

CHAPTER 16

HEALTH & FAMILY WELFARE

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

2. Health 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 neighbouring 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, the five 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 as per order dated 25.07.2015 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)

- 4.1 By December 2021, there are 38 Multispecialty and Super Specialty Hospitals, 175 Allopathic Dispensaries, 520 Aam Aadmi Mohalla Clinics, 29 Polyclinics, 60 Seed Primary Urban Health Centers (PUHCs), 49 Ayurvedic, 22 Unani, 108 Homeopathic Dispensaries, 22 Mobile Clinics, covering 78 day shelters & 311 night shelters and 61 School Health Clinics are providing preventive, promotive and curative health care services to the citizens of Delhi.
- 4.2 212 diagnostic investigation types of tests are conducted on daily basis and facility of X-ray and Ultrasound through Delhi Arogya Kosh for the residents of Delhi is already functioning at 520 Aam Aadmi Mohalla Clinics in Delhi. Around 15 Lakh people per month are availing the facilities of the Aam Aadmi Mohalla Clinics. Aam Aadmi Mohalla Clinics also provide 75 essential drugs/ medicines to the patients.
- 4.3 By December 2021, 29 Polyclinics are functioning from the premises of previously functioning Delhi Government dispensaries in which more than 200 diagnostic types of tests are conducted on daily basis and around 1.30 Lakh people per month availing the facilities of the Polyclinics. In addition, a provision has been made to upgrade 94 dispensaries into polyclinics, to provide multi-specialty health facilities to all of Delhi.
5. 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 Government Hospitals. Similarly, 94 Delhi Government Dispensaries (DGD) are planned to be remodeled for converted in to Polyclinics. Out of which the remodeling work of 12 Dispensaries has been completed. 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.

6. Directorate General of Health Services (DGHS) under the Health & Family Welfare Department, Government of NCT of Delhi, is the agency committed to provide better health care. It coordinates with other government and non-government organizations to deliver medical facilities in Delhi. The Delhi Govt. alone is a significant contributor in case of primary health care having 944 (60%) dispensaries as on date. The information regarding Health Infrastructure in Delhi during the last 9 years is presented in the Statement 16.1

STATEMENT 16.1
HEALTH INFRASTRUCTURE FACILITIES IN DELHI DURING THE
PERIOD 2012-2020

S. No.	Health Institutions	2012	2013	2014	2015	2016	2017	2018	2019	2020
1	Hospitals*	94	95	95	94	83	88	88	88	88
2	Primary Health Centers	5	5	2	5	7	7	7	7	12
3	Dispensaries**	1318	1451	1389	1507	1240	1298	1432	1585	1573
4	Maternity Home & Sub Centers***	267	267	267	265	193	230	251	224	138
5	Polyclinics	19	19	19	42	48	54 \$	55	56	52\$
6	Nursing Homes	750	855	973	1057	1057	1160	1172	1151	1119
7	Special Clinics	27	27	27	27	14	124	167	305	388@
8	Medical Colleges	14	16	16	17	17	17	17	17	19#
	Total	2494	2735	2788	3014	2659	2978	3189	3433	3389

Source – Dte. of Health Services, GNCTD.

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

** Includes Allopathic, AYUSH Dispensaries, and Mobile Health Clinics.

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

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

@ Includes Chest Clinics & VD Clinics.

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

7. It may be inferred from above Statement that number of medical institutions in Delhi has decreased in 2020 due to COVID as schools were not opened and 61 School Health Clinics closed. 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.
8. The agency-wise information regarding number of medical institutions and bed capacity in Delhi - 2020-21 is given in the statement 16.2.

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

S. No.	Agencies	2020-21	
		Institutions	Beds sanctioned
1	Delhi Government	39	12543
2	Municipal Corporation of Delhi	45	3337
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	3163
6	Private Nursing Homes/Hospitals/Voluntary Organizations	1119	29348
	Total	1229	58156

Source – Dte of Health Services, GNCTD.

9. 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 2020-21 has remained at 2.88. The information regarding growth in number of beds in medical institutions and bed population ratio from 2011 onwards is presented in the Statement 16.3:

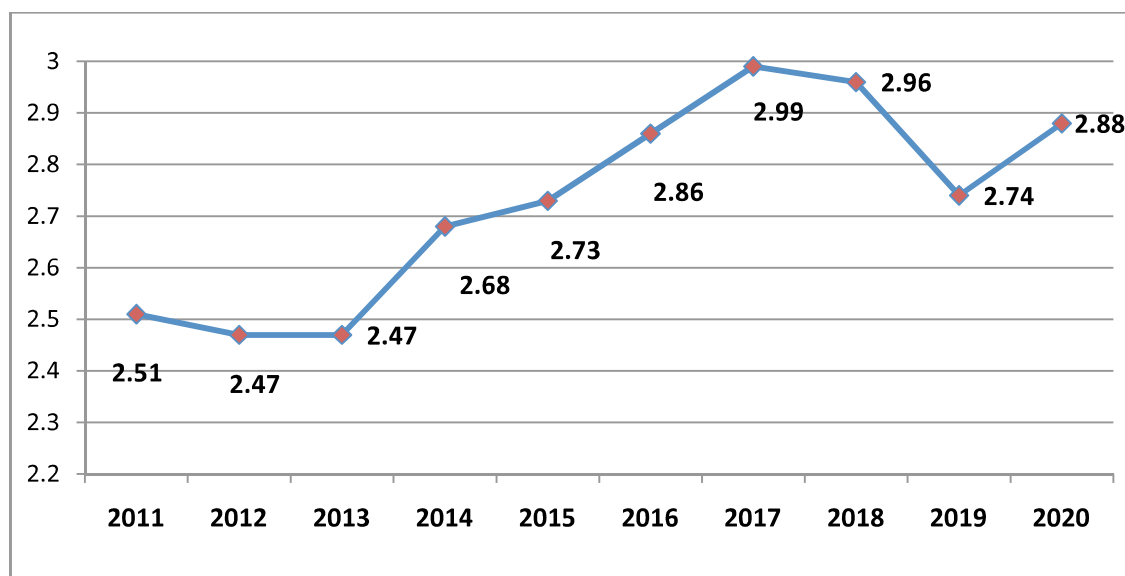
STATEMENT 16.3**BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI 2011-20**

