

WHITE PAPER



Report on The State of Health in Delhi

November 2019

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I. Foreword

A strong disease surveillance mechanism is key to monitoring public health indicators and in turn ensuring improved health of the populace. The capital city New Delhi, which in this regard could have been a leader for other Indian cities, is instead depicting a picture of an unaccountable and ambiguous monitoring culture of governance.

If we take the example of cause of deaths in the city, we note that data is available for institutional deaths only, which were 66 % of total reported deaths in 2017. It is crucial to comprehend the data around causes of death to understand the severity of a disease. This can help government to set policy agenda regarding which diseases need immediate attention and at the same time fixing gaps in the public health delivery mechanism. However, this data is not maintained in a timely manner. Sadly, by the end of 2019, we will have data of deaths upto 2017 only. All this implies that health trends cannot be properly monitored in real time and neither can exigencies be pre-empted.

For instance, the rising number of respiratory deaths over the years reflect the current public health ‘emergency’ that the city is grappling with. Air Quality data collected by Praja through the Central Pollution Control Board (CPCB) shows that Delhi had only five ‘good’ AQI days in the last 4 years (2015 to 2018). The Average AQI levels in Delhi have been ‘poor’ in the past four years, with at least three months recording ‘very poor’ air quality.

If we look at respiratory diseases, which are caused and aggravated by air pollution, it reflects a serious threat that Delhi’s residents face on a daily basis. In 2017 for instance, 551 deaths were caused due to cancer of respiratory and intrathoracic organs, 9,321 deaths were caused due to other respiratory diseases and infections. This calculates to around 27 deaths per day in 2017, which were caused due to respiratory ailments and diseases, while this number was 33 deaths per day in 2016.

A robust health monitoring mechanism ensures the mapping of successes and loopholes in existing policy framework and also making policy rectifications regarding the key determinants of health. For example, data of the past three years shows that Delhi was able to tackle dengue, which has shown reduction in cases. However, water-borne diseases such as diarrhoea (5,14,052 in 2018-19) and typhoid (51,266 in 2018-19) are still very rampant, reflecting a poor quality of water supply in the city, which the 36,426 complaints in 2018 related to contaminated water bear testimony to.

With such a large disease burden in the capital city, it becomes even more necessary to have a strong public healthcare system that can provide affordable and easily available preventive, primary and curative healthcare. And Delhi for one, is a city with multiple governments, with each having its own public health care. Moreover, there are new schemes for developing public healthcare infrastructure such as the Mohalla Clinics.

Combining MCD and state budgets together, Delhi had a health spending of Rs. 6,590 crores in 2017-18 and Rs. 8,549 crores were allocated for 2018-19.

Still, as revealed in a household survey commissioned by Praja to Hansa Research, out of 25,041 households surveyed in Delhi, 41% accessed private healthcare and 12% accessed both government and private services in 2019. 47% respondents accessed government facilities but this is not reflected in the overall household expenditure on health, which continues to be phenomenally high.

Delhiites spent on an average 9.8% of their household incomes on health, which if calculated according to per capita income as per GDP, is a total of Rs. 1,16,887 spent per household on healthcare in one year (2018-19).

The survey also revealed that people in Delhi were not very akin to using health insurance. Only 6% respondents had a health insurance, out of which 69% had private insurance schemes. Out of the 14% respondents who were aware of any government health insurance scheme, 85% knew about *Ayushman Bharat*, of which only 6% had enrolled.

This shows that inspite of several facilities, affordability in healthcare continues to be a serious concern. Further, inspite of available infrastructure and a huge government spending, there is a poor evidence for its impact due to lack of a centralised monitoring mechanism and no proper structure for implementing healthcare policies.

The Mohalla clinic initiative for example, started with the good intent of taking primary health at the community level and also providing affordable diagnostic services. However, the scheme is not being properly monitored. First, there is no uniformity in the way districts maintain this data. Secondly, the data for Mohalla clinics was not available with the Directorate of Health Services (DHS). Moreover, as revealed in an RTI response, Mohalla clinics are not mandated to provide disease-wise data of patients to the Chief District Medical Officers, reflecting a poor disease surveillance in the city.

Even elected representatives, who need to raise issues in the deliberative bodies regarding the status of health in the city and its monitoring are not vigilant in this regard. Out of a total 1,252 health issues raised by councillors, no issues were raised on hypertension and only one issue each was raised on diabetes and typhoid in 2018-19. A few concerns were raised despite the fact that a large number of these cases are regularly reported in the city. Similarly, out of 264 health issues raised by MLAs from 16th March 2018 to 28th February 2019, no questions were asked on any of the major diseases reported in the city.

To improve the situation, it is crucial that the Elected Representatives become proactive and hold the government accountable for city's healthcare system. The government on its part, needs to take strict policy action on the health determinants such as pollution and contaminated water. In addition, a uniform and transparent system needs to be put in place to provide public healthcare to the city with ease of access and affordability.

