The State of Health In Delhi

August 2022

Why Is It Important For An Effective Healthcare Data Management System?

PRAJA.ORG
MAKING DEMOCRACY WORK

> *"Even before the pandemic, health systems were already over-stretched, and the world was not on track to meet the health-related Sustainable Development Goals (SDGs). COVID-19 has shown that even the most advanced and resilient systems have faced significant disruption across multiple sectors. We can only build back better with robust data and health information systems in every country and every community."*
>
> **- Dr Tedros Adhanom Ghebreyesus**
>
> **Director-General, World Health Organization (WHO)***

India adopted the SDG (Sustainable Development Goals) 2030 targets in 2015. Of The SDGs, Goal 3: Health and Wellbeing provides various health targets to achieve by 2030. To track the status of these targets, proper management and monitoring of healthcare data are required.

*https://apps.who.int/iris/rest/bitstreams/1329865/retrieve

Cause of Death Data in Delhi

- Maintaining Cause of Death (COD) data can help the government to set policy agenda regarding which diseases need immediate attention and at the same time fix gaps in the public health delivery mechanism.

- It is a mandate under the Registration of Births and Death Act, 1969.

- However, this data is not maintained in a timely manner in Delhi, as the availability of COD data is delayed by almost 2 years.

- Further, COD data is available only for institutional deaths*, while the cause of death for non institutional deaths is not recorded.

*Annual Report on Registration of Births and Deaths by the Directorate of Economics and Statistics & Office of Chief Registrar

Year	2016	2017	2018	2019	2020		
					Excluding Covid-19 deaths	Covid-19 deaths	% of Covid-19 deaths
Institutional Deaths	90,517	89,377	98,153	95,860	76,620	9,863	11%
% of Institutional to Total Deaths	64%	66%	67%	66%	61%		
Non Institutional Deaths	51,115	46,740	47,380	49,424	56,306		
% of Non Institutional to Total Deaths	**36%**	**34%**	**33%**	**34%**	**39%**		
Total Deaths	1,41,632	1,36,117	1,45,533	1,45,284	1,42,789		

- Excluding COVID 19 deaths, institutional deaths have declined by 15% from 2016 and 2020.

- While, non-institutional deaths have increased by 10% from 2016 to 2020.

- On average, from 2016 to 2019, the cause of death of 34% total deaths was unknown, however, it increased to 39% in 2020.

- Thus, there is a gap in the information on the causes of these non-institutional deaths.

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Data Management on Registered Diseases

- WHO mentions 'Health Surveillance is been defined as "the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event" with the objective of supporting the planning, implementation, and evaluation of public health interventions and programmes.'*

- To understand the prevalence of diseases, Praja has over a decade utilised the Right to Information (RTI) Act, 2005, to collect health data available at various government levels in Delhi.

- However, there exist gaps in the healthcare data management of Delhi in government healthcare facilities.

* http://apps.who.int/iris/bitstream/handle/10665/63639/WHO_EMC_DIS_97.2.pdf;jsessionid=D3F5DED742CA55BAF5CE514F7DD593EC?sequence=1

	2014	2015	2016	2017	2018	2019	2020	2021
MCD Dispensaries								
Total Dispensaries	85	85	87	87	92	92	92	92
% Data Not Received Via RTI	**28%**	**21%**	**15%**	**14%**	**15%**	**59%**	**59%**	**60%**
State Dispensaries								
Total Dispensaries	269	269	270	266	258	240	240	240
% Data Not Received Via RTI	**4%**	**4%**	**4%**	**6%**	**7%**	**54%**	**61%**	**53%**
MCD Hospitals								
Total Hospitals	6	6	6	6	6	6	6	6
% Data Not Received Via RTI	0%	0%	0%	0%	0%	0%	0%	0%
State Hospitals								
Total Hospital	39	39	38	38	38	38	38	38
% Data Not Received Via RTI	**8%**	**5%**	**3%**	**11%**	**13%**	**24%**	**24%**	**24%**
Mohalla Clinics*								
Total Clinics		107	162	166	189	485	503	518
Data received via RTI	Total Number of OPD cases registered in all Mohalla clinics was received via an RTI. However, Mohalla clinics do not maintain data on diseases treated.							