S. No.	Year	Number of Hospital beds		
		Population (in '00') Projections by CSO	Beds Sanctioned	Beds per 1000 Persons
1	2011	169750	42598	2.51
2	2012	173000	42695	2.47
3	2013	176310	43596	2.47
4	2014	179690	48096	2.68
5	2015	183140	49969	2.73
6	2016	186640	53329	2.86
7	2017	191287	57194	2.99
8	2018	194793	57709	2.96
9	2019	198299	54321	2.74
10	2020	201805	58156	2.88

Source – Dte. of Health Services, GNCTD

CHART 16.1

BED POPULATION RATIO (BEDS PER 1000 PERSONS) IN DELHI



10. The total sanctioned bed capacity of medical institutions in Delhi was 58156 as on 31st March 2021 available in 1229 (Govt./Pvt.) Medical Institutions / Hospitals in Delhi. The percentage of beds in the Medical Institutions operated by Government of India, Delhi Government & Local bodies constituted as 21.85 percent, 21.56 percent, 6.12 percent respectively and beds in private nursing homes/ hospitals/voluntary organizations were recorded at 50.46 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 bed capacity in Delhi as on 31st March 2021 is depicted in Statement 16.2 while details of bed population ratio since 2011 to 2020 are available in the Statement 16.3. Bed population ratio has shown a marginal rise with from 2.51 in 2011 to 2.88 in 2020. Besides new projects, Government has started remodeling/ expansion of existing hospitals so as to add up new beds as per available FAR.

11. **Status of major Hospitals being constructed by Govt. of NCT of Delhi –**
3 hospitals namely Ambedkar Nagar Hospital, Indira Gandhi Hospital and Burari Hospital were constructed and started exclusively for COVID-19 facility on 09-08-2020, 08/05/2021 and 25/07/2020 respectively. 11 hospitals including 7 COVID hospitals are under construction or at planning stage. A list of 04 major 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
LIST 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"> • Earlier Plan of 200 bedded Hospital has been revised. • The bed strength has been revised to 691 beds from 200 beds hospital. • The Preliminary estimate amounting to ₹ 320.07 crore has been approved by EFC for 691 beds on 06/12/2019 for construction of hospital. • Construction work has been started. RCC S/S work in fifth floor is in progress. Block work in Lower and upper basement is also in progress. • Target date of completion : 10/11/2022
2.	Hospital Project at Siraspur	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital has been revised. • The revised proposal comprised of a 2716 bed Hospital building (Block A 1164 beds+Block B 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. Construction work has been started. Two basement & four floors and foundation of electrical Sub- station & STP are completed. • Target date of completion: 12/11/2023.
3.	Hospital Project at Vikaspuri (Hastsal)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded Hospital has been revised. • The bed strength has been revised to 691 beds from 200 beds 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. • Earth work is in progress. • Target date of completion : 16/06/2023
4.	Hospital Project at Jwalapuri (Nangloi)	<ul style="list-style-type: none"> • Earlier Plan of 200 bedded hospital. • 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. • Construction work has been started. RCC S/S work in fifth floor is in progress. Block work in Lower and upper basement is also in progress.

Source : H&FW Department & DGHS, GNCTD

- 12. New COVID Hospitals:** In 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 extra ordinary 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 will be created at 07 locations.

- 12.1** 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"> Foundation Work Completed and construction of retaining wall, fabrication and erection of steel structure is in progress. No. of beds : 1430 Target date of completion : 31/05/2022 Physical progress : 20%
2.	Kirari	<ul style="list-style-type: none"> The drawing and design is being reviewed by the consultant. No. of beds : 458 Target date of completion : 30/06/2022
3.	Sultanpuri	<ul style="list-style-type: none"> Earth work and RCC in foundation completed. The fabrication and erection of prefab member is in progress. No. of beds : 527 Target date of completion : 15/05/2022 Physical progress : 10%
4.	Chacha Nehru Bal Chikitsalaya	<ul style="list-style-type: none"> Excavation, PCC and RCC for footings, fabrications and erection of PEB members are in progress for ward block, Diagnostic block, arrival block and service block drawings are being finalized. No. of beds : 596 Target date of completion : 30/04/2022 Physical progress : 12%
5.	GTB Hospital	<ul style="list-style-type: none"> Footing casting done for main building. Pedestals with anchor bolts, fabrication and erection of PEB members are in progress as per approved shop drawings. No. of beds : 1912 Target date of completion : 31/05/2022 Physical progress : 20%

6.	Sarita Vihar	<ul style="list-style-type: none"> Earth work and RCC in foundation is completed. Erection of prefab member is in progress. No. of beds : 336 Target date of completion : 30/04/2022 Physical progress : 10%
7.	Raghubir Nagar	<ul style="list-style-type: none"> Yet to start due to permission of tree cutting from forest Department. No. of beds : 1577 Target date of completion : 30/06/2022

Source : H&FW Department & DGHS, GNCTD

- 12.2 Besides above, Delhi Govt. has decided to remodel around 15 existing Hospitals so as to enhance number of existing beds as per FAR norms. Proposal for 05 new hospitals at Bindapur, Baprola, Deendarapur, Keshavpuram and Sangam Vihar are at planning stage. Around 16000 new beds will be added after completion of new hospitals and re-modeling of the hospitals. The status of 15 projects of remodeling considered by Expenditure Finance Committee 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	Approved by
1	LN Hospital (New Block)	533.91	0	1570	1570	Cabinet
2	SRHC (Cancer & Maternity Block)	244.35	200	573	800	Cabinet
3	Dr. B. R. Ambedkar	194.91	500	463	963	Cabinet
4	JPCH	189.77	339	221	560	Cabinet
5	Bhagwan Mahavir	172.79	360	384	744	Cabinet
6	Guru Govind Singh	172.03	100	472	572	Cabinet
7	LBS – New Mother and Child Block	143.73	105	460	565	Cabinet
8	Sanjay Gandhi Memorial	117.78	300	362	662	Cabinet
9	Acharya Shree Bhikshu	94.38	100	270	370	EFC
10	RTRM	86.31	100	270	370	EFC
11	Deep Chand Bandhu	69.36	284	200	565	EFC
12	Aruna Asaf Ali	55.36	100	51	151	EFC
13	Shree Dada Dev ShishuMaitri	53.44	106	175	281	EFC
14	Lok Nayak Hosp (Causality Block)	58.71	190	194	384	EFC
15	Hedgewar Arogya Sansthan	210.24	200	372	550	EFC

