

CHAPTER 16

HEALTH & FAMILY WELFARE

Prevention is better than cure, a policy leads to accessible affordable & quality Health Care for all. Good health aims to improve the quality of life through prevention and treatment of diseases. Efforts are being made to ensure the healthcare delivery system accessible and affordable to all through a holistic, humane and patient centric approach. “Ensure healthy lives and promote well-being for all at all ages” is one of the Sustainable Development Goals and the Government of NCT of Delhi is making sustained efforts to achieve the targets under SDGs related to Health indicators.

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 remodeling & expansion of already existing Delhi Government Hospitals. Similarly, 94 Delhi Government Dispensaries are being remodeled to be converted in to 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 referral from public health facilities of the Delhi Govt. The Government is also running 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 provide better health care. It coordinates with other government and non-government organizations to deliver medical facilities in Delhi. The Delhi Govt. alone is a significant contributor in case of primary health care having 995 (63%) dispensaries as on date. The information regarding Health Infrastructure in Delhi during the last 9 years is presented in the Statement 16.1

Statement No 16.1
HEALTH INFRASTRUCTURE FACILITIES IN DELHI DURING THE PERIOD 2011-2019

S. No.	Health Institutions	2011	2012	2013	2014	2015	2016	2017	2018	2019
1	Hospitals*	91	94	95	95	94	83	88	88	88
2	Primary Health Centers	8	5	5	2	5	7	7	7	7
3	Dispensaries**	1239	1318	1451	1389	1507	1240	1298	1432	1585
4	Maternity Home & Sub Centers***	259	267	267	267	265	193	230	251	224
5	Polyclinics	16	19	19	19	42	48	54 \$	55	56 \$
6	Nursing Homes	679	750	855	973	1057	1057	1160	1172	1151
7	Special Clinics	21	27	27	27	27	14	124	167	305@
8	Medical Colleges	12	14	16	16	17	17	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, and Mobile Health Clinics.

***Includes Maternity Homes, Maternity Centers/sub-centers.

\$ This includes Delhi Government Poly clinics which are converted from Delhi Govt. dispensaries during the year.

@ Includes Chest Clinics & VD Clinics.

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

4. It may be inferred from above Statement that number of medical institutions in Delhi has increased gradually at low rate. There are number of reasons behind 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 work load.
5. The agency-wise information regarding number of medical institutions and bed capacity in Delhi - 2019-20 is given in the statement 16.2.

Statement 16.2
AGENCY-WISE NUMBER OF MEDICAL INSTITUTIONS AND BED CAPACITY IN DELHI

S. No.	Agencies	2019-20	
		Institutions	Beds sanctioned
1	Delhi Government	40	12464
2	Municipal Corporation of Delhi	51	3485
3	New Delhi Municipal Council	2	221
4	Government of India (DGHS, CGHS, Railway, ESI, Army Hospitals, AIIMS, LRS Inst.)	19	9264
5	Other Autonomous Bodies {Patel Chest Inst., IIT Hospital, AIIMS, NITRD (earlier LRS)}	4	2995
6	Private Nursing Homes/Hospitals/Voluntary Organizations	1151	25892
	Total	1267	54321

Source – Dte of Health Services, GNCTD.

6. 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 2019-20 has remained at 2.74. The information regarding growth in number of beds in medical institutions and bed population ratio from 2011 onwards is presented in the Statement 16.3:

Statement 16.3

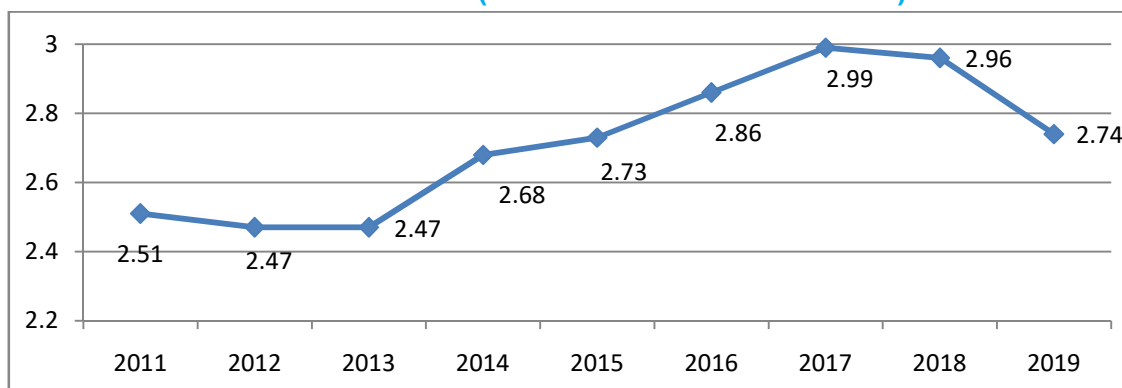
**BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI
2011-19**

S. 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
8	2018	194793	57709	2.96
9	2019	198299	54321	2.74

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 54321 as on 31st March 2020 available in 1267 (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 22.57 percent, 22.94 percent, 6.82 percent respectively and beds in private nursing homes/ hospitals/ voluntary organizations were recorded at 47.67 percent. In addition to the well-known government hospitals, Delhi has also showed the highest private sector participation in health sector.