- Since 2014, Praja has not received 100% data via RTI on diseases registered in Delhi government facilities (State and MCD).

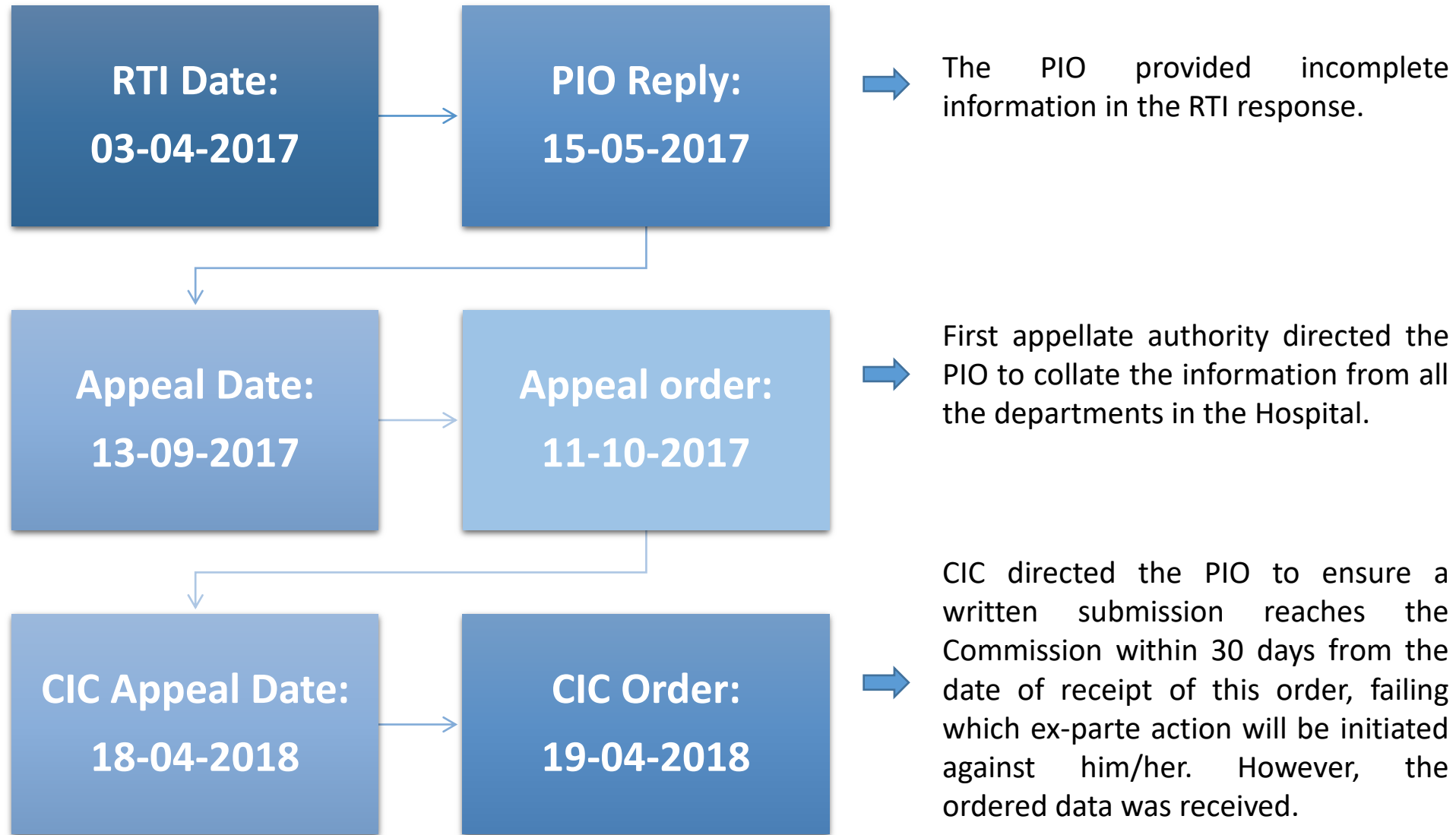- Moreover, not all government health facilities maintain data on the diseases registered.

