

CHAPTER 16

HEALTH & FAMILY WELFARE

Govt. of NCT of Delhi is committed to providing quality health care services to its all Citizens. The focus is on preventive and promoting aspects of healthcare with efforts to make the healthcare delivery system accessible and affordable to all through a holistic, humane and patient-centric approach. There is a constant endeavour to keep communicable and non-communicable diseases in check and to establish strong systems of recording, reporting and planning

2. Health & Family Welfare Department, GNCTD is making all possible efforts for strengthening primary and secondary healthcare infrastructure by setting up new Aam Admi Mohalla Clinics and Polyclinics besides robust diagnostic facilities. The Government is striving hard to enhance the number of hospital beds by remodelling & expansion of already existing Delhi Govt hospitals. Similarly, 94 Delhi Govt Dispensaries would be remodelled to be converted into Polyclinics. Radiological diagnostic services like MRI, CT, PETCT, TMT Echo etc are being provided free of cost to all residents of Delhi at empanelled DGEHS centers subject to a referral from public health facilities of the Delhi Govt. The Government has also started, Free Surgery Scheme for surgeries at empanelled private hospitals after referral from 24 Delhi Government Hospitals. Dialysis services are also being provided in selected Delhi Govt. Hospitals through PPP mode.
3. Directorate General of Health Services (DGHS) under the Health & Family Welfare Department, Government of NCT of Delhi, is the agency committed to providing better health care. It coordinates with other government and non-government organizations to deliver medical facilities in Delhi. As on 31st March 2018, there were 88 Hospitals, 7 Primary Health Centers, 1298 Dispensaries, 230 Maternity Homes & Sub Centers, 54 Polyclinics, 1160 Nursing Homes, 124 Special Clinics and 17 Medical Colleges available in Delhi. The Delhi Govt alone is a significant contributor in case of primary health care having 656 (51%) dispensaries as on date including 182 Allopathic Dispensaries, 166 Aam Aadmi Mohalla Clinics (pilot + regular), 60 Seed Primary Urban health Centers (PUHC), 44 Ayurvedic, 21 Unani & 104 Homeopathic Dispensaries, 24 Mobile Clinics, 55 School Health Clinics. The information regarding Health Infrastructure in Delhi during the last 8 years is presented in Statement 16.1

Statement No 16.1

HEALTH INFRASTRUCTURE FACILITIES IN DELHI DURING THE PERIOD 2010-2017

S. No.	Health Institutions	2010	2011	2012	2013	2014	2015	2016	2017
1	Hospitals*	86	91	94	95	95	94	83	88
2	Primary Health Centers	8	8	5	5	2	5	7	7
3	Dispensaries**	1101	1239	1318	1451	1389	1507	1240	1298
4	Maternity Home & Sub Centers***	260	259	267	267	267	265	193	230
5	Polyclinics	15	16	19	19	19	42	48	54 \$
6	Nursing Homes	676	679	750	855	973	1057	1057	1160
7	Special Clinics @	22	21	27	27	27	27	14@	124
8	Medical Colleges	11	12	14	16	16	17	17	17 #

Source – Dte of Health Services, GNCTD.

*Includes all Government Hospitals (Allopathic, Ayurvedic, Homeopathic and T.B. Clinics) but excludes maternity Homes & Primary Health Centers.

**Includes Allopathic, AYUSH, Dispensaries, Mobile Health clinics, Maternity Homes, M&CW centers, PP Units, UWCs.

***Includes Maternity Homes, Maternity Centers/sub-centres, Mobile M & CW Units, PP Units, Urban Welfare Centers.

\$ This includes 24 Delhi Govt Polyclinics which are converted from Delhi Govt dispensaries during the year.

@ Includes Chest Clinics & VD Clinics.

Only colleges running undergraduate medical courses (MBBS, BHMS, BAMS, BUMS & BDS).

4. It may be inferred from the above statement that the number of medical institutions in Delhi has increased gradually at a low rate. There are a number of reasons behind the slow pace of extension of new health outlets such as non-availability of land, shortage of manpower and multiplicity of agencies, etc. Moreover, all the hospitals especially major hospitals in Delhi attend heavy patient workload.
5. The agency-wise information regarding the number of medical institutions and bed capacity in Delhi as on 31st March 2018 is given in statement 16.2.

Statement 16.2

AGENCY-WISE NUMBER OF MEDICAL INSTITUTIONS AND BED CAPACITY IN DELHI

S. No.	Agencies	2017-18	
		Institutions	Beds sanctioned
1	Delhi Government	38	11353
2	Municipal Corporation of Delhi	51	3508*
3	New Delhi Municipal Council	2	221
4	Government of India (DGHS, CGHS, Railway, ESI, Army Hospitals, AIIMS, LRS Inst.)	21	9716
5	Other Autonomous Bodies {Patel Chest Inst. IIT Hospital, AIIMS, NITRD (earlier LRS)}	4	3095
6	Private Nursing Homes/Hospitals/Voluntary Organizations	1163	29301
	Total	1279	57194

Source – Dte of Health Services, GNCTD.

*RBTB hospital of North MCD has reduced beds from 1155 to 700.

6. The growth of Bed Capacity Since 2011 - According to the recommendations of the World Health Organization (WHO), the recommended bed-population ratio is 5 beds per thousand populations. However, the bed-population ratio in Delhi till 2017-18 has remained at 2.99 which was almost half of the prescribed level. The information regarding growth in the number of beds in medical institutions and bed-population ratio from 2011 onwards is presented in the following Statement:-