The information regarding agency-wise medical institutions having the beds capacity in Delhi as on 31st March 2020 is depicted in Statement 16.2 while details of bed population ratio since 2011 to 2019 are available in the Statement 16.3. Bed population ratio has shown a marginal rise with 2.74 in 2019 from 2.51 in 2011. Besides new projects, Government has started remodeling/ expansion of 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 planning stage. A list of eight major projects showing details of 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	600 bedded 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 under Centrally Sponsored Scheme of NHM. • NBCC awarded construction works: Date of Start : 30.12.2013. • 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 • The Medical Director of Ambedkar Nagar Hospital has been appointed by the Hon'ble LG of Delhi. • The Hospital has already been started for COVID patients as per decision taken by Council of Ministers vide Cabinet decision no.2850 Dated 15/07/2020.
2	1725 bedded Indira Gandhi Hospital & Medical College Sector-9 & Sector - 17 at Dwarka	<ul style="list-style-type: none"> • Original Plan of 700 bedded hospital – Date of Start : 27.08.2014 • Total cost – ₹ 566.55 Crore (700 bedded hospital) has been approved vide Cabinet Decision no. 2025 dated 06/06/2013. • Present Progress: 87%. • Revised Plan to enhance bed capacity to 1725 beds (1241 beds in phase-I & 484 beds in phase – II). • Medical Director for said project has already been appointed.
3	768 bedded Hospital At Burari	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • Construction started on 07.02.2013. • Revised Plan: Enhancement of bed strength to 768 beds. • Revised PE amounting to ₹ 265.80 Cr. For enhancement of bed strength (768 beds) has been approved vide Cabinet Decision No: 2582 dated 22/05/2018. • The Medical Director for Burari Hospital has been appointed by Hon'ble LG of Delhi. • The Hospital has already been started for COVID patients as per decision taken by Council of Ministers vide Cabinet decision no.2844 Dated 26/06/2020

4	691 bedded Hospital At Madipur	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded hospital. • Proposed bed strength has been increased from 200 to 600 beds. • Consultancy work was awarded to M/s Arcop Associates Pvt. Ltd. on 08.11.2018. • The Preliminary estimate has been approved by EFC for 691 beds on 18/11/2019 for construction of hospital. • Tender were invited on 11/02/2019 by PWD. Technical bid were opened on 05/02/2020 and approved by competent authority. Financial bids were opened on 25/02/2020. The work will be awarded after approval of plans from SDMC.
5	2716 bedded Hospital & Trauma Centre at Siraspur	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • Proposed bed strength has been increased from 200 to 1500 beds along with construction of Medical College. The scheme comprised of a 2716 bedded hospital has to be established in two phases. In phase-I, 1164 bed hospital building (Block A-1164 beds + Block B – 1552 beds). In Phase-I, 1164 bedded hospital is being constructed. • WD has appointed M/s Design Associates Inc. for Consultancy Services for Comprehensive Planning & Designing. • The Preliminary Estimate amounting to ₹ 487.54 Crore has been approved by EFC on 10/12/2019 for construction of 1164 bedded new hospital work at Siraspur.
6	300 bedded Hospital at Sarita Vihar	<ul style="list-style-type: none"> • Earlier Plan of 100 bedded Hospital. • Proposed bed strength has been increased from 100 to 300 beds. • The PE for providing consultancy services for Comprehensive planning & designing of construction of hospital building at Sarita Vihar (300 beds) has been approved by competent and conveyed to PWD on 08/03/2018. • Consultancy work was awarded to M/s Arcop Associates Pvt. Ltd. on 08.11.2018.
7.	691 bedded Hospital at VIKASPURI (HASTSAL)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • The bed strength of the hospital project has been upgraded to 600 from 200 bedded hospital by the Hon'ble Health Minister, GNCTD. • The Preliminary Estimate has been approved by EFC for 691 beds on 18/11/2019 for construction of hospital. • Tender were invited on 12/12/2019 by PWD. Technical bid were opened on 05/02/2020 and approved by competent authority. Financial bids were opened on 26/02/2020. The work will be awarded after approval of plans from SDMC
8.	691 bedded Hospital at Jwalapuri (Nangloi)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • The bed strength of the hospital project has been upgraded to 500 from 200 bedded hospital by the Hon'ble Health Minister, GNCTD. • Consultancy work was awarded to M/s Arcop Associated Pvt. Ltd. on 08/11/2018. • The Preliminary Estimate has been approved by EFC for 691 beds on 18/11/2019 for construction of hospital. • Tender were invited & Processed by PWD. Tender was accepted by competent authority and award letter issued on 14/08/2020.

Besides above, Delhi Govt. has decided to remodel around 18 existing Hospitals so as to enhance number of existing beds as per FAR norms. Around 14000 new beds will be added due to planned remodeling of these existing 16 Hospitals. The status of 15 major projects of remodeling 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 (₹ in Crore)	Bed in existence	Proposed new beds	Total beds after remodeling / expansion	Approved by
1	LN Hospital (New Block)	533.91	0	1570	1570	Cabinet
2	SRHC (Cancer & Maternity Block)	244.35	200	600	800	Cabinet
3	Dr. B. R. Ambedkar	194.91	500	463	963	Cabinet
4	JPCH	189.77	339	221	560	Cabinet
5	Bhagwan Mahavir	172.79	360	384	744	Cabinet
6	Guru Govind Singh	172.03	100	472	572	Cabinet
7	LBS – New Mother and Child Block	143.73	105	460	565	Cabinet
8	Sanjay Gandhi Memorial	117.78	300	362	662	Cabinet
9	Acharya Shree Bhikshu	94.38	100	270	370	EFC
10	RTRM	86.31	100	270	370	EFC
11	Deep Chand Bandhu	69.36	284	281	565	EFC
12	Aruna Asaf Ali	55.36	100	51	151	EFC
13	Shree Dada Dev Shishu Maitri	53.44	106	175	281	EFC
14	Lok Nayak Hosp (Causality Block)	58.71	190	194	384	EFC
15	Hedgewar Arogya Sansthan	210.24	200	350	550	EFC

