

CHAPTER 16

HEALTH & FAMILY WELFARE

Healthy citizens are the greatest asset any country can have.

Winston S. Churchill

Introduction

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 as a basic, indisputable human right - a right that is obligatory for the state to provide to all citizens regardless of income, social groups, localities or social class. The health system in the largely urban city- state of Delhi is beset with many pressing challenges. Firstly, the state government is responsible for planning and implementing the delivery of health services within the National Capital Territory, its clientele, comprising the entire national capital region (NCR) and its contiguous districts in the neighboring states, actually surpasses manifold the domiciled population. Secondly, the existing laws and regulations often lead to overlapping actions by multiple agencies regarding public health aspects viz. the State Government, Urban Local Bodies and Central Government.
3. The National Capital Territory of Delhi has made significant progress in improving the health status of its people. Delhi has made substantial progress in building reliable health infrastructure at various levels. “Ensuring healthy living and promoting well-being for people of all ages” is one of the Sustainable Development Goals and the Government of NCT of Delhi is continuously striving to achieve the goals under the Sustainable Development Goals related to health indicators. The national capital has been at the forefront of health care development. Basic to tertiary health care services are being provided by the public and private sectors and voluntary organizations. Integrated management of health services has helped tide over the critical phase of the COVID-19 pandemic.
4. Health & Family Welfare Department, GNCTD is committed to provide preventive, promotive and curative health care services to the citizens of Delhi.

Health care delivery system in Delhi has been re-organized in July, 2015 in the following manner:-

- a. Mohalla Clinics (Aam Aadmi Mohalla Clinics)
 - b. Multi Specialty Clinics (Polyclinics)
 - c. Multi Specialty Hospitals (earlier called Secondary Level Hospitals)
 - d. Super Specialty Hospitals (earlier called Tertiary Level Hospitals)
5. As on 31.03.2022, Government of NCT of Delhi is providing preventive, promotive and curative health care services to the citizens of Delhi through 38 Multispecialty and Super Specialty Hospitals, 167 Allopathic Dispensaries, 58 Seed Primary Urban Health Centres, 517 Aam Aadmi Mohalla Clinics, 30 Polyclinics, 49 Ayurvedic Dispensaries, 22 Unani Dispensaries, 108 Homeopathic Dispensaries and 50 School Health Clinics are providing preventive, promotive and curative health care services to the citizens of Delhi.
6. Health & Family Welfare Department, GNCTD 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 Government Hospitals. 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 Delhi Government Hospitals. Dialysis services are also being provided in selected Delhi Govt. Hospitals through PPP mode.
7. Directorate General of Health Services is the nodal agency under the Health & Family Welfare Department, Government of NCT of Delhi to provide better health care services to the citizens of Delhi with the coordination of other government and non-government organizations. Government of NCT of Delhi itself is a significant contributor in primary health care services having 995 dispensaries (out of total 1621 dispensaries, approx. 61% of total dispensaries) as on 31.03.2022. Statement 16.1 presents data with regard to the health infrastructure at all levels available in Delhi from 2013-14 to 2021-22.

STATEMENT 16.1

HEALTH INFRASTRUCTURE FACILITIES IN DELHI DURING THE PERIOD 2013-14 to 2021-22

S. No.	Health Institutions	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1.	Hospitals*	95	95	94	83	88	88	88	88	89
2.	Primary Health Centers	5	2	5	7	7	7	7	12	48
3.	Dispensaries**	1451	1389	1507	1240	1298	1432	1585	1575	1621
4.	Maternity Home & Sub Centers***	267	267	265	193	230	251	224	134	128

S. No.	Health Institutions	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
5.	Polyclinics	19	19	42	48	54 \$	55	56	52\$	44
6.	Nursing Homes	855	973	1057	1057	1160	1172	1151	1119	1050
7.	Special Clinics	27	27	27	14	124	167	305	388@	508
8.	Medical Colleges	16	16	17	17	17	17	17	19#	19
	Total	2735	2788	3014	2659	2978	3189	3433	3387	3507

Source : Directorate of Health Services, GNCTD.

* Includes all Delhi Govt., MCD, NDMC, CGHS, Railways, ESI, Defence hospitals etc. Government Hospitals (Allopathic, Ayurvedic, Homeopathic and T.B. Clinics) but excludes maternity Homes & Primary Health Centers.

** Includes Allopathic, AYUSH Dispensaries, and Mobile Health Clinics of all levels of Government.

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

\$ This includes Delhi Government Polyclinics 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).

8. It may be seen from above Statement that number of medical institutions in Delhi has increased in 2021-22 to 3507 from 3387 in 2020-21. 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.
9. The agency-wise information regarding number of medical institutions and bed capacity in Delhi - 2021-22 is given in the statement 16.2.

STATEMENT 16.2

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

S. No.	Agencies	2021-22	
		Institutions	Beds sanctioned
1.	Delhi Government	40	14244
2.	Municipal Corporation of Delhi	47	3625
3.	New Delhi Municipal Council	2	221
4.	Government of India(DGHS, CGHS, Railway, ESI, Army Hospitals, LRS Inst.)	19	9544
5.	Other Autonomous Bodies {Patel Chest Inst., IIT Hospital, AIIMS, NITRD(earlier LRS)}	5	3786
6.	Private Nursing Homes/Hospitals/Voluntary Organizations	1050	27540
	Total	1163	58960

Source: Dte of Health Services, GNCTD.

10. Growth of Bed Capacity - According to the recommendations of the World Health Organization (WHO), the recommended bed population ratio is 5 beds per a population of 1,000. However, the bed population ratio in Delhi in 2021-22 has remained at 2.89 which is much below the WHO norm. The information regarding growth in number of beds in medical institutions and bed population ratio from 2013-14 onwards is depicted in the Statement 16.3:

STATEMENT 16.3

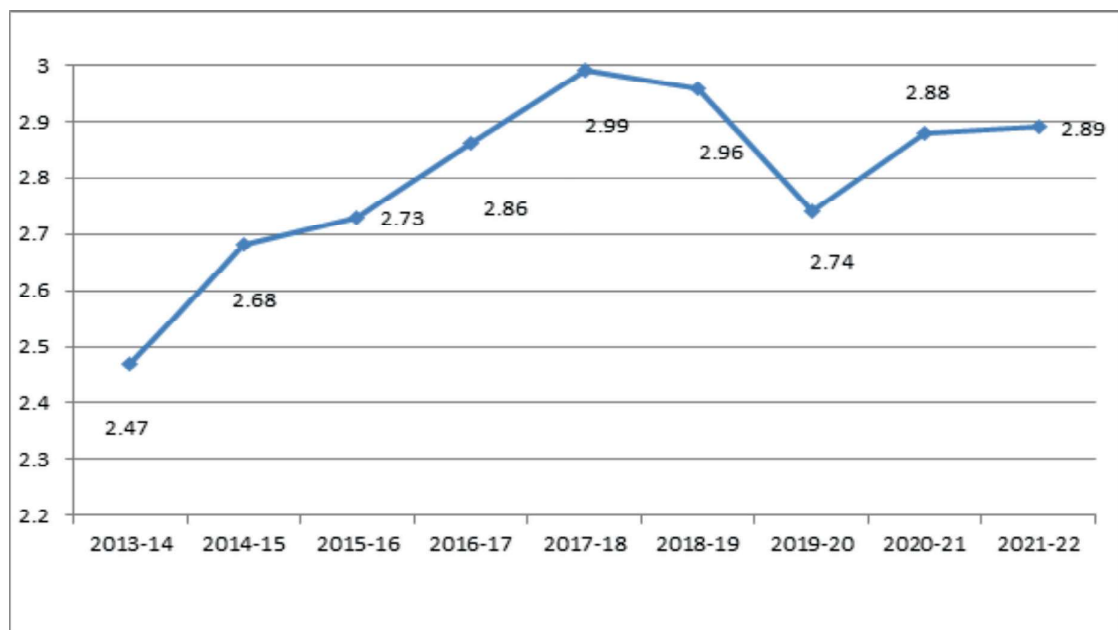
BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI 2012-21

S. No.	Year	Number of Hospital beds		
		Population (in '00')	Beds Sanctioned	Beds per 1000 Persons
1.	2013-14	176310	43596	2.47
2.	2014-15	179690	48096	2.68
3.	2015-16	183140	49969	2.73
4.	2016-17	186640	53329	2.86
5.	2017-18	191287	57194	2.99
6.	2018-19	194793	57709	2.96
7.	2019-20	198299	54321	2.74
8.	2020-21	201805	58156	2.88
9.	2021-22	203535	58960	2.89

Source: Dte. of Health Services, GNCTD.