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

- 12.3 The recent report of NSSO (75th round - 2017-18) on Social Consumption in India-Health provides information on estimated share of hospitalisation cases (excluding child birth) by type of hospital as 86% share under Govt. Hospitals and 14 % Private Hospitals.
13. **Medical Colleges of All Systems of Medicines Systems Delhi** – 19 medical colleges provide different under graduate courses of all systems (Allopathic, Ayurvedic, Unani & Homeopathy) in Delhi. Details of annual intake, year of establishment, course offered etc in respect of these colleges are placed at Statement 16.7.

STATEMENT 16.7

LIST OF MEDICAL COLLEGES OF ALL SYSTEMS OF MEDICINES INTAKE CAPACITY

S. No.	Name of the Medical College/University to which affiliated	Established in Year	Course	Annual Intake
1	Lady Hardinge Medical College & Hospital , New Delhi , (Delhi University)	1916	MBBS PG	240 174
2	A &U Tibbia College &Hospital ,Karol Bagh, Delhi (Delhi University)	1906	Under Graduate Ayurveda(BAMS) Unani (BUMS) Post Graduate Ayurveda(BAMS) Unani (BUMS)	75 75 06 10
3	All India Institute of Medical Sciences (AIIMS), New Delhi, (Autonomous)	1956	MBBS	107
4	Maulana Azad Medical College, (MAMC), Bahadur Shah Zafar Marg, New Delhi (Delhi University)	1958	MBBS MD	250 247
5	Nehru Homeopathic Medical College &Hospital, Defence Colony, N. Delhi (Delhi University)	1963	BHMS/ MD(Homeo)	125 09
6	Hamdard Institute of Medical Sciences &Research, (Jamia Hamdard University)	1963	MBBS MD/MS	100 49
7	University College of Medical Sciences, Dilshad Garden, Delhi(Delhi University)	1971	MBBS/ MD/MS/MDS B.Sc.(MT)Radiology M.Sc.(R&MIT) Radiology	170 188 19 06
8	Maulana Azad Institute of Dental Sciences, (Delhi University)	1983 2007	BDS/ MDS	50 22
9	Dr. B.R.Sur Homeopathic Medical College & Hospital, Moti Bagh, (IP University)	1985	BHMS	63
10	Vardhman Mahavir Medical College , (IP University)	2002	MBBS/ MD/MS/DM Super Specialty	170 321 35
11	Army College of Medical Science (IP University)	2008	MBBS	100
12	Faculty of Dentistry, Jamia Millia Islamia, Jamia Nagar, New Delhi (Delhi University)	2009	BDS	50
13	ESIC Dental College& Hospital, Rohini, (IP University)	2010	BDS	62

S. No.	Name of the Medical College/University to which affiliated	Established in Year	Course	Annual Intake
14	Chaudhary Braham Prakash Ayurvedic CharakSansthan, Najafgarh, (IP University)	2009	BAMS PG Courses	100 29
15	North Delhi Municipal Corporation Medical College & Hospital, (IP University)	2013	MBBS	60
16	School of Unani Medical Education and Research and Associated Majeeda Unani Hospital, (Jamia Hamdard University)	1963	BUMS MD(Unani) Diploma in Unani Pharmacy	50 09 06 10
17	Dr. BSA Medical College, Rohini (IP University)	2016	MBBS	125
18	ESI-PGMISR, Basaidarapur, (IP University)	2011	MD MS	19 24
19	ABVIMS, Dr. RML Hospital (IP University)	1932	MBBS MD, DM, MS, MCh, DNB	100 241

Source : DGHS, GNCTD

14. The information regarding expenditure share of Medical & Public Health Sector (Schemes / Programmes) is presented in the Statement 16.8

STATEMENT 16.8

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

(₹ in crores)

S.No	Year	Total Expenditure on all Schemes / Programmes/ Projects	Expenditure on Schemes / Programmes/ Projects	% Expenditure
1.	2011-12	13642.55	1651.88	12.11
2.	2012-13	13237.51	1529.15	11.55
3.	2013-14	13964.28	1611.63	11.54
4.	2014-15	13979.67	2166.67	15.50
5.	2015-16	14960.54	2024.83	14.59
6.	2016-17	14355.03	2095.36	14.68
7.	2017-18	14400.99	1912.42	13.28
8.	2018-19	15672.03	2333.64	14.89
9.	2019-20	20307.02	2363.53	11.64
10	2020-21	19258.65	3004.71	15.60

Source : Schemes / Programmes/ Projects wise expenditure document

15. It is obvious from above Statement that the public investment (Schemes/ Programme expenditure) in Medical & Public Health sector under Scheme/ Programme outlay of Delhi Government has significantly increased from ₹ 1651.88 crore in 2011-12 to ₹ 3004.71 crore in 2020-21.

STATEMENT 16.8 (A)
PER CAPITA EXPENDITURE ON MEDICAL & PUBLIC HEALTH IN DELHI BY GNCTD
(in ₹)

Year	Per Capita expenditure on M&PH Sector
2012-13	1572.86
2013-14	1675.97
2014-15	1996.49
2015-16	1962.37
2016-17	2133.83
2017-18	2455.85
2018-19	2801.84
2019-20	2868.50
2020-21 (RE)	3649.86

Source : Annual Financial Statement, Delhi Budget

16. It is clear from above statement that per capita expenditure on Medical & Public Health in Delhi has increased to ₹ 3650 in 2020-21 from ₹ 1573 in the year 2012-13 with the increase of 132 % during last nine years.
17. Expenditure on Medical & Public Health with reference to GSDP - The total expenditure on Medical & Public Health taking in to account expenditure incurred under Establishment & Scheme/ Programmes of Govt. of Delhi and of Local Bodies (DMCs) with reference to GSDP of Delhi is seen hovering around one percent only during 2011-12 to 2020-21.