Source : H&FW Department & DGHS, SE(Health), GNCTD

9. The recent report of NSSO (75th round - 2017-18) on Social Consumption in India-Health provides information on estimated share of hospitalisation cases (excluding child birth) by type of hospital as 86% share under Govt. Hospitals and 14 % Private Hospitals.
10. Medical Colleges of All Systems of Medicines in Delhi – 17 medical colleges provide different under graduate 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 COLLEGES OF ALL SYSTEMS OF MEDICINES INTAKE CAPACITY

S. 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 PG	240 174
2	A & U Tibbia College & Hospital ,Karol Bagh, Delhi (Delhi University)	1906	Under Graduate Ayurveda (BAMS) Unani (BUMS) Post Graduate Ayurveda (BAMS) Unani (BUMS)	75 75 06 10
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)	125 07
6	Hamdard Institute of Medical Sciences & Research, (Jamia Hamdard University)	1963	MBBS MD/MS	100 49
7	University College of Medical Sciences, Dilshad Garden, Delhi (Delhi University)	1971	MBBS/ MD/MS/MDS B.Sc.(MT)Radiology M.Sc.(R&MIT) Radiology	170 188 19 06
8	Maulana Azad Institute of Dental Sciences, (Delhi University)	1983 2007	BDS/ MDS	50 22
9	Dr. B.R.Sur Homeopathic Medical College & Hospital, Moti Bagh, (IP University)	1985	BHMS	63
10	Vardhman Mahavir Medical College , (IP University)	2002	MBBS/ MD/MS/DM Super Specialty	170 321 35
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 & Hospital, Rohini, (IP University)	2010	BDS	62
14	Chaudhary Braham Prakash Ayurvedic Charak Sansthan, Najafgarh, (IP University)	2009	BAMS PG Courses	100 29
15	North Delhi Municipal Corporation Medical College & Hospital, (IP University)	2013	MBBS	60
16	School of Unani Medical Education and Research and Associated Majeeda Unani Hospital, (Jamia Hamdard University)	1963	BUMS MD(Unani) Diploma in Unani Pharmacy	50 09 06 10
17	Dr. BSA Medical College, Rohini (IP Universtiy)	2016	MBBS	125

Source : DGHS, GNCTD

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

Statement 16.7

SCHEME/ PROGRAMME/PROJECT EXPENDITURE UNDER MEDICAL & PUBLIC HEALTH SECTOR BY DELHI GOVT.

(₹ IN CRORES)

S.No	Year	Total Expenditure on all Schemes / Programmes/Projects	Expenditure on Schemes / Programmes/ Projects	% Expenditure
1.	2011-12	13642.55	1651.88	12.11
2.	2012-13	13237.51	1529.15	11.55
3.	2013-14	13964.28	1611.63	11.54
4.	2014-15	13979.67	2166.67	15.50
5.	2015-16	14960.54	2024.83	14.59
6.	2016-17	14355.03	2095.36	14.68
7.	2017-18	14400.99	1912.42	13.28
8.	2018-19	15672.03	2333.64	14.89
9.	2019-20	20307.02	2363.53	11.64

Source : Schemes / Programmes/ Projects wise expenditure document

12. 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 ₹ 1651.88 crore in 2011-12 to ₹ 2363.53 crore in 2019-20.

Statement 16.7 (A)

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

(in ₹)

Year	Per Capita expenditure on M&PH Sector
2012-13	1572.86
2013-14	1675.97
2014-15	1996.49
2015-16	1962.37
2016-17	2133.83
2017-18	2455.85
2018-19	2801.84
2019-20(RE)	3028.55

Source : Annual Financial Statement, Delhi Budget

13. It is clear from above statement that per capita expenditure on Medical & Public Health in Delhi has increased to ₹ 3029 in 2019-20 from ₹ 1573 in the year 2012-13 with the increase of 93% during last eight years.
14. 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 percent only during 2011-12 to in 2019-20

Statement 16.8

EXPENDITURE ON THE MEDICAL & PUBLIC HEALTH WITH REFERENCE TO GSDP

Year	GSDP at current prices (₹ in crore)	Total Exp. On Medical & Public Health (₹ in crore)	% of GSDP on Health
2011-12	343797	3092.23	0.90
2012-13	391388	3115.78	0.80
2013-14	443960	3540.33	0.80
2014-15	494803	4161.90	0.84
2015-16	550804	4206.27	0.76
2016-17	616085	4708.21	0.76
2017-18	677900	5477.59	0.81
2018-19	750962	6430.81 \$	0.86
2019-20	830872	7284.80 \$	0.88

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

Social Consumption on Health

15. As per report of NSSO (75th round - 2017-18), Average Medical Expenditure during hospital stay per case of hospitalization in Delhi was Rs 26475.