CHART 16.1

BED POPULATION RATIO (BEDS PER 1000 PERSONS) IN DELHI



11. At the end of Financial Year 2021-22, the total sanctioned bed capacity of medical institutions in Delhi has increased to 58960 beds in 1163 Government and Private Medical Institutions & Hospitals from 58156 beds available as on 31.03.2021. Sanctioned bed capacity in Delhi Government hospitals/institutions has increased substantially to 14244 in 2021-22 from 12543 in 2020-21. The percentage of beds in the Medical Institutions operated by Delhi Government, Government of India & Local bodies constituted as 24.2 percent, 22.6 percent, 6.5 percent respectively and beds in private nursing homes/ hospitals/voluntary organizations were recorded at 46.7 percent. Besides new projects, Delhi Government has started remodeling/expansion of existing hospitals so as to add up new beds as per available FAR.

12. **Status of Hospitals being constructed by Govt. of NCT of Delhi –**

At present, 11 hospitals including 7 exclusively COVID hospitals are under construction. A list of 04 projects showing details of number of beds, date of approval by Competent Authority, project costs, etc. are placed at Statement 16.4 and details of COVID hospitals under construction are placed at Statement 16.5.

STATEMENT 16.4

DETAILS OF HOSPITALS WHICH ARE UNDER CONSTRUCTION

S. No.	Name of Hospital	Details of ongoing Projects
1.	Hospital Project at Madipur	<ul style="list-style-type: none"> The bed strength has been revised to 691 beds from 200 beds. The Preliminary estimate amounting to ₹ 320.07 crore has been approved by EFC for 691 beds on 06/12/2019. RCC S/S work completed. Finishing work and MEP works are in progress. Target date of completion : 30/06/2023 Physical Progress 70%.
2.	Hospital Project at Siraspur	<ul style="list-style-type: none"> The revised proposal comprised of a 2716 beds Hospital building (Phase-I 1164 beds + Phase-II 1552 beds). In Phase (1), 1164 bedded hospital is being constructed. 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.) Block "A" - Terrace slab has been completed, RCC work of water tank and mummy, ACC/Brick work, Gypsum plaster, W/S, Sanitary, Granite in staircase and tile work are in progress. Block 'C':- Centering Shuttering and Placing of reinforcement bar of ground floor & 1st floor slab and columns are in progress. STP & UG:- RCC work completed, water proofing work is in progress. ESS:- Terrace slab has been completed, mummy columns, peripheral beam, AAC block and plaster work are in progress. Target date of completion: 31.08.2023. Physical Progress: 60%.

S. No.	Name of Hospital	Details of ongoing Projects
3.	Hospital Project at Vikaspuri (Hastsal)	<ul style="list-style-type: none"> The bed strength has been revised to 691 beds from 200 bed hospital. The Preliminary estimate amounting to ₹ 319.51 Crore has been approved by EFC for 691 beds on 06/12/2019 for construction of hospital. Raft Foundation work completed. S/S work is in progress Target date of completion: 31.12.2023. Physical progress 25%.
4.	Hospital Project at Jwalapuri (Nangloi)	<ul style="list-style-type: none"> The bed strength of the hospital project has been revised to 691 beds from 200 bedded hospital. The Preliminary Estimate amounting to ₹ 319.65 crore has been approved by EFC for 691 beds on 06/12/2019 for construction of hospital. RCC S/S work completed. Finishing work and MEP works are in progress. Target date of completion: 30.06.2023. Physical progress 74%.

Source: H&FW Department & DGHS, GNCTD

13. New COVID Hospitals: During the 2nd wave of COVID-19, the health infrastructure was overwhelmed due to high number of patients per day. The additional capacity of beds in the form of temporary hospitals was created with great efforts by the Delhi Govt. During the studies for the forecast of COVID, it has been forecasted by statistical studies that the requirement of beds for patients along with the ICUs will be extraordinary and this wave may also affect the children. Thus in order to increase the bed capacity in a short time, the semi-permanent / temporary ICU hospitals has been planned to be set up at 07 locations.

The design of the Hospital has been conceptualized as a semi-permanent / temporary structure that can be utilized for 25-30 years to be constructed in a very short time. The proposed facilities have been designed as COVID hospital. However, after the ebbing of COVID pandemic, the same can be utilized for other specialized hospital services. The facilities mainly consist of three Sub-buildings, Emergency/ OPD / Ward Block, Services Building including space for PSA / Oxygen Tanks and Multi Level Car Parking Block. The Multi-Level Car Parking Block will be constructed in future after taking due permission. The operation theaters will be created on 3rd/4th floors of each hospital.

STATEMENT 16.5**LIST OF COVID HOSPITALS WHICH ARE UNDER CONSTRUCTION**

S. No.	Name of Hospital	Details of ongoing Projects
1.	Shalimar Bagh	<ul style="list-style-type: none"> ● No. of beds : 1430 ● Foundation work, construction of retaining wall, fabrication, erection of steel structure completed. Deck sheet and RCC slab, fire paint, internal partition walls, external facade, electrical services & finishing works etc. are in progress. ● Target date of completion : 30.04.2023 ● Physical progress : 70%
2.	Kirari	<ul style="list-style-type: none"> ● No. of beds : 458 ● The original foundation plan was reviewed and changed to pile foundation due to liquification of soil during earthquake. The drawing and design has been reviewed by the consultant in the light of new soil survey report and proposed the pile foundation in lieu of isolated footings. Work of Kirari hospital has been held up due to further requirements of OPD, Registration Counters, Medicine Counters etc. ● Target date of completion : 30.06.2023
3.	Sultanpuri	<ul style="list-style-type: none"> ● No. of beds : 527 ● Foundation work, construction of retaining wall, fabrication, erection of steel structure completed. Deck sheet and RCC slab, fire paint, internal dry partition wall etc. are in progress. ● Target date of completion : 31.03.2023 ● Physical progress : 70%
4.	Chacha Nehru Bal Chikitsalaya	<ul style="list-style-type: none"> ● No. of beds : 596 ● Foundation work, fabrication, erection of steel structure, Deck sheet and RCC slab are completed. Fire paint, internal partition walls, external facade, electrical services & finishing works etc. are in progress. ● Target date of completion : 31.03.2023 ● Physical progress : 80%
5.	GTB Hospital	<ul style="list-style-type: none"> ● No. of beds : 1912 ● Foundation work, fabrication, erection of steel structure, Deck sheet and RCC slab are completed for ward blocks and in progress for arrival and diagnostic blocks. Fire paint, internal partition walls, external facade, electrical services & finishing works etc. are in progress in all the blocks. ● Target date of completion : 30.04.2023 ● Physical progress : 70%

6.	Sarita Vihar	<ul style="list-style-type: none"> No. of beds: 200 (Mother & Child Hospital, earlier Sarita Vihar Hospital was envisaged as 336 bedded ICU Hospital. Earth work and RCC work in foundation, erection of PEB structure, deck sheet, RCC Slab are completed. The internal partition, fire paint, external facade, electrical services and finishing works are in progress. Target date of completion : 31.03.2023 Physical progress : 80%
7.	Raghubir Nagar	<ul style="list-style-type: none"> No. of beds : 1577 RCC work in foundation, Erection of PEB structure, deck sheet, RCC slab work is in progress. Target date of completion: 31.05.2023. Physical progress : 40%

Source: H&FW Department & DGHS, GNCTD

14. Besides above, Delhi Govt. has decided to remodel 15 existing Hospitals so as to enhance number of existing beds as per FAR norms. Around 6000 new beds will be added after completion of re-modeling of the hospitals. The status of 15 projects of remodeling is as follows:

STATEMENT 16.6

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	Physical Progress (%)
1.	LN Hospital (New Block)	533.91	0	1570	1570	61
2.	SRHC (Cancer & Maternity Block)	276.41	200	573	773	20
3.	Dr. B. R. Ambedkar	194.91	500	463	963	60
4.	JPCH	189.77	339	221	560	-
5.	Bhagwan Mahavir	172.79	360	384	744	25
6.	Guru Govind Singh	172.03	100	472	572	94
7.	LBS – New Mother and Child Block	143.73	100	460	560	64
8.	Sanjay Gandhi Memorial	117.78	300	362	662	70
9.	Acharya Shree Bhikshu	94.38	100	270	370	95
10.	RTRM	86.31	100	270	370	71
11.	Deep Chand Bandhu	69.36	284	200	484	50
12.	Aruna Asaf Ali	55.36	100	51	151	40
13.	Shree Dada Dev ShishuMaitri	53.44	106	175	281	60

S. No.	Name of Hospital	P.E./ Cost (₹ in Crore)	Bed in existence	Proposed new beds	Total beds after remodeling / expansion	Physical Progress (%)
14.	Lok Nayak Hosp (Causality Block)	58.71	190	194	384	38
15.	Hedgewar Arogya Sansthan	210.24	200	372	572	-

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

15. **Medical Colleges of All Systems of Medicines Systems Delhi** – 19 medical colleges provide different under graduate/post graduate courses of all systems (Allopathic, Ayurvedic, Unani & Homeopathy) in Delhi. Details of annual intake, course offered in respect of these colleges are placed at Statement 16.7.

STATEMENT 16.7

LIST OF MEDICAL COLLEGES AND INTAKE CAPACITY

S. No.	Name of the Medical College/University	Course	Annual Intake
1.	Lady Harding Medical College & Associated Hospitals, New Delhi, (Delhi University)	UG, MBBS PG (MD/MS/MDS) SS (DM/M.Ch)	240 177 8
2.	Ayurvedic & Unani Tibbia College & Hospital, Karol Bagh, Delhi (Delhi University)	BAMS BUMS MD (Unani) MD (Ayurveda)	75 75 13 18
3.	All India Institute of Medical Sciences (AIIMS), New Delhi, (Autonomous)	MBBS MD/MS DM/M.Ch. B.Sc (H) Nursing B.Sc (Post Basic) Nursing M.Sc./M. Biotech/ M.Sc Nursing B.Sc Paramedical courses	125+7 (Foreign+National) 1106+107 (FN/Spons) 560 (open)+131 (Spons), Fellowship 86+39 (Spons) 101 51 121 59
4.	Maulana Azad Medical College,	MBBS PG (MD/MS/Diploma) MD/M. Ch	250 247 6
5.	Nehru Homeopathic Medical College & Hospital, Defence Colony, N. Delhi (Delhi University)	BHMS/ MD (Homeo)	125 09
6.	Hamdard Institute of Medical Sciences & Research, (Jamia Hamdard University)	MBBS MD/MS	150 49

S. No.	Name of the Medical College/University	Course	Annual Intake
7.	University College of Medical Sciences, Dilshad Garden, Delhi (Delhi University)	MBBS/ MD/MS/MDS B.Sc.(MT)Radiology M.Sc (Radiology)	170 197 19 06
8.	Maulana Azad Institute of Dental Sciences	BDS/ MDS	50 22
9.	Dr. B.R.Sur Homeopathic Medical College &Hospital, Moti Bagh, (IP University)	BHMS	63
10.	Vardhman Mahavir Medical College , (IP University)	MBBS/ MD/MS/DM DM/M.Ch B.Sc. MLT B.Sc MIT BPO Course	170 313 43 25 12 16
11.	Army College of Medical Science (IP University)	MBBS	100
12.	Faculty of Dentistry, Jamia Millia Islamia, Jamia Nagar, New Delhi (Delhi University)	BDS	50
13.	ESIC Dental College & Hospital, Rohini, (IP University)	BDS	62
14.	Chaudhary Braham Prakash Ayurvedic CharakSansthan, Najafgarh, (IP University)	BAMS MD	125 51
15.	North Delhi Municipal Corporation Medical College & Hospital, (IP University)	MBBS	60
16.	School of Unani Medical Education and Research and Associated Majeeda Unani Hospital, (Jamia Hamdard University)	BUMS MD (Unani)	50 09
17.	Dr. BSA Medical College, Rohini (IP Universtiy)	MBBS	125
18.	ESI-PGMISR, Basaidarapur, (IP University)	MD/MS/DM (Pulmonary Medicine)	31
19.	ABVIMS, Dr. RML Hospital (IP University)	MBBS MD, DM, MS, MCh, DNB	100 241

Source: DGHS, GNCTD

16. The information regarding expenditure share of Health & Family Welfare (Schemes / Programmes) is presented in the Statement 16.8

STATEMENT 16.8**SCHEME/ PROGRAMME/PROJECT EXPENDITURE UNDER HEALTH AND FAMILY WELFARE BY DELHI GOVT.**

(₹ In Crores)

S. No.	Year	Total Expenditure on all Schemes/ Programmes/ Projects	Expenditure on Schemes/Programmes/ Projects	% Expenditure
1.	2012-13	13237.51	1522.18	11.50
2.	2013-14	13964.28	1600.90	11.46
				15.29
3.	2014-15	13979.67	2137.67	15.29
4.	2015-16	14960.54	1999.63	13.37
5.	2016-17	14355.03	2074.26	14.45
6.	2017-18	14400.99	1906.65	13.24
7.	2018-19	15672.03	2325.08	14.84
8.	2019-20	20307.02	2357.68	11.61
9.	2020-21	19258.65	3000.12	15.58
10.	2021-22	30530.77	4938.01	16.17

Source: Schemes/Programmes/Projects wise expenditure document.

17. It is evident from above Statement that the public investment for Health & Family Welfare under Scheme/Programme/Projects of Delhi Government has significantly increased from ₹1522.18 crore in 2012-13 to ₹ 4938.01 crore in 2021-22 and further in percentage terms it has increased from 11.50% in 2012-13 to 16.17% of total expenditure on all schemes/programmes/projects.

STATEMENT 16.8(A)**PER CAPITA EXPENDITURE ON HEALTH BY GNCTD**

(in ₹)

Year	Per Capita Expenditure on Health
2012-13	1572.62
2013-14	1675.94
2014-15	1996.47
2015-16	1962.36
2016-17	2133.03
2017-18	2455.37
2018-19	2795.83
2019-20	2867.25
2020-21	3133.46
2021-22 (RE)	5022.09

Source : Annual Financial Statements of GNCTD and Population projections by MoSPI as on 01.08.2022.

18. It is evident from the above statement that per capita expenditure by Delhi Government on Health & Family Welfare has increased to ₹ 5022 in 2021-22 from ₹ 1573 in the year 2012-13 which is more than three times during the last nine years.
19. Expenditure on Health & Family Welfare with reference to GSDP - The expenditure on Health & Family Welfare taking in to account expenditure incurred under Establishment & Scheme/ Programmes of Govt. of Delhi with reference to GSDP is sharply increased to 1.13 % in 2021-22 (RE) from 0.81% in 2020-21.

STATEMENT 16.8 (B)

EXPENDITURE ON HEALTH WITH REFERENCE TO GSDP

Year	GSDP at current prices (₹ in Crore)	Total Exp. On Medical & Public Health (₹ in Crore)	% of GSDP on Health
2012-13	391387.64	2734.15	0.70
2013-14	443959.89	2977.14	0.67
2014-15	494803.02	3621.99	0.73
2015-16	550803.70	3634.28	0.66
2016-17	616085.06	4031.01	0.65
2017-18	677900.04	4733.21	0.70
2018-19	738389.43	5495.48	0.74
2019-20	794030.05	5744.54	0.72
2020-21	785341.62	6396.65	0.81
2021-22 (RE)	923966.57	10446.44	1.13

Source: Annual Financial Statements of GNCTD and GSDP by MoSPI as on 01.08.2022.