STATEMENT 16.8
EXPENDITURE ON THE MEDICAL & PUBLIC HEALTH WITH REFERENCE TO GSDP

Year	GSDP at current prices (₹ in crore)	Total Exp. On Medical & Public Health (₹ in crore)	% of GSDP on Health
2011-12	343797	3092.23	0.90
2012-13	391388	3115.78	0.80
2013-14	443960	3540.33	0.80
2014-15	494803	4161.90	0.84
2015-16	550804	4206.27	0.76
2016-17	616085	4708.21	0.76
2017-18	677900	5477.59	0.81
2018-19	738389	6430.81	0.87
2019-20	794030	6562.57	0.83
2020-21	785341	8626.63 \$	1.10

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

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

Child & Maternal Health

19. 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	Infant Mortality Rate	
					(CRS)	(SRS)		(CRS)	(SRS)
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	10	8	24	13
2019	18.35	7.29	1002	398	16	NA	8	24	11
2020	14.85	7.03	824	390	14	NA	7	20	NA

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

STATEMENT 16.10
UNDER FIVE MORTALITY RATE IN DELHI AND INDIA (2011-2018)

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

Source – SRS, O/o RGI, Govt of India

STATEMENT 16.11
FERTILITY INDICATORS

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

Source – SRS, O/o RGI, GOI.

STATEMENT 16.12
BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL & INSTITUTIONAL DELIVERY

Year	Proportion of births attended by skilled health personnel	Institutional Delivery (%)
2011	79.84	79.51
2012	84.64	81.35
2013	85.52	81.75
2014	86.11	82.83
2015	87.06	84.41
2016	87.98	86.74
2017	89.2	89.10
2018	90.37	90.28
2019	91.20	91.15
2020	92.84	91.94

20. It is depicted 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 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 have continuously decreasing and remained at around 11 & 19 as per SRS 2019 & SRS 2018 respectively.

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

21. Implementation of various activities for reduction of Maternal Mortality

- **Janani Suraksha Yojana (JSY):** The scheme aims to promote institutional delivery amongst Pregnant women (PW) belonging to Scheduled Caste, Scheduled Tribe & BPL families. PW are incentivized for undergoing institutional delivery in urban & rural area @ ₹ 600/- and ₹ 700/- respectively and BPL women is also incentivized with ₹ 500/- in case of home delivery. All the health facilities enroll the eligible JSY beneficiaries i.e. PW belonging to SC/ ST/ BPL families during antenatal clinics and then register them on RCH Portal and fetch the Aadhar linked Bank Account details of the client and necessary documents and she is given the JSY payment after delivery. The mode of payment is Direct Benefit Transfer (DBT) into the account of beneficiary via PFMS Portal.

A total of 4476 beneficiaries were provided benefits under this scheme during 2020-21(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 1,90,430 of (pregnant women and sick infants) were provided benefits under this scheme during 2020-21 (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.

A total of 31,077 pregnant women received Ante-Natal care and 3339 high risk pregnant women were identified under this program during 2020-21 (Source: PMSMA Portal).

- **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 1year of age of the baby.

A total of 10,63,702 unique beneficiaries were registered for Kilkari program since inception till 31st March 2021. A total of 92,879 beneficiaries completed the listenership during 2020-21 (Source: Mobile Academy & Kilkari MIS Reporting Portal of MoHFW).

- **LaQshya Implementation-** Under this programme following activities are included:
 - Standardization of Labor Rooms and maternity OTs.
 - Upgrading of knowledge and skills of labor room staff on strategies on Care around Birth(CAB).
 - DAKSH/ DAKSHTA trainings at National Skill Labs is being carried out to enhance the skill of staff working in maternity services.
 - Focus on Respectful maternal care and allowing Birth Companion at delivery points is another initiative being carried out.

3 district hospitals i.e. Pandit Madan Mohan hospital, Sanjay Gandhi Memorial hospital and Acharya Shree Bhikshu Govt. hospital were LaQshya certified till 2020-21.

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 MPCDSR portal for capturing maternal deaths reporting and facility and community level reviews conducted.

A total of 219 maternal deaths were reviewed during 2020-21 (source: District Compilation).

22. Essential Immunization services in Delhi

- Strengthening of Essential Immunization Programme: The outreach immunization sessions being executed under Mission Indra dhanush Kawach (MIK) in addition to routine immunization sessions with fixed site and fixed day strategy.
- ANMs have been directed to carry out 8 immunization session per month. However as per information available currently 5 sessions per ANM are being carried out. This ensures that High Risk Areas (HRA) are being identified and covered under the Essential immunization sessions/MIK.
- Creation of District pool of 'Field monitors'. District monitoring pool of PHNs/LHVs have been constituted to monitor the progress of Immunization services with due focus on poor performing health facilities ensuring coverage of all HRAs during MIKs to reach the unreached by reviewing Monitor has been assigned a set of 6-7 identified health facilities with the target to the micro-plan and to reduce dropouts/left outs.
- The Programme in Delhi has roped in teams from medical colleges for mentoring and monitoring of immunization program. The supportive supervision helps in improving services and build confidence in program.
- Each child is being tracked through RCH Portal. In order to ensure entry on RCH Portal the State has linked payment of ASHA Incentives for Immunization with entry on RCH Portal.
- **Interpersonal Communication (IPC) through "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 improved 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 3.0
- Access to Birth registration data to district for ensuring tagging of new born to nearest health facility for timely immunization has been sought from the MCDs.
- Successful roll out of case based MR and VPD surveillance in the State

- **Newer Initiatives/ Planned Activities**
 1. Operationalization of Effective vaccine inventory management through e-Vaccine Intelligence Network (e-VIN).
 2. Development of a single application for facility and outreach Immunization session planning by the ANMs which is readily visible to the Medical Officer, AWWs/Supervisors for effective coordination.
 3. Successful introduction of Rota Virus Vaccine (RVV) and Pneumococcal Conjugate Vaccine (PCV) in the State.
- **Program Impact:** The Department is striving hard to achieve 100% immunization coverage and reduce the Infant Mortality Rate (IMR) to single digit. The Consistent efforts have helped the State to achieve significant improvement in full immunization coverage which as per Immunization dashboard, MoHFW (2021-22) is 88%. The State has also shown an increase in % Full Immunization Coverage from 68.8 in NFHS 4 to 76 in NFHS 5.