Child & Maternal Health

16. 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)		Post - natal Mortality Rate (CRS)	Infant Mortality Rate (CRS) (SRS)	
2011	20.92	6.63	969	307	15	18	7	22	28
2012	20.87	6.05	988	287	14	16	10	24	25
2013	20.94	5.50	1014	266	15	16	7	22	24
2014	20.71	6.72	1024	332	14	14	8	22	20
2015	20.30	6.76	1025	341	16	14	7	23	18
2016	20.16	7.53	1036	387	13	12	8	21.35	18
2017	19.13	7.10	1006	373	14	14	7	20.83	16
2018	18.55	7.44	994	399	15	10	8	23.81	13
2019	18.35	7.29	1002	398	16	NA	8	24.12	NA

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

Statement 16.10

UNDER FIVE MORTALITY RATE IN DELHI AND INDIA (2011-2018)

S.NO	Year	Delhi	India
1	2011	32	55
2.	2012	28	52
3.	2013	26	49
4.	2014	21	45
5.	2015	20	43
6.	2016	22	39
7.	2017	21	37
8.	2018 (SRS-2018)	19	36

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

Statement 16.11

FERTILITY INDICATORS

Indicator	Age Group Year	2011	2012	2013	2014	2015	2016	2017	2018
Age specific fertility rates	15-19	9.2	8.4	9.2	9.9	3.5	3.4	3.2	3.2
	20-24	139.7	137.3	137.0	130.8	139.6	81.5	84	74.1
	25-29	130.3	126.1	126.5	124.8	114.7	131.2	125.2	114.7
	30-34	60.8	60.3	55.3	56.5	52.9	71.6	63.2	65.7
	35-39	15.7	19.1	13.9	13.5	17.6	21.3	21.2	24.6
	40-44	4.2	4.5	4.7	4.9	4.7	8.9	6.2	8.0
	45-49	0.3	0.8	0.5	0.8	2.4	2.3	1.8	1.7
Total fertility rate		1.8	1.8	1.7	1.7	1.7	1.6	1.5	1.5

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 (%)
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
2017	89.2	89.10
2018	90.37	90.28
2019	91.20	91.15

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

17. 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 Govt. and Union Govt. are working hard to achieve optimal levels as far as Child & Maternal health is concerned. The target for Infant Mortality Rate (IMR) and Children under 5 years of age is to reduce preventable deaths to nil by 2030. In case of Delhi, both IMR & U5MR have continuously decreasing and remained at around 19 in the year 2018.

It is evident from statement 16.12 that share of institutional deliveries and proportion of birth attended by skilled health personnel are increasing continuously in Delhi.

18. Implementation of various activities for reduction of Maternal Mortality

- **Janani Suraksha Yojana (JSY):** The scheme aims to promote institutional delivery amongst Pregnant women (PW) belonging to Scheduled Caste, Scheduled Tribe & BPL families. PW are incentivized for undergoing institutional delivery in urban & rural area @ ₹ 600/- and ₹ 700/- respectively and BPL women is also incentivized with ₹ 500/- in case of home delivery. All the health facilities enroll the eligible JSY beneficiaries i.e. PW belonging to SC/ ST/ BPL families during antenatal clinics and then register them on RCH Portal and fetch the Aadhar linked Bank Account details of the client and necessary documents and she is given the JSY payment after delivery. The mode of payment is Direct Benefit Transfer (DBT) into the account of beneficiary via PFMS Portal.
- **Janani Shishu Suraksha Karyakarm (JSSK):** It aims to provide free and cashless services to all pregnant women reporting in all Public Health institutions irrespective of any caste or economic status for normal deliveries and caesarean operations, for antenatal & postnatal complications and to sick infants (from birth to 1 year of age). The scheme aims to mitigate the burden of **out of pocket expenses** incurred by families of pregnant women and sick infants. Under the scheme no cash benefit is directly provided to beneficiary. Delivery points are provided fund under JSSK to enable them to provide free services to pregnant women and sick infants to fill the gap demand under various subheads i.e. Diet, Drugs and Consumables, Diagnostics, Blood Transfusion, Transport & User Charges levied by the facility, if any.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA);** Under this Abhiyan, quality antenatal care with full package of investigations are provided to pregnant woman on 9th of every month at all the Govt. health facilities. This aims to improve antenatal care, identifying high risk pregnant women so that appropriate treatment is initiated without delay and IMR and Maternal mortality ratio is reduced. Due list of all missed out/dropped out pregnant woman in 2nd & 3rd trimester from the community is prepared by ASHAs before 9th of every month so that check up at govt. health facilities is ensured.
- **Kilkari Implementation-** Time appropriate voice messages on various topics like- antenatal checkup, nutrition, personal hygiene and vaccination etc. are being sent to PW beneficiaries on their Mobile phones once they are enrolled in RCH portal on registration so as to motivate them to utilize services. Messages are sent from 4th month of pregnancy onwards to till 1 year of age of the baby.
- **LaQshya Implementation-** Under this programme following activities are included:
 - Standardization of Labor Rooms and maternity OTs.
 - Upgrading of knowledge and skills of labor room staff on strategies on Care around Birth(CAB).

- DAKSH/ DAKSHTA trainings at National Skill Labs is being carried out to enhance the skill of staff working in maternity services.
- Focus on Respectful maternal care and allowing Birth Companion at delivery points is another initiative being carried out.

Maternal Death Surveillance and Response: All maternal deaths occurring in state are reviewed at facility, district and State level so that gaps are identified and corrective actions are undertaken to avoid preventable maternal deaths.