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* The number of Mohalla Clinics for each year is according to that financial year. E.g. For 2015, there were 107 Mohalla clinics as on March 2015.
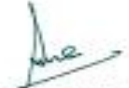
➢ *Timeline of RTI filed to MCD Health Facility*

| RTI Date: 03-04-2017 | PIO Reply: | → We received no information/reply from the Public Information Officer (PIO). An appeal was filed. |

| Appeal Date: 11-09-2017 | Appeal order: 26-09-2017 | → The Appellate order letter received asked to visit the dispensary for an inspection of the data. After multiple follow-ups with the PIO, to inspect the data, we were not provided any information. |

| CIC Appeal Date: 18-04-2018 | CIC Order: 19-04-2018 | → The RTI Appeal was returned by Central Information Commission (CIC) in one day.

In 2022, we filed an RTI again, and partial data was received. |

➢ *Timeline of RTI filed to State Government Facility.*

RTI Date:

03-04-2017

PIO Reply:

15-05-2017

The PIO provided incomplete information in the RTI response.

Appeal Date:

13-09-2017

Appeal order:

11-10-2017

First appellate authority directed the PIO to collate the information from all the departments in the Hospital.

CIC Appeal Date:

18-04-2018

CIC Order:

19-04-2018

CIC directed the PIO to ensure a written submission reaches the Commission within 30 days from the date of receipt of this order, failing which ex-parte action will be initiated against him/her. However, the ordered data was received.

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➢ *When Praja filed an RTI appeal, the appeal order stated that they have issued a time guideline to all state dispensaries to feed, compile and upload data on **Communicable and Non-Communicable Diseases.***

➢ *However, despite this, the health data management has not improved as the RTI response filed in 2022 provided incomplete data.*

DIRECTORATE OF HEALTH SERVICES
GOVT OF N.C.T. OF DELHI
F-17, KARKARDOOMA, DELHI.
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MOST-URGENT
RTI-Act, 2005
OUT-TODAY

RTI I.D. date-03-01-2019

Appellant : Ms Pooja Verma,
Praja Foundation, Room No.215,
Competent House, F- Block, Connaught Place,
Middle Circle, New Delhi -110001
Respondent : CDMO East District,
CDMO Shahdara District.

ORDER

Your above First Appeal to the undersigned for seeking information as per RTI ID date-03.01.19 was heard today i.e.15.05.2019. In this case Pooja Verma has filed her First Appeal in her two RTI application dated- 03.01.2019. Since nature of RTI application is same in both of the cases. Pooja Verma was given the date for First Appeal on 01.05.2019 where she was absent. She asked for another date, date was given on 15.05.2019. She has informed telephonically that she has already received the information, she is not pursuing the RTI Appeal.

Pooja Verma for last 3 to 4 years is repeatedly filing RTI application every quarter to all districts regarding data of communicable and non-communicable diseases, it has taken lot of time and manpower to provide such voluminous details. In view of this Additional Director, H.O.O. of DHS reviewed this matter keeping the public interest involved and he has issued a letter dated 20.04.2019 in this matter. Additional Director (H.O.O.) DHS has issued a time guideline for feeding the data, compilation of the data and uploading of the data. After the compliance of these directions the data will be available online in public domain. This letter to be circulated to all the participating units of DHS along with this order of First Appeal.

In view of above Appeal is hereby disposed off.

Encl. As above

(Dr. SUNDEEP MIGLANI)
First Appellate Authority
Directorate of Health Services

F.No. FAA/RTI/DHS/2019/ 62.
Copy to :-
1. PS to DGHS.
2. PA to AD(HQ).
3. The PIO, RTI DHS.
4. SHIB Branch.
5. All CDMOs / PIOs
(Shahdara/North-East/North/North-West/
West/South-West/ South/South-East/East/
Central/New Delhi)

DATED - 16.05.19

(Dr. SUNDEEP MIGLANI)
First Appellate Authority
Directorate of Health Services

* Directorate of Health Services

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Year	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22**
Number of Mohalla Clinics in Delhi	107	162	166	189	485	503	518
OPD Cases in Registered in Mohalla Clinics	6,616	37,09,139	44,43,351	53,07,310	98,73,549	1,52,58,440	1,37,79,696
Lab Tests Conducted	3588	1,41,108	7,07,872	3,90,664	10,50,855	5,35,666	7,91,079

- The number of Mohalla Clinics in Delhi increased by 384% from 107 in 2015-16 to 518 in 2021-22*

- The Out Patient Department (OPD) cases registered in Mohalla Clinics have increased profoundly from 6,616 in 2015-16 to 1,52,58,440 in 2020-21.