Thus instead of new schemes like 'Mohalla clinics' the government can work towards strengthening its existing dispensary infrastructure with regular visits of specialist doctors, and improving dispensary and hospital OPD timings from 8am to 10pm. Along with this, awareness about government insurance schemes must be encouraged so that catastrophic healthcare expenditure can be reduced. For all this to function effectively, monitoring of the health care facilities and policy implementation will be of utmost importance.

Nitai Mehta

Managing Trustee, Praja Foundation

II. Acknowledgements

Praja has obtained the data used in compiling this report card through Right to Information Act, 2005. Hence it is very important to acknowledge the RTI Act and everyone involved, especially from the officials who have provided us this information diligently.

We are also most grateful to – our Elected Representatives, the Civil Society Organisations (CSOs) and journalists who utilise and publicise our data and, by doing so, ensure that awareness regarding various issues we discuss is distributed to a wide ranging population. We would also like to extend our gratitude to all government officials for their cooperation and support.

This White Paper has been made possible by the support provided to us by our supporters and we would like to take this opportunity to express our sincere gratitude to them. First and foremost, we would like to thank The Initiatives of Change (IC) Centre for Governance (ICCG), a prominent organisation working on improving governance structures and United Residents Joint Action (URJA), a well-known organisation which addresses the gap in last mile governance by connecting citizens and RWA. Our work in Delhi has been conducted in partnership with them and we have been able to conduct data driven research on vital issues affecting the governance of Delhi on aspects such as performance of Elected Representatives (ER), Health, Education, Crime and policing and Civic issues.

Praja Foundation appreciates the support given by our supporters and donors, namely European Union Fund, Friedrich Naumann Foundation, Ford Foundation, Narotam Sekhsaria Foundation and Madhu Mehta Foundation and numerous other individual supporters. Their support has made it possible for us to conduct our study & publish this white paper.

We would also like to thank our group of Advisors & Trustees and lastly but not the least, we would like to acknowledge the contributions of all members of Praja's team, who worked to make the white paper a reality.

The contents of this publication are published by Praja Foundation and in no way can be taken to reflect the views of the European Union and other donors and sponsors.



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III. Note on Public Health Department Data

i. RTI Data

Data in this paper has been collected from different government institutions through RTI (Right to Information Act.). In the sections given below, we have analysed data of diseases and ailments from April 2014 to March 2019 from Municipal/Government hospitals and dispensaries. Through this data, we have attempted to assess the performance of health services provided at various levels of government using government's own data. We have collected this information through the Right to Information Act (RTI), 2005.

a. Occurrences of diseases and ailments in municipal dispensaries and government hospitals

Delhi is divided into 11 districts (state) and 12 zones (Municipal Corporation Delhi), each headed by one Chief District Medical Officer (11 CDMOs) and 12 Chief Administrative Medical Officers (12 CAMOs) respectively. The CDMOs are under the administrative control of Delhi Government Health Scheme (DGHS) and the CAMOs are responsible for monitoring the functioning of health centres/dispensaries in their respective districts.

There are 38 State hospitals in Delhi, 7 MCD hospitals, 258 state dispensaries, and 92 MCD dispensaries, 4 New Delhi Municipal Council dispensaries and 10 chest clinics. We received data on cases of 12 sensitive diseases from 39 government hospitals from 2014-2015 to 2017-18, but from the year 2015-16 we have collected data on 13 sensitive diseases. Till 2014-2015 there were 39 State hospitals, but in 2016 they were 38 as one hospital got converted into Aam Aadmi Polyclinic; hence for the year 2016-17 to 2018-2019 we have received information under RTI from only 38 state hospitals. Through RTI queries, we had sought to know the total number of cases of these diseases from each hospital. However, this data has not been provided in a uniform format by the hospitals. Some hospitals mentioned only Out Patient Department (OPD) cases, some only In-Patient Department (IPD) cases, while some mentioned both. Some did not mention whether the cases were from OPD or IPD. Further, in some cases, hospitals have given data in different formats in different years. For instance: Hospital like Sanjay Gandhi had not maintained separate data for Hypertension and Diabetes and gave us the total numbers for both of them which led to discrepancies while analysing the data. (Refer Annexure 5.) Therefore, where only IPD or only OPD data has been provided, we have counted it as the total. In the data provided where both OPD and IPD cases have been mentioned, we have calculated the total of these two numbers. In cases where the hospitals did not mention whether the cases were from OPD or IPD, we assumed the number given to be the total (kindly refer Table 1 for summarised data on diseases/ailments from 2014-15 to 2018-2019).

During the course of analysis, we have used all the data available from the Financial year 2014-15 to 2018-19. This also includes the data where a lot of hospitals and dispensaries, both State and MCDs, did not provide proper data/information. Few of the dispensaries did not give the data or any count for a particular month. However, we have used every data that was available to us for analysis.

