputed Homoeopathic Colleges of India and is located in B-Block of Defence Colony in South Delhi. This college has a 100 bedded hospital. The institution was founded by Padam Bhushan Awardee late Dr. Yudhvir Singh, a great freedom fighter, social worker and pioneer Homoeopath of India. The foundation stone of the college building was laid by Dr. Sushila Nayyar, Hon'ble Minister of Health and Family Welfare on August 22, 1963. The O.P.D. Wing was inaugurated by the Hon'ble Prime Minister, late Shri Lal Bahadur Shastri on May 6, 1964. Classes in the college were started from 1967 for Diploma in Homeopathic Medicine and Surgery (DHMS) Course, upgraded to Bachelor in Homeopathic System of Medicine and Surgery (BHMS) Course under Board of Homoeopathic System of Medicine. On September 1, 1972 this institution was handed over by Dr. Yudhvir Singh Charitable Trust to Delhi Administration.

The college affiliated to Delhi University in 1992 and the college imparts 5½ year of course in Bachelor of Homoeopathic System of Medicine and Surgery. The admission capacity of 50 students per year.

The brief performance statistics of the hospital during 2013-14 and previous years is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	81698	105051	0	0	0	0	0
2010-11	100	100	79997	98708	0	0	1412	0	176
2011-12	100	100	79869	109632	0	0	1390	0	0
2012-13	100	100	79777	109279	0	0	1087	0	0
2013-14	100	100	77984	103280	0	0	1494	0	366

During 2013-14 other achievements are as under :

- 1 Renovation work of Pathology Lab of OPD alongwith Fire work of the Institute completed.

31 PT. MADAN MOHAN MALVIYA HOSPITAL

Pt. Madan Mohan Malviya Hospital is 100 bedded designated district hospitals for south district. The hospital was amongst 7 hospitals handed over to Delhi Government by MCD and was taken over from MCD in 1998 and. The hospital is spread over 3.08 acres of land. The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds	No. of Patients (OPD)	IPD	No. of Surgeries
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	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	92	410046	158512	98994	NA	5317	821	6189
2010-11	100	92	303560	149550	63851	--	2717	433	9460
2011-12	100	100	247425	92776	97578	NA	7557	1288	7665
2012-13	100	100	272225	104963	150048	0	11971	1532	13044
2013-14	100	100	293016	187956	161711	0	14639	1353	14735

32 RAJIV GANDHI SUPER SPECIALITY HOSPITAL

Rajiv Gandhi Super Speciality hospital with sanctioned 650 beds is being established in Tahirpur North East Delhi, with a view to provide Super Speciality health care to people of North East Delhi and Trans Yamuna area with an approximate population of 50 Lacs. The hospital has been constructed in area of 13.00 acre. The Hospital started the services of OPD from 11th Sept. 2008. At present the OPD and supportive services of Laboratory, Radiology, Screening of Cardiology, Echo, etc. are available.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	650	0	27211	30027	0	0	0	0	0
2010-11	650	0	28128	26814	0	0	0	0	0
2011-12	650	0	32291	31688	0	0	0	0	0
2012-13	650	0	32910	32397	0	0	0	0	0
2013-14	650	0	8188	23748	0	0	0	0	0

During 2013-14 other achievements are as under :

- Launch of GI Endoscopy centre.
- Launch of non invasive cardiology centre for tertiary care

33 RAO TULA RAM MEMORIAL HOSPITAL

Rao Tula Ram Memorial Hospital is situated in Jaffar Pur in the rural area of South West district of Delhi. The hospital campus is spread over 20 acres of land. The hospital is located adjacent to ITI, very close to Police Station.

The OPD Services of the hospital in limited specialties were started in August 1989 in the partially completed building. The hospital services since then have been strengthened and upgraded up-to the present level in phased manner.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	100	100	257490	127587	47543	5143	7028	870	1665
2010-11	100	113	252581	132071	50453	4742	7714	1304	2651
2011-12	100	114	268969	104444	63792	5701	10486	1585	2475
2012-13	100	114	273984	112253	73014	6037	10369	1716	2411
2013-14	100	108	268911	121822	83503	7034	10456	1592	2802

During 2013-14 other achievements are as under :

1. Environmental clearance obtained for new ward block with 100 beds.
2. CCTV System installed in casualty and administration block.
3. Existing laparoscope has been upgraded and the laparoscopic surgeries have been started.
4. Medicine Department has been upgraded to perform Lung functioning test and tread mill test.
5. Dental services has been upgraded and Dental surgeries eg. Apisectomy etc are now being performed in the hospital.
6. MRD carried out the weeding out process in year 2013-14 which was never done in this hospital before.

34 SANJAY GANDHI MEMORIAL HOSPITAL

Sanjay Gandhi Memorial Hospital situated in Mangolpuri Area of North West Delhi was commissioned in April 1986 as one of the seven 100 bedded hospitals planned by the Govt. of NCT of Delhi during the 6th five year plan under Special component plan for Schedule Cast/Schedule Tribes. Later it was augmented to 300 beds in 2010

The hospital now caters to the health needs of a population of 15-20 lakh residing in the JJ clusters & resettlement colonies of Mangolpuri, Sultanpuri, Nangloi, Mundka & Budh Vihar etc. The hospital provides O.P.D. facility of all general departments in forenoon and 24 hours services in Casualty, Laboratory and Radiological investigations, Delivery (Child Birth), Operation Theatres and Blood Bank services.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	300	300	397242	215898	108787	18722	26727	4857	21784
2010-11	300	300	562087	92433	145169	18269	27238	4494	27003
2011-12	300	300	672342	96226	110068	24152	27898	4457	25333
2012-13	300	300	595848	86691	138492	23733	29648	3830	25062
2013-14	300	300	443315	102053	236172	24804	33492	3603	25317

During 2013-14 other achievements are as under :

- 1 Blood bank has been upgraded to provide blood components round the clock.
- 2 Possession of land adjoining hospital complex measuring 1900 Sq. meter taken which will be utilized for relocation of OPD services and later for expansion of casualty services.

35 SARDAR VALLABH BHAI PATEL HOSPITAL

Sardar Vallabh Bhai Patel Hospital, a 50 bedded secondary level hospital is located in thickly populated colony of Patel Nagar (Part of West Delhi), surrounded by adjoining colonies of Baba Farid Puri, Rajasthan Colony, Prem Nagar, Baljeet Nagar, Ranjeet Nagar, Shadi Pur, Kathputli Colony, Regar Pura etc inhabited by large population of people belonging to Low and Middle Socio – economic status. About 7 – 8 lakhs of people fall in the catchment area of the Hospital and are dependent on this hospital for their day-to-day Health needs.

Earlier this was an MCW Centre with MCD, which was taken over from MCD by Govt. of NCT of Delhi on 01.10.1996 by a special act passed through assembly. The prime aim of the takeover was to upgrade this hospital to 50 bedded capacities so that it acts as a Secondary Level Health care delivery outlet in the area. Its main objective is to provide minimum free basic health care services. This hospital is spread over 1.37 Acres of Land. The Hospital is Three Storey building divided into Two Wings spread on an area of 5339 Sq m with built up area of 2334 sq m.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	50	50	282797	171850	30067	0	3116	1004	9015
2010-11	50	50	276798	164622	28168	0	4115	1073	9549
2011-12	50	60	233790	142150	29944	0	4497	1138	10299
2012-13	50	60	227587	141384	30826	0	4281	1457	12778
2013-14	50	50	244018	121810	39983	0	4961	1516	12927

During 2013-14 other achievements are as under :

1. Effluent Treatment Plant has been build and it is likely to be commissioned very soon.
2. Fire fighting system has been further strenghned by laying new under ground pipes lines with hydrands.
3. Six new AC's have been installed in the Hospital
4. All round cleanliness and Punctuality has been improved markedly in this hospital.
5. MCTS (Mother & Child tracking system) has been introduced & no.of patients are registered.
6. SVBP has been awarded Illrd Prize of Family Planning services during World Poplulation day celebrations by Integrated District Health Society (West Zone).
7. The availability of Medicines are being put up on 'Nirantar (Website), so that General Public can view them.
8. Monitoring & feed back system has been ensured by present MS since Feb 2014 in r/o casualty / emergency, OPD, Indoor and labour room etc.
9. Daily morning rounds are ensured by one of the officers including DMS & MS.

36 SATYAWADI RAJA HARISH CHANDER HOSPITAL

Satyawadi Raja Harish Chander Hospital with 200 functional beds is situated in the Narela subcity area of North West District of Delhi and caters to the health needs of people residing in the town of Narela and adjoining rural areas. The OPD services of the hospital were started in 2003. Emergency, Nursing & IPD Services are available with common latest medical facilities.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	200	200	303789	138663	20210	1474	7529	1088	7664
2010-11	200	200	303245	128488	23765	1458	8031	1255	11036
2011-12	200	200	315104	161549	24481	2043	9251	988	9323
2012-13	200	200	302837	170219	31417	3002	9730	694	11031
2013-14	200	200	294547	152743	42335	4058	6876	438	13747

During 2013-14 achievements are as under :

- 1 Casualty services have been improved and services of other Departments are also being utilized at the level of maximum.