- This could be that Delhi citizens' are able to easily access the healthcare facilities provided by the Mohalla Clinics.

- However, Mohalla clinics do not maintain data on the number of diseases treated.

*Data for F.Y 2015-16 to F.Y 2020-21 is taken from the Annual Report Health & Family Welfare (http://health.delhigovt.nic.in/wps/wcm/connect/DoIT_Health/health/default_content/annual+report+14-15).
** Data was collected via RT and includes information from April 2021 to December 2021 received through RTI

To Praja's RTI application of 2019, the response received stated the Mohalla Clinics maintain only the number of OPD cases registered.

It was revealed in this RTI response, Mohalla clinics are not mandated to provide disease-wise data of patients to the Chief District Medical Officers, reflecting poor disease surveillance in the city.

GOVT. OF NCT OF DELHI
Office of the Chief District Medical Officer (North)
Directorate of Health Services
Delhi Govt. Dispensary Bldg. Complex 1st Floor,
Gulabi Bagh, Delhi – 110007
Tele – 23646687 Fax-23653176; Email:
cmo_nz@nic.in

F.NO. 1(109)2016/DHS/CDMO/ND/RTI/ 4405-4407   Dated:

To,
    Ms. Pooja Verma
    Praja Foundation
    Room No. 215
    Competent House
    F- Block, Connaught Place
    Middle Circle, New Delhi- 110001

Sub: Furnishing information u/s 6 of RTI Act, 2005 (ID No 104/2019)
Sir,
    Reference to your RTI application no. 104 dated 30.08.2019 for obtaining information, under Right to information Act 2005, latest information which is available in CDMO Office (North District) as on dated 25.09.2019 is

Ans 1	04 Mohalla Clinics enter their OPD records in TAB which is sent to Wish Foundation to which O/o CDMO North has no access, so no such information is available in the O/o CDMO. In rest of the Mohalla Clinics, daily OPD register is maintained (regardless of Old or new patient) and as per the directions of State AAMC cell, only the total patients attended in AAMCs is being reported on monthly basis to the O/o CDMO, North. Thus no such information is available in the O/o CDMO. North.
Ans 2	-DO-
Ans 3	04 Mohalla Clinics enter their OPD records in TAB which is sent to Wish Foundation to which O/o CDMO North has no access, so no such information is available in the O/o CDMO. In rest of the Mohalla Clinics, daily OPD register is maintained (regardless of Old or new patient). As per the directions of State AAMC cell, only the total patients attended in all the AAMCs is being reported on monthly basis to the O/o CDMO, North. Thus no such information is available in the O/o CDMO. North. However, total number of patients treated month wise and Mohalla wise is attached as Annexure- A for your kind reference.

First Appeal, if any, against the reply of PIO may be made to first Appellant Authority within 30 days of reply.
Details of 1st Appellant Authority
Additional Director, DGEHS Karkardooma
F-17, Karkardooma, Delhi
Email- rtidhshq@gmail.com
Ph.no-22391012

Yours faithfully

DR. NAMRITA NAYYAR
CDMO (NORTH)

F.NO. 1(109)2016/DHS/CDMO/ND/RTI/   Dated:
Copy to:
    1. Dr. Monalisa Borah (Public Information Officer), F-17, Karkardooma, Delhi

DR. NAMRITA NAYYAR
CDMO (NORTH)

OPD Cases Increased In Mohalla Clinics, However Diseases Registered Decreased In Other Gov. Health Facilities