Statement 16.3

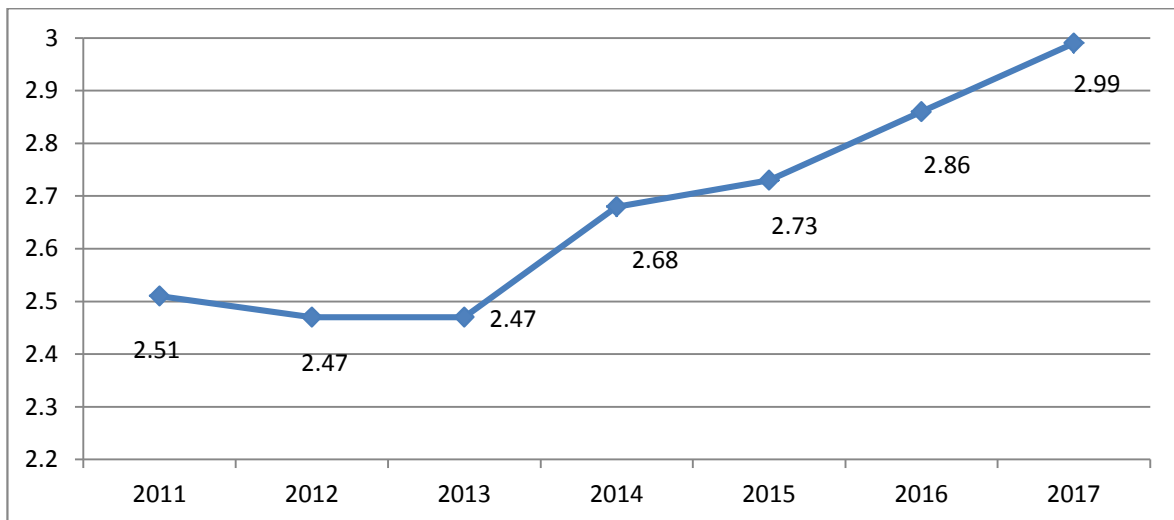
BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI 2011-17.

Sl. No.	Year	Number of Hospital beds		
		Population (in '00') Projections by CSO	Beds Sanctioned	Beds per 1000 Persons
1	2011	169750	42598	2.51
2	2012	173000	42695	2.47
3	2013	176310	43596	2.47
4	2014	179690	48096	2.68
5	2015	183140	49969	2.73
6	2016	186640	53329	2.86
7	2017	191287	57194	2.99

Source – Dte of Health Services, GNCTD.

Chart No. 16.1

Bed Population Ratio (beds per 1000 persons) in Delhi



7. The total sanctioned bed capacity of medical institutions in Delhi was 57194 as on 31st March 2018 available 1279 (Govt./Pvt.) Medical Institutions (hospitals) in Delhi. The number of beds in the Medical Institutions operated by Government of India, Delhi Government & Local bodies constituted as 22.40 per cent, 19.85 per cent, 6.52 per cent respectively and beds in private nursing homes/hospitals/voluntary organizations were recorded at 51.23 per cent. In addition to the well-known government hospitals, Delhi has also shown the highest private sector participation in the health sector. The information regarding agency-wise medical institutions having the beds capacity in Delhi as on 31st March 2018 is depicted in Statement 16.2 while details of bed-population ratio from 2011 to 2017 are available in Statement 16.3. Bed population ratio has shown a marginal rise with 2.99 in 2017 from 2.51 in 2011. Besides new projects, the Government has also decided to remodel existing hospitals so as to add up new beds as per available FAR.
8. Status of major hospitals being constructed by Govt of NCT of Delhi –_Around 12 hospitals are being constructed or under the planning stage. A List of seven major projects showing details of the number of beds, date of approval by Competent Authority, project costs, etc is placed at Statement 16.4

Statement 16.4

LIST OF HOSPITALS WHICH ARE UNDER CONSTRUCTION

S. No.	Name of Hospital	Details of ongoing project
1	Hospital at Ambedkar Nagar	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. Revised Plan: Enhancement of bed strength to 600 beds. • Total cost – ₹ 180.95 Cr (600 beds Hospital) i.e. 125.90 Crores (200 beds) ₹ 55.09 Crore (enhanced 400 beds) has been approved vide cabinet decision no.2434 dated 22.10.2016 • Construction work was awarded to NBCC on Plot area 10000 sqm. • The project is expected to be completed in CFY 2018- 2019. • Present progress: 79%.
2	Indira Gandhi Hospital & Medical College Sector-9 & Sector - 17 at Dwarka	<ul style="list-style-type: none"> • A plot of measuring area: 14.83 Acre was purchased from D.D.A. on 06.05.1997 and handed over to PWD for construction of 750 (revised) bedded Hospital. • Tender awarded to M/s Larsen &Toubro Ltd. on a composite basis. • Construction started on 27.08.2014. 69 % of the progress reported by PWD. • Total cost of Rs.566.55 crore has been approved vide cabinet decision no. 2025 dated 06.06.2013. • Govt has decided to enhance its bed strength up to 1725 beds (1241 beds in Phase-I & 484 beds in Phase-II).
3	Hospital at Burari	<ul style="list-style-type: none"> • A plot of 17128.8Sq. Meter, was handed over from Gram Sabha, Panchayat Dept. to DHS on 15.03.1999. • Cabinet approved the project vide decision no.1926 dated 27.8.2012 at the cost of ₹ 208.11 Cr. (Capital ₹ 182.77 Cr. + Revenue ₹25.34 Cr.). • Now, Govt has decided to enhance its bed capacity (from 200 to 768 beds). • Revised PE of Rs 265.80 crore has been approved vide Cabinet decision No.2582 dated 22/05/2018. • Present progress is 75%. • The target date of completion is March 2019.

4	Hospital at Chattarpur	<ul style="list-style-type: none"> • Possession of land of 9.2 Acre taken from Directorate of Panchayat on August 7, 2009, for c/o 225 bedded hospital. • As there is no approach road for Project land, swapping of land with Forest Department instead of construction of approach road to the proposed site has been approved by Hon'ble Lt. Governor. • The land of forest department comes under the territory of South Forest Ridge and such land cannot be swapped under the provision of Forest (Conservation) Act, 1980. • As the hospital project at Chattarpur is not feasible to establish, hence, the proposal for allotment of substitute land is under process.
5	Hospital at Madipur	<ul style="list-style-type: none"> • The possession of the land of 8.44 acres taken from DUSIB for c/o 200 bedded Hospital. • Delhi Govt has now decided to enhance its bed strength from 200 to 600 beds. • The PE for providing consultancy services for comprehensive planning and designing of c/o hospital building at Madipur (600 beds) has been approved by competent authority and conveyed to PWD on 08.3.2018.
6	Hospital & Trauma Centre at Siraspur	<ul style="list-style-type: none"> • 20.50 acre of land was purchased from Gram Panchayat Deptt for c/o 200 bedded Hospital. • Delhi Govt has now decided to enhance its bed strength from 200 to 1500 beds. • The PE for providing consultancy services for comprehensive planning and designing of c/o hospital building at Siraspur (1500 beds) has been approved by competent authority and conveyed to PWD on 31.7.2018.
7	Hospital at Sarita Vihar	<ul style="list-style-type: none"> • A plot of land 6319 sq.mtr was handed over from DDA to DHS for c/o 100 bedded hospitals. Approval of the Preliminary Estimate of ₹ 87.14 Crore towards capital cost accorded by Cabinet vide Decision No.2047 dated 15.07.2013. • Tender finalized and M/s N.N. Buildcon Pvt. Ltd. awarded work in August 2014. • Proposed bed strength has been increased from 100 to 300 beds. • The PE for providing consultancy services for comprehensive planning and designing of c/o hospital building at Sarita Vihar (300 beds) has been approved by competent authority and conveyed to PWD on 08.3.2018.