23. Child Health Services/Programme

- a. **Strengthening of Level II (Secondary Level), Special Neonatal Care Services (SNCU)** - To cater to sick neonates (from birth to 28 days of live), 16 Hospitals who have SNCUs to provide intensive and resuscitative care to the babies who are sick. Further, 4 SNCUs in the GTB, RML, Safdarjung Hospital & LHMC are being provided support to strengthen the services through NHM. There are 61 Newborn care Corners (NBCCS) at 61 delivery points with labour room and OTs, in the State.
- b. **New Born Care Corners (NBCCs)** at all 61 delivery points within the labour room and OTs in the State ensuring essential New born care at all the delivery points.
A total of 1,61,361 newborns were reported to have been delivered in public NBCCs across Delhi during 2020-21 (Source: HMIS Portal).
- c. **Kangaroo Mother Care (KMC)** - Kangaroo mother care has been started in 21 Units (16 SNCUs & 5 Medical Colleges) in the first instance and will further be extended to all delivery points.
A total of 38,267 newborns reported low birth babies were provided KMC during 2020-21 (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).
220 SAM patients were treated in NRCs of Delhi.
- e. **Intensified Diarrhoea Control Fortnight (IDCF)** - IDCF fortnight was observed from 16th July to 31st July 2021 to sensitize health functionaries and care givers to prevent and treat diarrhoea in order reduce IMR. No. of children provided with ORS (ORS prepositioning) were **848928**.

- f. **Mother Absolute Affection Programme (MAA)** - MAA focuses mainly on awareness campaign to improve the breastfeeding indicators, at all 61 delivery points.

A total of 1,29,468 newborns reported to have been initiated early breastfeeding (within an hour of birth) under MAA program during 2020-21 (Source: HMIS Portal).

- g. **Child Death Review** - CDR launched in Delhi to find out the gaps in child health delivery mechanisms and taking corrective actions.

A total of 129 child deaths were reviewed during 2020-21 (Source : District compilation).

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

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

Planned Activities

24.1 District Early Interventions Centres (DEIC):

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

24.2 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.

24.3 Lactation Management Unit:-

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

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

- Childhood pneumonia continues to be the topmost 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 (Social Awareness and Action to Neutralize Pneumonia Successfully) initiative was institutionalized to bring visibility and sustainability to the Pneumonia program.
- The programme was launched in campaign mode on 12th November' 2020 and observed till 28th Feb' 2021.
- The programme enables caregivers to identify and recognize the early signs and symptoms, and seek care immediately for on-time referral and treatment of Pneumonia.
- It also ensures availability of essential drugs at the facility and FLW level.

25. Adolescent Health Services

Weekly Iron and Folic Acid Supplementation (WIFS) Program is being implemented through Govt./ Govt. Aided Schools under the Directorate of Education as well as through Anganwadi Centres under the Department of Women & Child Development in Delhi wherein 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 remained 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 schools 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. 2020-21 being 23 %.

26. School Health & Wellness Program

As a part of this initiative being jointly implemented by Health & Family Welfare and Education Department, 668 teachers from 368 schools were trained in a virtual mode over 4 days in 11 modules to further implement the program in schools as Health & Wellness Ambassadors.

27. School Health Scheme

- 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 disease and referral services to higher health centers for the individuals who required further treatment and management. 58 teams were functioning and catering to approx 16 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, Dept. had issued a Gazette Notification on 31st July 2018 to limit the access of inhalants to vulnerable children / adolescents.
- 27.4 **Weekly Iron Folic Acid Supplementation Program (WIFS):** Anemia is a serious health problem not only among pregnant woman but also among infants, young children and adolescents. So, in order to reduce the incidence of anemia, WIFS was launched in Delhi in July 2013. The program is implemented in all Schools of Delhi. & 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 centers.

27.5 **Mass De-Worming Program:** Delhi has been implementing the program for school going children through School Health Scheme of GNCTD for all Govt./ Govt. Aided/ Cantonment/ Central and Private schools. Delhi has conducted 1st phase of NDD for the year 2020, in Feb 2020, where 27.34 Lakh school children were covered all over Delhi, with coverage of 88.8%, but due to closure of schools due to COVID-19 Pandemic, Mass De-worming Program could not be held after that, till date.

27.6 **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. 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	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
1	Family Welfare Centers including PP units	77	FP centers are now in function in hospitals		NR	41	41	41
2	Insertion of Intrauterine Contraceptive Device	71754	80293	84370	78459	75403	94572	64685
3	Sterilizations	17458	17383	18869	17004	17531	18392	7884
	a. Males	811	901	1323	491	499	740	78
	b. Females	16647	16482	17546	16513	17032	17652	7806
4	Oral Pills (Cycles)	196354	185499	199092	189107	173691	162564	134613
5	Condoms ('000)	3990	5709	6880	5726	5625	5388	4206

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

29. Vector Borne diseases like Dengue, Malaria & Chikungunya**29.1 Status of Chikungunya:**

- Total Chikungunya cases during 2020-21 in Delhi as reported on 31.03.2021 are 111 and as on 31.12.2021 during 2021-22 it is 89.
- No death has been reported due to Chikungunya.

29.2 Status of Dengue:

- As per report dated 31.03.2021 there have been 1072 cases of Dengue reported from Delhi during 2020-21.
- As on dated 31.12.2021 there have been 9613 cases of Dengue reported from Delhi during 2021-22.
- Total 1 death has been reported due to Dengue during 2020-21 and 23 deaths has been reported dated 31.12.2021 due to Dengue during 2021-22.