Disease	2014	2015	2016	2017	2018	2019	2020	2021	% from 2014 to 2021
Diarrhoea	5,82,152	5,64,416	6,27,684	5,05,032	**5,04,501**	**2,36,178**	1,21,964	1,26,649	-78%
Diabetes	3,39,188	3,40,517	3,95,853	3,76,598	**3,21,227**	**1,74,420**	1,16,801	1,35,002	-60%
Hypertension	3,46,856	3,22,511	3,64,289	3,90,343	**3,02,350**	**1,67,928**	1,09,935	1,30,675	-62%
Tuberculosis	73,096	83,208	68,455	66,996	**74,066**	**17,418**	10,150	12,433	-83%
Typhoid	42,866	77,928	54,714	50,563	**49,611**	**13,271**	10,463	9,335	-78%
Hepatitis A/ B/ C/ E	10,880	10,089	35,508	25,119	**27,398**	**2,701**	1,579	4,142	-62%
Covid-19	-	-	-	-	-	-	28,841	48,919	-
HIV/ AIDS	2,211	14,474	17,332	4,116	**12,775**	**889**	1,046	635	-71%
Dengue	674	25,546	6,618	7,109	**6,742**	**1,344**	359	3,978	490%
Malaria	7,868	10,025	6,063	4,573	**3,140**	**1,642**	191	763	-90%
Cholera	2,524	5,924	7,328	3,461	**1,957**	**422**	2,980	819	-68%
H1N1	-	-	250	285	**25**	**31**	1,105	178	-
Grand Total	**14,08,315**	**14,54,638**	**15,84,094**	**14,34,195**	**13,03,792**	**6,19,072**	**4,05,414**	**4,73,528**	**-66%**

- Registered diseases decreased by 66% from 2014 to 2021.

- The lack of data on diseases registered has impacted the trend of diseases registered.

- This makes it difficult to understand the status of diseases prevailing and/or increasing in the city.

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Health Infrastructure and Personnel

Parameter	2021
Total Population (2016)	1,66,76,466
Government Hospitals	44
MCD Dispensaries	91
State Dispensaries / Mohalla Clinics	771
Other Government Dispensary	86
Population Density In One Government Dispensaries	17,591
Shortage in Dispensaries as per UDPFI norms*	164

* Urban Design Plan Formulation and Implementation (UDPFI) norms state One dispensary for a population of 15,000

'.....with over 17% of Indian households incurring catastrophic levels of health expenditures annually.' – The report also stated

Some insights from a survey conducted by Praja in 2019, which was commissioned to a reputed market research agency –

❑ 33% of people in the lowest Socio-Economic Classes (SEC E)** access private healthcare services.

❑ 79% of SEC E spent more than 10% of their household income on health expenses.

Does Delhi Have Adequate Budget Resources For Health Expenditure?

|	2018-19			2019-20			2020-21**			2021-22	2022-23***
	RBE	Actuals	U%	RBE	Actuals	U%	RBE	Actuals	U%	RBE	BE
Total MCD Health Budget	1,655	1,437	**87%**	2,081	1,554	**75%**	2,234*	–	–	1,569*	1,570
State Health Budget	5,968	5,495	**92%**	6,060	5,745	**95%**	7,443	6,397	**86%**	10,446	9,769

RBE: Revised Budget Estimates; Actuals: Actual Expenditure; U%: Budget Utilisation %

- In 2022-23, 13% of the overall state budget was allocated for health budget.

- In 2022-23, 10% (1,570 crores) was allocated to the MCD Health Budget out of the MCD total budget.

- Moreover, 25% of the MCD budget in 2019-20 was not utilised.

*Budget Estimates Figures
** As the 3 MCDs now merged, Actuals for the years 2020-21 were not mentioned
*** Only includes the non plan budget of MCD Health Budget