Besides above, the Delhi Govt has decided to remodel around 16 existing Hospitals so as to enhance the number of existing beds as per FAR norms. Around 7000 new beds will be added due to planned remodelling of these existing 16 Hospitals. The status of 8 projects of remodelling considered by Expenditure Finance Committee is as follows-

Statement 16.5
STATUS OF HOSPITALS TO BE RE-MODELED / EXPANDED

S. No.	Name of Hospital	P.E./Cost (Rs. in Crore)	Bed in existence	Proposed new beds	Total beds after remodelling/ expansion	Approved by
1	Bhagwan Mahavir	172.79	300	444	744	Cabinet
2	Acharya Shree Bhikshu	94.38	100	270	370	EFC
3	Dr B. R. Ambedkar	194.91	500	463	963	Cabinet
4	Deep Chand Bandhu	69.36	200	281	481	EFC
5	RTRM	86.31	100	258	358	EFC
6	Guru Govind Singh	172.03	100	472	572	Cabinet
7	Sanjay Gandhi Memorial	117.78	300	362	662	Cabinet
8	Aruna Asaf Ali	55.36	100	51	151	EFC

9. NSSO survey (71st Round) report of State Samples suggests that around 2697 persons were hospitalized per one lakh population during the reference period of one year and the share of the govt. health institution in the treatment of hospitalized cases in urban area accounted for 51.41%. As far as the type of Wards in which in-patient services were provided, it was estimated that private hospitals provided free ward facility in only 1.86% cases as against similar arrangement in 95.03% of cases in public institutions.
10. Medical Colleges of All Systems of Medicines in Delhi – 17 medical colleges provide different undergraduate courses of all (Allopathy, Ayurvedic, Unani & Homeopathy) in Delhi. Details of annual intake, year of establishment, course offered, etc in respect of these colleges are placed at Statement 16.6

Statement 16.6

LIST OF MEDICAL EDUCATION COLLEGES OF ALL SYSTEMS OF MEDICINES WITH ANNUAL INTAKE IN DELHI

Sl. No.	Name of the Medical College/University to which affiliated	Established in Year	Course	Annual Intake
1	Lady Hardinge Medical College & Hospital, New Delhi, (Delhi University)	1916	MBBS	200
2	A &U Tibbia College & Hospital, Karol Bagh, Delhi (Delhi University)	1921	BAMS BUMS	120 120
3	All India Institute of Medical Sciences (AIIMS), New Delhi, (Autonomous)	1956	MBBS	107
4	Maulana Azad Medical College, (MAMC), Bahadur Shah Zafar Marg, New Delhi (Delhi University)	1958	MBBS/ PG	250 226
5	Nehru Homeopathic Medical College & Hospital, Defence Colony, N. Delhi (Delhi University)	1963	BHMS/ MD(Homeo)	100 04
6	Hamdard Institute of Medical Sciences & Research, (Jamia Hamdard University)	1963	MBBS/ MD	100 03
7	University College of Medical Sciences, Dilshad Garden, Delhi (Delhi University)	1971	MBBS/ MD/MS/ MDS	150 163 02
8	Maulana Azad Institute of Dental Sciences, Lok Nayak Hospital Complex, Jawahar Lal Nehru Marg, N.Delhi (Delhi University)	1983	BDS/ MDS	40 18
9	Dr B.R.Sur Homeopathic Medical College & Hospital, Moti Bagh, (IP University)	1985	BHMS	50
10	Vardhman Mahavir Medical College, (IP University)	2002	MBBS/ MD/ Super Specialty	150 287 23
11	Army College of Medical Science (IP University)	2008	MBBS	100

12	Faculty of Dentistry, Jamia Millia Islamia, Jamia Nagar, New Delhi (Delhi University)	2009	BDS	50
13	ESIC Dental College, Rohini, (IP University)	2010	BDS	50
14	Chaudhary Braham Prakash Ayurvedic Charak Sansthan, Najafgarh, (IP University)	2012	BAMS	100
15	Hamdard Institute of Medical Sciences & Research, (Jamia Hamdard University)	2012	MBBS	100
16	North Delhi Municipal Corporation Medical College & Hospital, (IP University)	2013	MBBS	50
17	Dr BSA Medical College, Rohini (GGS IP University)	2016	MBBS	100

Share of Government Expenditure on Medical & Public Health Sector

10. The information regarding the expenditure share of the Medical & Public Health Sector (Schemes/ Programmes) is presented in Statement 16.7

Statement 16.7

EXPENDITURE UNDER MEDICAL & PUBLIC HEALTH SECTOR BY DELHI GOVT.

(₹ IN CRORES)

Sl. No	Year	Total Expenditure on all Schemes / Programmed of Delhi Govt.	Expenditure on the Medical & Public Health Scheme / Programme	% Expenditure on Medical & Public Health
1	2007-08	8745.32	861.66	9.85
2	2008-09	9619.32	1076.38	11.19
3	2009-10	11048.14	1130.89	10.24
4	2010-11	10490.81	1473.45	14.05
5	2011-12	13642.55	1651.88	12.11
6	2012-13	13237.51	1529.15	11.55
7	2013-14	13964.28	1611.63	11.54
8	2014-15	13979.67	2166.67	15.50
9	2015-16	14960.54	2024.83	14.59
10	2016-17	14355.03	2095.36	14.68
11	2017-18	14400.99	1912.42	13.28

11. It is obvious from above Statement that the public investment (Schemes/ Programme expenditure) in medical & public health sector under Scheme/ Programme outlay of Delhi Government has significantly increased from ₹ 861.66 crore in 2007-08 to ₹ 1912.42 crore in 2017-18.