37 SEWA KUTIR HOSPITAL

This 60 bedded hospital for inmates of Sewa Kutir (Poor house) is situated at Sewa Kutir Kingsway Camp and medical services in the hospital are being managed by Aruna Asaf Ali Hospital.

The brief performance statistics of the hospital during 2013-14 is as under:

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	60	40	0	0	0	0	0	0	0
2010-11	60	60	0	0	0	0	0	0	0
2011-12	60	60	4544	4036	0	0	16	0	0
2012-13	60	20	4513	5390	0	0	0	0	0
2013-14	60	20	3667	3110	0	0	0	0	0

38 SHRI DADA DEV MATRI AVUM SHISHU CHIKITSALAYA

Shri Dada Dev Matri Avum Shishu Chikitsalaya is a 64 bedded Hospital to provide mother and child care and is located at Dari in South West District of Delhi. It has an area of 10470 sq mtrs with facilities of hostel and staff accommodation. This is the first Hospital of its own kind of GNCT Delhi to provide Mother and Child Health Services in an integrated way.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	64	24	97592	79917	1949	0	1263	206	139
2010-11	64	64	93033	67380	10899	0	7619	1121	384
2011-12	64	64	131871	49372	17162	0	11833	1441	572
2012-13	64	64	117135	59225	23113	0	15106	1737	636
2013-14	64	88	105128	75422	28574	13	16400	1845	694

Major achievements during 2013-14 are as under:-

1. Received award for Tubectomies in World Population Day 2013 in FP workshop held at Delhi Secretariat on 21-2-2014.(Best Performance in Delhi State)
2. Received certificate of appreciation and memento from IDHS,SWD on contraception update held at MCI Auditorium on 07/02/2014 for Families Planning.
3. Strengthening and upgradation of neonatal Services –addition of 8 beds in SNCU / SNBU.
4. Eight hospital staff received advanced Neonatal training at AIIMS.

39 SUSHRUTA TRAUMA CENTRE

Sushruta Trauma Centre located on Bela Road near ISBT was established in 1998 for providing critical care management to all acute poly-trauma trauma victims including head Injury and excluding Burn, as an annexe of Lok Nayak Hospital under overall administrative and financial control of medical superintendent Lok Nayak Hospital. Subsequently Sushruta Trauma Centre was declared an Independent Institution and declared Medical Superintendent, Sushruta Trauma Centre as HoD having all administrative and financial control By Hon'ble L.G. of Delhi vide office order dated 23/02/07. The hospital is having 49 sanctioned beds. The hospital is situated in middle of Delhi and provides critical care management to Poly trauma cases including Head injuries only with latest facilities.

The brief performance statistics of the hospital during 2013-14 and previous years is as under :

Year	No. of Beds		No. of Patients (OPD)				IPD	No. of Surgeries	
	Sanctioned	Functional	New	Old	Emergency	MLC		Major	Minor
2009-10	49	70*	0	9591	12096	2970	3864	1650	1567
2010-11	49	80*	0	8500	10888	2793	3273	1125	2001
2011-12	49	70	0	12491	14493	2559	4845	1166	2074
2012-13	49	70	0	12773	15165	2847	5050	1238	2134
2013-14	49	69	0	13353	17123	3654	5158	1535	3238

Chapter 9

DIRECTORATE OF AYUSH

Introduction

Directorate of ISM & Homeopathy was established in September 1996 and has ISM Wing functioning from A & U Tibbia College Campus and Homeopathic Wing has been allotted separate Budget head since September 2003. Govt. of NCT of Delhi is determined to encourage and develop these systems of medicine and make available these facilities to public. Govt. of NCT of Delhi encourages development of these systems of medicine by establishing Educational, Healthcare Research Institutions.

Functioning of the Directorate

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

The Directorate is also conducting re-orientation training programmes in Aurveda/Unani/Homeopathy for practitioners and also gives grant-in-aid to Delhi Bhartiya Chikitsa Parishad, Board of Homeopathy System of Medicine, Chaudhary Brahm Prakash Aurvedic Charak Sansthan, Dilli Homoeopathic Anusandhana Parishad, JAMIA HAMDARD and Examining Body of paramedical courses which are the autonomous bodies under the Govt. of Delhi. The Directorate is also providing financial assistance to some NGOs working in the field of Ayurveda, UNANI, yoga, and Homoeopathy etc. A Drug Control Department for Ayurveda and Unani Systems of medicine is also functioning at Headquarter of the Directorate and Drug Testing Laboratory of Ayurvedic, Unani & Homoeopathic medicines is likely to be established in near future. Survey Samples of Ayurvedic and Unani drugs are being tested by NABL accredited labs as per D&C Act 1940 and enforcement of DMR Act 1954 is also being done by the Directorate.

Health Facilities under the Directorate

The following Educational Institution, Hospitals, Dispensaries and Research Institutions functioning under the Directorate during 2012-13.

1. Ayurvedic and Unani Tibbia College & Hospital, Karol Bagh, New Delhi.
2. Nehru Homoeopathic Medical College and Hospital, Defence Colony, New Delhi.
3. Dr. B.R. Sure Homeopathic Medical College and Hospital, Nanak Pura, New Delhi.
4. Chaudhary Brahm Prakash Ayurvedic Charak Sansthan, Khera Dabar village Najafgarh.
5. Dispensaries as on (31.03.2014)

• Homeopathic Dispensaries	-	100
• Ayurvedic Dispensaries	-	35
• Unani Dispensaries	-	17

Performance of the Ayush Dispensaries

During the year 2013-2014 5 new dispensaries (3 Homeopathic at Saket, Karkardooma Court and Delhi Secretariat, 2 Ayurvedic and 1 Unani at Hospital) were opened. Table 8.1 shows the number of AYUSH dispensaries under the directorate over last decade.

Number of AYUSH dispensaries of GNCT of Delhi

S. no.	Health Outlets	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
1	Homeopathic Dispensaries	64	66	71	72	78	80	87	92	92	95	100
2	Ayurvedic Dispensaries	21	22	22	22	25	26	27	32	32	33	35
3	Unani Dispensaries	8	9	9	9	10	10	11	15	15	16	17
All Dispensaries Total		93	97	102	103	113	116	125	139	139	144	159

Annual OPD attendance of AYUSH dispensaries over last four years

Annual OPD Attendance of Delhi Government AYUSH dispensaries during 2012-13 and previous years.

Year	OPD	Ayurvedic Dispensaries	Unani Dispensaries	Homeopathic Dispensaries	Total
2012-13	New	269770	152985	662212	1084967
	Old	269234	125368	1148246	1542848
	Total	539004	278353	1810458	2427815
2011-12	New	276218	123187	646064	1045469
	Old	306512	106268	1104203	1516983
	Total	582730	229455	1750267	2562452
2010-11	New	361470	361470	165507	1250378
	Old	340413	149744	1175988	1666145
	Total	701883	315251	1899389	2916523
2009-10	New	285862	117136	645009	1048007
	Old	411383	191118	1088213	1690714
	Total	697245	308254	1733222	2738721

Sanctioned posts of Directorate of Ayush 2013-14

Group	Posts	ISM Wing	Homeopathic Wing	Total
Group A	Medical	49	111	160
	Planning & Statistics	1	0	1
	Medical	5	0	5
Group B	Administration	2	0	5
	Planning & Statistics	2	2	4
	Accounts	41	1	3
Paramedical		6	106	147
Admin.		23	0	6
Others		23	77	100

Budget of Ayush dispensaries during 2013-14

S.No.	Dispensaries	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs
1	Ayurvedic Dispensaries	3861.00	3773.59
2	Unani Dispensaries	2123.00	2066.00
3	Homeopathic Dispensaries	5984.00	5840.00
	Total	5984.00	5840.00

Health Facilities under the Directorate

5 Dispensaries (as on 31.03.2014)

- Homoeopathic Dispensaries - 100
- Ayurvedic Dispensaries - 35
- Unani Dispensaries - 17

Performance of the AYUSH hospitals

During the year 2013-14, 6 new dispensarie (3 Homoeopathic at IBHAS, Dwarka Section 14 & Bazaar Guliyan, 2 Ayurvedic at Sonia Vihar & Dwarka, Sector -14 and 1 Unani at Mustafabad) were opened.