Summary of Data received from dispensaries and hospitals

MCD dispensaries									
2014-15		2015-16		2016-17		2017-18		2018-19	
Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received
85	61	85	67	87	74	87	75	92	78
State dispensaries									
2014-15		2015-16		2016-17		2017-18		2018-19	
Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received	Total Disp.	Data Received
269	259	269	260	270	258	266	249	258	240
MCD Hospitals									
2014-15		2015-16		2016-17		2017-18		2018-19	
Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received
6	6	6	6	6	6	6	6	7	7
State hospitals									
2014-15		2015-16		2016-17		2017-18		2018-19	
Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received	Total Hosp.	Data Received
39	36	39	37	38	37	38	34	38	33

b. Health Personnel

Personnel refers to the people who are employed in an institution. In this report, personnel include all the staff from medical, para-medical, administrative, labour, to nursing positions in all the municipal and state government hospitals, dispensaries and administrative units.

Data received from municipal and state hospitals and dispensaries explains the gaps that exist in the requirement for staff in these units as compared to the deployed staff. Staff shortage clearly reflects in the department's performance and directly compromises on the quality of services being provided to the citizens.

This data has been collected from MCD, state dispensaries, state hospitals and chest clinics. It has been collected from Director of Hospital Administration Department (DHA), Public Health Department & AYUSH Department of the three Municipal Corporations of Delhi & Directorate of Health Services (DHS) till 31st December 2018. Refer Annexure 1 for list of Hospitals and dispensaries.

c. Budget

This data has been collected from the three Municipal Corporations of Delhi and state health budget was referred from Delhi Government website for the year 2016-17, 2017-18 & 2018-19.

d. Deliberations

- a. **Councillors:** The data on deliberations i.e. attendance, numbers of issues raised and the categories of issues raised pertain to the Public Health Committees (PHC) into account for this study. This data is collected from April 2017 to March 2019.
- b. **MLAs:** The data on deliberations i.e. attendance, number of issues raised and categories of issues raised by MLAs is collected from Vidhan Bhawan for the meetings from 23rd February 2015 to 28th February 2019.

e. Mohalla Clinics

RTIs were filed to the Directorate General of Health Services, Delhi Government regarding budgetary provisions, number of mohalla clinics and report of diseases and ailments in all the clinics from April 2016 to March 2019. The RTI was forwarded to the district level Chief District Medical Officers of which reply was received only from 3 districts to date.

ii. Cause of death

Cause of death is a term used to indicate the medical cause of death. It lists the disease or injuries which caused death. Specific cause of death information is recorded on the death certificate and is entered into the Vital Statistics System. Municipal Corporation of Delhi is the sole authority for registration of birth and death information. It is maintained by 12 zones of East/North/South Municipal Corporation of Delhi, New Delhi Municipal Council (NDMC) and Delhi Cantonment Board (DCB). This information is maintained in ICD 10 format which is a detailed classification list of diseases prepared by the World Health Organisation (WHO)¹. Data on cause of death is crucial to understand the extent to which various diseases pose a threat to public health. It can help set the policy agenda for the government in terms of identifying the diseases which need urgent attention and fix gaps in the public health delivery mechanism.

However, for several years after independence, there was no unified system for registering births and deaths in the country. Such a system only came into being in 1969 with enactment of the Registration of Births and Deaths Act. This legislation made registration of births and deaths mandatory and fixed the responsibility of co-ordinating the activities of registration throughout the country of the Registrar General, India. Implementation, however, is to be done by the state governments. The provisions relating to Medical Certified Cause of Death in Registration of Births & Deaths Act, 1969 are as follows:

Section 10(2): In any area, the State Government having regard to the facilities available there in this behalf may require that a certificate as to the cause of death shall be obtained by Registrar from such person and in such form as may be prescribed.

Section 10(3): Where the State Government has required under sub-section (2) that a certificate as to the cause of death shall be obtained, in the event of the death of any person who, during his last illness, was attended by a medical practitioner, the medical practitioner shall, after the death of that person, forthwith, issue without charging any fee, to the person required under this Act to give information concerning the death, a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death; and the certificate shall

¹ <http://www.who.int/classifications/icd/en/>

be received and delivered by such person to the Registrar at the time of giving information concerning the death as required by this Act.

Section 17(1) (b): Subject to any rules made in this behalf by the State Government, including rules relating to the payment of fees and postal charges, any person may obtain an extract from registration-records relating to any death; provided that no extract relating to any death, issued to any person, shall disclose the particulars regarding the cause of death as entered in the register.

Section 23(3): Any medical practitioner who neglects or refuses to issue a certificate under sub-section (3) of section 10 and any person who neglects or refuses to deliver such certificates shall be punishable with fine which may extend to fifty rupees.

Refer annexure 3 for Registration of birth and death act, 1969.

This data has been taken from the online Medical Certification of Cause of Deaths (MCCD) reports² by Government of National Capital Territory of Delhi for calendar year 2014, 2015, 2016 and 2017. Cause of Death report of 2017 has not been published by the government and hence could not be included in this report.

iii. Citizen Survey

Praja Foundation conducted a household survey, mapping diseases and ailments, and kind of facilities accessed by citizens, expenditure on health, health insurance, etc. (Refer Annexure 4 for Survey methodology and socio-economic classification).