Statement 16.7 (A)

PER CAPITA EXPENDITURE ON MEDICAL & PUBLIC HEALTH IN DELHI BY GNCTD

(in ₹)

Year	Per Capita Expenditure on M&PH Sector
2011-12	1547.13
2012-13	1612.21
2013-14	1661.17
2014-15	2116.32
2015-16	2031.11
2016-17	2160.58
2017-18	2492.58

12. It is clear from the above statement that per capita expenditure on medical & public health in Delhi has increased to ₹ 2493 in 2017-18 from ₹ 1547 in the year 2011-12 with the increase of 61 % during last six years.
13. Expenditure on Medical & Public Health with reference to GSDP - The total expenditure on Medical & Public Health taking in to account expenditure incurred under Establishment & Scheme/ Programmes of Govt. of Delhi and of local bodies (DMCs) with reference to GSDP of Delhi is seen hovering around one per cent only during 2011-12 to in 2017-18.

Statement 16.8

EXPENDITURE ON THE MEDICAL & PUBLIC HEALTH WITH REFERENCE TO GSDP

Year	GSDP at current prices (₹ in cr)	Total Exp. On Medical & Public Health (₹ in cr)	% of GSDP on Health
2011-12	343797	3092.23	0.89
2012-13	391266	3115.78	0.79
2013-14	443803	3540.33	0.79
2014-15	494555	4161.90	0.84
2015-16	547784	4206.27	0.76
2016-17	615605	4708.21	0.76
2017-18	690098	5742.96\$	0.83

Source – Dte of Economics & Statistics, GNCTD, (* based on new base year since 2011-12 onwards), \$ includes RE in case of MCDs

Social Consumption of Health

14. As per findings of the 71st round of NSS (State Sample), the average expenditure incurred for treatment (medical and other expenditure) per hospitalized case by people in Delhi has been estimated as ₹ 25,553.

Child & Maternal Health

15. Various significant indicators i.e. Vital Statistics on Birth Rate, Death Rate, Infant Mortality Rate (Neo-natal & Post-natal), U5MR and Fertility Rates etc are released by O/o Registrar General of India, Govt of India based on findings through Civil Registration System and Sample Registration Survey. Following are Statement 16.9 - 16.12 reflecting statistics on vital events –

Statement 16.9

SELECTED VITAL RATES OF DELHI

Year	Birth Rate* (CRS)	Death* Rate(CRS)	Average no. of events per day		Infant Mortality Rate				
			Births	Deaths	Neonatal Mortality Rate (CRS) (SRS)		Postnatal Mortality Rate (CRS)	Infant Mortality Rate (CRS) (SRS)	
2010	21.66	7.48	985	341	15	19	7	22	30
2011	20.89	6.63	969	307	15	18	7	22	28
2012	20.90	6.10	988	287	14	16	10	24	25
2013	21.07	5.52	1014	266	15	16	7	22	24
2014	20.88	6.77	1024	332	14	14	8	22	20
2015	20.50	6.82	1025	341	16	14	7	23	18
2016	20.38	7.61	1036	387	13	12	8	21	18
2017	19.36	7.18	1006	373	NA	NA	NA	NA	NA

Source – O/o RGI, Govt of India & DES, Delhi

Statement 16.10**UNDER FIVE MORTALITY RATE IN DELHI AND INDIA (1998-2016)**

S.NO	Year	Delhi	India
1	1998	55	95
2.	2005	47	74
3.	2009	37	64
4.	2010	34	59
5.	2011	32	55
6	2012	28	52
7	2013	26	49
8	2014	21	45
9	2015	20	43
10	2016	22	39

Source – O/o RGI, Govt of India.

Statement 16.11**FERTILITY INDICATORS**

Indicator	Age Group Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
Age-specific fertility rates	15-19	16.9	14.5	10.5	9.2	8.4	9.2	9.9	3.5	3.4
	20-24	148.9	140.1	136.5	139.7	137.3	137.0	130.8	139.6	81.5
	25-29	140.9	143.6	143.8	130.3	126.1	126.5	124.8	114.7	131.2
	30-34	59.9	62.3	61.2	60.8	60.3	55.3	56.5	52.9	71.6
	35-39	19.4	19.5	19.8	15.7	19.1	13.9	13.5	17.6	21.3
	40-44	6.0	7.8	3.2	4.2	4.5	4.7	4.9	4.7	8.9
	45-49	2.1	1.4	1.7	0.3	0.8	0.5	0.8	2.4	2.3
Total fertility rate		2.0	1.9	1.9	1.8	1.8	1.7	1.7	1.7	1.6

Source – SRS, O/o RGI, GOI.

Statement 16.12

BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL & INSTITUTIONAL DELIVERY

Year	Proportion of births attended by skilled health personnel	Institutional Delivery (%)
2007	79.85	74.57
2008	81.75	73.45
2009	82.82	75.64
2010	92.68	78.51
2011	79.84	79.51
2012	84.64	81.35
2013	85.52	81.75
2014	86.11	82.83
2015	87.06	84.41
2016	87.98	86.74

Source – Annual Report on Registrations of Births and Deaths, DES, Delhi

16. It is discerned from above statements 16.9 -16.12 that IMR, U5MR and Fertility Rates are on declining trend. Steady fall in these rates over the years certainly establishes that both State Govts and Union Govt are working hard to achieve optimal levels as far as Child & Maternal health is concerned. Further, the following are the targets under Sustainable Development Goals to be achieved by 2030. Target in r/o the maternal mortality ratio (MMR) is to reduce it up to 70 by 2030. The level of MMR for Delhi has remained under 40 for the last 4 consecutive years and thereby it is already below the desired level. The target for Infant Mortality Rate (IMR) and Children under 5 years of age is to reduce preventable deaths to nil by 2030. In the case of Delhi, both IMR & U5MR have continuously decreased and remained at around 18 and 20 respectively in the year 2016.