Child & Maternal Health

20. 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		Post -Natal Mortality Rate (CRS)	Infant Mortality Rate	
					(CRS)	(SRS)		(CRS)	(SRS)
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

Year	Birth Rate* (CRS)	Death* Rate (CRS)	Average no. of events per day		Infant Mortality Rate				
			Births	Deaths	Neonatal Mortality Rate		Post -Natal Mortality Rate (CRS)	Infant Mortality Rate	
					(CRS)	(SRS)		(CRS)	(CRS)
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	10	8	24	13
2019	18.35	7.29	1002	398	16	8	8	24	11
2020	14.85	7.03	824	390	14	9	7	20	12
2021	13.13	8.28	745	478	15	NA	8	24	NA

Source: Annual Report on Registrations of Births and Deaths, DES, Delhi and Sample Registration System Statistical Report, GoI.

STATEMENT 16.10

UNDER FIVE MORTALITY RATE IN DELHI AND INDIA (2012-2020)

S. No.	Year	Delhi	India
1.	2012	28	52
2.	2013	26	49
3.	2014	21	45
4.	2015	20	43
5.	2016	22	39
6.	2017	21	37
7.	2018	19	36
8.	2019	13	35
9.	2020	14	32

Source : SRS, O/o RGI, Govt of India

STATEMENT 16.11

FERTILITY INDICATORS

Indicator	Age Group Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
Age specific fertility rates	15-19	8.4	9.2	9.9	3.5	3.4	3.2	3.2	3.9	2.6
	20-24	137.3	137.0	130.8	139.6	81.5	84	74.1	52.4	64.8
	25-29	126.1	126.5	124.8	114.7	131.2	125.2	114.7	94.1	99.0
	30-34	60.3	55.3	56.5	52.9	71.6	63.2	65.7	80.6	69.8
	35-39	19.1	13.9	13.5	17.6	21.3	21.2	24.6	39.1	23.9
	40-44	4.5	4.7	4.9	4.7	8.9	6.2	8.0	17.7	11.2
	45-49	0.8	0.5	0.8	2.4	2.3	1.8	1.7	4.6	1.8
Total Fertility Rate		1.8	1.7	1.7	1.7	1.6	1.5	1.5	1.5	1.4

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
2020	92.84	91.94
2021	92.42	91.21

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

21. It is depicted from above statements 16.9 -16.12 that U5MR and Fertility Rates are on declining trend however, IMR has increased slightly in 2020. Steady fall in these rates over the years certainly establishes that Delhi Government is 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 remained at around 12 & 14 respectively as per SRS.

It is evident from statement 16.12 that share of institutional deliveries and proportion of birth attended by skilled health personnel are slightly decreased in 2021 and at 91.21 and 92.42 per cent respectively.

22. 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 Re-productive and Child Health (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.

A total of 5502 beneficiaries were provided benefits under this scheme during 2021-22 (Source: District Compilation).

- **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.

A total of 2,14,530 of (1,96,453 pregnant women and 18,077 sick infants) were provided benefits under this scheme during 2021-22 (Source: District Compilation).

- **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 one year of age of the baby.

A total of 12,29,260 unique beneficiaries were registered for Kilkari program since inception till 31st March 2022. A total of 68,322 beneficiaries completed the listenership during 2021-22 (Source: Mobile Academy & Kilkari MIS Reporting Portal of MoHFW).

- **LaQshya Implementation (Labour Room & Quality Improvement Initiative)-** Ministry of Health & Family Welfare, Government of India launched an ambitious program LaQshya in December 2017 with following objectives:
 - (i) Reduce maternal and newborn morbidity and mortality.
 - (ii) Improve quality of care during delivery and immediate post-partum period.
 - (iii) Enhance satisfaction of beneficiaries, positive birthing experience and provide Respectful Maternity Care (RMC) to all pregnant women attending public health

facilities.

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.

4 district hospitals i.e. Pandit Madan Mohan Malviya Hospital, Sanjay Gandhi Memorial hospital, Acharya Shree Bhikshu Govt. hospital and Guru Gobind Singh Hospital are LaQshya certified till 2021-22.

- **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. In a further move, Govt. of India has launched a Maternal and Pre-Natal Death Surveillance and Response (MPCDSR) portal for capturing maternal deaths reporting and facility and community level reviews conducted.

A total of 495 maternal deaths were reviewed out of 642 maternal deaths reports during 2021-22.

23. Essential Immunization services in Delhi

- **Strengthening of Essential Immunization Programme:** Immunization services are provided to outreach session sites in addition to routine immunization sessions with fixed site and fixed day strategy. State also observes Special immunization campaigns in form of Mission Indradhanush Kawach (MIK) to further boost immunization.
- Auxiliary Nursing Midwife (ANMs) has 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.
- Monitoring and Surveillance has been strengthened and online portal S4i is being used for recording and reporting monitoring activities.
- 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 “Tika karan 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 improve immunization coverage.

- **Strengthening micro planning:**
 - 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 Ministries and Departments through Intensified Mission Indradhanush 4.0
- 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 MCD.
- Successful roll out of case based MR and VPD surveillance in the State.

Newer Initiatives/ Planned Activities

- The State successfully completed the roll out of Electronic Vaccine Intelligence Network (eVIN) in the state. Electronic Vaccine Intelligence digitizes vaccine stocks and monitors the temperature of the cold chain and supports better vaccine logistics management at cold chain points by providing real-time information on vaccine stocks and flows, and storage temperatures across all cold chain points across states and UTs.
- The coordination mechanisms have been reorganized through re-constitutionalization of State Steering Committee, State AEFI Committee.
- ROTA virus vaccine was launched in State of Delhi on 6th August 2019 and Successful roll out of PCV in July 2020.
- State specific utility was made functional under MIS forum wherein ANMs were to plan and enter outreach sessions details in advance as well as its achievements after completion of the activity. Access of this portal was given to all partners including WHO, UNDP, ICDS & DCPCR.
- Strengthening of Vaccine Preventable Disease (VPD) Surveillance with Successful Transitioning To “Fever Rash MR Surveillance” in August 2021.
- **Program Impact:** The Department is striving hard to achieve 100% immunization coverage and to reduce preventable deaths to nil by 2030. The consistent efforts have helped the State to achieve significant improvement in full immunization coverage which as per Immunization dashboard, MoHFW (2021-22) is 86%. The

State has also shown an increase in percentage Full Immunization Coverage from 68.8 in NFHS 4 to 76 in NFHS 5.

24. 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), Delhi has 33 public hospitals providing intensive & resuscitative care to the new born babies who are sick. 30 hospitals are Special Newborn Care Units (SNCU) providing level-II and above care. 3 public health facilities are Stabilizing units for Newborn.
- b. **New Born Care Corners (NBCCs)** at all 59 delivery points within the labor room and OTs in the State ensuring essential New born care at all the delivery points. A total of 1,72,255 newborns were reported to have been delivered in public NBCCs across Delhi during 2021-22 (Source: HMIS Portal).
- c. **Kangaroo Mother Care (KMC)**- Kangaroo mother care has been started in 33 Units in the first instance and will further be extended to all delivery points. A total of 48,346 newborns reported low birth babies were provided KMC during 2021-22 (Source: HMIS Portal).
- d. **Nutritional Rehabilitation Center (NRC)** –Nutritional Rehabilitation Centres (NRC) are functional in 02 hospitals to take care of Severely Malnourished Children (SAM). 860 SAM patients were treated in NRCs of Delhi during 2021-22.
- e. **Intensified Diarrhoea Control Fortnight (IDCF)** – Intensified Diarrhea Control Fortnight (IDCF) was implemented in 2014, with an aim of achieving improved coverage of essential life- saving commodity of ORS, ZINC dispersible tablets and practice of appropriate child feeding practices during diarrhea. Delhi observed IDCF from 13th June, 2022 to 27th June, 2022 across the State to sensitize and bring awareness among the masses. Delhi also carried out the following activities like ORS preparation demonstration in UHNDS and focused group discussions in all districts. Munadi was done to create awareness on IDCF. ASHAs & AWW meetings were done. Health talks were given in the facilities and communities during this fortnight. Details of IDFC during 2021-22 is depicted below:-