Note: Throughout this paper, we have used abbreviations EDMC, NDMC and SDMC. These abbreviations stand for East Delhi Municipal Corporation, North Delhi Municipal Corporation and South Delhi Municipal Corporation respectively.

²<http://www.delhi.gov.in/wps/wcm/connect/f18afe0043c31f83863fff115eec0808/MCCD+Report+2016.pdf?MOD=AJPERES&Imod=1859733220&CACHEID=f18afe0043c31f83863fff115eec0808>

IV. Registered Diseases/Ailments in Govt. Hospitals and Dispensaries in Delhi

Table 1: Overview of Diseases/Ailments³ from 2014-15 to 2018-19⁴

Diseases	Type	2014-15	2015-16	2016-17	2017-18	2018-19
Diarrhoea	Dispensary	4,30,806	4,15,645	4,31,295	3,48,885	3,39,343
	Hospital	1,52,291	1,60,911	1,64,866	1,52,599	1,74,709
	Total	5,83,097	5,76,556	5,96,161	5,01,484	5,14,052
Diabetes	Dispensary	2,25,366	2,45,247	2,47,333	2,28,848	2,03,470
	Hospital	1,14,110	1,20,686	1,25,798	1,33,623	1,24,329
	Total	3,39,476	3,65,933	3,73,131	3,62,471	3,27,799
Hypertension	Dispensary	2,29,273	2,26,222	2,50,403	2,16,614	1,97,792
	Hospital	1,08,401	1,04,011	1,08,636	1,51,219	1,13,604
	Total	3,37,674	3,30,233	3,59,039	3,67,833	3,11,396
Tuberculosis	Dispensary	40,951	51,264	38,385	34,177	30,141
	Hospital	34,057	29,603	26,030	40,284	38,581
	Total	75,008	80,867	64,415	74,461	68,722
Typhoid	Dispensary	16,888	34,569	15,503	11,265	11,821
	Hospital	36,469	34,295	40,613	39,825	39,445
	Total	53,357	68,864	56,116	51,090	51,266
HIV/ AIDS	Dispensary	1,188	616	806	561	1,578
	Hospital	4,419	14,259	13,085	3,237	11,561
	Total	5,607	14,875	13,891	3,798	13,139
Dengue	Dispensary	25	5,383	1,582	532	1,057
	Hospital	643	21,736	3,435	6,621	5,642
	Total	668	27,119	5,017	7,153	6,699
Malaria	Dispensary	4,514	3,794	2,375	1,286	504
	Hospital	3,209	5,651	3,736	2,919	2,370
	Total	7,723	9,445	6,111	4,205	2,874
Cholera	Dispensary	2,603	3,641	6,212	1,292	1,017
	Hospital	918	1,384	1,300	1,841	509
	Total	3,521	5,025	7,512	3,133	1,526

Inference:

In 2018-19 highest number of cases among sensitive diseases were of Diarrhoea (5,14,052) followed by diabetes (3,27,799) and hypertension (3,11,396).

³ We have tracked the occurrence of key Communicable and non-communicable diseases in this report. This table is an overview of the occurrence of sensitive diseases in Delhi. You will see details of the same in this section.

⁴ Please note that these are OPD and IPD counts of government hospitals and dispensaries provided through RTI, and may not be completely mutually exclusive cases.

Table 2: Malaria number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	2,411	1,791	1,178	1,518	607
State dispensaries and hospitals	5,312	7,654	4,933	2,687	2,267
Total Cases	7,723	9,445	6,111	4,205	2,874
Population /Total Cases*	1,911	1,562	2,415	3,510	5,135

Inference:

Malaria cases have reduced by 63% from 2014-15 to 2018-19.

Table 3: Dengue number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	156	3,089	972	1,660	2,071
State dispensaries and hospitals	512	24,030	4,045	5,493	4,628
Total Cases	668	27,119	5,017	7,153	6,699
Population /Total Cases*	22,093	544	2,942	2,063	2,203

Inference:

The number of dengue cases have considerably fallen after the 2015-16 outbreak when 27,119 cases were reported as compared to now (6,699 cases in 2018-19).

Table 4: Tuberculosis number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	30,961	38,648	28,305	39,860	28,367
State dispensaries and hospitals	44,047	42,219	36,110	34,601	40,355
Total Cases	75,008	80,867	64,415	74,461	68,722
Population /Total Cases*	197	182	229	198	215

Inference:

A high number of tuberculosis cases have been reported over the years, with a total 68,722 cases in government hospitals and dispensaries in 2018-19.

***Note:** Population per total cases for each disease is calculated as Total Population/Total reported Cases of that specific disease.