29.3 Status of Malaria:

- As per report dated 31.03.2021 there have been 228 cases of Malaria reported from Delhi during 2020-21 and during 2021-22 upto 31.12.2021 there have been 167 cases of Malaria reported in Delhi.
- Total 1 death has been reported due to Malaria during 2020-21.

STATEMENT 16.14
DETAILS OF VECTOR BORNE DISEASES

Year	Chikungunya cases	Chikungunya deaths	Dengue cases	Dengue deaths	Malaria cases	Malaria deaths
2015	64	NIL	15867	60	359	NIL
2016	7760	NIL	4431	10	454	NIL
2017	559	NIL	4726	10	577	NIL
2018	165	NIL	2798	4	473	NIL
2019	293	NIL	2036	2	713	NIL
2020	111	1	1072	1	228	1
2021*	89	NIL	9613	23	167	NIL

* As per SDMC (Nodal agency for reporting of Vector Borne Diseases) report as on 31.12.2021.

- 29.4. It is clear from above statement that deaths due to Chikungunya & Malaria have been reduced to nil due to initiatives taken by Local Bodies and Govt. of NCT of Delhi under State Health Mission and Dengue cases and deaths due to Dengue has increased drastically during 2021. 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.

30. HIV / AIDS

- 30.1 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 0.41% (Bounds 0.33% to 0.5%) (NACO, HIV Estimates, 2019).
- 30.2 5,84,602 HIV tests (2,53,870 on pregnant women and 3, 30,732 on non – pregnant) were conducted in the year 2020-21 under National AIDS Control Programme in Delhi. 3422 HIV infections were detected amongst general clients (Non-pregnant) while 203 new infections were detected amongst pregnant women.
- 30.3 34079 persons living with HIV (PLHIV) were under active care at 12 Anti Retroviral Treatment (ART) Centres in Delhi as on 31st March 2021, out of which 3149 were newly registered during FY 2020-21.

31. Performance of Delhi State RNTCP/NTEP (April 2020 to March 2021)

- Tuberculosis is the most pressing health problem in our country as it traps people in a vicious cycle of poverty and disease, inhibiting the economic and social growth of the community at large. Tuberculosis still remains a major public health problem in Delhi. 40% of our population in Delhi is infected with TB

germs and is vulnerable to the disease in case their body resistance is weakened.

- Delhi has been implementing the Revised National TB Control Programme with DOTS strategy since 1997. Delhi State RNTCP has been merged with NRHM (DSHM) w.e.f. 01.04.2013. The Delhi State RNTCP is being implemented through a decentralized flexible mode through 25 Chest Clinics equivalent to DTC. Out of 25 Chest Clinics, MCD are running 12, GNCTD-10, NDMC -1, GoI-1 and NGO-1 chest clinics respectively. Delhi is the only state in the country where one NGO – Ramakrishna Mission, has been entrusted the responsibility to run the RNTCP in a district. The NGOs and Private Medical Practitioners are participating in the implementation of the RNTCP in a big way.
- RNTCP Delhi integration with Urban Health Mission involving multiple stakeholders (NDMC, MCD, NGO, 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 paediatric 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 Centers & 25 District DRTB Centers. 32 CBNAAT labs (Gen Xpert) in 25 Chest Clinics/Medical Colleges for Rapid TB Diagnosis are in place. The Rapid TB Diagnostic Services through CBNAAT are available free to the all the patients (Specially for pediatric group, HIV Positive patients & to diagnose Drug Resistance TB) besides Universal DST for all TB patients for initiation of therapy.
- Roll out of daily regimen across the State w.e.f. 1st Nov. 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 (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.
- NIKSHAY is an online web based system for live reporting of TB patients for surveillance and monitoring under public & private sector.
- TB Harega Desh Jeetega campaign launched w.e.f 25th Sep 2019.
- A Vision for TB Free Nation by 2025 with the goal of zero death and end the Global TB Epidemic.
- Govt of India has changed the name of the programme from Revised National Tuberculosis Control Programme (RNTCP) to National Tuberculosis Elimination Programme(NTEP) w.e.f 1st Jan 2020
- Revised PMDT Guidelines of GoI 2021 implemented across the State.
- PMTPT Guidelines 2021 have been implemented in two Chest Clinics and will be scaled up gradually.

STATEMENT 16.16
PERFORMANCE OF DELHI STATE RNTCP

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

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

STATEMENT- 16.16 (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 – Dte. of Health Services (DHS), GNCTD

STATEMENT- 16.16 (2)
NEW INDICATORS BY GOVT. OF INDIA TO MONITOR PROGRAMME
PERFORMANCE

Indicator	2020	2021
TB Patients Notified from Public Sector	59746	58460
% of Target achieved in TB Notification (Public)	75%	73%
TB Patients Notified from Private Sector	27291	29710
% Target achieved in TB Notification (Private)	91%	99%
% TB Notified Patients with known HIV Status (Public)	81%	84%
% TB Notified Patients with known HIV Status (Private)	66%	61%
% TB Notified Patients with UDST Done (Public)	64%	56.2%
% TB Notified Patients with UDST Done (Private)	49%	46.5%
Treatment Success Rate (Public)	73%	76%
Treatment Success Rate (Private)	54%	60%
% of Eligible Beneficiaries paid under Nikshay Poshan Yojna	50%	51%
% of Diagnosed MDR patients initiated on treatment	86.5%	86.8%

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

32. 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 179 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

33. 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, 2 Ayurvedic loan licensed and 1 Unani loan licensed units are licensed as on 01-09-2021.
- 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 and 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 Kaya chikitsa, 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 course have also been introduced in this institute.
- Ch. Brahm Prakash Ayurvedic Charak Sansthan at Khera Dabur is an autonomous Ayurvedic Medical College and Hospital under the GNCTD. The 1st batch of Ayurveda Medical College started with the sanctioned capacity of 100 seats. 210 bedded hospital attached to the Sansthan is providing health care facilities through its experienced and qualified Doctors.