There are four AYUSH COLLEGES/HOSPITALS UNDER THE Directorate. The brief performance of these hospital during 2013-14 as under

Number of AYUSH dispensaries of GNCT Delhi

Dispensaries (as on 31.03.2014)

Homoeopathic Dispensaries	-	100
Ayurvedic Dispensaries	-	35
Unani Dispensaries	-	17

Annual OPD Attendance of AYUSH Dispensaries

Year	OPD	Ayurvedic Dispensaries	Unani Dispensaries	Homoeopathic Dispensaries	Total
2013-14	New	3,00,520	2,06,492	6,94,507	12,01,519
	Old	2,92,420	1,68,948	12,30,712	16,92,080
	Total	5,92,940	3,75,440	19,25,219	28,93,599

Sanction post of AYUSH dispensaries during 2013-14

No Change

Budget of AYUSH dispensaries during 2013-14 (Plan & Non Plan)

S.No.	Dispensaries	Budget in Rs. Lakhs	Actual Expenditure in Rs. Lakhs
1	Ayurvedic Dispensaries	3861.00	3773.59
2	Unani Dispensaries	2123.00	2066.00
3	Homeopathic Dispensaries	5984.00	5840.00
	Total	5984.00	5840.00

Performance of the AYUSH hospitals

There are four AYUSH colleges / hospitals under the Directorate. The brief performance of these hospital during 2013-14 is as under:

Performance of AYUSH hospital of GNCT Delhi during 2013-14

Hospital Parameter	A&U Tibbia College & Hospital	Chowdhary Brahm Prakash Ayurvedic Charak Sansthan	b.R.Sur Homoeopathic Medical College	Nehru Homoeopathic Medical College
No. of Beds	240	210	50	100
OPD New	173531	97502	24290	77984
OPD Old	105231	189283	32251	103280

IPD	5196	6395	315	181264
Surgeries				
Major	156	436	--	--
Minor	6864	1716	--	--
Lab Investigations				
Blood	76227	42590	2785	7713
Urine	2297	2163	2219	1653
Others	371	414	76	471
Radiology and other Investigations				
X Rays	5130	5821	891	--
Ultra Sound	NIL	--	394	1167
ECG	185	347	32	--
Audio-Metry	NIL	--	--	--

Chapter 10

Directorate of Family Welfare

Directorate of Family Welfare is the State level nodal organization responsible for coordinating, facilitating, logistically supporting, mentoring, monitoring the districts & state level stakeholders in health & related sectors for meeting the development goals in general but the Millenium Development Goals 4, 5 & 3 in particular, under the Nationally funded NRHM/RCH programs. In addition certain State level programs & schemes are also being implemented by this department in collaboration with district implementers.

Broadly the Mandates of this department encompasses the following roles:

1. Planning, Implementation, Supervision, Monitoring of :
 - Provision of antenatal, intra natal & post-natal services to all the pregnant women.
 - 100% coverage of immunization among the children.
 - Child Survival & Maternal Survival Services
 - To prevent female feticide by effective implementation of Pre Conception & Pre Natal Diagnostic Technique Act and Medical Termination of Pregnancy Act. To act as an Appellate Authority for the implementation of PNDT Act through various CDMOs.
 - Family Planning Services
 - Adolescent Health Services
 - To develop Information Education and counselling material for increasing demand for services through behavior change.
- 2 To maintain Polio eradication by pulse polio immunization and routine immunization.
- 3 Building Capacity of service providers (Trainings, Research)
- 4 Special Emphasis on most vulnerable (out-reach, mobile, Seed Primary Urban Health Centers, Non Govt. Organization ,Public Private Partnership)
- 5 Inter-sectoral Coordination & Collaboration with Academia, NGOs & important stakeholders
- 6 Building Evidence for Policy suggestion including conceptualization of strategies & interventions

KEY AREAS OF OPERATION:

Maternal health:

- Implementation of entitlements under JSSK (Top priority) ;
- JSY entitlements (micro-planning of birth, timely payments by cheques, verification);
- Maternal death review (MDR) (for the programmatic interventions, and not so much for the medical cause of death);

- Tracking of severely anaemic mothers; quality of ante-natal care in community
- Monitoring the progress of Maternal Child Health wings;
- Performance monitoring of Delivery Points (DP) and quality of services rendered in labour rooms and postnatal wards;
- Provision of caesarian section (C- section) Percentage of total deliveries ensuring blood availability for obstetric emergencies.
- Deliveries and C- sections in public and private accredited health facilities
- Comprehensive abortion care

JANANI SURAKSHA YOJANA (JSY): It is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and infant mortality by promoting institutional delivery among the poor pregnant women. It integrates cash assistance to pregnant women belonging to SC, ST and BPL category for delivery and post-delivery care. The accredited social health activist (ASHA) is being identified as an effective link between the Government and the pregnant women to facilitate in implementation of this programme.

JANANI SHISHU SURAKSHA KARYAKRAM (JSSK): Under this scheme free and cashless services are provided to all pregnant women irrespective of any caste or economical status including normal deliveries and caesarean operations and to sick infants (from birth to 1 year of age) in all Government health institutions in both rural and urban areas. JSSK supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick infant. Besides this, it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality and Infant mortality rates.

- The Free Entitlements under JSSK include: Free and Cashless Delivery, Free treatment of sick infants up to 1 year, Exemption from User Charges, Free Drugs and Consumables, Free Diagnostics, Free Diet during stay in the health institutions for 3 days in case of normal delivery and 7 days in case of caesarean section, Free Provision of Blood, Free Transport from Home to Health Institutions, between facilities in case of referral and also Drop Back from Institutions to home after discharge from the Govt. facility. Free Entitlements for Sick Infants till 1 year after birth similarly include Free treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Exemption from user charges, Free Transport from Home to Health Institutions, between facilities in case of referral and Free drop Back from Institutions to home.

Safe Motherhood Day Celebrated on 11th April, 2014

11TH April is observed as safe motherhood day every year. It is the right of every woman to remain healthy before and after child birth. To reduce morbidity and mortality related to motherhood awareness generation amongst the target population is thus necessary. According to meet this objective, the Medical Officers, PHNs and ANMs

involved in generating awareness during the week from 7th April to 12th April, 2014 in the form of Health talk and Focused Group Discussion.

MTP ACT

The Indian abortion law is governed by the Medical Termination of Pregnancy (MTP) Act, which was enacted by the Indian Parliament in the year 1971. The MTP Act came into effect from April 1, 1972 and was amended in 1975 and 2004.

The Medical Termination of Pregnancy Act helps protect women's right and saves them from morbidity and mortality associated with unsafe abortion.

The 11 District Level Committee (MTP) have been constituted as per provisions of MTP Act with Chief District Medical Officer (CDMO) as the chairperson to look after the implementation of MTP Act.

Maternal Death Audit

Maternal death investigation and review process is fully functional and is institutionalized in all districts of the state. The major causes of mortality once identified, are taken as a districts specific/ state specific policy and programmatic challenge so as to bring down the maternal mortality.

Child Health:

- Essential newborn care at all delivery points esp Sick Newborn Care Units (SNCU)/New Born Care Corners (NBCC)
- Home based newborn care by ASHAs, line- listing of low birth weight children,
- Availability of Oral Rehydration Solution (ORS) and Zinc for diarrhea at sub centers and with ASHAs,
- Availability of antibiotics for pneumonia , vaccines, Iron Folic Acid (IFA) syrups and tablets , Vit A solution
- Child nutrition : Supplementary Nutrition Programme at Anganwadi Centers (AWC) (number of underweight children), identification of malnourished children and management of children with severe acute malnutrition, IYCF practices
- Nutritional Rehabilitation Centres (NRCs)
- Essential Immunization
- Rashtriya Baal Swasthya karyakarm (RBSK)
- High impact interventions: Gentamicin and antenatal corticosteroid injection by ANMs in neonatal sepsis and preterm labour respectively

Child Health is one of the important components of the RCH Programme which is being implemented under the aegis of Directorate of family welfare. Directorate of Family Welfare Plans, Implements, Supervises and Monitors Child Health Activities.

Policy initiatives:

1. To reduce IMR from 24/1000 live births to 15/1000 by 2017
2. To reduce neonatal mortality rate from 17/1000 to 10/1000 live birth by 2017
3. To have zero mortality because of Diarrhoea among under 5 children
4. To reduce incidence and mortality because of pneumonia among under 5 children
5. To ensure vaccination coverage to more than 85% in infants

Strategies to achieve the above goals:

1. Strengthening of newborn care in the State. Department is supporting 14 sick neonatal care units, 14 new born stabilization units and 33 new born care corners. Through these units these 191 inborn beds 70 out born beds have been added.
2. Improvement of nutritional status: the children are being provided micro-nutrients in the form of Iron and folic acid as anemia can effect physical and mental development of children. Under this initiative all the children below the age of 5 yrs are being provided IFA tablets containing 20mgm elemental iron and 0.1ml folic acid. State also has got five Nutritional Rehabilitation Centres (NRCs) to take care of severe acute malnourished children.
3. In order to increase breast feeding practices among children, the State has got 25 Infant Young Child Feeding centre (IYCF) which are propagating four important interventions namely early initiation of breast feeding, exclusive breast feeding up to the age 6 months, starting complementary feeding at the age of 6 months and continuation of breast feeding up to age of 2 yrs. Breast feeding practices will help to decrease infant mortality by 21 points.
4. The department is also liaison with ICDS department for sustenance of nutritional status of discharge children from NRCs.

Prevention and management of Diarrhea:

Diarrhea is responsible for 20% of under 5 mortality. Mortality because of diarrhoea can be prevented by improving the use rate of ORS. The department took initiative and celebrated intensified in diarrhoea control fortnight (IDCF) from 28th July to 8th August, 2014. During this campaign more than 2.5 lakhs packets of ORS were distributed and lot of publicity was conducted to propagate the IYCF strategy in the State. ORT Corners were established in various Delhi Govt. Hospital numbering 835 during the campaign.

Prevention and management of Pneumonia:

Pneumonia is also responsible for 20 to 30 % of under 5 mortality. This mortality is because of either late

seeking of health care or improper care. In order to address this issue a workshop is organized in each district to improve the skill of health worker for early detection and proper management of pneumonia cases.

