

CHAPTER 16

HEALTH & FAMILY WELFARE

Good Public 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 Aadmi 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 Govt hospitals. Similarly, 94 Delhi Govt 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. As on 31st March 2019, there were 88 Hospitals, 7 Primary Health Centers, 1432 Dispensaries, 251 Maternity Homes & Sub Centers, 55 Polyclinics, 1172 Nursing Homes, 167 Special Clinics and 17 Medical Colleges available in Delhi. The Delhi Govt alone is a significant contributor in case of primary health care having 832 (58%) dispensaries as on date including 180 Allopathic Dispensaries, 338 Aam Aadmi Mohalla Clinics (pilot + regular), 60 Seed Primary Urban health Centers (PUHC), 44 Ayurvedic, 22 Unani & 105 Homeopathic Dispensaries, 24 Mobile Clinics, 59 School Health Clinics. The information regarding Health Infrastructure in Delhi during the last 8 years is presented in the Statement 16.1

Statement No 16.1

HEALTH INFRASTRUCTURE FACILITIES IN DELHI DURING THE PERIOD 2011-2018

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

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

\$ This includes 24 Delhi Govt 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 as on 31st March 2019 is given in the statement 16.2.

Statement 16.2

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

S. No.	Agencies	2018-19	
		Institutions	Beds sanctioned
1	Delhi Government	38	11770
2	Municipal Corporation of Delhi	51	3505
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	2995
6	Private Nursing Homes/Hospitals/Voluntary Organizations	1175	29502
	Total	1291	57709

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 2018-19 has remained at 2.94. The information regarding growth in number of beds in medical institutions and bed population ratio from 2011 onwards is presented in the following Statement:-

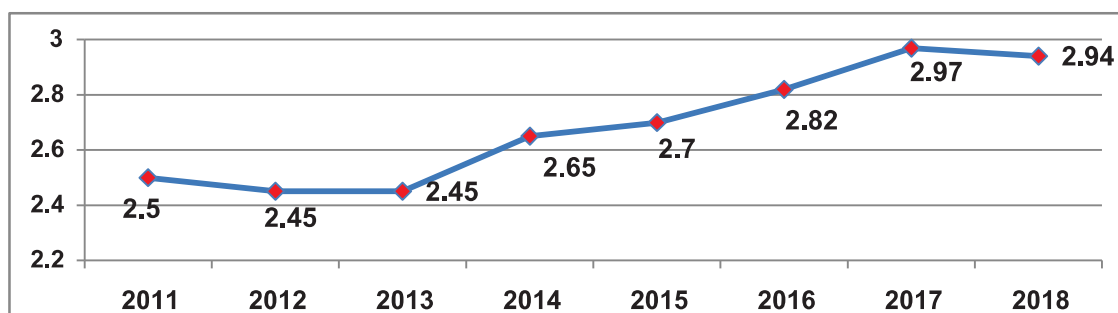
Statement 16.3

BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI 2011-18

S. No.	Year	Number of Hospital beds		
		Population (in '00') Projections by CSO	Beds Sanctioned	Beds per 1000 Persons
1	2011	170080	42598	2.50
2	2012	173860	42695	2.45
3	2013	177640	43596	2.45
4	2014	181420	48096	2.65
5	2015	185200	49969	2.70
6	2016	188980	53329	2.82
7	2017	192770	57194	2.97
8	2018	196560	57709	2.94