Table 5: Diarrhoea number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	1,00,655	1,21,492	1,37,512	1,49,748	1,36,387
State dispensaries and hospitals	4,82,442	4,55,064	4,58,649	3,51,736	3,77,665
Total Cases	5,83,097	5,76,556	5,96,161	5,01,484	5,14,052
Population /Total Cases*	25	26	25	29	29

Inference:

- Diarrhoea continues to be a huge health problem in Delhi, with 5,14,052 cases in 2018-19.
- The high number of diarrhoea cases reflects the poor quality of water supply in the city as reflected in 36,426 water contamination complaints registered with Delhi Jal Board in 2018⁵.

Table 6: Cholera number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	390	826	908	142	276
State dispensaries and hospitals	3,131	4,199	6,604	2,991	1,250
Total Cases	3,521	5,025	7,512	3,133	1,526
Population /Total Cases*	4,191	2,937	1,965	4,710	9,671

Inference:

Total cases of Cholera in Delhi have decreased in the last 3 years.

Table 7: Typhoid number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	2,695	6,466	6,242	4,138	3,950
State dispensaries and hospitals	50,662	62,398	49,874	46,952	47,316
Total Cases	53,357	68,864	56,116	51,090	51,266
Population /Total Cases*	277	214	263	289	288

Inference:

51,266 cases of typhoid were reported in 2018-19, high number of water borne diseases reported, reflects poor quality of water supply in the city.

***Note:** Population per total cases for each disease is calculated as Total Population/Total reported Cases of that specific disease.

⁵[https://praja.org/praja_docs/praja_downloads/Report%20on%20Civic%20Issues%20Registered%20by%20Citizens%20and%20Deliberations%20by%20Municipal%20Councillors%20in%20Delhi%20Ward%20Committees\(MCD\)%20and%20MLAs%20in%20the%20State%20Assembly%20sessions..pdf](https://praja.org/praja_docs/praja_downloads/Report%20on%20Civic%20Issues%20Registered%20by%20Citizens%20and%20Deliberations%20by%20Municipal%20Councillors%20in%20Delhi%20Ward%20Committees(MCD)%20and%20MLAs%20in%20the%20State%20Assembly%20sessions..pdf)

Table 8: Diabetes number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries and hospitals	71,267	74,375	76,227	77,434	76,422
State dispensaries and hospitals	2,68,209	2,91,558	2,96,904	2,85,037	2,51,377
Total Cases	3,39,476	3,65,933	3,73,131	3,62,471	3,27,799
Population /Total Cases*	43	40	40	41	45

Inference:

On an average, 3,53,762 people are suffering from Diabetes in the last five years (2014-15 to 2018-19).

Table 9: Hypertension number of cases in government dispensaries and hospitals in Delhi from 2014-15 to 2018-19

Years	2014-15	2015-16	2016-17	2017-18	2018-19
MCD dispensaries/hospitals	71,512	77,953	86,580	86,922	92,432
State dispensaries/hospitals	2,66,162	2,52,280	2,72,459	2,80,911	2,18,964
Total Cases	3,37,674	3,30,233	3,59,039	3,67,833	3,11,396
Population /Total Cases*	44	45	41	40	47

Inference:

3,11,396 cases of hypertension were reported in government dispensaries and hospitals in Delhi in 2018-19.

Table 10: Top 5 Sensitive Diseases as per the data received through RTI in Delhi from 2014-15 to 2018-19.

Years	2014-15	2015-16	2016-17	2017-18	2018-19
Diarrhoea	5,83,097	5,76,556	5,96,161	5,01,484	5,14,052
Diabetes	3,39,476	3,65,933	3,73,131	3,62,471	3,27,799
Hypertension	3,37,674	3,30,233	3,59,039	3,67,833	3,11,396
Tuberculosis	75,008	80,867	64,415	74,461	68,722
Typhoid	53,357	68,864	56,116	51,090	51,266

Inference:

- Diarrhoea, Diabetes, hypertension, tuberculosis and typhoid are the top 5 sensitive diseases reported in government facilities in the last 5 years.
- On an average, from last 5 years' people in Delhi have suffered the most from Diarrhoea followed by Diabetes.
- It is an interesting point to note that there is not much change in occurrence of these diseases and no serious action has been taken by authorities to prevent these diseases to decrease their occurrences.

***Note:** Population per total cases for each disease is calculated as Total Population/Total reported Cases of that specific disease.

V. Cause of Death

Table 11: Total Deaths and Institutional⁶ Deaths 2014-2017⁷

Year		2014	2015	2016	2017
Total Deaths	Male	75,404	76,421	87,704	83,600
	Female	45,882	48,095	53,887	52,485
	Others*	0	0	41	32
	Total	1,21,286	1,24,516	1,41,632	1,36,117
Institutional Deaths	Male	47,001	48,485	56,806	55,694
	Female	27,591	29,582	33,684	33,654
	Others*	0	0	27	29
	Total	74,592	78,067	90,517	89,377
% of Institutional to Total Deaths	Male	62%	63%	65%	67%
	Female	60%	62%	63%	64%
	Others*	0%	0%	66%	91%
	Total	62%	63%	64%	66%

Note: (*)Includes transgender/ ambiguous/ not stated

Inference:

Institutional deaths to total deaths has been rising in the past 4 years and was 66% in 2017.