Operationalization of home based new born care:

The state has got 4000 accredited Social Health Activist (ASHA). These ASHAs visit each new born six times till 42 days of life. She is also being provided incentive @ Rs. 250/ child and so far more than 12000 children have been followed up by ASHAs. This activity is helping in reduction of Neonatal Mortality Rate (NMR).

Immunization:

- ❖ Directorate of Family Welfare under its RCH Program is engaged in delivery of immunization services through more than 600 health delivery points under different administrative control. All major partnering agencies such as MCD (MCWC & IPPVIII), NDMC, CGHS, Cantonment Board and Hospitals are implementing immunization program.
- ❖ The State observes Wednesdays and Fridays as “Universal Immunization Days” in all the health centers whereas hospitals are providing this service on all working days of the week.
- ❖ In addition to the facility based immunization service, Outreach Immunization Sessions and Village Health Nutrition Days (VHNDs) are being conducted through Mobile Health Scheme (410 JJ Clusters/Slums), RCH ANMs (about 700), ANMs from MCWC & IPP-VIII centers in un-served and underserved areas to improve immunization coverage. Approximately 2700 VHNDs were conducted in 2013-14.
- ❖ Community health workers like ASHAs and Anganwadis workers are also helping in providing immunization services to the beneficiaries by creating awareness, motivating the parents and helping in organizing immunization sessions in the field in liaison with the nearest Government health facility
- ❖ The State is providing immunization against 12 vaccine preventable diseases and 82787 children have been fully immunized since April, 2014 till Sept. 2014. The expected Target is 280000.
- ❖ The State is also declared Maternal and Neonatal Tetanus eliminated State.
- ❖ The State is Polio free for last four years and now the country has been declared Polio free
- ❖ Launched Pentavalent Vaccine on 12th March 2013.

Family Planning:

- Provision of Contraceptive services at all facilities (Condom, Oral Pills and IUCD at all primary facilities and male & female sterilization in higher facilities in addition).
- Home delivery of Contraceptive at doorstep of beneficiaries by ASHA's.
- Health education for Promotion of acceptance of contraception to adopt small family and Thrust spacing methods for promotion of Maternal and Child Health.
- Promotion of Postpartum by Family Planning ASHA's, ANM's and other service providers.

- Overlooking quality of services through State and District level Quality Assurance Committees.

Family Planning Program

Though goal of achieving Total Fertility Rate (TFR) 2.1 by the year 2012 has already been achieved in Delhi where now the TFR stands at 1.8, yet due to dynamic nature of population, the focus on contraceptive services is maintained and in the recent years due to availability of two types of Intrauterine Contraceptive Device (IUCD), one with 10 years duration, the focus is more and more on this method. Also other modern contraceptive methods are provided as per women's choice in all health facilities contributing to coverage of around 3.0 lakh additional couples every year with IUCD, sterilization and oral contraceptive pills (OCP). The data annexed substantiates the same.

Other achievement under the Program:

- World Population Day celebrated on 11.07.2014.
- “Dampati Sampark Pakhwada” or “Mobilization Fortnight” from 27th June, 2014 to 10th July, 2014 and Jansankhya Sthirta Pakhwada” or “Service Delivery Fortnight” from 11th July, 2014 to 24th July, 2014 Brief report annexed.
- FP 2020 Orientation & Dissemination Workshop (Brief at annexed)

Implementation of PC-PNDT (1994):

- Sex ratio at birth and 0-4 years in the district
- Facility-wise sex ratio (in first and consecutive births)
- Meeting of District Appropriate Authorities & District Advisory Committee
- Search and seizures, prosecution and convictions

Adolescent Health and other important programme interventions:

- Demand generation activities & service delivery through VHND; ASHAs/AWWs for Immunization sessions, vaccines availability, Due list etc
- Status of Adolescent Health Clinics & their utilization
- Anemia across life cycle (for children, pregnant women, adolescent girls and boys, women in reproductive age group): availability of appropriate drug formulation, platform for distribution, number of beneficiaries
- WIFS (Weekly Iron and Folic Acid Supplementation)
- Menstrual Hygiene Scheme

JANANI SURAKSHA YOJANA (JSY):

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women. It integrates cash assistance to pregnant women belonging to SC, ST and BPL category for delivery and post-delivery care. The accredited social health activist (ASHA) is being identified as an effective link between the Government and the pregnant women to facilitate in implementation of this programme.

Notification of JSY scheme under e-SLA(Service level Agreement). Accordingly JSY payment is to be disbursed within stipulated time into the account of beneficiary under DBT mode.

As per information available on PFMS portal 1693 Adhar based payment have been made to JSY beneficiaries under DBT wef 1-4-2014 to 26-11-2014.

JANANI SHISHU SURAKSHA KARYAKRAM (JSSK):

Under this scheme free and cashless services will be provided to all pregnant women irrespective of any caste or economical status including normal deliveries and caesarean operations and to sick infants (from birth to 1 year of age) in all Government health institutions in both rural and urban areas. JSSK supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick infant. Besides this, it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality and Infant mortality rates.

The Free Entitlements under JSSK would include: Free and Cashless Delivery, Free C-Section, Free treatment of sick infants up to 1 year, Exemption from User Charges, Free Drugs and Consumables, Free Diagnostics, Free Diet during stay in the health institutions for 3 days in case of normal delivery and 7 days in case of caesarean section, Free Provision of Blood, Free Transport from Home to Health Institutions, between facilities in case of referral and also Drop Back from Institutions to home after discharge from the Govt. facility. Free Entitlements for Sick Infants till 1 year after birth similarly include Free treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Exemption from user charges, Free Transport from Home to Health Institutions, between facilities in case of referral and Free drop Back from Institutions to home.

Safe Motherhood Day Celebrated on 11th April, 2014

11TH April is observed as safe motherhood day every year. It is the right of every woman to remain healthy before and after child birth. To reduce morbidity and mortality related to motherhood awareness generation amongst the target population is thus necessary. According to meet this objective, nearly 700 Medical Officers, 58 PHNs, 1800 ANMs & 4300 ASHSA workers participated intensely in generating awareness during the week from 7th April to 12th April, 2014 in the form of Health talk and Focused Group Discussion, service delivery, counseling on family planning & contraception, Safety & security provided by vaccines to their infants & children, Danger signs in pregnancy, where & when to report, CATS ambulance toll free contact for emergency call, etc etc.

List of Sick Neonatal Care Units (SNCUs)

S.No.	District	Name of Institution
1.	North East	Jagpravesh Chander Hospital
2.	North West	Dr. Baba Saheb Ambedkar Hospital
3.		Sanjay Gandhi Memorial Hospital
4.	North	Maharishi Valmiki Hospital
5.	South	Pt. Madan Mohan Malviya Hospital
6.	East	Lal Bahadur Shastri Hospital
7.	West	Guru Gobind Singh Hospital
8.		Acharya Bhikshu Hospital
9.		Sardar Valabhbhai Patel Hospital
10.	South West	Dada Dev Hospital
11.	Central	Kasturba Hospital
12.		Hindu Rao Hospital
13.	Shahdara	Swami Dayanand Hospital
14.		Dr. Hedgewar Arogaya Sansthan

List of Nutritional Rehabilitation Centres (NRCs)

S.No.	District	Name of Institution
1.	North East	Jagpravesh Chander Hospital
2.	North West	Dr. Baba Saheb Ambedkar Hospital
3.		Sanjay Gandhi Memorial Hospital
4.		Bhagwan Mahavir Hospital
5.	North	Maharishi Valmiki Hospital
6.	East	Lal Bahadur Shastri Hospital
7.	West	Guru Gobind Singh Hospital
8.		Acharya Bhikshu Hospital
9.		Deen Dayal Upadhaya
10.	South West	Dada Dev Hospital
11.	Central	Kasturba Hospital
12.		Hindu Rao Hospital
13.	Shahdara	Swami Dayanand Hospital
14.	New Delhi	Kalawati Saran

List of Newborn Stabilization Units (NBSUs)

S.No.	District	Name of Institution
1.	North East	Mty Home Yamuna Vihar
2.		Mty Home Karawal Nagar
3.		Mty Home Seelampur
4.	North West	Mty Home Haiderpur
5.		Mty Home Mangolpuri
6.		Mty Home Rohini Sector 3

7.		Mty Home Shakurpur
8.		Mty Home Rana Pratap Bagh
9.		Mty Home Shakur Basti
10.		Mty Home Tri Nagar
11.	North	Mty Home Shahbad Daulatpur
12.	East	Mty Home Khichripur
13.	West	Mty Home Jwalapuri
14.		Mty Home Vishnu Garden
15.		Mty Home Madipur
16.	South East	Mty Home Srinivas Puri
17.	Central	Mty Home Kamla Nehru
18.		Mty Home Shakti Nagar
19.	Shahdara	Mty Home Chandiwala
20.		Mty Home Seemapuri

List of New Born Care Corners (NBCCs)

S.No.	District	Address of the Facility
1.	North	MH. Bhaktavar Pur
2.		MH Narela
3.		MH Shahbad Daulat Pur
4.		MH Bhai Parmanand
5.	East	MH Khichripur
6.		MH Patparganj