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 57709 as on 31st March 2019 available in 1291 (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 22.02 percent, 20.40 percent, 6.46 percent respectively and beds in private nursing homes/ hospitals/ voluntary organizations were recorded at 51.12 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 2019 is depicted in Statement 16.2 while details of bed population ratio since 2011 to 2018 are available in the Statement 16.3. Bed population ratio has shown a marginal rise with 2.94 in 2018 from 2.50 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 Ambekar 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 • Structure complete as per 600 beds. • Present progress: 98%. • Payment has been made to BSES for electricity connection. • The hospital may start in PPP Mode.
2	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 – ₹ 565.55 Crore (700 bedded hospital) has been approved vide Cabinet Decision no. 2025 dated 06/06/2013. • Present Progress : 86%. • Revised Plan to enhance bed capacity to 1725 beds (1241 beds in phase-I & 484 beds in phase – II). • Estimated date of Completion :March, 2020 (Phase-I). • The hospital may start in PPP Mode.
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. • Present Progress: 90% work completed as per new scheme. • Target date of completion: November, 2019. • 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 hospital has to be started in PPP Mode.
4	Hospital at Madipur	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded hospital. • Total cost – ₹ 320.07 Crore (691 bedded hospital) has been approved by EFC dated 18/11/2019. • The PE of providing consultancy services for Comprehensive planning & designing of construction of hospital building at Madipur has been approved by competent authority and conveyed to PWD on 08/03/2018. • Consultancy work was awarded to M/s Arcop Associates Pvt. Ltd. on 08.11.2018. Drawings/Design and plans have been approved. • The PE regarding construction of Hospital work at Madipur has been received from PWD which is under process for seeking approval of competent authority.
5	Hospital & Trauma Centre at Siraspur	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • The plan to establish 1500 bedded hospital alongwith Medical College has been again revised (₹ 487.54 Crore dated 10.12.2019). As per revised plan 2716 bedded hospital has to be established in two phases. In phase-I, 1164 bedded hospital has to be established and in phased-II a Super Speciality 1552 bedded hospital has to be constructed. • M/s Design Associates Inc. has been appointed as Consultant/Architect on 27/08/2019 for Comprehensive planning and designing of construction of hospital building at Siraspur. • PE in r/o Phase-I plan i.e. 1164 bedded hospital has been received from PWD.

6	Hospital Project at Sarita Vihar	<ul style="list-style-type: none"> • Earlier Plan of 100 bedded Hospital. • Proposed bed strength has been increased from 100 to 394 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. Drawings/Design and plans have been approved. • The PE regarding construction of Hospital work at Sarita Vihar has been received from PWD which is under process for seeking approval of competent authority.
7.	Hospital Project at Vikaspuri (Hastsal)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • Total cost – ₹ 319.51 Crore (691 bedded hospital) has been approved by EFC dated 18/11/2019. • The PE for providing consultancy services for Comprehensive planning & designing of construction of hospital building at Vikaspuri 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. Drawings/Design and plans have been approved. • The PE regarding construction of Hospital work at Vikaspuri (Hastsal) has been received from PWD which is under process for seeking approval of competent authority.
8.	Hospital Project at Jwalapuri (Nangloi)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital. • Total cost – ₹ 319.65 Crore (691 bedded hospital) has been approved by EFC dated 18/11/2019. • The PE for providing consultancy services for Comprehensive planning & designing of construction of hospital building at Jwalapuri 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. Drawings/Design and plans have been approved. • The PE regarding construction of Hospital work at Jwalapuri (Nangloi) has been received from PWD which is under process for seeking approval of competent authority.

Source : H&FW Department & DGHS, GNCTD

Besides above, Delhi Govt has decided to remodel around 16 existing Hospitals so as to enhance number of existing beds as per FAR norms. Around 7000 new beds will be added due to planned remodeling of these existing 16 Hospitals. The status of 13 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
1	LN Hospital (Medicine, Pediatric and MCH)	533.90	2102	1570	3672
2	SRHC (Cancer & Maternity Block)	244.35	200	400	600
3	Dr. B. R. Ambedkar	194.91	500	463	963
4	JPCH	189.77	200	300	500
5	Bhagwan Mahavir	172.79	300	419	719
6	Guru Govind Singh	172.03	100	472	572
7	LBS	143.73	105	460	565
8	Sanjay Gandhi Memorial	117.78	300	362	662
9	Acharya Shree Bhikshu	94.38	100	270	370
10	RTRM	86.31	100	258	358
11	Deep Chand Bandhu	69.36	200	281	481
12	Aruna Asaf Ali	55.36	100	51	151
13	Shree Dada Dev Shishu Maitri	53.44	106	180	286