19. Essential Immunization services in Delhi

- Strengthening of Essential Immunization Programme : The outreach immunization sessions being executed under Mission Indradhanush Kawach (MIK) in addition to routine immunization sessions with fixed site and fixed day strategy.
- ANMs have been directed to carry out 8 immunization session per month. However as per information available currently 5 sessions per ANM are being carried out. This ensures that High Risk Areas (HRA) are being identified and covered under the Essential immunization sessions/MIK.
- Creation of District pool of 'Field monitors'. District monitoring pool of PHNs/LHVs have been constituted to monitor the progress of Immunization services with due focus on poor performing health facilities ensuring coverage of all HRAs during MIKs to reach the unreached by reviewing Monitor has been assigned a set of 6-7 identified health facilities with the target to the micro-plan and to reduce dropouts/left outs.
- The Programme in Delhi has roped in teams from medical colleges for mentoring and monitoring of immunization program. The supportive supervision helps in improving services and build confidence in program.
- Each child is being tracked through RCH Portal. In order to ensure entry on RCH Portal the State has linked payment of ASHA Incentives for Immunization with entry on RCH Portal.
- **Interpersonal Communication (IPC) through "Tikakaran Nimantran Patrika"**-Tikakaran Nimantran Patrika:- is a unique initiative of the State for tracking and ensuring immunization of each eligible due child by delivery of Tikakaran Nimantran Patrika by ASHA worker a day prior to immunization session. This initiative helped to ensure that parents of the eligible child get the information in time for the due vaccination which also helped in generation of a comprehensive due list that led to improved immunization coverage.
- **Strengthening microplaning:**
 - i. Provision of RCH portal derived due list

- ii. Re-prioritization of High Risk Areas (HRAs)
- iii. Tagging of untagged high risk areas and uncovered areas
- iv. Dedicated Immunization roster plan
- Convergence of all Ministers and Departments through Intensified Mission Indradhanush 3.0
- Access to Birth registration data to district for ensuring tagging of new born to nearest health facility for timely immunization has been sought from the MCDs.
- Successful roll out of case based MR and VPD surveillance in the State
- Successful introduction of Rota Virus Vaccine in the State
- **Newer Initiatives/ Planned Activities**
 1. Operationalization of Effective vaccine inventory management through e-Vaccine Intelligence Network (e-VIN).
 2. Development of a single application for facility and outreach Immunization session planning by the ANMs which is readily visible to the Medical Officer, AWWs/Supervisors for effective coordination.
- **Program Impact:** The Department is striving hard to achieve 100% immunization coverage and reduce the Infant Mortality Rate (IMR) to single digit. The Consistent efforts have helped the State to achieve significant improvement in full immunization coverage which as per urban immunization dashboard (2019-20), MoHFW is **92%**.

20. **Child Health Services/Programme**

- a. **Strengthening of Level II (Secondary Level), Special Neonatal Care Services (SNCU)** – To cater to sick neonates (from birth to 28 days of live), 16 Hospitals who have SNCUs to provide intensive and resuscitative care to the babies who are sick. Further, 4 SNCUs in the GTB, RML, Safdarjung Hospital & LHMC are being provided support to strengthen the services through NHM. There are 61 Newborn care Corners (NBCCS) at 61 delivery points with labour room and OTs, in the State.
- b. **New Born Care Corners (NBCCs)** at all 61 delivery points within the labour room and OTs in the State ensuring essential New born care at all the delivery points.
- c. **Kangaroo Mother Care (KMC):**- Kangaroo mother care has been started in 21 Units (16 SNCUs & 5 Medical Colleges) in the first instance and will further be extended to all delivery points.
- d. **Nutritional Rehabilitation Center (NRC)** –Nutritional Rehabilitation Centres (NRC) are functional in 02 hospitals to take care of severely malnourished children (SAM).

- e. **Intensified Diarrhoea Control Fortnight (IDCF)** – Campaign was observed from 1st - 15th July, 2020 & 16th - 31st July, 2020 during the campaign 515736 ORS Packets were distributed to Children.
- f. **Mother Absolute Affection Programme (MAA)** - MAA focuses mainly on awareness campaign to improve the breastfeeding indicators, at all 61 delivery points.
- g. **Child Death Review** - CDR launched in Delhi to find out the gaps in child health delivery mechanisms and taking corrective actions.

New Activities Started in the year 2019-2020

Newborn Screening:-Comprehensive Newborn Screening Programme is aimed at holistic evaluation of all newborns at various institutions in the Delhi State. The aim will be to provide tests for multiple congenital & genetic disorders and to cover approximate 1.5 lakhs births per year.

Planned Activities

20.1 District Early Interventions Centres (DEIC):-

- Developmental impairment is a common problem in children that occurs in approximately 10% of the childhood population and represents a rapidly growing segment in India.
- The importance of early detection, intervention and rehabilitation can never be over-emphasized and requires an interdisciplinary approach of a multidisciplinary team.
- With this objective in mind of DEIC are being setup to provide referral support to children detected with health conditions during health screening, primarily for children up to 6 years of age where are available under one roof trained professionals from different disciplines working in the intervention setting.
- To reduce 4 Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) DEIC is planned in 5 centres in the first instance with the aim of early detection, minimizing disability and providing social and vocational rehabilitation with a family central approached at the community level.

20.2 National Iron+ Initiative (NIPI) 6 months to 10 Years:

- Seven out of every 10 children aged 6-59 months in India are Anaemic – The prevalence of anaemia is 59.7% as per NFHS-4.
- The key step towards addressing iron deficiency and IDA would be the implementation and scaling up of the IFA Supplementation programme and management of all forms (mild, moderate and severe) of IDA.
- Supplementation is done in the form of one ml of IFA syrup containing 20 mg of elemental iron and 100 mcg of folic acid biweekly for 100 doses in a year.