7.		MH Geeta Colony
8.	West	IPP VIII Jwalapuri
9.		MH Madipur
10.		MH Subhash Nagar
11.		MH Vishnu Garden
12.	North West	IPP VIII Haiderpur
13.		MH Rani Bagh (Shakur Basti)
14.		MH Shakurpur
15.		MH Rana Pratap Bagh
16.		MH Tri Nagar
17.		MH Mangolpuri
18.		MH Sector – 3 Rohini
19.		ESI Hospital, Rohini
20.	North East	MH Yamuna Vihar
21.		MH Karawal Nagar
22.		MH Seelampur
23.		JPC Hospital
24.	Central	MH Jawahar Nagar
25.		MH Shakti Nagar
26.		MH Gulabi Bagh
27.		MH Regarpura
28.		MH Kamla Nehru
29.	New Delhi	MH Naraina
30.	Shahdara	MH Kanti Nagar
31.		MH Chandiwalla
32.		IPP VIII Seemapuri

33.	South East	IPP VIII MH Defence Colony
34.		MH Jungpura
35.		MH Srinivasपुरi
36.		MH Badarpur
37.	South West	RHTC Najafgarh
38.	South West	Brahmaprakash

List of Infant & Young Child Feeding Practices (IYCF)

S. No.	District	Name of the Institute
1.	North	Maharishi Balmiki Hospital
2.	North	Aruna Asaf Ali Hospital
3.	South	Pt. Madan Mohan Malviya Hospital
4.	South	PP Unit Kalkaji
5.	South	Maternity Home Defence Colony
6.	East	Lal Bahadur Shastri Hospital
7.	West	Guru Gobind Singh Hospital
8.	West	Acharya Shree Bhikshu Govt. Hospital
9.	West	Sardar Vallabh Bhai Patel Hospital
10.	West	IPP VIII Jwalapuri
11.	North-West	Sanjay Gandhi Memorial Hospital
12.	North-West	Dr. Baba Saheb Ambedkar Hospital
13.	North-West	Satyawadi Raja Harish Chander Hospital
14.	North-West	Bhagwan Mahavir Hospital
15.	South-West	PUHC Qutub vihar
16.	South-West	Rao Tula Ram Memorial Hospital
17.	South-West	DGHC Sector-4

18.	South-West	DGHC Sector-14
19.	South-West	DGHC Chawla
20.	Central	Hindu Rao Hospital
21.	Central	Kasturba Hospital
22.	Shahdara	Swami Dayanand Hospital
23.	Shahdara	Guru Tegh Bahadur Hospital
24.	New Delhi	Maternity Home Naraina
25.	New Delhi	Kalawati Saran Children Hospital
New Units		
26.	North	BJRM Hospital
27.	West	Deen Dayal Hospital
28.	North-West	ESI Rohini
29.	North-West	IPPVIII Haiderpur
30.	South-West	RHTC
31.	South-West	Ch. Brahm Parkash
32.	South-West	MH Raj Nagar
33.	North-East	Jag Parvesh Chander Hospital

Chapter 11

DRUGS CONTROL DEPARTMENT

The Drug Control Department, GNCT of Delhi is an independent department under the Health & Family Welfare Deptt. GNCT of Delhi and is located at F-17, Karkadooma, Delhi-110032.

Main Activities

The department is enforcing the provisions of the following central enacted laws:

Drugs & Cosmetics Act, 1940 and the rules framed thereunder.

Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 and the Rules framed thereunder.

Drugs (Price Control) Order, 1995.

The enforcement of the above noted laws is carried out by the Drugs Inspectors of this department by way of required inspections of the manufacturing units of allopathic drugs, surgical dressing, diagnostic reagents, Homeopathic medicines, cosmetics as well as the sales units located in Delhi. The Drug Inspectors take samples of drugs and cosmetics from the manufacturing and sale premises for ascertaining the quality of the drugs available in Delhi.

Under the Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 various advertisements published in media are scrutinized with reference to misleading/false claims of Drugs to cure certain diseases, if violation under the Act or the rules is observed appropriate action is taken against the person/firm/advertiser as the case may be.

For the enforcement of Drug (Price Control) Order, 1995 the department, in coordination with National Pharmaceuticals Pricing Authority , keeps a track of the drugs that are being sold in Delhi to the consumers do not exceed the maximum retail price fixed by the Government/manufacturer.

Recent Initiatives taken by the Drug Control Department

With view of have better administrative control, better enforcement of the drug laws and more transparency major structural changes has been carried out in the Drug Control Department. Delhi has been divided into 09 districts following the revenue pattern already in vogue in several other departments. All the licensees whether manufacturer /wholesaler and retailers have been sub divided into the district pattern instead of the age old head wise system being followed in the department.

Development of dedicated website of the Department

The website of the Drug Control Department was launched in the year 2009 having url address www.drugscontrol.delhigovt.nic.in . This website is already functional and provides details about different licensees i.e.

retailers, wholesalers, distributors, drugs, manufacturing units, blood banks, approved testing laboratories with their names, addresses, licenses details etc. located at Delhi. The organizational structure and contact numbers and addresses of the officials of the department, procedures to be followed for applying grant of different types of licenses and different statutory forms and citizen charter are also available on the website. Some frequently asked questions are also provided for the help of the general public and prospective licensees. The objective is to update information from time to time and provide error-free information about the department on the website about the licensees under the new district wise pattern of Delhi.

Activities & Achievements of Drugs Control Department for the year 2013-14.

SNo.	Activity	Total During the Year
	Inspections	
A	Manufacturing Units:	359
b.	No. of cases where violation detected	10
c.	Sales establishments:	5856
d.	No. of cases where violation detected	382
	Special Inspections	
a.	Manufacturing Units:	12
b.	No. of cases where violation detected	01
c.	Sales establishments:	52
d.	No. of cases where violation detected	15
	Complaints	
a.	No. of complaints received	78
b.	No. of cases where violation detected	51
c.	No. of cases where stock of drugs/cosmetics/documents seized	05

	Sample For Test/Analysis	
a.	No. of samples collected	445
b.	No. of test reports received	235
c.	No. of samples reported as standard quality	209
d.	No. of samples reported as not of standard quality	26
e.	No. of samples found spurious	--
	Departmental Action	
a.	No. of cases where licences cancelled	--
b.	No. of cases where licences suspended	233
c.	No. of cases where warning issued	12
	Prosecution	
a.	No. of cases launched	04
b.	No. of cases decided	13
c.	No. of cases convicted	11
d.	No. of cases acquitted/discharged	02
e.	No. of cases pending in the court + High Court Misc. petitions	103
	Details Of Firms Where Licences Granted/Cancelled	
	Sales Establishments granted licences	
a.	Allopathic Sales Establishments	1977
b.	Restricted Sales Establishments	--
c.	Homeopathic sales Establishments	02

	Manufacturing units granted licences	
a.	Allopathic Drugs Mfg. Units	--
b.	Homeopathic Medicines Mfg. Units	--
c.	Cosmetics Mfg. Units	--
	No. of sale firms where licences surrendered and cancelled	
1.	Allopathic Sales Establishments	768
2.	Restricted Sales Establishments	--
3.	Homeopathic sales Establishments	--
4.1.	Allopathic Drugs Mfg. Units	--
4.2.	Homeopathic drugs Mfg. Units	--
4.3.	Cosmetics Mfg. Units	--
	NO. OF LICENCED FIRMS AT THE END OF THE YEAR	
1.	Sales Establishment (Total)	18233
1.1	Allopathic Drugs	17311
1.2	Restricted Drugs	581
1.3	Homeopathic	341
2.	Mfg. Establishment (Total)	746
2.1	Allopathic Drugs	226
2.2	Homeopathic Drugs	05
2.3	Cosmetics	15

Chapter 12

DEPARTMENT OF FOOD SAFETY

Introduction:-

Since its creation in the year 1977, the Department of Food Adulteration was implementing PFA Act.1954 till 04/08/2011 and thereafter this Act was replaced by Food Safety & Standard Act, 2006 which is being implemented since 05/08/2011. Food Safety Act, 2006 is being implemented since 05/08/2011, consequently the Notification for change of name of the Department from Directorate of Prevention of Food Adulteration to “Department of Food Safety” has been issued.

Various activities undertaken by the department are as under:-

Achievements of Department during Financial Year 2013-14:-

The Department of PFA was not issuing any license under PFA Act.

However for the first time, the Department has started accepting application for grant of registration/licenses to Food Business Operators under FSS Act, 2006. The Process has been started with online system of Registration and licensing.

During the year 2013-14 the Total number of License issued 4580 and total number of Registration issued 48.

Food Laboratory :-

Food laboratory of the Department of food safety analysis food samples as per standards laid down under the food safety and standards Act. 2006. During the year 2013-14 the total no. of samples analyzed were 1188 and out of these total 118 violation cases were found. Apart from the above, 250 samples lifted for the surveillance purpose were also analysed ingredients to be used for the preparation of food to be served to VVIPs in PM House, President House and during the visit of foreign dignitaries.

Achievement of Prosecution Branch.

Prosecution branch is handling the prosecution files under FSS Act.

There are two class of offences i.e unsafe and other of misbranded, substandard or other violations of FSS Act. for the year 2013-14.

With regard to orders of ADM Courts.

April' 2013 to March' 2014- fine imposed	:Rs.	5,46,000
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with regard to orders of trial Court.