No. of Districts conducted childhood diarrhea prevention and management activities in 2022/Total No. of Districts	11/11
No. of under five children in the State	1138078
No. of children provided with ORS (ORS prepositioning)	976686
No. of children reported with diarrhea during the activity	16667
No. of children with diarrhea provided with ORS	16667
No. of children with diarrhea provided Zinc for 14 days	16652
No. of children detected with danger signs and referred by ASHA to the facilities	161

- f. **Mother Absolute Affection Programme (MAA)** – MAA focuses on awareness campaign to improve the breastfeeding indicators at all 59 delivery points and to impart trainings & to improve skills of Health Care worker involved in Child care at their institutes and also sensitization of ASHAs & AWW during mothers meetings for motivating mothers and pregnant women for early initiation of breastfeeding and timely complimentary feeding. A total of 1,34,134 newborns reported to have been initiated early breastfeeding (within an hour of birth) under MAA program during 2021-22 (Source: HMIS Portal).
- g. **SAANS (Social Awareness & Action to Neutralize Pneumonia Successfully):**
- Childhood pneumonia continues to be the top most infectious killer among under-five children, contributing to 14 per cent of under-five deaths in India, claiming around 1.27 lakhs each year (SAANS 2021- Guidance Note).
 - The SAANS initiative was institutionalized to bring visibility and sustainability to the Pneumonia program.
 - The programme enables care givers 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 drug at the facility and FLW level.
 - SAANS programme aimed to reduce child morbidity and mortality due to pneumonia has been rolled out. The programme runs in campaign mode from 12th November till 28th February.
 - Sensitization on SAANS has also been done for all district officers. The programme was implemented successfully for treatment and timely referral of Pneumonia cases to health care facilities along with IEC done at District / facility / community level.
- h. **Child Death Review** - CDR has been launched in Delhi in all Districts to find out the gaps in child health delivery mechanisms and taking corrective actions. Delhi has a relatively low Child mortality which has been decreasing steadily. The aim is to decrease it further to minimum possible. District level Task Force for Child Death Review has been notified and meetings are being held. State level task force has also been notified. A total of 1202 child deaths were reviewed during 2021-22. (Source: District Compilation).

New Activities proposed in 2019-2020 and started in 2021-22

Newborn Screening- Mission NEEV Project: Comprehensive Newborn Screening Programme (Mission NEEV) is aimed at holistic evaluation of all newborns at various institutions in the Delhi State. The aim is to cover at least 1.5 lakhs births. Currently, 26 Public Health Birthing Facilities (5 Medical colleges and 21 District Hospitals) are reporting and carrying out activities under Mission NEEV.

Center of Excellence- Early Intervention Center- Lok Nayak Hospital (COE-EIC-LNH): - COE-EIC at LN Hospital is operational since October 2021, taking care of children identified to be suffering from 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) to facilitate intervention at DEIC.

Strengthening of Public Sector Nurseries: In order to strengthen reporting on the SNCU portal by existing SNCUs, State is providing Human Resource and capacity building activities to the existing SNCUs.

25. Planned Activities

25.1 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 require a interdisciplinary approach of a multi-disciplinary 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 upto 6 years of age where are available under one roof trained professionals from different disciplines working in the intervention setting.
- To reduce 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) DEIC is planned in 5 centers 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.
- 3 DEICs have been planned and to be made functional.

25.2 Anemia Mukht Bharat program 6 months to 10 Years:

- The prevalence of anaemia among under five children as per NFHS-5 is 69.2%.
- To address this, IFA supplementation initiative for children in 6-59 months age group has been rolled out in March 2021 as a part of Anemia Mukht Bharat program of Govt. of India.
- Further IFA supplementation initiative for children in 6 to 10 year age group has been rolled out in August-September 2021.

25.3 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 newborn 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 help their cognitive development.
- Taking cognizance of all these evidences, 5 District Hospitals have been identified to start Lactation Management Units in the current Financial Year.
- MusQan Certification of Pediatric OPD, Wards, SNCU/NICU & NRC- 6 facilities have been identified and 4 have submitted their internal assessment score.

26. Adolescent Health Services - Rashtriya Kishor Swasthya Karyakram

As a part of strategy to address the health & development needs of adolescents a strategy in the form of Rashtriya Kishor Swasthya Karyakram (RKSK) has been adopted in Delhi. RKSK is a strategy based on a continuum of care for adolescent health & development needs, including the provision of information, commodities and services through various Adolescent Friendly Health Clinics (AFHCs) and also at the community level. It aims to provide an amalgamation of Preventive, Promotive, Curative, Counseling & Referral services to the adolescents.

26.1 Adolescent Friendly Health Clinics

A total of 29 adolescent friendly health clinics known as "DISHA-Delhi Initiative for Safeguarding Health of Adolescents" clinics are functional in the State. A total of 7730 adolescents availed various clinical and counselling services through these clinics during the F.Y. 2021-22.

26.2 School Health & Wellness Program

The School Health & Wellness Programme (SHWP), a flagship program introduced jointly by the Ministry of Human Resource & Development and Ministry of Health and Family Welfare (MoHFW), Government of India to enhance access to age appropriate information on topics critical to the overall health and development of school going children is being implemented in the State by combined efforts of the Directorate of Education and Directorate of Family Welfare.

As part of the program's implementation, two teachers from schools are imparted training over 4 days (to be later called as Health and Wellness Ambassadors-HWAs) on 11 themes relevant to children and adolescents.

Further, these HWAs are expected to discuss relevant themes with school children by conducting weekly sessions (besides, fortnightly assembly sessions and holding quarterly Adolescent Health & Wellness Days).

Due to COVID-19 Pandemic fresh trainings and school based sessions could not be held during the F.Y. 2021-22 (however, 131 teachers have been trained, 372 classroom based sessions and 181 assembly sessions have been held during the C.F.Y. 2022-23 till date, in the process covering 1,22,092 school children).

26.3 Weekly Iron and Folic Acid Supplementation (WIFS) Program

The program is being implemented through all 1259 Govt./Govt. Aided Schools (1044 Delhi Government and 215 Delhi Government aided) under the Directorate of Education as well as through Anganwadi Centres under the Department of Women & Child Development.

As a part of the program, IFA supplement in the form of “BLUE” tablet is administered to adolescent girls & boys on each Wednesday throughout the year with alternative day of administration as Thursday.

Schools remain closed for the most part of F.Y. 2020-21 due to COVID-19 pandemic. Department however ensured distribution of IFA tablets to parents through schools to be administered to adolescents once a week (on Wednesday) at home. Distribution of IFA among out of school adolescent girls through AWCs was affected as well; however, the services were restored with ebbing of COVID-19 Pandemic with reported compliance (of ICDS based component) for the F.Y. 2021-22 being 20%.

The school based implementation of the program has improved significantly during the C.F.Y. 2022-23 with compliance among adolescent boys and girls being more than 78% for the second quarter.

27. School Health Scheme 3

- 27.1 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 diseases and referral services to higher health centers for the individuals who required further treatment and management. 46 teams (including School Health Clinics in Porta Cabins) are functional and catering to approx 19 lakhs School Children of Delhi Govt. and aided schools and screening about 3.5 lakh students of 300-350 schools annually.
- 27.2 There are 2 special referral centers (SRC) with sanctioned posts of ENT Specialist, Eye Specialist, Refractionist, Dental Surgeon & Dental hygienist. Children from nearby schools are referred to the SRCs for availing their services.

27.3 Department of Health & Family Welfare, GNCTD, 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 institution 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 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 had issued a Gazette Notification on 31st July 2018 to limit the access of inhalants to vulnerable children / adolescents.

Achievements of SHS in 2020-21 & Till Date – During the time period in 2020-21 and 2021-22, when schools were closed due to COVID-19 Pandemic, 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 In-charge/ Home Isolation In-charge/ Contact tracing In-charge/ District Surveillance Officer/ Quarantine centre In-charge and MO I/C of Delhi Govt Dispensaries. Some of them are also working in SDM Offices and manning COVID-19 control rooms there. SHS staff has also been posted in COVID vaccination duties. All the school related activities have been put on hold, till the schools are open and the staff of SHS joins back in School Health Scheme.