17. Implementation of various activities for the reduction of MMR and IMR.

- a. **Strengthening and augmentation of institutional delivery through;-**
- ❖ Promotion of Janani Suraksha Yojna, under which pregnant women of BPL, SC & ST families get ₹ 600/- (urban) and ₹ 700/- (rural) and Rs 500/- (BPL status for home delivery).
 - ❖ Janani Shishu Suraksha Karyakarm – Scheme envisages free facilities are provided to pregnant women and sick infants (below one year) on account of user charges, diagnostic services, drugs and consumables, diet, two-way transportation and blood transfusion in all Govt health facilities for the purpose of delivery or post-natal complications.

- ❖ Free transport services for pregnant women & sick infants through CATS ambulances.
- ❖ Strengthening of hospitals under Laqshya initiative.
- ❖ Establishment of HDU & Obstetric ICU in Medical College hospitals and high caseload district hospitals.
- ❖ Establishment of Skill stations for capacity building of staff working for obstetric services in delivery points.
- ❖ ASHA workers in facilitating MH Programs like JSY, JSSK, PMSMA etc,
- ❖ Awareness creation through IEC and publicity.

b. Strengthening of Level II (secondary level), Special Neonatal Care services (SNCUs)- to cater to sick neonates (from birth to 28 days of life), 16 hospitals (BSA, SGMH,LBS, Kasturba, Hindu Rao, SDN, GGSH, MBH, MMMH, Jag Pravesh Chandra Hospital, AAAH & others) have SNCUs to provide intensive care and resuscitative to the babies who are sick. There are 61 New Born Care Corners (NBCCs) at all 61 delivery points within the labour room and OTs in the State.

c. Routine Immunization Services in Delhi is available twice a week (Wednesday & Friday) regularly at 650 health facilities and in Govt Hospitals immunization services are on all working days. Delhi is the only State, to have included through its own resources, vaccines of MMR (in1999), Typhoid (in 2004). All these additional vaccines are a strategy in itself when it comes to improved child survival. Immunization drive "Mission Indradhanush" was launched during the month of April 2015 with an aim to vaccinate all vaccinated /partially vaccinated children up to 2 years of age with a due focus on high-risk areas. A total of 24,84,628 children were reached out, out of which 3,89,836 were fully immunized and 3,72398 pregnant women were covered under the Mission Indradhanush period.

d. The National Technical Advisory Group on Immunization (NTAGI) had recommended the introduction of measles-rubella vaccine in routine immunization program to eliminate Measles and control Rubella/Congenital Rubella Syndrome by 2020, following a nation-wide MR campaign in phased manner, targeting children in the age group of 09 months to 15 years for vaccination with additional dose of MR vaccine. This will provide the second opportunity to those children who were left out either due to vaccine failure or failure to vaccinate. The aim of the campaign is to cover 95% immunization coverage against Measles and Rubella.

Accordingly, the campaign will be observed across Delhi w.e.f. 16th January 2019. The campaign will be observed for approximately 1-2 months duration with first two weeks in schools / educational institutes followed by 02 weeks activity in community/health institutions and last week will be planned for sweeping activities to cover left out / suboptimal coverage areas. For vaccination sessions in educational institutes/school, institution authorities/school teachers and parents will play a key role in ensuring that targeted students are well informed and immunized during the campaign.

Stringent Adverse Events Following Immunization (AEFI) surveillance protocol will be followed to ensure prompt management and reporting of AEFI cases.

Nutrition-related Interventions

- e. **Provision of Infant and Young Child Feeding Counseling services** – There are 30 IYCF centres in Delhi. Hundreds of pregnant and lactating women (mostly belonging to poorer sections of society) are counselled on exclusive breastfeeding and its benefits alongside healthy weaning food from their own domestic resources daily at these centers.
- f. **Mother's Absolute Affection Programme (MAA)** – Hon'ble Health Minister launched this programme on 29-11-2016. It focuses on the awareness campaign to improve breastfeeding indicators. A Breastfeed indicator in the “first hour” is less than 40% though institutional deliveries are more than 80%.
- g. **Kangaroo Mother Care (KMC)** – The need for establishing KMC units is due to high incidence of LBW babies (21%) & Pre-term babies (13.6%) in Delhi Kangaroo mother care has been started in 21 units.
- h. **Nutritional Rehabilitation Centre (NRC)** is working in 8 Hospitals to take care of severely malnourished Children (SAM) under 5 years who have a medical complication.
- i. **Intensified Diarrhoea Control Fortnight (IDCF)** – the campaign was observed from 28th May 2018 to 9th June 2018 during the campaign 717515 ORS packets were distributed to children

Newer Initiatives-

New Born Screening (holistic evaluation of all newborns), DEIC (to counter 4 Ds i.e. Defects, Deficiencies, Diseases, Developmental delays and Disabilities), NIPI (National Iron + initiative to cover anaemic children aged 6 months to 10 years), Child Death Review etc. Newborn Screening has been proposed with the acronym NEEV (Neonatal Early Evaluation Vision) with the following Objectives in mind.

1. Screening for Visible Birth Defects
 2. Screening of functional birth defects
Retinopathy of prematurity & Hearing evaluation
 3. Screening for metabolic birth defects which include screening for congenital hypothyroidism, congenital adrenal hyperplasia and G6PD deficiency.
18. Survey results of the 71st round of NSS (State sample- Social Consumption on Health) reveal that out of approximate 1.88 lakh hospitalization cases of childbirth, 62.48% cases were reported in public hospitals in Delhi. Around 2.06 lakh pregnant women received prenatal care and 1.51 lakh women received post-natal care and average total medical expenditure per childbirth incurred in public hospitals was Rs. 1437 per case as against an expenditure of Rs. 19,863 in private hospitals.