⁶ The data is retrieved from:

<http://itishahdara.delhi.gov.in/wps/wcm/connect/d24762804a3bcb4f92d49f15ffe59382/final+pdf+mccd.pdf?MOD=AJPERES&Imod=1246185235&CACHEID=d24762804a3bcb4f92d49f15ffe59382> The table has been prepared exclusively on the basis of data on institutional deaths published in the M CCD report in Delhi. In domiciliary cases M CCD is not reported, so the readers of this report may bear in mind that this study is confined to institutional deaths.

⁷ Please note cause of death data is available as per calendar year.

Table 12: Major Causes of Institutional deaths in Delhi from 2014 to 2017

Cause of Death	2014		2015		2016		2017	
	No. of Deaths	In %	No. of Deaths	In %	No. of Deaths	In %	No. of Deaths	In %
Tuberculosis (A15-A19)	4,350	5.8%	3,635	4.7%	3,733	4.1%	3,656	4.1%
Other Bacterial Diseases (A20-A49)	6,970	9.3%	6,862	8.8%	8,080	8.9%	8,463	9.5%
Dengue fever (A90)	74	0.1%	486	0.6%	206	0.2%	317	0.4%
HIV (B20-B24)	184	0.2%	123	0.2%	161	0.2%	131	0.1%
Malaria (B50-B54)	160	0.2%	164	0.2%	122	0.1%	114	0.1%
Neoplasms (C00-D48)	5,479	7.3%	4,666	6%	4,812	5.3%	5,162	5.8%
Diabetes (E10-E14)	1,762	2.4%	1,356	1.7%	2,557	2.8%	2,561	2.9%
Diseases of the nervous system (G00-G98)	1,208	1.6%	1,149	1.5%	1,542	1.7%	1,889	2.1%
Diseases of the circulatory system (I00-I99)	9,455	12.7%	11,875	15.2%	15,919	17.6%	17,203	19.2%
Respiratory diseases (J00-J98)	5,282	7.1%	6,239	8%	8,260	9.1%	7,511	8.4%
Diseases of the Digestive System (K00-K92)	3,542	4.7%	3,308	4.2%	3,976	4.4%	4,602	5.1%
Diseases of the Genitourinary System (N00-N99)	1,644	2.2%	1,601	2.1%	1,894	2.1%	1,916	2.1%
Certain Conditions Originating in the Perinatal Period(P00-P96)	2,797	3.7%	2,959	3.8%	3,449	3.8%	3,662	4.1%
Symptoms Signs and Abnormal Clinical and Laboratory finding not elsewhere classified (R00-R99)	18,584	24.9%	19,583	25.1%	19,454	21.5%	19,524	21.8%
Injury, poisoning and certain other consequences of external causes (S00-T98)	3,286	4.4%	3,135	4%	3,569	3.9%	3,133	3.5%
Other Cause of deaths	9,815	13.2%	10,926	14%	12,783	14.1%	9,533	10.7%
Total	74,592	100%	78,067	100%	90,517	100%	89,377	100%

Inference:

- 19.2% of total deaths were related to diseases of circular system in 2017, including heart diseases.
- 7,511 deaths were reported due to respiratory diseases in 2017, 8.4% of the total deaths.
- 5,162 deaths of cancers (neoplasms), 3,656 tuberculosis deaths, and 2,561 diabetes deaths were reported in 2017.
- 8,463 deaths were reported due to bacterial diseases in which septicaemia (blood poisoning) deaths were the most (97%).

Table 13: Age-wise causes of institutional deaths in Delhi in 2017

Cause of Death	< 4 Years	5-14 Years	15-24 Years	25-44 Years	45-54 Years	55-64 Years	65 & above	Not stated	Total
Tuberculosis (A15-A19)	48	133	589	1,172	585	591	513	25	3,656
Other Bacterial Diseases (A20-A49)	1,521	421	687	1,713	937	1,147	1,876	161	8,463
Dengue fever (A90)	22	68	37	101	35	25	26	3	317
HIV (B20-B24)	1	4	6	79	29	4	6	2	131
Malaria (B50-B54)	7	15	27	32	9	15	8	1	114
Neoplasms (C00-D48)	121	187	293	1,074	1,006	1,247	1,213	21	5,162
Diabetes (E10-E14)	2	5	27	217	532	809	952	17	2,561
Diseases of the nervous system (G00-G98)	366	200	203	388	244	187	269	32	1,889
Diseases of the circulatory system (I00-I99)	456	214	524	2,621	2,911	4,045	6,326	106	17,203
Respiratory diseases (J00-J98)	732	212	424	1,142	1,092	1,403	2,361	145	7,511
Diseases of the Digestive System (K00-K92)	150	104	260	1,398	959	860	778	93	4,602
Diseases of the Genitourinary System (N00-N99)	71	39	102	395	318	392	580	19	1,916
Certain Conditions Originating in the Perinatal Period(P00-P96)	3,051	0	0	0	0	0	0	611	3,662
Symptoms Signs and Abnormal Clinical and Laboratory finding not elsewhere classified (R00-R99)	2,115	599	1,214	3,625	2,597	3,290	5,081	1,003	19,524
Injury, poisoning and certain other consequences of external causes (S00-T98)	213	137	558	1,084	413	293	367	68	3,133
Other Cause of deaths	1,020	337	787	1,949	1,177	1,493	2,547	223	9,533
Total	9,896	2,675	5,738	16,990	12,844	15,801	22,903	2,530	89,377