Source : H&FW Department & DGHS, 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 61.8% share under Govt Hospitals, 36.8 % in Private hospitals and rest 1.4% in Charitable 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 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 PG	200 151
2	A & U Tibbia College & Hospital , Karol Bagh, Delhi (Delhi University)	1921	BAMS BUMS	75 75
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 07
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/ PG	150 176
8	Maulana Azad Institute of Dental Sciences, (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 Brahm Prakash Ayurvedic Charak Sansthan, Najafgarh, (IP University)	2012	BAMS PG	100 29
15	North Delhi Municipal Corporation Medical College & Hospital, (IP University)	2013	MBBS	50
16	School of Unani Medical Education and Research and Associated Majeeda Unani Hospital, (Jamia Hamdard University)	1963	BUMS	50
17	Dr. BSA Medical College, Rohini (IP University)	2016	MBBS	100

Source : DGHS, GNCTD

Share of Government Expenditure on Medical & Public Health Sector

10. The information regarding expenditure share of Medical & Public Health Sector (Schemes/ Programmes/Projects) 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	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
12	2018-19	15672.03	2333.64	14.89

Source : Schemes / Programmes/ Projects wise expenditure document

11. It is obvious from above Statement that the public investment (Schemes/ Programmes/ Projects expenditure) in medical & public health sector under Scheme/ Programme/ Project outlay of Delhi Government has significantly increased from ₹ 861.66 crore in 2007-08 to ₹ 2333.64 crore in 2018-19.

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	3043.78

Source : Annual Financial Statement, Delhi Budget

12. It is clear from above statement that per capita expenditure on medical & public health in Delhi has increased to ₹ 3044 in 2018-19 from ₹ 1573 in the year 2012-13 with the increase of 94% 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/Projects 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 2018-19

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	343798	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	686824	5477.59	0.80
2018-19	774870	7171.06\$	0.93
2019-20	856112	-	-

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

14. As per report of NSSO (75th round - 2017-18), Average Medical Expenditure during hospital stay per case of hospitalization in Delhi was Rs 25094.

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 System. 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)	
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	14	14	7	21	16
2018	18.77	7.53	994	399	15	NA	8	24	NA

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

Statement 16.10

UNDER FIVE MORTALITY RATE IN DELHI AND INDIA (1998-2017)

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
11	2017	21	37

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

Statement 16.11

FERTILITY INDICATORS

Indicator	Age Group Year	2009	2010	2011	2012	2013	2014	2015	2016	2017
Age specific fertility rates	15-19	14.5	10.5	9.2	8.4	9.2	9.9	3.5	3.4	3.2
	20-24	140.1	136.5	139.7	137.3	137.0	130.8	139.6	81.5	84
	25-29	143.6	143.8	130.3	126.1	126.5	124.8	114.7	131.2	125.2
	30-34	62.3	61.2	60.8	60.3	55.3	56.5	52.9	71.6	63.2
	35-39	19.5	19.8	15.7	19.1	13.9	13.5	17.6	21.3	21.2
	40-44	7.8	3.2	4.2	4.5	4.7	4.9	4.7	8.9	6.2
	45-49	1.4	1.7	0.3	0.8	0.5	0.8	2.4	2.3	1.8
Total fertility rate		1.9	1.9	1.8	1.8	1.7	1.7	1.7	1.6	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 (%)
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
2017	89.21	89.10
2018	90.37	90.28

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. 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 21 in the year 2017.

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 D e l h i .

17. Implementation of various activities for reduction of Maternal Mortality

- Strengthening and augmentation of institutional delivery through promotion of **Janani Suraksha Yojana (JSY)** under which pregnant women of SC/ST/BPL families are incentivized at @ of ₹ 600/- for urban institutional @ ₹ 700/- for rural institutional deliveries and BPL women of home deliveries also incentivized @ ₹ 500/-. In the year 2018-19, 10,596 Beneficiaries were incentivized.
- **Janani Shishu Suraksha Karyakarm (JSSK) Scheme** envisages free facilities to pregnant women and sick infants in public health facilities on account of waiving off of user charges, diagnostic, drugs and consumables, diet, two ways transportation and blood transfusion for the purpose of delivery & antenatal or post-natal complications.
- **New delivery points** to be created / bed expansion / New MCH wings to be created to meet the public demand.
- **Establishment of FRUs** in view of provision of Emergency Obstetric and Neonatal services, Blood Banks /Blood Storage Units **Establishment of HDU & Obstetric ICU in Medical college hospitals and high case load district hospital.** For Lok Nayak Hospital, Dada Dev Hospital, Smt. Sucheta Kriplani Hospital, Lal Bahadur Shastri Hospital, Safdarjung Hospital and Guru Teg Bahadur Hospital.
- **Establishment of skill stations for capacity building of staff working for obstetric services in delivery points.** 6 facilities identified are Lal Bahadur Shastri Hospital, Lok Nayak Hospital, Sanjay Gandhi Memorial Hospital, Dr. Baba Saheb Ambedkar Hospital, Deen Dayal Upadhyay Hospital, Guru Teg Bahadur Hospital.
- **Strengthening of hospitals under Laqshya initiative.** 18 Facilities identified for Laqshya Implementation & Certification. 2 facilities have qualified for State certification and are in process for National certification.
- Regular Audit of all Maternal Deaths and Near Miss cases at facility, community and district level