19. **Integrated Child Development Scheme (ICDS)**- Health delivery units have been liaisoned with Anganwadi centres under ICDS to immunize children in Anganwadis. For reduction in child malnutrition and control of anaemia, the government is seeking convergence with various programmes, for example, NRHM, MCD, etc. ICDS functionaries participate in campaigns like Pulse Polio, Nutrition and Health Awareness.
20. **School Health Scheme**-The School Health Scheme in Delhi was launched in the year 1979, initially in six schools targeted to improve the health and nutrition status of children and to provide them with useful education on hygiene. The specific services offered through these clinics relate to the promotion of positive health, prevention of diseases, early detection, diagnosis, treatment of disease, and referral services to higher health centres for the individuals who require further treatment and management. At present, 48 teams are functioning and catering to approx 16 lakhs school children of Delhi Govt and aided schools. However, about 3.5 lakh students of 300-350 schools are covered annually. There are 2 special referral centers with sanctioned posts of ENT Specialist, Eye Specialist, Refractions, Dental Surgeon & Dental hygienist. Children from nearby schools are referred to the SRCs for availing their services

Major achievements of SHS during the year 2017-18 are stated as under –

- Schools Screened = 400
- Students screened = 350000
- Total Referral cases= 60000
- Students referred for cases of eye, ear & skin = 24000
- Students counselled for Drug Abuse= 1000
- Student referred for de-addiction = 100

Department of Health & Family Welfare has also taken several novel initiatives for Prevention, Early Identification, and Counseling & Treatment of children/adolescents suffering from various types of Drug/Substance Abuse. 60 beds has been earmarked exclusively for in-patient management of juveniles with Drug/Substance Abuse in seven Delhi Government hospitals & health institutions namely; Deep Chand Bandhu Hospital, Dr Baba Sahib Ambedkar Hospital, Deen Dayal Upadhaya Hospital, Pt. Madan Mohan Malviya Hospital, G B Pant Hospital, Lal Bahadur Shastri Hospital & Institute of Human Behaviors & Allied Sciences. Dedicated OPD services for juveniles with drug/substance abuse on at least once a week basis has also been started in these hospitals. In view of inhalant abuse observed in >40% children/ adolescents amongst those admitted in the last one year, Department has issued a Gazette Notification on 31st July 2017 to limit the access of inhalants to vulnerable children/adolescents.

21. **Weekly Iron Follet Supplementation Programme (WIFS) & Mass Deworming Programme** – Anaemia is a serious health problem not only among pregnant women but also among infants, young children and adolescents. So, in order to reduce the incidence of anaemia, WIFS was launched in Delhi in July

2013. The programme is implemented in all schools of Delhi Govt. & Govt. Aided, NDMC & Delhi Cantonment Board for students from 6th to 12th class and out of school adolescent girls between 10 to 19 years through Anganwadi centres. Coverage – 1218 schools were covered in the 2017-18 with total beneficiaries of 13.5 lacs and compliance rate 70%.

Similarly, Mass De-worming programme was implemented across Delhi in all Govt/ Govt Aided schools, selected private schools and at Anganwadi centres in 2017-18 having covered around 13.66 lacs children.

Family Welfare Programmes

22. Population Challenge and Family Welfare in India is related to the population explosion problem which most of the countries in the world are facing today, especially the developing nations. The information regarding the family welfare programmes in Delhi during the last seven years (2010-2017) is presented in the following Statement 16.13 -

Statement 16.13

FAMILY WELFARE PROGRAMMES

S. No.	Details	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
1	Family Welfare Centers including PP units	99	99	98	92	77	FP centers are now in function in hospitals	
2	Insertion of Intrauterine Contraceptive Device	40759	43238	47164	58293	71754	80293	84370
3	Sterilizations	19226	19651	20107	19181	17458	17383	18869
	a. Males	2849	2495	1563	1401	811	901	1323
	b. Females	16377	17156	18544	17780	16647	16482	17546
4	Oral Pills (Cycles)	222068	247300	213992	207872	196354	185499	199092
5	Condoms ('000)	7717	8833	9325	5373	3990	5709	6880

Source – Dte of Economics & Statistics, GNCTD & DFW Delhi.

Vector Borne diseases like Dengue, Malaria & Chikungunya

23. Due to the prevalence of vector-borne diseases like Malaria in NCT of Delhi, losses of productive person days are common. Dengue has proved fatal in the last few years and resulted in deaths in some cases. Following is the Statement

showing suspected cases (including both residents & non- residents) and deaths due to Dengue, Malaria & Chikungunya in Delhi.

Statement 16.14

DETAILS OF DENGUE CASES IN DELHI (2010- 2017)

Year	Suspected cases of Dengue	Deaths due to Dengue	Suspected cases of Malaria (pf &pv)	Deaths due to Malaria	Suspected cases of Chikungunya
2010	6259	8	251	0	120
2011	1131	8	413	0	110
2012	2093	4	382	0	6
2013	5574	6	361	0	18
2014	995	3	98	0	8
2015	15867	60	54	0	64
2016	4431	10	31	0	7760
2017	4726	10	577	0	559

Source –Annual Report 2017-18, DGHS, Govt. of Delhi.

24. It is clear from the above statement that deaths due to dengue have been declining due to initiatives taken by local bodies and Govt of NCT of Delhi under State Health Mission. Delhi Govt provides free of cost disposable set of Single Donor Platelet Apheresis (SDP) kit for Dengue patients admitted in general ward, Delhi Govt Hospitals. Besides adequate publicity, safeguards for preventing the growth of mosquitoes are carried out by DGHS and local bodies. Fever clinics in the Delhi Govt Hospitals also countered the menace of Dengue/ Malaria/ Chikungunya fever.

HIV / AIDS

25. Delhi State AIDS Control Society, an autonomous body of Delhi is implementing the National AIDS Control Programme funded with the aim to prevent and control HIV transmission and to strengthen state capacity to respond to the long-term challenge posed by the epidemic. An estimated HIV prevalence level amongst adults (15-49 years) in Delhi is 0.30% (HIV Sentinel Surveillance 2017).
26. Around 8, 49,798 persons (2,60,440 pregnant women and 5,89,358 persons) were screened for HIV infection in the year 2017-18 at facilities/ centers under Delhi State AIDS control society. Out of total screened cases, 6553 infection cases were detected amongst general clients including 304 amongst pregnant

women. There are 30843 persons living with HIV (PLHIV) registered at 11 ART centers of the society out of which 3163 new PLHIV till September in CFY 2018-19.

27. Govt. of NCT of Delhi provides Financial Assistance to PLHIVs/CLHIVs to improve treatment adherence for eligible persons receiving ART at ART centers in Delhi. The scheme is being implemented through the Delhi State AIDS Control Society since 2012. A total of 3340 beneficiaries as on 30th September 2018 are being provided financial assistance through Aadhar payment bridge system. The quantum of financial assistance has been doubled w.e.f 07/08/2018.