April' 2013 to March' 2014__Fine Imposed	:Rs	9,93,000
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Submitted for information as referred above. Total	:Rs.	15,39,000
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Consumer Awareness / Education :

During the year 2013-14 the Department of Food safety Govt. of Delhi has participated in various melas like 1. Perfect Health Mela organized by Heart Care foundation of India. 2. Meri delhi Utsal organized by NNS Events. 3. Street Food Festival Organized by NASVI (National Association of Food Vendors of India) and has also undertaken other activities for public awareness regarding the concept safe food. During the festival season special awareness meetings were organized with the specific groups of traders like mava Associations, Havai Associations and also the caterers.

Chapter 13

PERFORMANCE OF DELHI STATE AIDS CONTROL SOCIETY

Introduction

The Delhi State AIDS Control Society is an autonomous body of Delhi Govt. It became functional from 1st November, 1998 and a nodal agency which is responsible for implementing the National AIDS Control Programme funded by Govt. of India. The main objective of the society to prevent and control HIV transmission and to strengthen state capacity to respond to long-term challenge posed by the epidemic. The society is implementing various components through various departments/ institutes of Govt. and Non-Government.

Service Center of DSACS

Facilities	Numbers
District AIDS Prevention in convergence with Delhi State Health Mission/NRHM	4 (North, East, Central, North-East)
Targeted Intervention (TI) Projects for High Risk Groups & Bridge Population	105(40-FSW, 17-MSM, 8-Transgender, 19-IDUs, 4-Truckers, 17 Migrant) Projects
Opioid Substitution Therapy (OST) Centers for Injecting Drug Users	8 (4NGO Based & 4 Public Health Facilities)
Integrated Counseling and Testing Centers (ICTCs) for HIV counseling and testing	89 standalone, 3 Mobile, 3 PPP ICTC, 131 F-ICTCs
Sexually Transmitted Infection (STI) Clinic	28
Apex STD Center & Regional STD center(S.J. Hospital & MAMC)	2
Anti Retroviral Treatment (ART) centers for first line ART	9
Center for Excellence (COE) for ART, MAMC, for 2 nd line ART	1
Pediatric COE/ RP, Kalawati Saran Children Hospital	1
Community Support Centers (CSC)	2
PLHIV Help Desks (Earlier DICs)	5

Model Blood Bank(IRCS & DDU Hospital)	2
Blood Bank (DSACS Supported)	20 (12-BCSU, 5- MBB, 3-DLBB)
Regional Blood Transfusion Centers(RBTCs)	9
National Reference Lab (AIIMS &NDMC) + State Reference labs(LHMC, SJH, UCMS, MAMC)	2+4
Blood Storages centers	10
Red Ribbon clubs in college	82
Youth friendly Health Center at Jamia Milia Islamia	1

Targeted Intervention

Delhi State AIDS Control Society (DSACS) has been implementing 106 Targeted Intervention Projects in partnership with Non Government Organizations (NGOs) and Community Based Organizations (CBOs). It is a peer led intervention wherein services like regular outreach and behavior change communication, STI treatment and management, free condom distribution to High Risk Groups, counseling, clean needle and syringes, abscess management and Opioid Substitution Therapy (OST) for IDUs and other services like HIV testing and ART through referral and linkages are provided at their doorsteps.

During FY 2013-14 about 77900 High Risk Groups were covered Out of which, 44600 Sex Workers followed by Men having Sex with Men (MSM) (16200), Transgender (5200) and Injecting Drug Users (IDUs) (11900). About 235000 Migrant Workers and 50000 Truckers have been covered in this year.

Information Education Communication

Major IEC activities undertaken during 2013-14 i.e. DTC Bus Back panel, Bus Queue Shelter, Inside Metro panel, Platform Panel, Metro Railing panels, LED campaign, Nukkad Natak performances, Newspapers Advertisement, Permanent & Temporary Hoardings etc. Apart from that DSACS developed new creative on different themes. DSACS had observed important events like World blood donor day, International Youth Day, National Voluntary Blood Donation Day, International Women's Day and some other event in collaboration with NACO i.e. walk for life for HIV Positive persons with Miss Universe Olivia culpo,

The detailed activities are as follows: -

Mass Media

- Newspaper advertisement released in 17 Newspapers of different languages to observe National Youth Day.
- Advertisement on PMTCT in three Hindi Magazines.
- Smoothly running of IVRS Helpline throughout the year.

Outdoor Media Campaign

- DTC Bus back panel - Advertisement in the 18 DTC Bus Back rear panels covering major routes in Delhi disseminating the messages of modes of transmission of HIV targeting youth Population.
- Metro Train inside Panel -Display of creative/designs on HIV/AIDS awareness through 1080 inside Metro panels in three Metro Lines in 20 trains traversing the entire Delhi, which is the hub of modern transport Media in Delhi.
- Bus Queue Shelter - IEC campaign through Bus Queue Shelters in prominent sites/locations of Delhi focusing youth, women, migrant & under privileged population.

Permanent Hoardings

40 existing Permanent & 32 Temporary hoardings were erected with thematic messages on HIV/AIDS in different prominent locations in Delhi covering general population.

Metro Train Platform Panels

Display of creative/designs on HIV/AIDS awareness through 14 Metro Platform panels at Six Metro stations in Delhi.

- Metro Railing Panels- Display of creative/designs on HIV/AIDS awareness through 1280 Metro Railing panels in three Metro Lines in Delhi.

LED Campaign-

LED campaign on HIV/AIDS awareness at Delhi Cantt & ITO.

Mid-Media Campaign

Three IEC vans (Red Ribbon Van & MITWA) were plied in different targeted Intervention sites for counseling & testing, distribution of IEC material and condom promotion during this AAP-2013-14.

Nukkad Natak Performance

Nukkad Natak were performed with Red Ribbon Van, at different Mega camp/, Health Melas etc.

Financial Assistance Scheme of Delhi Government.

Delhi State AIDS Control Society is implementing Financial Assistance Scheme of Delhi Government. This scheme was launched in year 2012. In this scheme DSACS is providing assistance in 4 categories i.e.

People living with HIV/AIDS/Children living with HIV/AIDS, Orphan Children infected with HIV/AIDS, Destitute children infected with HIV/AIDS and Orphan Children affected by HIV/AIDS. The main objective of the scheme is to Increasing access Anti Retroviral Treatment- Money provided for transpiration cost to access Anti Retroviral Treatment. This will help achieve > 95% drug adherence and prevent emergence of drug resistance and need for costly second line treatment.

Improving nutritional status and physical capacity of the person to earn livelihood.

Help Orphan children in accessing anti retroviral treatment, treatment of other infections that they are at risk, nutritional support, education and skill building.

Till now there are total of 1778 beneficiaries.

The criteria of enrollment in scheme and number of beneficiaries in each category are as following:

Category	Beneficiary for the scheme	Eligibility criteria	Assistance per month	No. of beneficiaries
1.	People living with HIV/AIDS on ART in Delhi for minimum last 1 year	Resident of Delhi for last 3 years and annual family income should not exceed Rs. 1.0 Lakh	Rs. 1000	1727
2.	Orphan Children infected with HIV/AIDS (age: < 18 Years)	Both parents died and at least one due to HIV/AIDS	Rs. 2050/-	17
3.	Destitute children infected with HIV/AIDS (age: < 18 Years)	Child in institutional care and on ART in Delhi	Rs. 2050/-	22
4.	Orphan Children affected by HIV/AIDS (age : < 18 Years)	Both parents died and at least one due to HIV/AIDS and care giver should be resident of Delhi	Rs. 1750/-	12
Total				1778

Integrated Counseling and Testing Centre

Integrated Counseling and Testing Centre (ICTC) is a place where a person is counseled and tested for HIV, on his own free will or as advised by a medical provider. At Integrated Counseling and Testing Centre (ICTC) the clients undergo an HIV test in a supportive and confidential environment. In ICTCs, clients know about other linkage services i.e. HIV prevention, care and treatment services and get the access accurate information about HIV prevention and care. Those people who found HIV-negative are supported with information and counseling to reduce risks and remain HIV-negative and those people who found HIV-