- Additionally Albendazole tablets will be provided to children for biannual de-worming.
- For all children aged 6 to 60 months it is proposed that IFA supplement will be administered under the direct supervision of an Accredited Social Health Activist (ASHA) on fixed days on a biweekly basis.

20.3 Lactation Management Unit:-

- Exclusive breastfeeding has the potential to prevent 13 percent of under-five deaths.
- In the second instance, when the baby is unable to suck the breast directly due to prematurity, weakness, sickness or any other reason, the mother's own milk can be expressed, collected, stored and then fed to the baby as per requirement.
- If the mother's own milk is not available, then Donor Human Milk (DHM) is recommended to be used to meet the short-term and long-term needs of the new-born admitted in NICUs/SNCUs.
- Donor Human Milk (DHM) if made available to these babies can save them from the adverse effects of formula milk which not only improve their survival but also helps their cognitive development.
- Taking cognizance of all these evidences, LMU have been established at RML hospital as a pilot project to provide lactation support for mothers who can, or can eventually, breastfeed.

20.4 SAANS (Social Awareness & Action To Neutralise Pneumonia Successfully):

- Childhood Pneumonia continues to be the topmost infectious killer among under-five children, contributing to 141 percent of under-five mortality Rate (U5MR) in the country, comprising approximately 1.3 2 lakhs deaths each year.
- The SAANS (Social Awareness and Action to Neutralize Pneumonia Successfully) initiative was institutionalized to bring visibility and sustainability to the Pneumonia program.
- The programme was launched in campaign mode on 12th November' 2020 to be observed till 28th Feb' 2021.
- The programme enables caregivers to identify and recognize the early signs and symptoms, and seek care immediately for on-time referral and treatment of Pneumonia.
- It also ensures availability of essential drugs at the facility and FLW level.

21. Integrated Child Development Scheme (ICDS)

Health delivery units have been liaison with Anganwadi centers under ICDS to immunize children in Anaganwadi's. For reduction in child malnutrition and control of anemia, 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.

22. School Health Scheme

- 22.1 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 required further treatment and management. At present, 58 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.
- 22.2 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.
- 22.3 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 2018 to limit the access of inhalants to vulnerable children/adolescents.

23. Adolescent Health Services

Weekly Iron Folic Acid Supplementation Programme (WIFS) & Mass De-worming 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 for students from 6th to 12th class and out of school adolescent girls between 10 to 19 years through Anganwadi Centre with 42% coverage for the year 2019-20. Two rounds of Mass De-worming programme were organized during August 2019 and February 2020 across Delhi covering 35.15 lakh children (August 2019) and during Feb 2020, 37.33 lakh children with coverage of 77% & 79 % respectively.

Achievements of SHS in 2020-21 : Due to COVID-19 PANDEMIC all schools were officially closed from 5th March till date and all the staff including doctors (except the staff posted at SHS HQ) of School Health Scheme has been kept

under Administrative control of DGHS and detailed for COVID-19 duties to respective CDMO/DGHS Control Cell/PHW-IV where they have been assigned the responsible posts of CBNAAT Lab Incharge/ Home isolation Incharge/ Contact tracing Incharge/ District Surveillance Officer / Quarantine centre Incharge and MO I/C of DGD Dispensaries. Some of them are also working in SDM Offices and managing COVID-19 control rooms there. But all school related activities have been put on hold till the schools are open and the staff of SHS joins back in SHS.

24. Family Welfare Programmes

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, specially the developing nations. The information regarding the family welfare programmes in Delhi during the last seven years (2013-2020) is presented in the following Statement 16.13:

Statement 16.13

FAMILY WELFARE PROGRAMMES

S. No.	Details	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
1	Family Welfare Centers including PP units	92	77	FP centers are now in function in hospitals		NR	41	41
2	Insertion of Intrauterine Contraceptive Device	58293	71754	80293	84370	78459	75403	94572
3	Sterilizations	19181	17458	17383	18869	17004	17531	18392
	a. Males	1401	811	901	1323	491	499	740
	b. Females	17780	16647	16482	17546	16513	17032	17652
4	Oral Pills (Cycles)	207872	196354	185499	19909	18910	17369	162564
5	Condoms ('000)	5373	3990	5709	6880	5726	5625	5388

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

25. Vector Borne diseases like Dengue, Malaria & Chikungunya

25.1 Status of Chikungunya:

- Total Chikungunya cases in this year in Delhi as reported on 17.10.2020 are 73.
- Chikungunya cases acquired infection from other States has been 11.

25.2 Status of Dengue:

- As per report dated 17.10.2020 this year there have been 395 cases of Dengue reported from Delhi.
- Dengue cases acquired infection from other States has been 100.

25.3 Status of Malaria:

- Till 17.10.2020, these years have been 199 cases of Malaria reported from Delhi.
- Malaria cases acquired infection from other States has been 82.

Statement 16.14 **DETAILS OF VECTOR BORNE DISEASES**

Year	Chikungunya cases	Chikungunya deaths	Dengue cases	Dengue deaths	Malaria cases	Malaria deaths
2014	8	NIL	995	3	201	NIL
2015	64	NIL	15867	60	359	NIL
2016	7760	NIL	4431	10	454	NIL
2017	559	NIL	4726	10	577	NIL
2018	165	NIL	2798	4	473	NIL
2019	293	NIL	2036	2	713	NIL
2020*	73	NIL	395	NIL	199	NIL

*As per SDMC (Nodal agency for reporting of Vector Borne Diseases) report as on 17.10.2020.