Inference:

Highest deaths have been reported in the working population age group from 25 to 64 years, for diseases related to the circulatory system, including heart diseases (9,577), neoplasms (3,327), respiratory diseases (3, 637) and diabetes (1,558).

VI. Mohalla Clinics

What are Mohalla Clinics?

The Mohalla or community clinics initiative was launched by the government of Delhi in July 2015, based upon the idea of Mobile Medical Units. “The Aam Aadmi Mohalla Clinic (AAMC) has been conceptualised as a mechanism to provide quality primary health care services accessible within the communities in Delhi at their doorstep. The setting up of AAMCs has been envisaged in the form of Pre-Engineered Insulated Box Type Relocated Structures which are to be manufactured and installed through PWD. The clinics shall function from 8.00 a.m. to 2.00 p.m. on all days from Monday to Saturday.”⁸

The clinics were envisioned to provide the following services:

- 1) Basic medical care based on standard treatment protocols which include curative care for common illnesses like fever, diarrhoea, skin problems, respiratory problems etc., first aid for injuries and burns, dressing and management of minor wounds and referral services.
- 2) All lab investigations are to be carried out by the empanelled laboratory for the clinic.
- 3) All drugs as per the essential drug list shall be provided free of cost to the patients.
- 4) Preventive services such as antenatal and postnatal care of pregnant women, assessment of nutritional status and counselling and preventive and promotive component of National/State Health Programmes.
- 5) Health information, education and awareness.

What the replies to the RTIs show?

In an attempt to understand the kind of services availed at the Mohalla clinics and the type of diseases and ailments reported, Praja filed RTIs regarding the list of Mohalla clinics, budgetary provision and the diseases/ailments reported from April 2016 to March 2019. The response of the three RTIs reflects the poor management of the Mohalla clinic initiative.

Availability and Coverage: An Unmet Promise

Availability of primary health care units at the level of the locality is very important to ensure universal health coverage. At the start of the scheme, the Government of Delhi had announced 1000 such clinics to be opened in Delhi. However, the AAP government’s term is almost nearing completion and only 203 Mohalla clinics are functional as per the reply of the Directorate General of Health Services on 20.08.2019.

Monitoring of diseases: How the Mohalla Clinics have fared

Primary health care centres such as the Mohalla clinics in the locality/community act as important units for a strong health surveillance system. Hence reporting of the various diseases at the primary health care level is important to understand the incidence of various diseases and take corrective measures.

An RTI regarding the number of sensitive diseases and top ten diseases reported month-wise was filed at the Directorate General of Health Services which transferred to the State AAMC office which further transferred it to the 11 districts. Of these only 3 districts provided a reply as of date.

District wise reply and action taken regarding the RTI is elaborated in the table below.

⁸http://164.100.72.17/wps/wcm/connect/doit_health/Health/Home/Directorate+General+of+Health+Services/Aam+Aadmi+Mohalla+Clinics

Table 14: Response of RTI on Diseases Reported in Mohalla Clinics

District	RTI Filed	Reply	Further Action
Central	RTI filed on 15 th July 2019 regarding Number of New Cases/Incidences with Malaria, Tuberculosis, Hepatitis A, Hepatitis B, Hepatitis C, Diarrhoea, Hyper Tension, Diabetes, Cholera, Typhoid, Dengue, HIV, H1N1 (Swine Flu); List of top 10 diseases (New Cases / Incidences), and Number of patients treated in OPD (Old and New wise separately) provided for each month, Mohalla clinic and District wise separately from 1st April 2016-31st March 2019.	No reply	Appeal filed on 22 nd October, 2019 based on the following contention- Number of cases registered of different diseases in the Mohalla clinics is basic data necessary for health surveillance and for monitoring the functioning of the Mohalla clinics and therefore should be available at the CDMO and DHS level. Also, there needs to be district wise uniformity in maintenance of data. If one district can provide disease wise cases, then the similar data should be available in all districts. No reply of the same received to date.
East		No reply	
New Delhi		No reply	
North		Reply on 25 th September 2019 stated 4 Mohalla clinics enter data through WISH Foundation Tabs to which CDMO North has no access. For the rest of the clinics, as per direction of State AAMC only total OPD counts are to be reported to CDMO. Month wise and Clinic wise Total OPD Counts were Provided.	
North East		No reply	
North West		No reply	
Shahdara		No reply	
South		No reply	
South East		No reply	
South West		Reply on 12 th September, 2019 provided Month wise and Clinic wise OPD counts for diabetes, hypertension, paralysis, acute heart diseases, mental illness, epilepsy, dental and ophthalmic related data.	
West		Reply on 11 th September, 2019 provided Month wise and Clinic wise Total OPD Counts.	