Based on findings of 71st Round of NSS (State Sample) – Social Consumption of Health (Jan- July 2014), out of total ailing persons in Delhi, about 9.86% persons opted for AYUSH treatment. In rural 19.82% persons opted for AYUSH in comparison to 9.48% persons in urban. As per recent reports of NSSO (2017-18) Govt. of India, around 4% of treated ailments involved treatment from AYUSH.

34. DELHI STATE HEALTH MISSION

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

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

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

- RMNCH + A
- Mission Flexi pool
- 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 (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)

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 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 for Prevention and Management of Burn Injuries (NPPMBI)
- 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. 60 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 100 basic life support ambulance & 120 Patient Transport Ambulances procured through DSHM as per National Health Mission norms.
- (d) **Health Management Information System (HMIS):** Dedicated web portal for capturing all Public health / indicator based information from the end source and generate reports /trends to assist in planning and monitoring activities. Data generated at facility level is captured on this web based portal on monthly basis. At present, the Delhi Government, MCD, CGHS & ESI, NDMC, Autonomous,

NGO & other health facilities (dispensaries & hospitals) are reporting on HMIS on monthly basis. In addition some private hospitals and nursing homes are also reporting on HMIS Portal. The performance of health care services is being utilized by various departments of State and GOI for monitoring and planning health policies and strategies.

(e) Community Processes

ASHA: The health care delivery system is linked to the community with the help of Accredited Social Health Activists (ASHAs). These are motivated women volunteers who are selected as per defined guidelines in a decentralized manner. One ASHA is selected for every 1500-2500 population (300 to 500 households). At present State has 6096 ASHAs in place distributed across the eleven districts in the vulnerable areas (Slums, JJ Clusters, unauthorized colonies and resettlement colonies).

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

Kayakalp program, a subset of NQAS under the Swachh Bharat Mission is being implemented in all GNCTD and MCD hospitals and PUHCs and MCW centers for last five 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 2020-21, out of 41 hospitals 37 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 no. (37 hospitals) to 25 hospitals. Total 396 PUHCs (GNCTD and MCD) had been assessed out of which 90 PUHCs have scored more than 70% in external assessment under Kayakalp programme. Kayakalp assessments for the year 2021-22 in hospitals and PUHCs are under process.

(g) 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. A total of 56758 eligible patients availed the benefit of high-end diagnostic test during 2020-21. Similarly, 1241 eligible patients availed free dialysis and 1459 eligible patients availed scheme of specified surgeries of different types during this period. Further, around 6233 victims of road accident /acid attack availed cashless treatment in this period.

35. COVID -19 Pandemic

The COVID-19 pandemic is a global pandemic of the corona virus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Elderly patients and those with certain underlying medical conditions are more likely to have severe illness. COVID-19 is airborne, spread through air contaminated with microscopic viral particles. The risk of infection is highest in close people, but it can occur over long distances, especially indoors in poorly ventilated areas. Transmission rarely occurs through contaminated surfaces or liquids.

In the national capital, passengers coming from high-risk countries were screened at the airport. The lockdown was announced with effect from 19.04.2021 to control the spread of the disease during the second severe wave in the month of April-May, 2021.

35.1 COVID related activities: The COVID-19 pandemic has put some health systems under immense pressure and stretched others beyond their capacity. For responding to this public health emergency, ₹ 825.01 Crores (100% Centrally sponsored) was allocated to Delhi in F.Y. 2020-21 by MoHFW, GoI under the India COVID-19 Emergency Response and Health System Preparedness package (including ₹ 37.10 Crores allocated for 2019-20). The funds were allocated to 11 Integrated District Health Societies and 11 COVID Hospitals for various COVID activities in the State like procurement of testing kits and cartridges, Private Lab testing, procurement of equipments and logistics, strengthening of Health facilities (Dialysis services, Oxygen and LMO, Hotel accommodation bills etc), Human Resource, incentivizing staff and ASHAs, monitoring and surveillance including support for ambulances, telecalling for Home isolation, IEC, trainings other miscellaneous activities approved by Department of Health and Family Welfare from time to time.

36. Measures for containment of COVID-19 by Delhi Government :

Health & Family Welfare department is dynamically dealing with the strategies and intervention for COVID-19 control and its containment in NCT of Delhi. Government had been advocating protective measures as the mainstay for arrest of transmission. The Government of NCT of Delhi has taken various steps to contain the spread of COVID-19:-

- i. Mass communicating and awareness generation through print and electronic media platforms. In order to ensure quality care to all Call Centres and Social Media Platforms presence had been ensured.
- ii. Constitution of Dedicated State and District level teams to manage the various aspects in relation to COVID-19 viz testing, tracing, isolation, quarantine, clustering, containment, death, data management, logistics supplies etc.
- iii. Inter and Intra sectoral convergence had also been done in order to achieve optimum results.
- iv. Massive dedicated workforce which includes Teachers, Civil defence volunteers, NCC volunteers, Corona Warriors etc in addition to the Medical and Para-medical workforces.
- v. Dedicated fleet of CATS Ambulances with augmented private fleet of ambulances.
- vi. Complete transparency of all Orders/Bulletins/Testing status/Facility status etc on dedicated Websites and Mobile apps.
- vii. Ramping up the testing capacity of the State with on-boarding of more labs daily and field teams through RT-PCR, Rapid Antigen, CBNAAT and TruNat in all Delhi government health facilities, Private Hospitals & Nursing Homes including MCDs and NDMC.
- viii. Cost capping, setting up of Flu Corners, Corona testing centres had further added to bridge the gap between system and beneficiary for affordable access to testing.
- ix. Rigorous tracking and tracing activities at field level further strengthened by linkages of Medical Colleges to all districts.