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Overall % Vacancy in Government Health Facilities
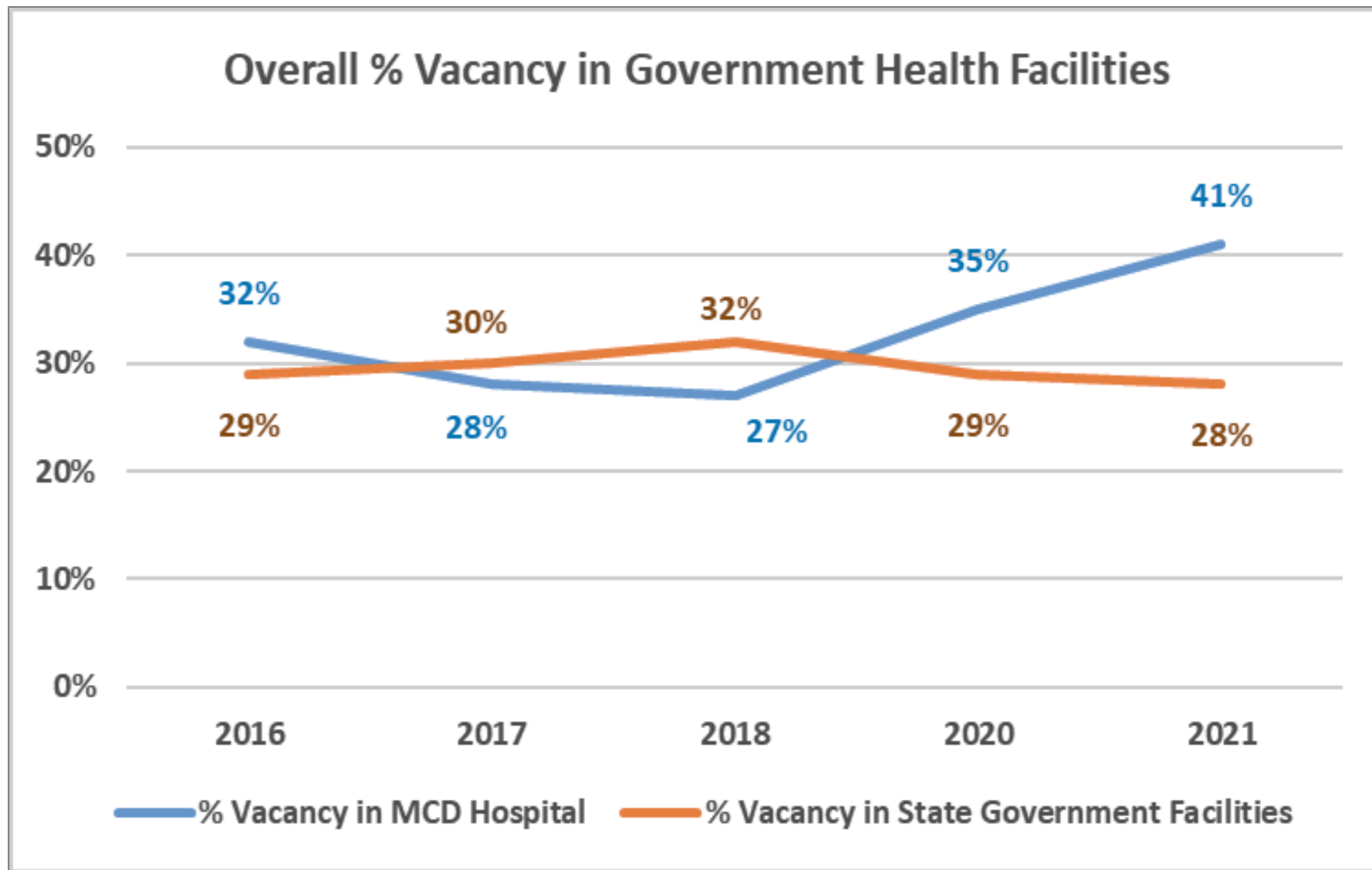
- The proportion of vacant posts in healthcare personnel in **state facilities decreased marginally from 29% in 2016 to 28% in 2021.**

- In MCD hospitals the **vacancy increased from 32% in 2016 to 41% in 2021.**

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Is Delhi Improving Towards The SDG 2030 Goals?

The SDG Goal 3 Targets to Achieve By 2030

- ❑ Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- ❑ End preventable deaths of newborns and children
  - Reduce neonatal mortality to at least as low as 12 per 1,000 live birth
  - Under-5 mortality to at least as low as 25 per 1,000 live births
- ❑ Reduce by one-third premature mortality from non-communicable diseases
- ❑ 0 TB cases/ Per 1 lakh population
- ❑ End the epidemics of AIDS, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

Health and well-being are important at every stage of one's life, starting from the beginning. This goal addresses all major health priorities: reproductive, maternal, newborn, child, and adolescent health.