28. Anemia Mukht Bharat (AMB) Program

As per World Health Organization (WHO), prevalence of anemia $\geq 40\%$ is considered a serious public health problem. Anemia is one of the vital impediments towards the State achieving further reduction in the Infant Mortality Rate and Maternal Mortality Ratio besides it being extremely detrimental to the overall growth and development of our children & adolescents. Objective is to achieve an annual reduction of 3% in anemia prevalence among all critical population groups.

Current Strategy:

- IFA Supplementation program:- Sound implementation among all population groups across the State throughout the year as per National guidelines.
- Bi-annual National Deworming Day.
- Promotion of early initiation of (within 30 minutes of birth of the child) and exclusive breastfeeding (for 6 months) and starting complementary feeds after 6 months of age.
- Awareness generation through IEC/BCC (including sustained IPC).

National Deworming Day:

Deworming is a scientifically proven method of mitigation of intestinal worms and is a key intervention to curb the issue of under-nutrition and anemia along with other proven interventions like sanitation, safe drinking water and hand washing.

National Deworming Campaign is held bi-annually in the State of Delhi since the year 2017 as mandated by Govt. of India in accordance with WHO guidelines of Preventive chemotherapy against Soil Transmitted Helminthes (STH).

As a part of the campaign, children & adolescents in the age group of 1-19 years are administered an age appropriate dose of Tablet Albendazole through schools (including private) and anganwadi centres.

Delhi conducted one round of NDD during the F.Y. 2021-22, in August 2021, where 27.71 Lakh children were covered all over Delhi, with coverage of 61.58% against the target kept. The campaign was held through ASHAs and ANMs through a community based approach as schools and Anganwadi Centres as platforms were not available due to COVID-19 pandemic.

The next round of NDD was held in April, 2022 (through conventional platforms i.e. schools and anganwadi centres) and a total number of 38.37 lakh children and adolescents were covered.

29. Family Welfare Programmes

Family Planning 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 is presented in the following Statement 16.13:

STATEMENT 16.13

FAMILY WELFARE PROGRAMMES

S. No.	Details	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1.	Family Welfare Centers including PP units	FP centers are now in function in hospitals		NR	41	41	41	41
2.	Insertion of Intrauterine Contraceptive Device	80293	84370	78459	75403	94572	64685	80818
3.	Sterilizations	17383	18869	17004	17531	18392	7884	11655
	a. Males	901	1323	491	499	740	78	314
	b. Females	16482	17546	16513	17032	17652	7806	11341
4.	Oral Pills (Cycles)	185499	199092	189107	173691	162564	134613	167867
5.	Condoms ('000)	5709	6880	5726	5625	5388	4206	5467

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

30. Vector Borne diseases like Dengue, Malaria & Chikungunya**30.1 Status of Chikungunya:**

- 89 Chikungunya cases were reported during 2021-22 and in the current year 2022-23, 40 cases have been reported till 26.10.2022.
- No death has been reported in the year 2022-23 till date.

30.2 Status of Dengue:

- 9613 dengue cases were reported during 2021-22 and in the current year 2022-23, 2175 dengue cases have been reported till 26.10.2022.
- 23 deaths were reported in the year 2021-22. Further, no death has been reported in the current year.

30.3 Status of Malaria:

- 167 malaria cases were reported during 2021-22 and in the current year 2022-23, 200 cases have been reported till 26.10.2022.
- No deaths have been reported since 01.04.2021 to till date due to malaria.

-STATEMENT 16.14**DETAILS OF VECTOR BORNE DISEASES**

Year	Chikungunya cases	Chikungunya deaths	Dengue cases	Dengue deaths	Malaria cases	Malaria deaths
2015-16	64	0	15867	60	359	0
2016-17	7760	0	4431	10	454	0
2017-18	559	0	4726	10	577	0
2018-19	165	0	2798	4	473	0
2019-20	293	0	2036	2	713	0
2020-21	111	0	1072	1	228	1
2021-22	89	0	9613	23	167	0
2022-23 (upto 26.10.2022)	40	0	2175	0	200	0

As per SDMC (Nodal agency for reporting of Vector Borne Diseases) report as on 26.10.2022.

30.4 It is evident from above statement that since 2015-16 no deaths have reported due to Chikungunya and only one death has been reported due to Malaria in 2020-21. This has been happened due to number of initiatives taken by Local Bodies and Govt. of NCT of Delhi under State Health Mission. There is huge variation in the Dengue cases and deaths since 2015-16. 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.

31. HIV / AIDS

- 31.1 The Delhi State AIDS Control Society, an autonomous society of Delhi Government is implementing the National AIDS Control Programme in Delhi with the aim to prevent and control HIV transmission and to strengthen state capacity to respond to the long term challenge posed by the epidemic. Estimated HIV prevalence amongst adults (15-49 Years) in Delhi is 0.31% (Bounds 0.25% to 0.39%) (NACO, HIV Estimates, 2021).
- 31.2 7,45,579 HIV tests (2,51,382 on pregnant women and 4,94,197 on non– pregnant were conducted in the year 2021-22 under National AIDS Control Programme in Delhi. 4628 HIV infections were detected amongst general clients(Non-pregnant) while 217 new infections were detected amongst pregnant women.
- 31.3 34330 persons living with HIV (PLHIV) were under active care at 12 Anti Retroviral Treatment (ART) Centres in Delhi as on 31st March 2022, out of which 4034 were newly registered during FY 2021-22.

32. Performance of Delhi State RNTCP/NTEP

- 32.1 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.
- 32.2 Delhi has been implementing the Revised National TB Control Programme with Directly Observed Therapy Short course 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 District Tuberculosis Centre (DTC). Out of 25 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, GoI-1 and NGO-1 chest clinics respectively. Delhi is the only state in the country where one NGO – Ramakrishna Mission, has been entrusted the responsibility to run the NTEP in a district. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way.
- 32.3 NTEP Delhi integration with Urban Health Mission involving multiple stakeholders (NDMC, MCD, NGO, GOI and Delhi. Govt.). Delhi Government dispensary DEO, MOs/ESIC MOs & ASHA workers have been trained in RNTCP at State level
- 32.4 Framework of integration of National Tuberculosis Elimination Programme (NTEP) services with Mohalla Committees in the State is in place.
- 32.5 The diagnosis and treatment for drug sensitive TB & drug resistance TB is provided free to the patients by all the partners under the NTEP.

- 32.6 TB Control Services for the homeless population in 200 Night Shelters. The night shelters staff is trained as Community DOT Provider, and for collection and transportation of sputum samples.
- 32.7 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. Counselling services by NGO's to promote adherence to Multidrug-Resistant Tuberculosis (MDR-TB). Quality TB diagnosis for pediatric cases by upfront testing of presumptive TB cases among the homeless in 'Asha kiran'. NTEP Services in Tihar Jail is being done by NTEP TB Health Visitor (TBHV) and Lab Technicians (LT's).
- 32.8 Intensified TB screening among the floating population – Truck Drivers, slums/ unauthorized colonies along with night shelters, pavement dwellers, prisons.
- 32.9 Nutrition support & Counselling services to MDR TB patients by NGOs like UNION, RK Mission, DFIT, TB Alert, GLRA.32.10
- 32.10 The RNTCP has 190 diagnostic centres and 551 treatment centres located all over Delhi. LPA, Liquid Culture & Solid Culture facilities are available at 3 Culture and Drug sensitivity Testing (C&DST) Labs to diagnose Drug Resistance TB. Implementation of Programmatic Management of Drug-Resistance Tuberculosis (PMDT) services for Drug-resistant TB (DRTB) Patients is done through 4 Nodal DRTB Centres & 25 District DRTB Centres. 32 Cartridge- Based Nucleic Acid Amplification Test (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 Drug sensitivity Testing (DST) for all TB patients for initiation of therapy.
- 32.11 Roll out of daily regimen across the State w.e.f. 1st Nov. 2017.
- 32.12 Delhi has been the first State in the country to have full coverage with DOTS (WHO recommended treatment strategy for TB) since 1997 and with DOTS–PLUS (treatment schedule for Drug resistant TB) since 2008. Roll out 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.
- 32.13 NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.
- 32.14 A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.
- 32.15 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. Revised Programmatic Management of Drug-Resistance Tuberculosis (PMDT) in India 2021 guidelines has been implemented across the State.