Statement 16.12

EXPENDITURE IN VARIOUS MATERNAL HEALTH SCHEMES 2018-19

MATERNAL HEALTH SCHEMES	EXPENDITURE (In Lakh)
Janani Suraksha Yojana (JSY)	81.87
a) Incentives to ASHA	29.87
Janani Shishu Suraksha Karyakram (JSSK)	197.96
a) Diagnostic	182.51
b) Blood Transfusion	0.08
c) Diet 93 days for Normal Delivery and 7 days for Cesarean)	15.36

18. Essential Immunization services in Delhi

- Strengthening Essential Immunization Programme : The outreach immunization sessions being executed under Mission Indrashanush Kawach have been incorporated under 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 the HRAs identified in MIK are also covered under the Routine Immunization sessions.
- 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. Each Monitor has been assigned a set of 6- 7 identified health facilities with the target to reach unreached by reviewing the micro-plan and to reduce dropouts/left outs. The supportive supervision helps in improving the quality of services and build confidence in program.
- Delhi has roped in teams from medical colleges for mentoring and monitoring of immunization program. The supportive supervision helps in improving the quality of services and build confidence in program.
- Delhi has linked payment of ASHA incentives with entry on RCH portal to ensure name based records of the beneficiaries.

- Interpersonal Communication through “Tikakaran Nimantran Patrika”(IPC)
- Tikakaran Nimantran Patrika:- Tracking each eligible due children 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 kid get the information in time for the due vaccination which also helped in generation of a comprehensive due list that led to better immunization coverage.
- Strengthening microplaning:
 - Provision of RCH portal derived due list:
 - Re-prioritization of High Risk Areas (HRAs).
 - Tagging of untagged high risk areas/ uncovered
 - Dedicated Immunization roster plan
- Convergence of all Ministries and Departments through Intensified Mission Indradhanush 2.0
- Access to Birth registration data to district for ensuring tagging of new born to nearest health facility for timely immunization.
- 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 ‘Model Immunization Clinic”, minimum one in each district to ensure provision of Immunization services beyond routine timing early morning/early evening.
2. Introduction of Inj. Pneumococcal as a state vaccine
3. Operationalization of Effective vaccine inventory management through e-Vaccine Intelligence Network (e-VIN).

4. Improving DPT Booster -2 coverage through School based Immunization activities. The department decided to strengthen DPT Booster – 2 coverage by conduction Immunisation sessions in schools using the opportunity of Parents Teacher Meeting for ensuring eligible children receive DPT Booster - 2.
- **Program Impact :** The Department is striving hard to achieve 100% immunization coverage and reducing the Infant Mortality Rate (IMR) to single digit. The consistent efforts have helped the state to achieve significant increase in immunization coverage which as per the latest Immunization dashboard report ISTU, MoHFW (November 2019) stands at 92%. More significant reduction in IMR from 25 (SRS 2012) to 16 (SRS 2017) as compared to NMR can indicate that reduction in IMR has been majorly contributed by progressive improvement in Immunization coverage.