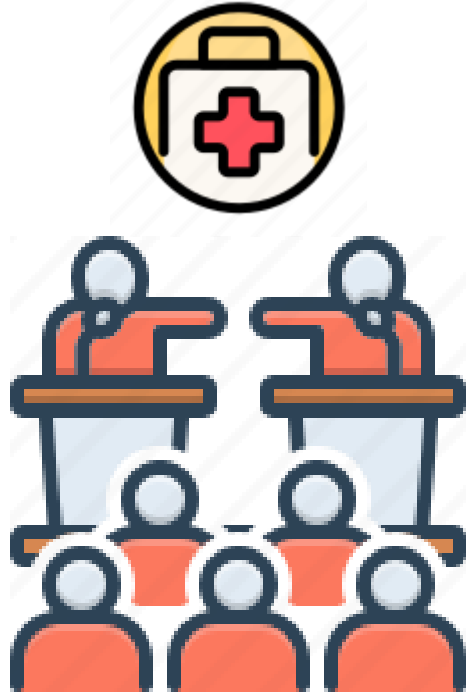| Targets	2018-19 Status	2020-21 Status	2030 Target
Neo Natal Mortality Rate (deaths per 1,000 live births)	12.8	⬆ 15.5	**12**
Under 5 Mortality Rate (deaths per 1,000 live births)	17.9	⬆ 20.1	**25**
Maternal Mortality Rate (deaths per 1,00,000 live births)	202.7	⬆ 252.1	**70**

By 2030

*The SDG 3 targets to **Reduce by one-third** premature mortality from non-communicable diseases by 2030. The main types of NCD are cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.*

Targets	2015 Status		2020 Status	2030 Target
Respiratory diseases (J00-J98)	6,239	↑ 29%	8,057	**4,160**
Neoplasms (C00-D48)	4,666	↓ 16%	3,938	**3,111**
Diabetes (E10-E14)	1,356	↑ 8%	1,461	**904**
Hypertension (I10-I15)	3,890	↓ 17%	3,225	**2,066**

By 2030

* Noncommunicable diseases (who.int)

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Diseases	2015		2021	Targets for 2030
Tuberculosis	499	⬇ 85%	75	**0 TB cases/1 lakh population**
Malaria	10,025	⬇ 92%	763	**End the epidemics (zero cases)** of malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Dengue	25,546	⬇ 84%	3,978	
Typhoid	77,928	⬇ 88%	9,335	
Diarrhoea	5,64,416	⬇ 78%	1,26,649	
Hepatitis A	6,702	⬇ 98%	164	
Hepatitis B	1,952	⬆ 11%	2,157	
Hepatitis C	1,019	⬇ 41%	601	

Councillor Deliberations in All MCD Committees From 2017 to 2021

- Only 0.09% (6) of the total issues were raised on issues related to TB.

- 0.11% (7) issues were raised on water-borne diseases of the total issues raised despite a high occurrence in Diarrhoea cases.

- No issues were raised on Non-communicable diseases such as Hypertension and only 1 issue was raised on Diabetes.

MLA Deliberations From 2020 to 2021

- Only 3% (14) of total issues were raised on pollution by Delhi MLAs, despite an increase in Respiratory deaths by 29% from 2015 to 2020.

- No issues were raised on diseases such as Diabetes, Hypertension, Tuberculosis and Water-borne diseases.

Health Data Management

- Effective maintenance of centralised data on diseases registered in all government healthcare facilities. This can enable a proper surveillance mechanism on the diseases prevailing in the capital city.
- Cause of Death data should be maintained in real-time and should include causes of both institutional and non-institutional deaths.

Adequate Health Personnel

- Adequate healthcare personnel should be available in all government facilities to ensure proper care and treatment are given to patients.

Achieving the SDG 2030 Goals

- As we move closer to 2030, stringent measures need to be taken to monitor and achieve the SDG targets adopted by the country, by efficiently implementing adequate policy interventions.

Effective ER Deliberations

- Need for citizen-centric and data-centric ER deliberations, especially on diseases such as diabetes, hypertension, tuberculosis, etc.

Thank You!

To know more:

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