26. It is clear from above statement that deaths due to dengue have been reduced to nil due to initiatives taken by Local Bodies and Govt. of NCT of Delhi under State Health Mission.

Besides adequate IEC (publicity) for Vector Borne Disease, activities for prevention of mosquito breeding are carried out by DGHS and Local Bodies. Fever clinics in the Delhi Government Hospitals also countered the menace of Dengue/Malaria /Chikungunya fever.

27. HIV / AIDS

- 27.1 The Delhi State AIDS Control Society, an autonomous society of Delhi Government is implementing the National AIDS Control Programme with the aim to prevent and control HIV transmission and to strengthen state capacity to respond to long-term challenge posed by the epidemic. An estimated HIV prevalence amongst adults (15-49 years) in Delhi is 0.41% (Bounds 0.33% to 0.5%) (NACO, HIV Estimates, 2019).

- 27.2 Around 10,40,854 clients (3,34,862 pregnant women and 7,05,992 non-pregnant) were screened for HIV infection in the year 2019-20 at different facilities/ centers under Delhi State AIDS Control Society. 5861 HIV infection

were detected amongst general clients (Non-pregnant) while 247 new infections were detected amongst pregnant women. 36186 persons living with HIV (PLHIV) are under active care at 12 ART centers in Delhi on 31st March 2020, out of which 5462 were newly registered during CFY 2019-20. 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 Delhi State AIDS Control Society since 2012. A total of 4933 beneficiaries have been enrolled in the scheme cumulatively till 31st March 2020 for financial assistance through Aadhar payment bridge system.

28. Performance of Delhi State RNTCP (Upto September 2020)

Salient features of RNTBCP being implemented in Delhi through Directorate of Health Services are as follows -

- 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-I and NGO-1 chest clinics respectively. Delhi is the only State in the country where one NGO-Ramakrishana Mission, has been entrusted the responsibility to run the RNTCP in a district. The NGO's and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way.
- RNTCP Delhi integration with Urban Health Mission involving multiple stakeholders (NDMC, MCD, GOI and Delhi. Govt.). Delhi Government dispensary DEO, MOs/ESIC MOs & ASHA workers have been trained in RNTCP at State level.
- Framework of integration of RNTCP services with Mohalla Committees in the State is in place.
- The diagnosis and treatment for drug sensitive TB & drug resistance. TB is provided free to the patients by all the partners under the RNTCP.
- TB Control Services for the homeless population in 200 Night Shelters. The night shelters staff are trained as Community DOT Provider, and for collection and transportation of sputum samples.
- Mobile TB Clinic for pavement dwellers/homeless by NGO DTBA.

- Diabetic screening for all TB patients initiated at all the Chest Clinics in Delhi from January 2015.
- Counseling services by NGO's to promote adherence to MDR-TB.
- Quality TB diagnosis for pediatric cases by upfront testing of presumptive TB cases among the homeless in 'Asha Kiran'.
- RNTCP Services in Tihar Jail is being initiated by posting TBHV and LT's.
- Intensified TB screening among the floating population – Truck Drivers, slums/unauthorized colonies along with night shelters, pavement dwellers, prisons.
- Nutrition support & Counseling services to MDR TB patients by NGOs like UNION, RK Mission, DFIT, TB Alert, GLRA.
- The RNTCP has 192 diagnostic centers and 551 treatment centers located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 3 C&DST Labs to diagnose Drug Resistance TB. Implementation of DOTS Plus services for DRTB Patients is done through 4 Nodal DRTB Centres & 25 District DRTB Centres. 32 CBNAAT labs (GenXpert) in 25 Chest Clinics/Medical Colleges for Rapid TB Diagnosis are in place. The Rapid TB Diagnostic Services through CBNAAT are available free to the all the patients (Specially for pediatric group, HIV Positive patients & to diagnose Drug Resistance TB) besides Universal DST for all TB patients for initiation of therapy.
- Roll out of daily regimen across the State w.e.f. 1st November, 2017.
- Delhi has been the first State in the country to have full coverage with DOTS (WHO recommended treatment strategy for TB) since 1997 and with DOTS-PLUS since 2008. Rollout of Baseline SLDST across the State w.e.f. Q2 – 2014. Expanded DST for 2nd Line drugs across the State w.e.f. April, 2016. Pan State Roll out of Bedaquiline – new drug in MDR TB treatment in 2016.
- Revised PMDT Guidelines Goal 2019 implemented across the State.
- NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.
- TB Harega Desh Jeetega campaign launched w.e.f. 25th Sep, 2019.
- A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.
- Govt. of India has changed the name of the programme from Revised National Tuberculosis Control Programme (RNTCP) to National Tuberculosis Elimination Programme (NTEP) w.e.f. 1st Jan, 2020.