Revised National TB Control Programme (RNTBCP)

28. Salient features of RNTBCP being implemented in Delhi through Directorate of Health Services are as follows -
- Delhi is 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.
 - 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 centers and 551 treatment centers located all over Delhi. The NGO's and private Medical Practitioners are participating in the implementation of the RNTCP in a big way. The diagnosis and treatment are provided free to patients under the RNTCP.
 - Delhi has been the best-performing State in terms of achieving the international objective of the programme in detecting new infectious TB patients at 70% & above and their success rate at 85% consistently for the last 8 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 newly infected patients, 2% (4% All India) amongst new sputum negative patients and 1% (2% All India) amongst new extrapulmonary cases. Therefore, the State is saving a lot of lives and achieving the goal of the Programme to decrease mortality due to TB.
 - Delhi has been treating the maximum number of Children suffering from TB at the rate of 14% against 6% of all India figures.

- Delhi State RNTCP became the first State in the country to have baseline drug sensitivity to second-line drugs in all cases of MDR TB.

Statement 16.16

PERFORMANCE OF REVISED NATIONAL TB CONTROL PROGRAMME

Indicator	2010	2011	2012	2013	2014	2015	2016
Total number of patients put on treatment	50476	51,644	52006	50728	54037	55582	57967
New Infectious patients put on treatment	13680	13770	13982	12969	13704	14197	14840
Conversion rate from infectious to the non-infectious status at three months of treatment (Target 90%)	89%	89.5%	88.8%	89%	89%	90%	89.6
The case detection rate of new infectious patients (Universal Coverage)	82%	85%	85.7	80%	80%	83%	87.3
The case detection rate of all types of TB patients (Universal Coverage)	112%	118%	128%	118%	122%	122%	125.3
Success rate (cure + completion) of new smear-positive (Target 90%)	86%	86%	85%	86%	85%	86%	86.7
Death Rate (Target <5%)	3%	3%	2.7%	2.6%	3.5%	3%	2.6
Default Rate (Target <5%)	4.3%	4.5%	4.4%	5%	5.7%	5%	5
Failure Rate (Target < 5%)	4%	4%	4.1%	3%	2.7%	2%	2.3%
Number of persons saved from death	9489	9690	9106	9486	9875	10600	11280
Number of persons prevented from getting infected with TB	504633	507310	517334	480501	523407	526435	552826

Source – Dte of Health Services (DHS), GNCTD.

Statement- 16.16 (A)

PERFORMANCE OF DELHI STATE RNTCP (NEW INDICATORS FROM GOVT. OF INDIA)

Indicator	2017	2018 (Jan -March)
TB Patients Notified from Public Sector	60772	13591
Annual TB Notification Rate (Public)	332	302
TB Patients Notified from Private Sector	5121	4469
Annual TB Notification Rate (Private)	28	35
% of Pulmonary TB Patients	58%	57%
% of Extra Pulmonary TB Patients	42%	43%
% of New TB Patients	86%	85%
% of Previously Treated TB Patients	14%	15%
% of Microbiologically Confirmed Cases	43%	41%
% of Clinically diagnosed cases	37%	39%
Success Rate of Microbiologically Confirmed New TB Patients	85%	85%
Success Rate of Microbiologically Confirmed Previously Treated TB Patients	71%	72%
Success Rate of Clinically diagnosed New TB Patients	94%	94%
Success Rate of Clinically diagnosed Previously Treated TB Patients	88%	88%

Source – Dte. of Health Services (DHS), GNCTD

Indian System of Medicine (ISM) and Homeopathy

29. To promote the Indian System of Medicine (ISM), a separate Department of ISM set up in May 1996 in order to promote indigenous systems of medicines /therapies utilizing herbal medicines and System of Homeopathy. In 2013 it was renamed as Dte of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa & Homeopathy). Following are the major functions of the Directorate of AYUSH
- To provide best healthcare facilities through a network of 163 dispensaries spread across Delhi providing Ayurveda, Unani and Homoeopathy treatment
 - Quality and value-based education in Ayurveda, Unani and Homoeopathy through undergraduate and postgraduate courses at four educational institutes
 - Licensing and regulation under the Drugs & Cosmetics Act and Drugs & Magic Remedies (Objectionable Advertisement) Act of Ayurveda and Unani Medicines

- Registration of practitioners of Ayurveda, Unani and Homoeopathy
- To create awareness among masses about strengths of AYUSH systems through school education programmes, media campaigns and participation in various health programmes

Important steps were taken by Govt. of NCT of Delhi in respect of functioning of AYUSH are as follows:

- After creation of separate Deptt/ Directorate of Indian Systems of Medicine & Homeopathy by the Govt. of NCT of Delhi in 1996, the Drug Control Cell of Ayurvedic and Unani Medicine has been transferred to this Directorate from the Drug Control department in 1997. Assistant Drug Controller (Ayurveda) and Assistant Drug Controller (Unani) have been notified as the Licensing Authority for A&U Drugs. At the moment, 2 Drug Inspectors (Ayurveda) and 1 Drug Inspectors (Unani) assist the Licensing Authority (ISM). Total 91 regular AYUSH manufacturing units are there out of which 69 Ayurvedic units, 22 regular Unani units, 10 regular combined A&U units and 2 Ayurvedic loans licensed and 1 Unani loan licensed units are licensed as on 01-9-2016.
- The government has taken over Dr B.R.Sur Homeopathic College where degree courses have already been started with an intake of 50 students. 50 beds for indoor patients have also been commissioned in this hospital. Besides OPD services, facilities of x-ray, laboratory services and ultrasound also available.
- The government has also taken over the management of the Ayurvedic and Unani Tibbia College & Hospital in 1998 under Delhi Tibbia College (Takeover) Act 1998. This college is affiliated to Delhi University is imparting BAMS and BUMS degree and have admission capacity of 88 seats (44 for BAMS & 44 for BUMS) for students. This institute is also running postgraduate courses in Ayurveda & Unani in the subjects Kayachikitsa, Sharir and Moalijat respectively along with 300 beds indoor facility. A new separate block of 60 bedded maternity in A&U Tibbia College has started functioning.
- Delhi Homeopathic Anusandhan Parishad has been set up to promote research activities. Similarly, Examining Body for paramedical training for Bhartiya Chikitsa also set up as an autonomous body for holding exams for paramedical training and preparing a course of study for such exams nursing care, panch karma etc.
- Nehru Homeopathic Medical College and hospital is imparting a BHMS Degree and has a capacity of 100 seats. This institute has 100 beds indoor facility for the homoeopathic treatment of chronic patients. The postgraduate course has also been introduced in this institute.
- Ch. Bharam Prakesh Ayurvedic Charak Sansthan at Khera Dabur is an autonomous Ayurvedic Medical College and Hospital under the GNCTD. The 1st batch of Ayurveda Medical College started with the sanctioned capacity of

100 seats. 210 bedded hospital attached to the Sansthan is providing health care facilities through its experienced and qualified Doctors.