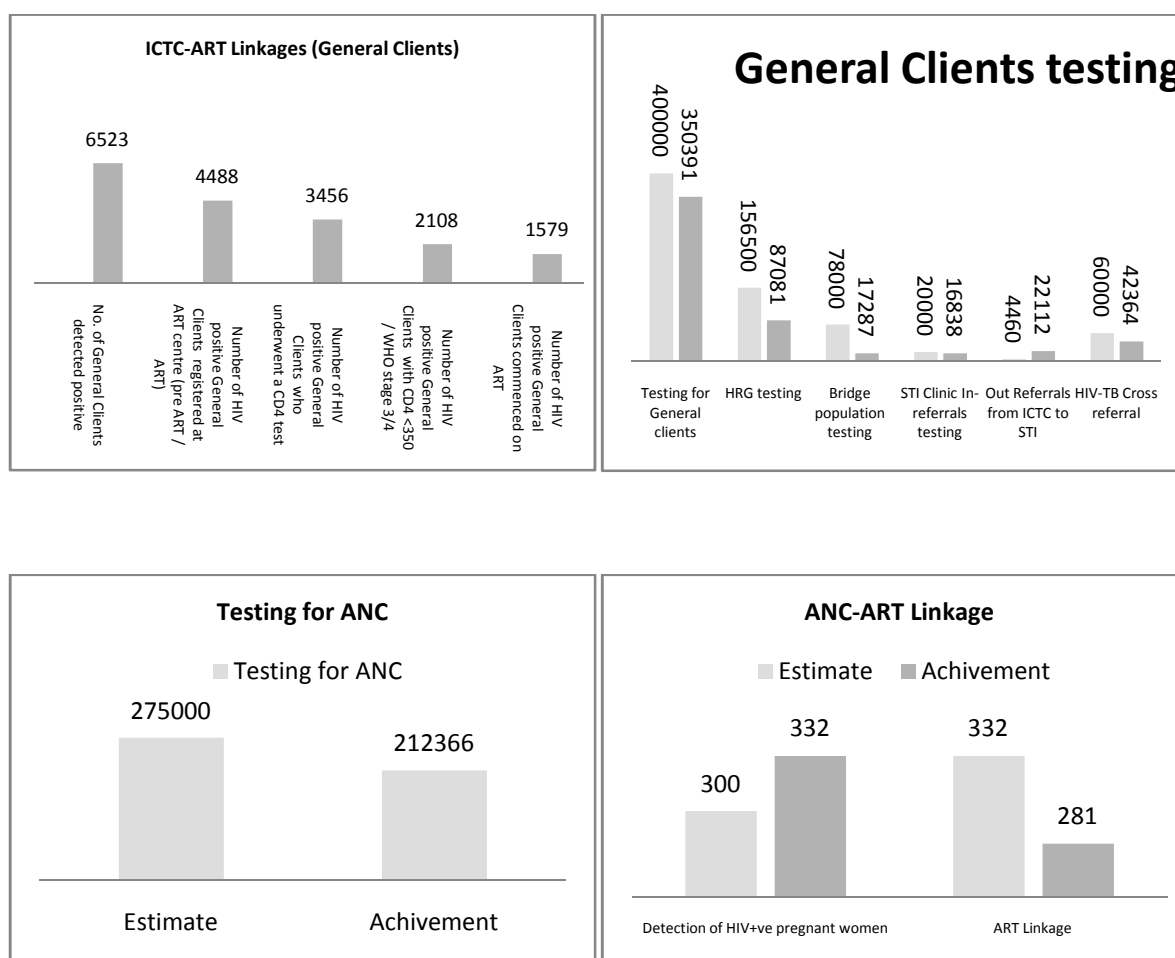
positive are provided psychosocial support and linked to treatment and care. An ICTC Counselor has an aimed when counseling the clients to providing information on HIV/AIDS and bringing about behavior change in the client.

In the year 2013-14, there were 89 stand alone ICTCs, 3 FICTCs in Public Private Partnership mode were existing and 120 new Facility Integrated Counseling and Testing Centers were established in sub-district health facilities of Delhi to increase the detection of Antenatal HIV positivity and to upscale HIV prevention and care services in Delhi.

HIV-TB Activities in the last 1 year had shown a marked improvement in collaborative activities and strengthening of linkages between both the programmes as both the officials from RNTCP and Delhi SACS took an active interest in dealing with HIV-TB co-infection detection.

The guidelines of PMTCT programme was revised by the NACO as per WHO norms and the ICTC division of DSACS is planning to roll out the same in Delhi by the F.Y. 2014-15 and related activities including the trainings & logistic arrangements have been going at high pace and speed for successful implementation of the programme in Delhi.

ACHIEVEMENTS AGAINST ESTIMATES (in 2013-14)



Blood Safety

Blood Transfusion Services play a vital role in health care delivery system. Under Blood Safety component various activities are being taken up by Delhi State AIDS Control Society (DSACS) to ensure supply of safe blood and blood products. In Delhi availability of Blood is insured through a network of 68 Blood Banks out of which 20 are NACO supported Blood Banks (2 Model Blood Banks, 12 Major Blood Banks with Blood Component Separation Units, 2 Major Blood Banks, 4 District Level Blood Banks, and 3 Government Blood Banks (ESI, ATFC & Northern Railway Hospital) are supported by NACO.

Blood Safety Program DSACS provides technical support in form of Manpower that includes Lab Technicians, Counselors, and Drivers for three Blood Mobiles & one Blood Transport Van, financial support in form of contingency grant in aid, procurement of Blood bank consumables. These supports are provided as per their classification & budget allocation in Annual Action Plan. Supportive supervision with Drug Inspector from Drug Control Department Govt. of NCT of Delhi to NACO supported Blood Banks is being done on regular basis which helps them to improve in routine blood bank functioning.

Also for making Voluntary Blood Donation approachable at door steps, three Blood Banks in Delhi are provided with Blood Mobiles each (Blood Bank- IRCS, Dr. RML Hospital & DDU Hospital). This way making convenient for public to participate in voluntary blood donation drive.

In order to promote & making public aware on voluntary blood donation, two days in the year are earmarked by WHO - World Blood Donors Day on 14th June & National Voluntary Blood Donation Day on 1st October. These two days are being observed by Blood Safety Division DSACS in association with NACO and other stake holders.

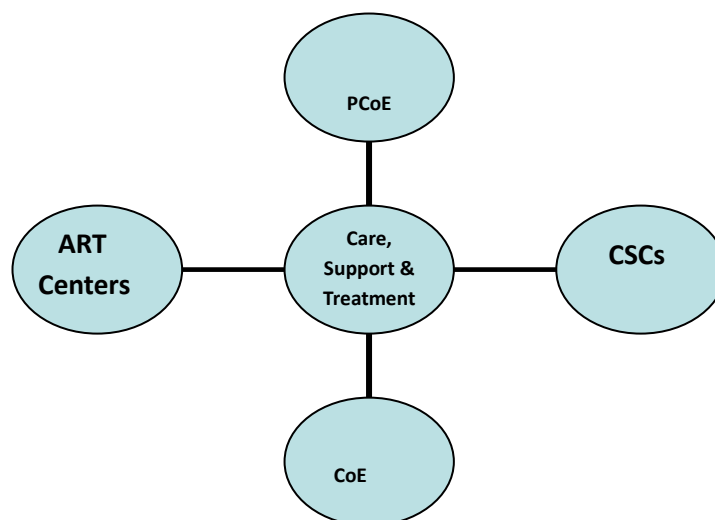
World Blood Donor Day on 14th June 2013 was observed by organizing a State level event at Auditorium, Delhi Secretariat. The program was graced by Hon'ble Minister of Health & Family welfare, Govt. of NCT of Delhi as Chief Guest along-with Secretary (H & FW), Govt. of NCT of Delhi. Regular repeat Voluntary Blood Donor Camp Organizers & Donors were felicitated on this occasion.

National Voluntary Blood Donation Day was observed by organizing a National event on 1st October 2014 at Auditorium, PGI Block, Dr. RML Hospital where Hon'ble Union Minister of Health & Family Welfare graced the occasion as chief guest along-with Secretary (H & FW), Govt. of India, D.G. (NACO) and other dignitaries. Miss Universe 2012-13 also graced the occasion. Voluntary Blood Donors, individuals working for the cause of Voluntary Blood Donation and organizations were felicitated on this occasion.

National AIDS Control Program (NACO) GOI, in 2009 envisaged setting up of one Center of excellence (COE) in transfusion medicine in the Delhi. The COE would be a Regional centre, cater not only to the blood supply & promote 100% collection through Voluntary Donations and automated screening of donated blood through state of the art equipments and skilled manpower but would also help to create much needed expertise in the field of transfusion medicine and serve as the centre for referral and training. The center will be attached to one medical college of the city for conducting academic course on transfusion medicine. NACO will be coordinating with Delhi State AIDS Control Society (DSACS) for setting up of Metro Blood Bank in Delhi.

Care, Support and Treatment Division

Care, Support & Treatment division of Delhi SACS provide its services to PLHIVs through its Nine Antiretroviral Treatment centers (ARTC), One Center of Excellence (CoE), One Pediatric enter of Excellence (PCoE) and Two Community Support Centers.



April'2014 also marks the completion of ten years of free Antiretroviral treatment rolled out in India.