19. Child Health

- 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 (BSA, SGMH, LBSH, Kasturba, Hindu Rao, SDN, GGSH, MBH, Pt. MMMH, JPCH, AAAH & others) have SNCUs to provide intensive care and resuscitative to the babies who are sick & 3 New SNCUs are under pipeline & yet to be made functional at GTB, RML & Safdarjung. There are 61 New Born Care Corners (NBCCS) at all 61 delivery within labour room and OTs in the State.
- b. **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. The need for establishing KMC units is due to high incidence of LBW babies (28%) & Pre-term babies (31%) in Delhi as per CRS-2017.
- c. **Nutritional Rehabilitation Center (NRC) -** Establishment & Strengthening of Nutritional Rehabilitation Centre (NRC) in 02 hospitals to take care of severely malnourished children (SAM). NRCs are facility based units providing medical and nutritional care to SAM Children under 5 years who have medical complications. Also skills of mother on child care and feeding practices are improved so that child receives care at home.
- d. **Intensified Diarrhoea Control Fortnight (IDCF) -** Campaign was observed from 28th May, 2019 to 9th June, 2019 during the campaign 951578 ORS Packets were distributed to Children.

- e. **Mother Absolute Affection Programme (MAA)** - MAA will focus mainly on awareness campaign to improve the breast feeding indicators, at all 61 delivery points.
- f. **Child Death Review** - CDR launched in Delhi to find out the gaps in child health delivery mechanisms and taking corrective actions.

19.1 **Planned Activities**

District Early Interventions Centres (DEIC) :- To counter 4 Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) DEIC is planned in 3 centres in the first instance.

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 cover at least 1.5 lakhs births per year.

National Iron + Initiative (NIPI) 6months to 10 years :- 63.2% of U5 Children are anaemic in Delhi. Syrup and tablet IFA will be provided to anaemic children as per GOI guidelines under the umbrella of Anemia Mukat Bharat.

Lactation Management Unit at RML Hospital

SAANS (Social Awareness and Action to Neutralise Pneumonia successfully) will be rolled out in the year 2020-2021, once approved in ROP.

SAANS initiative encompasses a strategy to accelerate reduction in pneumonia related childhood deaths in state of Delhi.

- 20. Survey results of 71st round of NSS (State sample- Social Consumption on Health) reveal that out of approximate 1.88 lakh hospitalization cases of child birth, 62.48% cases were reported in public hospitals in Delhi. Around 2.06 lakh pregnant women received pre-natal care and 1.51 lakh women received post-natal care and average total medical expenditure per child birth incurred in public hospitals was ₹ 1437 per case as against an expenditure of ₹ 19,863 in private hospitals.
- 21. **Integrated Child Development Scheme (ICDS)**- Health delivery units have been liaised with Anganwadi centres under ICDS to immunize children in Anganwadi's. 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.

22. **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 required further treatment and management. At present, 50 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 2019-20 upto September 2019 are stated as under:-

Major achievements of SHS during the year 2019-20 upto September are stated as under –

Covered upto September 2019

- **Schools Screened = 123**
- **Students Screened = 160721**
- **Students Detected With Ailment = 64571**
- **Total Referral Cases = 29822**
- **Number of Follow Up = 6838**
- **Health Education Sessions = 5761**
- **Number of School Children Surveyed For Substance Abuse = 110399**
- **Students Counselling For Drug Abuse = 10646**
- **Number of Students Detected As Victim = 40 of Substance Abuse**
- **Students Referred for DE-Addiction = 10**

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. **Weekly Iron Follet 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, 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 – 1228 schools were covered every month with coverage of 55.27%.

Mass De-worming programme was organised on 08 August 2019 with mop up day on 16 Aug 2019 across Delhi in all Govt./Govt. Aided Schools, selected private schools having covered around 19.8 Lakh Children with coverage of 88.6%.

Family Welfare Programmes

24. 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 (2012-2019) is presented in the following Statement 16.13:

Statement 16.13

FAMILY WELFARE PROGRAMMES

S. No.	Details	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
1	Family Welfare Centers including PP units	98	92	77	FP centers are now in function in hospitals		NR	41
2	Insertion of Intrauterine Contraceptive Device	47164	58293	71754	80293	84370	78459	75403
3	Sterilizations	20107	19181	17458	17383	18869	17004	17531
	a. Males	1563	1401	811	901	1323	491	499
	b. Females	18544	17780	16647	16482	17546	16513	17032
4	Oral Pills (Cycles)	213992	207872	196354	185499	199092	189107	173691
5	Condoms ('000)	9325	5373	3990	5709	6880	5726	5625

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

Vector Borne diseases like Dengue, Malaria & Chikungunya

25. Status of Chikungunya:

- Total Chikungunya cases in this year in Delhi as reported on 09.11.2019 are 151 Chikungunya cases referred from other states have been 101.
- No death has been reported due to Chikungunya.
- Status of Dengue
- As per report dated 09.11.2019 this year there have been 1301 cases of Dengue reported from Delhi. Dengue cases referred from other states have been 1737.
- Status of Malariya:
- Till 09.11.2019, these years have been 652 cases 526 cases have been referred from outside Delhi.