30. Based on findings of 71st Round of NSS (State Sample) – Social Consumption of Health (Jan- July 2014), out of total ailing persons in Delhi, about 9.86% persons opted for AYUSH treatment. In rural 19.82%, persons opted for AYUSH in comparison to 9.48% persons in urban.

DELHI STATE HEALTH MISSION

31. Delhi has one of the best health infrastructures in India, which is providing primary, secondary & tertiary care. Delhi offers the 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 the inequitable distribution of health facilities, as a result, some areas are underserved & some are un-served. Thereby, Delhi Govt. is making efforts to expand the network of health delivery by opening Seed PUHCs in un-served areas & enforcing structural reforms in the health delivery system.

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

- 1. Reproductive, Maternal, Newborn, Child and Adolescent Health**
 - RMNCH + A
 - Mission Flexipool
 - Immunization
 - Iodine Deficiency Disorder
- 2. National Urban Health Mission (NUHM)**
 - Structural strengthening
 - Human Resource gap filling and management structures
 - Engaging with Communities through ASHA / Rogi Kalyan Samitis / Mahila Arogya Samitis)
 - HMIS and IT initiatives
 - National Quality Assurance Program
- 3. Communicable Disease Programme:-**
 - Integrated Disease Surveillance Project
 - National Leprosy Eradication Program
 - National Vector Borne Disease Control Program
 - Revised National Tuberculosis Control Program
- 4. Non-Communicable Disease Programme:-**
 - National Program for Prevention and Control of Cancer, Diabetes,
 - Cardiovascular Diseases and Stroke (NPCDCS)

- National Program for Control of Blindness (NPCB)
- National Mental Health Program (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)

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

Some key achievements:

- (a) Coverage of un-served / underserved areas:** Almost all the un-served / underserved areas have been identified across the State. 60 Seed Primary Urban health Centres (PUHCs) have been set up under this initiative.
- (b) Mobile Dental Clinics:** Operationalization of 2 Mobile Dental Clinics & 4 Mobile Dental IEC Vans is being done by Maulana Azad Institute of Dental Sciences (MAIDS) with the support of Delhi State Health Mission.
- (c) Operationalization of Ambulances:** Centralized Accident Trauma Services is being supported for operationalization of 100 basic life support ambulance & 120 Patient Transport Ambulances procured through DSHM as per National Health Mission norms.
- (d) Health Management Information System (HMIS):**
- i. Dedicated web portal for capturing all Public health/indicator based information from the end source and generate reports /trends to assist in planning and monitoring activities. Data generated at the facility level is captured on this web-based portal on monthly basis. At present the Delhi Government, MCD, CGHS & ESI, NDMC, Autonomous, NGO & other health facilities (dispensaries & hospitals) are reporting on HMIS on monthly basis. In addition, some private hospitals and nursing homes are also reporting on HMIS Portal.
 - ii. Mother & Child Tracking Systems (MCTS) now converted into a more detailed Reproductive and Child Health Portal is an IT Platform of GOI designed to capture information of all eligible couples, reproductive and family planning events in their life. It also monitors and ensures timely appropriate healthcare service delivery to pregnant women and children up to 5 years of age by tracking and facilitating the utilization of timely preventive care. The goal is to

reduce morbidity & mortality related to pregnancy, childbirth and post-natal complications monitor and improve family planning coverage.

- iii. State MIS Portal: One of the important IT initiatives facilitated through the Delhi State Health Mission is the development of need-based software modules for various complicated processes to streamline them and facilitate monitoring on indicators, performance and outputs. Some of these Modules are as follows:
- Payroll Module
 - NIRANTAR - Store and Inventory Module
 - ASHA Module
 - PUHC Module
 - Information regarding Free Bed availability in Private Hospitals
 - School Health Module
 - Online OPD registration
 - Equipment Status Monitoring
 - Transfer Posting Module
 - DGEHS Module
 - HRIMS Module

(e) Community Processes

i. **ASHA:** The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). These are motivated women volunteers who are selected as per defined guidelines in a decentralized manner. One ASHA is selected for every 1500-2500 population (300 to 500 households). At present State has **5719 ASHAs** in place distributed across the eleven districts in the vulnerable areas (Slums, JJ Clusters, unauthorized colonies and resettlement colonies).

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

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

ii. **Rogi Kalyan Samitis (RKS):** RKS has been registered in 27 Delhi Govt. Hospital, 1 MCD Hospital, 7 Maternity Homes of East Delhi Municipal Corporation and 8 Districts.

(f) Implementation of the National Quality Assurance program in all health Facilities: Realizing the importance of Quality Assurance and Quality improvement, NQAP has been rolled out. This includes setting up of State QA Cell and district level structure. Quality teams have been constituted in all hospitals and quality circles formed in all primary healthcare facilities. Training has been imparted. Assessors have been trained.

SOPs have been drafted for major departments of the hospitals. Preparation of SOPs for Primary healthcare facilities is underway. The patient satisfaction assessment has been institutionalized in twenty GNCTD hospitals through the Mera Aspataal initiative.

Under DSHM, hospitals are provided funds to fill up gaps identified in the process of quality assurance. The process of assessment of compliance with the National Quality Assurance is being undertaken for identified hospitals. Five hospitals had undergone a national level assessment. Out of these two have been awarded full accreditation and two have been awarded certification with conditionality.

Kayakalp program, a subset of NQAS under the Swachh Bharat Mission is being implemented in all GNCTD and MCD hospitals and PUHCs and M&CW centers for the last three years. Under the program, best-performing health facilities are recognized and given monetary incentives. This has improved the level of cleanliness, infection control practices, hygiene and the patient experience.