- x. The Government had ramped up the bedding capacity well in advance of the anticipated outbreak. On-boarding of private hospitals/nursing homes, price capping, linkages of hotel accommodations and banquet halls were also the novel initiatives in this regard.
- xi. Bridged the gap between patients and their relatives through help desk set-ups at dedicated COVID hospitals.
- xii. A novel initiative of Video Calling was set-up at Lok Nayak Hospital for live interaction between patients and families.
- xiii. The Government has ensured that patients under Home Isolation are provided Pulse Oximeters, Bleaching Powder, and Tele-consultation by Government Doctors and Tele Calling for daily monitoring of their health status. These initiatives have led to self enabling of patients and instil a sense of security among them.
- xiv. Geo-mapping by GSDL of all positive cases, Containment Zones and other Clusters.
- xv. Geo-fencing through COVID-19 Quarantine alert system to ensure compliance of quarantine protocols.
- xvi. Dignified management of the dead by established chain of command with Municipal Bodies, linking COVID Hospitals to burial/cremation grounds & dissemination of contacts of Hearse Vans.
- xvii. Consistently ensured continuous and timely delivery of essential items and essential medicines to the citizens in Containment zones through the Civil defence volunteers, supervised by dedicated SDMs as Nodal Officers for each districts.
- xviii. First Plasma bank in India has been set up at Institute of Liver and Biliary Sciences (ILBS) and second at Lok Nayak Hospital for ensuring availability of Plasma, free of cost to needy patients.
- xix. Sero-Surveillance studies to keep a watch over the prevalence of the disease have been undertaken and follow up phases of the study planned.
- xx. Ex-gratia Compensation of ₹ 1 Crore has been instituted for the beneficiaries of the Corona Warriors who have sacrificed their lives in the battle against COVID-19.
- xxi. The Government is dynamically reviewing, updating and implementing the containment strategies at the State & District Level in order to arrest transmission, de-contain as well as prevent clustering of cases.
- xxii. Presently, 4626 beds in COVID Care Centres and 198 beds in COVID Health Care Centres and 15426 beds in the dedicated COVID hospitals are functioning as on 01.02.2022.
- xxiii. Approximately 60,000 testing per day were conducted during the 2nd wave of COVID-19.

37. COVID-19 Vaccination Status

- 37.1 COVID-19 Vaccination has been introduced in Delhi as a measure to provide lasting solution to the ongoing Pandemic by enhancing immunity against the infection and containing the disease spread.

- 37.2 The State has created dedicated COVID-19 Vaccination Center (CVCs) for vaccination of Students and Olympic players, each district has operationalized dedicated centre for especially abled beneficiaries. In addition, near to Home COVID-19 Vaccination Centres (NHCVCs) have also been created for vaccination for senior citizens. Districts have also been directed to ensure vaccination of vulnerable groups including Transgender, Homeless destitute, Beggars and Vagabond etc.
- 37.3 Comprehensive communication plan and strategy has been made and floated to generate awareness and handle anxiety, fear and vaccine associated apprehensions, eagerness and hesitancy. Initiatives like “Jahan Vote Wahan Vaccine”, dedicated sites for vaccination of 2nd dose of COVISHIELD for international travellers, Home delivery agents, Media Personnel, Drive through vaccination have been established. Operational guidelines for vaccination of Pregnant Women with COVID 19 vaccine were released. The State has already completed the training and capacity building and vaccination of Pregnant Women has begun in the State.
- 37.4 Presently, cumulative beneficiaries vaccinated so far are 2,96,30,293, Out of them cumulative beneficiaries vaccinated 1st dose are 1,70,01,722 & cumulative beneficiaries vaccinated 2nd dose are 1,23,46,674 and cumulative beneficiaries vaccinated precaution dose are 2,81,897 as on 01.02.2022.

38. Centralized Accident & Trauma Services (CATS)

- (i) Centralized Accident & Trauma Services (CATS) is providing 24x7x365 ambulance services in Delhi since 1991. The services of CATS ambulances can be availed by dialing “102” Toll free number for accident & trauma victims, medical emergencies, transportation of pregnant women for delivery and post delivery (drop back at home), inter hospital transportation etc.
- (ii) CATS has a fleet of 237 ambulances of advanced life support (ALS), Basic life support (BLS) and Post traumatic amnesia (PTA) equipped with various kind of equipments to handle medical and other emergencies and deployed all over Delhi at strategic locations and accident prone areas.
- (iii) CATS has made special arrangements of private 455 ambulances and Cabs for the ongoing COVID-19 pandemic in addition to own 237 ambulances.
- (iv) CATS also planned to increased ambulances from 237 to 400 for enabling more efficiency and decrease in response timings.

39. The Drug Control Department

- (i) The Drug Control Department 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.

- (ii) 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. During 2020-21, the department had collected 4042 samples of drugs/cosmetics, out of which, 34 samples of drugs were declared as not of Standard quality by the Government Analyst, GNCT of Delhi and from 1st April 2021 to 31st December 2021, the department had collected 659 samples of drugs/cosmetics, out of which, 09 samples of drugs were not qualified by the Government Analyst, GNCT of Delhi.
- (iii) The Drug control department is also keeping a watch on the activities of various Manufacturing units/wholesalers/retail outlets and regularly conducting surprise checking. During the period of 01.04.2020 to 31.03.2021, the department has observed contraventions in 584 cases out of 4599 firms inspected and from 01.04.2021 to 31.12.2021, the department has observed contraventions in 380 cases out of 951 firms inspected for which action has been initiated against erring firms by way of suspension/cancellation of their licenses.
- (iv) The Drugs control department, Delhi is in the final stage of setting up a “Price Monitoring and Resource Unit (PMRU)” in Delhi.
- (v) e-SLA system for Grant of sales licenses has been successfully implemented in Delhi.
- (vi) The Department has taken steps to strengthening and modernize the Drug Testing Laboratory located at Lawrence Road, Delhi to conform to the International standards and NABL accreditation. The project is being undertaken by PWD for renovation of the building and is on final stage.
- (vii) The Department has issued permissions to the manufacturers of Drugs/cosmetics to manufacture Hand sanitizers/Hand Rubs/ Hand cleansers to ensure availability of above items in the market during COVID-19 Pandemic.
- (viii) The Department has already initiated the step for “Door Step Delivery” of online services. The Department is also in process for the issue/ Renewal of manufacturing licenses of Drug/ Cosmetics in consultation with the C/DAC, Govt. of India.

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.