Statement 16.16
PERFORMANCE OF DELHI STATE RNTCP

Indicator	2011	2012	2013	2014	2015	2016
Total number of patients put on treatment	51,645	52006	50728	54037	55582	57967
New Infectious patients put on treatment	13770	13982	12969	13704	14197	14840
Conversion rate from infectious to non infectious status at three months of treatment (Target 90%)	90 %	90%	89%	89%	90%	90%
Case detection rate of new infectious patients (Universal Coverage)	85%	86%	80%	80%	83%	87%
Case detection rate of all types of TB patients (Universal Coverage)	118%	128%	118%	122%	122%	125%
Success rate (cure + completion) of new smear positive (Target 90%)	86%	86%	86%	85%	86%	87%
Death Rate (Target < 5%)	3%	2.7%	2.6%	3.5%	3%	2.6%
Default Rate (Target < 5%)	4.5%	4.4%	5%	5.7%	5%	5%
Failure Rate (Target < 5%)	4%	4.1%	3%	2.7%	2%	2.3%
Number of persons saved from death	9690	9776	9486	9875	10600	11280
Number of persons prevented from getting infected with TB	507310	513839	480501	523407	526435	552826

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

Statement- 16.16
PERFORMANCE OF DELHI STATE RNTCP

Indicator	2017	2018	2019
TB Patients Notified from Public Sector	60772	76182	79828
Annual TB Notification Rate (Public)	332 per lakh	414 per lakh	434 per lakh
TB Patients Notified from Private Sector	5121	15561	28088
Annual TB Notification Rate (Private)	28 per lakh	84 per lakh	153 per lakh
% of Pulmonary TB Patients	58%	56%	58%
% of Extra Pulmonary TB Patients	42%	44%	42%
% of New TB Patients	86%	84%	86%
% of Previously Treated TB Patients	14%	16%	14%
% of Microbiologically Confirmed Cases	43%	45%	52%
% of Clinically diagnosed cases	57%	55%	48%

Indicator	2017	2018	2019
Success Rate of Microbiologically Confirmed New TB Patients	85%	86%	86%
Success Rate of Microbiologically Confirmed Previously Treated TB Patients	71%	72%	73%
Success Rate of Clinically diagnosed New TB Patients	94%	94%	95%
Success Rate of Clinically diagnosed Previously Treated TB Patients	88%	88%	89%

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

Statement- 16.16 (1)

NEW INDICATORS BY GOVT. OF INDIA TO MONITOR PROGRAMME PERFORMANCE

Indicator	2020 (Upto 30th Sep, 2020)
TB Patients Notified from Public Sector	46334
% of Target achieved in TB Notification (Public)	77%
TB Patients Notified from Private Sector	19256
% Target achieved in TB Notification (Private)	85%
% TB Notified Patients with known HIV Status (Public)	75%
% TB Notified Patients with known HIV Status (Private)	27%
% TB Notified Patients with UDST Done (Public)	58%
% TB Notified Patients with UDST Done (Private)	46%
Treatment Success Rate (Public)	74%
Treatment Success Rate (Private)	46%
% of Eligible Beneficiaries paid under Nikshay Poshan Yojna	42%
% of Diagnosed MDR patients initiated on treatment	79%

29. Indian System of Medicine (ISM) and Homeopathy

To promote 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 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

30. Important steps 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 loan 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 post graduate 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 course of study for such exams a nursing care, panch karma etc.

- Nehru Homeopathic Medical College and hospital is imparting BHMS Degree and have a capacity of 100 seats. This institute has 100 beds indoor facility for the homeopathic treatment of chronic patients. Post Graduate course have 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.

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. As per recent reports of NSSO (2017-18) Govt. of India, around 4% of treated ailments involved treatment from AYUSH.

31. DELHI STATE HEALTH MISSION

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

31.2 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 (Mahilla 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)

31.3 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 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):** Dedicated web portal for capturing all Public health / indicator based information from the end source and generate reports /trends to assist in planning and monitoring activities. Data generated at facility level is captured on this web based portal on monthly basis. At present, the Delhi Government, MCD, CGHS & ESI, NDMC, Autonomous, NGO & other health facilities (dispensaries & hospitals) are reporting on HMIS on monthly basis. In addition some private hospitals and nursing homes are also reporting on HMIS Portal. The performance of health

care services is being utilized by various departments of State and GOI for monitoring and planning health policies and strategies.

(e) Community Processes

ASHA: The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). These are motivated women volunteers who are selected as per defined guidelines in a decentralized manner. One ASHA is selected for every 1500-2500 population (300 to 500 households). At present State has **5998 ASHAs** in place distributed across the eleven districts in the vulnerable areas (Slums, JJ Clusters, unauthorized colonies and resettlement colonies).

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

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

(f) Implementation of 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. Trainings have 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 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 standards 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 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.

In 2019-20, 16 hospitals have scored more than 70% score out of total 17 hospitals. Kayakalp has been successfully completed in PUHCs of their respective districts. Kayakalp assessments for the year 2020-21 in hospitals and PUHCs are under process.

Five hospitals have achieved national level NQAS Certification and 2 hospitals have achieved National level Laqshya Certification. Six hospitals have achieved entry level NABH Certification. Six hospitals were identified for NQAS certification and Four hospitals for Laqshya Certification for F.Y. 2020-21 which is under process.

32. Delhi Arogya Kosh

Delhi Arogya Kosh (DAK) was constituted as separate society by the Govt of NCT of Delhi in the year 2011 to provide financial assistance for health care services to poor patients suffering from life threatening diseases, minor surgeries, imaging and diagnostics test, Dialysis & undergoing treatment in any Govt Hospital run by Delhi Govt or Central Govt or Local Bodies or Autonomous Hospital under State Govt. In the year 2017-18, the Govt started services of high-end diagnostics, surgeries and treatment of medico legal victims of road accident, acid attack & thermal burn injury through DAK with the provision of referral of patients to empanelled private health centres and reimbursement of bills of medical treatment of patients by the Gov through DAK. A total of 78867 eligible patients availed the benefit of high-end diagnostic test during 2019-20. Similarly, 8739 eligible patients availed free dialysis and 2250 eligible patients availed scheme of specified surgeries of different types during this period. Further, around 4299 victims of road accident /acid attack availed cashless treatment in this period.