- 32.16 Under the TB Harega Desh Jeetega Campaign which was launched across India on 25th Sep 2019. AZADI KA AMRIT MAHOTSAV was conducted in Delhi from 3rd to 9th Jan, 2022 as pre-event activities that lead to World TB Day 2022. TB awareness activities were conducted to orient elected representatives, engage religious leaders, conduct street play/ Nukkad Natak/ magic show among vulnerable populations and other related activities.
- 32.17 Every year World TB day is celebrated on 24th March. Accordingly TB awareness activities like community Meetings, Nukad Natak, School Health awareness activities like Painting competition on TB/Essay competition/ speech competition on TB etc, Street Plays, Road Rallies to create awareness among the Public, IEC material distribution in OPDs of Hospitals/Dispensaries/Mohalla Clinics, CMEs involving Hospital Doctors, Private Care Providers, Nursing Staff, Paintings on Wall depicting Health messages, awareness campaigns in Metro Stations etc. were conducted across the Delhi State starting one week before and one week after the World TB day.
- 32.18 21 Days TB Mukh Bharat Campaign @ AB-HWCs were conducted across the Delhi State where Active Case Finding activities were conducted in Dispensaries, Mohalla Clinics amongst the vulnerable groups starting from 24th March 2021.

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%

Indicator	2011	2012	2013	2014	2015	2016
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: Directorate of Health Services (DHS), GNCTD.

STATEMENT 16.16 (1)

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%
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: Directorate of Health Services (DHS), GNCTD

STATEMENT 16.16 (2)

PERFORMANCE OF DELHI STATE NTEP AS PER NEW INDICATORS BY GOVT. OF INDIA TO MONITOR PROGRAMME PERFORMANCE

Indicator	2020	2021	Jan. 2022 to Sept. 2022
TB Patients Notified from Public Sector	59746	68236	52505
% of Target achieved in TB Notification (Public)	75%	85%	87%
TB Patients Notified from Private Sector	27291	35589	27434
% Target achieved in TB Notification (Private)	91%	119%	122%

Indicator	2020	2021	Jan. 2022 to Sept. 2022
% TB Notified Patients with known HIV Status (Public)	81%	88%	88%
% TB Notified Patients with known HIV Status (Private)	66%	65%	69%
% TB Notified Patients with UDST Done (Public)	64%	39%	42%
% TB Notified Patients with UDST Done (Private)	49%	40%	43%
Treatment Success Rate (Public)	73%	75%	77%
Treatment Success Rate (Private)	54%	63%	64%
% of Eligible Beneficiaries paid under Nikshay Poshan Yojna	50%	31%	54%
% of Diagnosed MDR patients initiated on treatment	86.5%	89%	81%

Source: Directorate of Health Services (DHS), GNCTD

33. Pradhan Mantri TB Mukh Bharat Abhiyaan

The President of India launched the Pradhan Mantri TB Mukh Bharat Abhiyaan on September 9, 2022. India has a little less than 20 percent of the world's population, but has more than 25 percent of the total TB patients of the world. Most of the people affected by TB come from the poor section of society. According to the United Nations Sustainable Development Goals, all nations have set the goal of eradicating TB by the year 2030. But the Government of India has set the target of eradicating TB by the year 2025 and efforts are being made at every level to fulfill this resolution. The Pradhan Mantri TB Mukh Bharat Abhiyaan has been envisioned to bring together all community stakeholders to support those on TB treatment and accelerate the country's progress towards TB elimination.

The objective of Pradhan Mantri TB Mukh Bharat Abhiyan is to provide additional patient support to improve treatment outcome of TB patients, to augment community involvement in meeting India's commitment to end TB by 2025 and to leverage Corporate Social Responsibility (CSR) opportunities.

NI-KSHAY- (Ni=End, Kshay=TB) is the web enabled patient management system for TB control under the National Tuberculosis Elimination Programme (NTEP). Ni-kshay Mitra can be Co-operative societies, Corporate, Elected Representatives, Institutions, NGOs, Political Parties and Individuals etc.

Expected Outcome of NI-KSHAY 2.0:-

- Increased active involvement of society in the fight against tuberculosis.
- Involvement of the community in supporting the treatment cascade shall help in the reduction of stigma.
- Increased awareness among the public regarding tuberculosis.

- Improved nutrition for the TB patient shall result in better treatment outcomes.
- Additional diagnostics support to the patients with co-morbidities.
- Reduction of the out-of-pocket expenditure for the family of the TB patient.

Status of Pradhan Mantri TB Mukh Bharat Abhiyaan in Delhi as on 10.01.2023:-

- No. of Ni-kshay Mitras- 460.
- No. of Ni-kshya Mitras agreed upon/linked with patients- 429.
- No. of patients already received Nutritional support- 5651

34. DIRECTORATE OF AYUSH

To encourage use of alternative systems of medicines in healthcare delivery and to ensure propagation of healthcare research and education in these systems, a separate Department of Indian System of Medicine was established by Delhi Government as a part of Health and family welfare Department in May, 1996. In 2013, it was renamed as Directorate of AYUSH where AYUSH stands for Ayurveda, Yoga and Naturopathy, Unani, Siddha and SOWA-Rigpa and Homoeopathy systems of medicines. Following are the major functions of the Directorate of AYUSH:

- Provides best Healthcare facilities through a network of 188 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.

35. 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 Ayurveda & Unani Drugs respectively. 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 01-09-2022.

- The Government had taken over Dr. B. R. Sur Homeopathic College where degree course in Homoeopathy is offered 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 had 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 and is imparting BAMS and BUMS degree with intake capacity of 150 (75 for BAMS & 75 for BUMS) students. This institute is also running post graduate courses in Ayurveda & Unani in the subjects Kayachikitsa, Sharir Kriya, Dravya Guna, Panchkarma and Moalijat respectively along with 300 beds indoor facility.
- Examining Body for Paramedical Training for Bharatiya Chikitsa has been set up as an autonomous body for prescribing curriculum for paramedical training courses of study for such exams as nursing care, panchkarma 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 courses have also been introduced in this institute.
- Ch. Brahm Prakash Ayurvedic Charak Sansthan at Khara 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.

36. DELHI STATE HEALTH MISSION

Delhi has one of the best health infrastructures in India, which is providing primary, secondary & tertiary care. Delhi offers most sophisticated & state of the art technology for treatment and people from across the states pour in to get quality treatment. In spite of this, there are certain constraints & challenges faced by the state. There is inequitable distribution of health facilities as a result some areas are underserved & some are 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:-

- (i) Reproductive, Maternal, Newborn, Child and Adolescent Health:-
 - RMNCH + A
 - Mission Flexipool
 - Immunization
 - Iodine Deficiency Disorder (NIDDCP)

(ii) 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

(iii) Communicable Disease Program:-

- Integrated Disease Surveillance Project (IDSP)
- National Leprosy Eradication Program (NLEP)
- National Vector Borne Disease Control Program (NVBDCP)
- National Tuberculosis Elimination Program (NTEP)
- National Viral Hepatitis Control Program (NVHCP)
- National Rabies Control Program (NRCP)

(iv) Non-Communicable Disease Program:-

- 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 Program for Health Care of the Elderly (NPHCE)
- National Program for Prevention and Control of Deafness (NPCCD)
- National Tobacco Control Program (NTCP)
- National Oral Health Program (NOHP)
- National Program for Palliative Care (NPPC)
- Pradhan Mantri National Dialysis Program (PMNDP)
- National Program on Climate Change & Human Health (NPCCHH)

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. 58 Seed Primary Urban health Centers (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 215 basic life support ambulance/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 6234 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 identified 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. During COVID pandemic, ASHAs have actively engaged in awareness, follow-up of Home Isolation cases and Mobilization of mass for Vaccination. 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 and for PUHCs. The patient satisfaction assessment has been institutionalized in thirty two GNCTD hospitals through Mera Aspataal initiative. Under DSHM, hospitals and PUHCs 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. Six hospitals had achieved National level NQAS certification among which four hospitals are National level LaQshya certified with 2 condicionalities in DH, 2 PUHCs are NQAS certified. 1 DH is being taken up for National Level Assessment under NQAS. 2 DH and 4 PUHC have been shortlisted for State Certification.