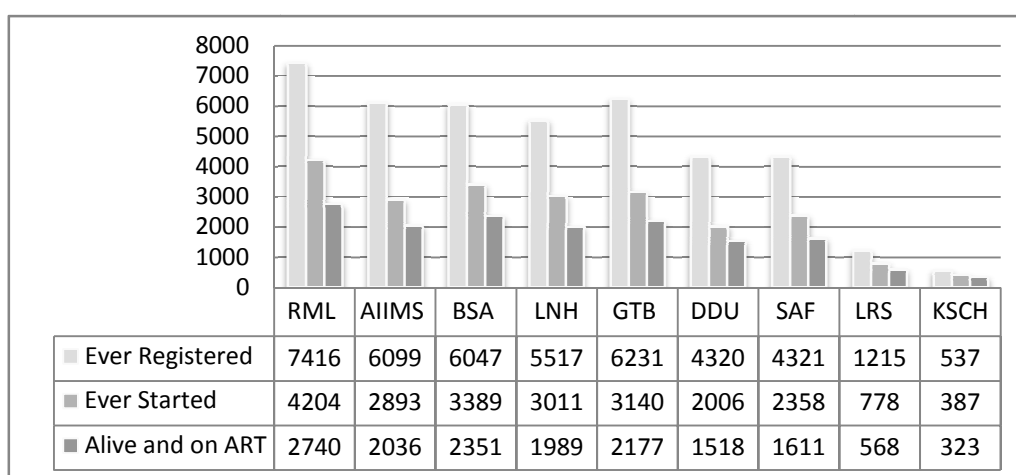
In the past decade, ART services in Delhi have witnessed a significant achievement in providing Treatment to PLHIVs. An overview of the relevant indicators of ART services are briefly summarized in Table.1

Table.1 An Overview of the relevant indicators from April 2013 to March 2014

Sr. No.	Indicator	Annual Achievement
1	PLHIV Ever registered at ART centers	42590
2	PLHIV Alive and on First line ART	16038
3	PLHIV Alive and on second line ART	374
4	CLHIV registered in HIV Care	2345
5	CLHIV Alive and on ART	1021
6	Pregnant women initiated on ART	531
7	HIV- TB Co-infected patients initiated on ART	3351
8	OI Episodes treated	2725

The individual performance of all ART centers in the last ten years is reflected in Table.2 for Numbers of PLHIVs Ever Registered in ART centers, Ever Started on ART and Alive & On ART.

Table.2 ART Performance at the end of March, 2014



Further, a comparison has been drawn to major indicator of ART services depicted in table 3 & 4.

Table.3 Number of PLHIVs Ever Started on ART in March 2013 & March 2014

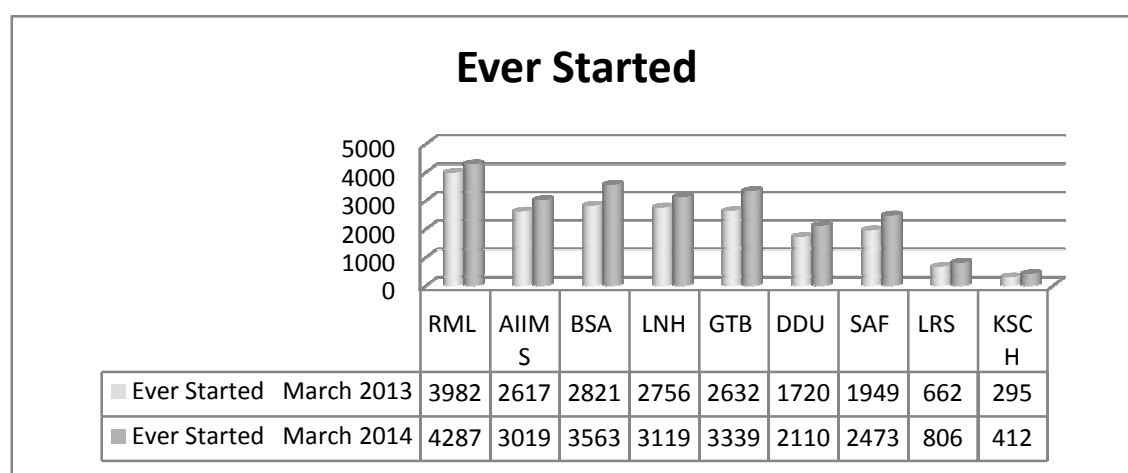
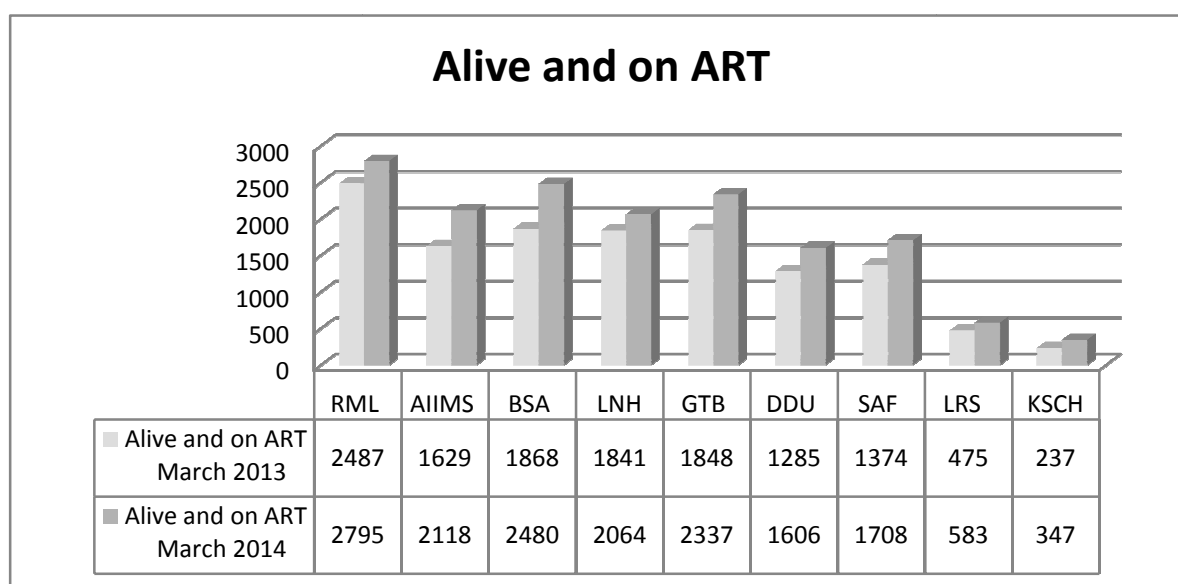


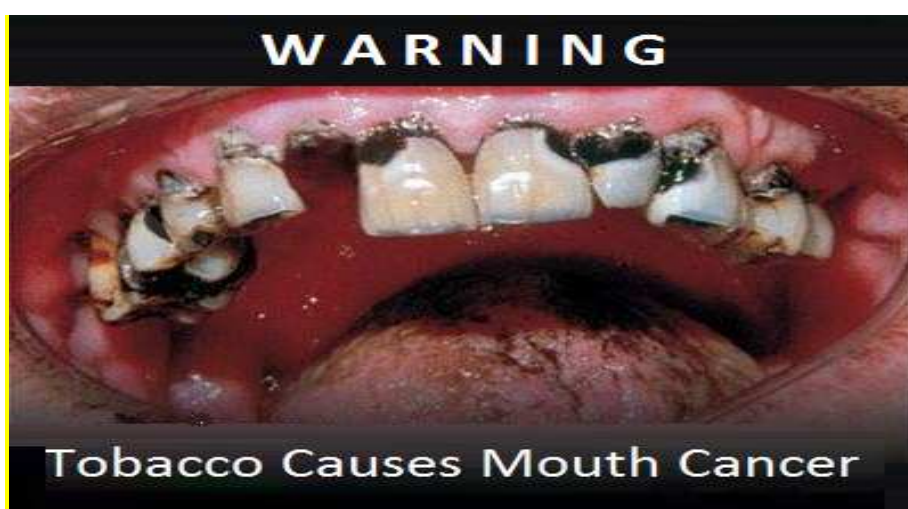
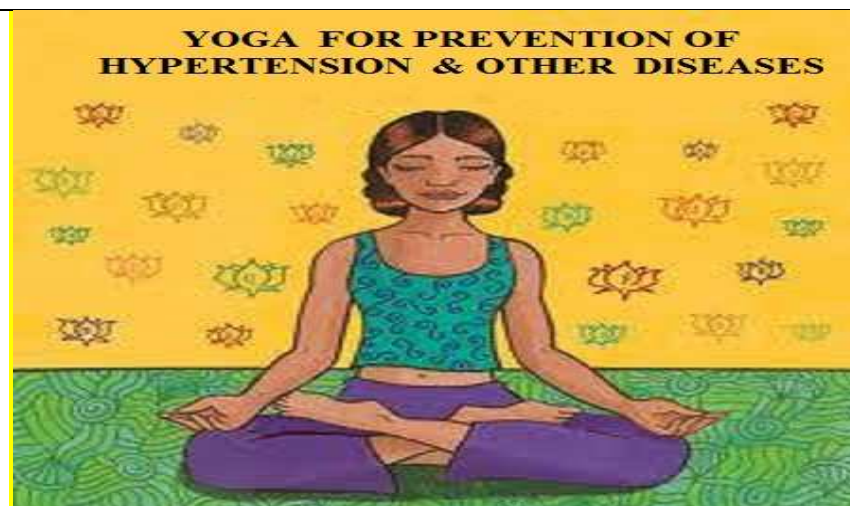
Table.4 Number of PLHIVs Alive and on ART in March 2013 & March 2014



It is creditable that Delhi SACS has achieved 109% of number of Opportunistic Infections treated in 2013-2014 with total number of OIs treated as 2725 against 2500 as annual target. Also, the number of Pregnant women initiated on ART/ARV Prophylaxis were 531.

Status of Second Line ART at the End of March 2014 is as follows:-

Total number of PLHA referred to SACEP for assessment	:	1059
Total number of PLHA found eligible for 2nd line ART	:	504
Total number of patients ever started on 2nd line ART	:	487
Cumulative number of patients Alive and on ART	:	370



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