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*	151	NIL	1301	0	652	NIL

*As per SDMC (Nodal agency for reporting of Vector Borne Diseases) report as on 09.11.2019.

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. 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 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/ Chikungunia fever.

HIV / AIDS

27. Delhi State AIDS Control Society, an autonomous society of Delhi Government implements 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 0.30% (HIV Sentinel Surveillance 2017).
28. Around 7,38,677 clients (2,84,580 pregnant women and 4,54,097 non-pregnant) were screened for HIV infection in the year 2018-19 at different facilities/ centers under Delhi State AIDS Control Society. 6478 HIV infection were detected amongst general clients (Nonpregnant) clients while 408 infections were detected amongst pregnant women. 31913 persons living with HIV (PLHIV) are under active care at 12 ART centers in Delhi on 31st March 2019, out of which 5721 were newly registered during CFY 2018-19.
29. Govt. of NCT of Delhi provides Financial Assistance to PLHIVs/CLHIVs for improve treatment adherence for eligible persons receiving ART from ART centers in Delhi. The scheme is being implemented through Delhi State AIDS Control Society since

2012. As on 31st March 2019, 4133 beneficiaries were being enrolled for financial assistance through Aadhar payment bridge system.

Performance of Delhi State RNTCP Upto September 2019

30. 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-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. The diagnosis and treatment is provided free to the patients under the RNTCP.
- 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 paediatric 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 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.
- NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.
- A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.

Statement 16.16

PERFORMANCE OF REVISED NATIONAL TB CONTROL PROGRAMME

Indicator	2011	2012	2013	2014	2015	2016
Total number of patients put on treatment	51,644	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%)	89.5%	88.8%	89%	89%	90%	89.6
Case detection rate of new infectious patients (Universal Coverage)	85%	85.7	80%	80%	83%	87.3
Case detection rate of all types of TB patients (Universal Coverage)	118%	128%	118%	122%	122%	125.3
Success rate (cure + completion) of new smear positive (Target 90%)	86%	85%	86%	85%	86%	86.7
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	9106	9486	9875	10600	11280
Number of persons prevented from getting infected with TB	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	2019 (upto 30 th Sept. 2019)
TB Patients Notified from Public Sector	60772	76182	61964
Annual TB Notification Rate (Public)	332 per lac	414 per lac	449 per lac
TB Patients Notified from Private Sector	5121	15561	20193
Annual TB Notification Rate (Private)	28 per lac	84 per lac	151 per lac
% 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%	47%
% of Clinically diagnosed cases	37%	55%	53%
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

Indian System of Medicine (ISM) and Homeopathy

31. 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

32. 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.
33. 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.

DELHI STATE HEALTH MISSION

34. 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 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 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)

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):**
 - 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 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 upto 5 years of age by tracking and facilitating utilization of timely preventive care. The goal is to reduce morbidity & mortality related to pregnancy, child birth 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 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
- Patient Satisfaction / feedback Application.

(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 **6035 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 operationlised 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.

ii. **Rogi Kalyan Samitis (RKS):** RKS has been registered in 26 Delhi Govt. Hospital, 1 MCD Hospital, 7 Maternity Homes of East Delhi Municipal Corporation.

(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.

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, 28 hospitals scored more than 70% score out of the total 40 hospitals which participated in the program. Also, 362 Primary Healthcare Facilities (GNCTD & MCD) participated in the program, out of which 71 scored more than 70%.

Four hospitals have achieved national level NQAS Certification. Six hospitals entry level NABH Certification.

35. **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 & 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 Govt through DAK. A total of 1,34,609 eligible patients availed the benefit of high-end diagnostic test during 17.02.2017 to 30.06.2019. Similarly, 4654 eligible patients availed scheme of specified surgeries of different types during this period. Further, around 2938 victims of road accident & 01 acid attack availed cashless treatment in this period.