Kayakalp program, a subset of NQAS under the Swachh Bharat Mission is being implemented in all hospitals of GNCTD and MCD, PUHCs and MCW centers for last five to six years. Under the program, best performing health facilities are recognized and given monitory incentives. This has improved the level of cleanliness, infection control practices, hygiene and the patient experience. In 2021-22, out of 41 hospitals 29 hospitals have scored more than 70% in the Kayakalp assessment. Inclusion of new criteria of 15% weightage of “Mera Aspataal” scores in final scores has reduced this number from 29 hospitals to 22 hospitals. Total 354 PUHCs (GNCTD and MCD) had been assessed out of which 52 PUHCs have scored more than 70% in external assessment under Kayakalp programme. Kayakalp assessments for the year 2022-23 in hospitals and PUHCs are under process.

37. 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 centers and reimbursement of bills of medical treatment of patients by the Gov through DAK.

38. Centralized Accident & Trauma Services (CATS)

Centralized Accident & Trauma Services (CATS) is a 100% funded Autonomous Body of Govt. of NCT of Delhi, providing 24x7x365 ambulance service in Delhi since 1991. CATS provides free ambulance service in Delhi for accident & trauma victims, transportation of pregnant women for delivery and post delivery, rape victims, vitriolic cases, inter hospital transfer, etc. CATS ambulance service can be availed by dialing “102” Toll Free Number. The main objective of CATS is to provide timely medical help to the accident and trauma victims and save lives of those who die for lack of timely medical aid.

With the vision to improve overall availability of ambulances on road, better response time, quality manpower, better management and supervision of resources, CATS outsourced the operation and maintenance of CATS ambulances from July, 2016. The outsourced agency is responsible for manpower recruitment & training, maintenance of ambulances and its equipment, statutory compliances, annual fitness, insurance, fuel, medical and other consumables, etc. The payment is linked with performance based Service Level Agreement (SLAs). CATS Modern Control Room is one of the most advanced Ambulance Service Control Room in the world. The infrastructure, features and functional outputs of Modern Control Room are as per the best international practices.

Presently, CATS has a fleet of 240 operational ambulances. All CATS ambulances are deployed at the strategic locations of Delhi. CATS ALS and BLS ambulances are equipped with international standard equipment. During the ongoing Covid-19 pandemic, CATS has hired private ambulances to shift the Covid-19 patients to the nearest health facility.

KEY PERFORMANCE INDICATOR

Call Statistics Year Wise:-

Year	Total Calls	Patients Shifted	% Patient Shifting
2017	230095	164296	71.4
2018	365021	232614	63.7
2019	277612	172698	62.2
2020	403818	262867	65.0
2021	558701	394001	70.5
2022 till 30.09.2022	446018	334467	74.9

39. The Drug Control Department

In order to make the system more convenient and user friendly to public, with lesser interaction of public with the officials and to have greater transparency, the Drugs Control Department, Govt. of NCT Delhi has adopted the new online system i.e. National Drugs Licensing System developed by Centre for Development of Advance Computing, Govt. of India in coordination with the Central Drugs Standard Control Organization, Government of India for making services online related to grant / renewal of sales/manufacturing licences for drugs/cosmetics and approval of testing laboratory.

Government of NCT of Delhi has taken steps to strengthen and modernize the Drug Testing Laboratory to conform to the international standards and NABL accreditation. The project is being undertaken by PWD for renovation of the building.

Govt. of NCT of Delhi has adopted zero tolerance towards pharmaceutical drug abuse and taking stringent action against defaulters. The Department had already cancelled licenses of Medical Stores, who were found indulging in unethical stocking / selling habit forming drugs. The Department is regularly keeping a watch on the quality of drugs & cosmetics moving in the market by way of regularly collecting samples of medicines from various manufacturers and sales outlets of drugs and cosmetics. From 1st April 2021 to 31th March, 2022, the department had collected 716 samples of drugs/cosmetics. Out of which, 25 samples were declared as not of standard quality by Govt. Analyst. Moreover, the Department filed prosecutions in 10 cases during the period of 1st April 2021 to 31th March, 2022 where the nature of contraventions was serious.

The Department is also keeping a watch on the activities of various wholesale/retail outlets by regularly conducting surprise checks. During the period of 1st April 2021 to 31th March, 2022 the Department has observed contraventions in 437 cases out of 1068 firms for which action has been initiated against erring firms by way of suspension of their licenses.

That on 19.04.2021, the Drugs Control Department has also started a Helpline at Karkardooma office / Zonal Office Lawrence Road for convenience of the public for getting the Remdesivir Injection through various stockiest/distributors.

During COVID-19 pandemic, the department has monitored the supply of Remdesivir injections to Hospitals and nursing homes on daily basis. Seven teams have been constituted to monitor all 30 wholesalers and retailers of Remdesivir injections to stop Black marketing and hoarding. Simultaneously it is also ensured that almost all the quantity of Remdesivir injection received in stock is distributed among hospitals, nursing homes, and needy patients.

The officers of Drugs Control Department in association with officials of all respective District Magistrates kept a watch on supply and distribution of Remdesivir injections made to hospitals and also monitored the supply of life-saving drugs used in the management of COVID-19 treatment and to prevent their black marketing and hoarding.

The Drugs Control Department, GNCTD has successfully implemented online system for Grant/retention of sales licenses. The department has granted/retained licenses of over 30000 sales firms in Delhi.

40. The Way Forward

Delhi's health power lies in its strong public health care system, especially at the core level i.e. primary health (mohalla clinics and primary health centres). It needs to be expanded to cover all marginalized communities in the national capital. Health facilities need to be continuously upgraded to meet the new and existing challenges.

The gains made in health care need to be strengthened and sustained. Recognizing the importance of a resilient health sector and improved health outcomes for the national capital, in the years to come. The government will continue to fight major diseases and invest in healthcare infrastructure, services and staff to ensure high quality healthcare to all individuals.

CHAPTER AT A GLANCE

➤	As on 31.03.2022, there are 38 Multispecialty and Super Specialty Hospitals, 167 Allopathic Dispensaries, 58 Seed Primary Urban Health Centres, 517 Aam Aadmi Mohalla Clinics, 30 Polyclinics, 49 Ayurvedic Dispensaries, 22 Unani Dispensaries, 108 Homeopathic Dispensaries and 50 School Health Clinics for providing preventive, promotive and curative health care services to the citizens of Delhi
➤	No. of medical institutions in Delhi has increased from 3387 in 2020-21 to 3507 in 2021-22.
➤	Per capita expenditure by Delhi Government on Health has increased to 5022 in 2021-22 from 1573 in the year 2012-13 which is more than three times during the last nine years.
➤	In case of Delhi, both IMR & U5MR have been continuously decreasing and remained at around 12 & 14 respectively as per SRS.
➤	Share of institutional deliveries and proportion of birth attended by skilled health personnel are slightly decreased in Delhi and were at 91.21% and 92.42% respectively in the year 2021.
➤	A total of 5502 beneficiaries were provided benefits under Janani Suraksha Yojana during 2021-22.
➤	A total of 2,14,530 of (1,96,453 pregnant women and 18,077 sick infants) were provided benefits under Janani Shishu Suraksha Karyakarm during 2021-22.
➤	State has achieved full immunization coverage at 86%, as per Immunization dashboard, MoHFW (2021-22). Also, there was an increase in percentage Full Immunization Coverage from 68.8 in NFHS 4 to 76 in NFHS 5.
➤	A total of 48,346 newborns reported low birth babies were provided KMC during 2021-22.
➤	To address prevalence of anaemia among under five children, IFA supplementation initiative for children in 6-59 months age group has been rolled out in March 2021 as a part of Anemia Mukta Bharat program of Govt. of India.
➤	34330 persons living with HIV (PLHIV) were under active care at 12 Anti Retroviral Treatment (ART) Centres in Delhi as on 31st March 2022, out of which 4034 were newly registered during FY 2021-22.
➤	A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.