It is evident from the above table that the AAMCs do not have a proper monitoring mechanism regarding the diseases reported in the clinic. Proper health surveillance is not possible without knowing which cases are reported in which areas/districts and the city level status of different diseases and ailments cannot also be gauged. The reply of North District (Refer Annexure 6) mentioned that as per the directions of the State AAMC only OPD counts have to be reported by the AAMCs to the Chief District Medical Officer (CDMO) and therefore the clinics are only maintaining OPD data.

This shows serious lacunae in the monitoring of health in the Mohalla clinics. Further the forwarding of the RTIs from the DGHS to State AMCC to the districts shows lack of record maintenance at the central level, without which city wise disease surveillance is not possible. Even in the three districts received, there is a disparity in record maintenance- one district (South West) provided data disease wise while the other two districts (North and West) only provided total OPD count. If one district has maintained records disease wise, then the same rule should apply to all the districts. An appeal filed this very basis awaits reply.

It is also pertinent to look at the 'digitisation' project of the AAMC done through Wadhwani Initiative for Sustainable Healthcare (WISH) Foundation which sought to provide 'paperless' recording and management of AAMC through Tablets including 'patient registration, consultation and diagnosis recording, e-prescription generation, pharmaceutical drug dispensing, inventory management, HR management as well as clinic financials.'⁹ However, the digitisation has not been uniform, and the reply of North district CDMO bears testimony to this. Further, the CDMO claims that their office has no access and record of the data maintained in the tablets 'which is sent to WISH Foundation'. An attempt was made by Praja to communicate with WISH foundation regarding the details of management of AAMC however they refused to divulge any information.

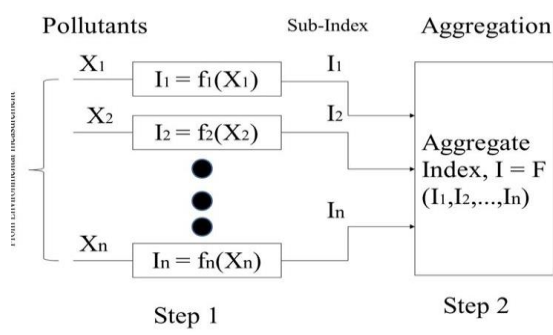
If the CDMO does not have even the OPD counts of those AAMCs with tablets, then this is a serious mis-governance on the part of the state government, and corrective action needs to be taken at the soonest.

Although the intent of the government in starting the Mohalla clinics was good- to bring health care closest to the citizen; it has not been implemented properly. There must be a uniform monitoring of all primary health units and data must be made easily available and up to date, to ensure transparency and accountability in the system. Further, primary health care can be strengthened by improving already existing state and municipal dispensaries, improving their timings and having visiting specialist doctors, whereby better healthcare can be provided through already existing infrastructure.

⁹ <https://www.wishfoundationindia.org/sites/default/files/reports/AAM%20ADM%20MOHALLA%20CLINICS.PDF>

VII. Comparison of Air Quality Index to Respiratory Diseases

An Air Quality Index (AQI) is defined as an overall scheme that transforms weighted values of individual air pollution related parameters (SO₂, CO, visibility, etc.) into a single number or set of numbers. The result is a set of rules (i.e. set of equations) that translate parameter values into a simple form by means of numerical manipulation:



Note: Image from the 'National Air Quality Index' Report released by the Central Pollution Control Board (2014)

The National Air Quality Index Report of the Central Pollution Control Board, provides station wise live data of air quality based upon the following air pollutants: Particulate Matter (PM_{2.5}, PM₁₀), Nitrogen Dioxide (NO₂), Ammonia (NH₃), Sulphur Dioxide (SO₂), Carbon Mono-oxide (CO), and Ozone. AQI index range and corresponding severity of pollution is mentioned in the table below.

Colour	Air Quality Index	AQI Range	Remark
	Good	0-50	Minimal Impact
	Satisfactory	51-100	May cause minor breathing discomfort in sensitive people
	Moderate	101-200	May make breathing difficult for people with lung diseases and cause discomfort in children, older adults and heart patients
	Poor	201-300	May make breathing difficult after prolonged exposure, and cause discomfort to people with heart diseases
	Very Poor	301-400	May cause respiratory illnesses in people on prolonged exposure. Effect may be more pronounced in those with lung and heart diseases.
	Severe	>400	May cause respiratory problems even in healthy people, and seriously impact those with lung/heart diseases. Even increased breathing during light physical activity can impact health.

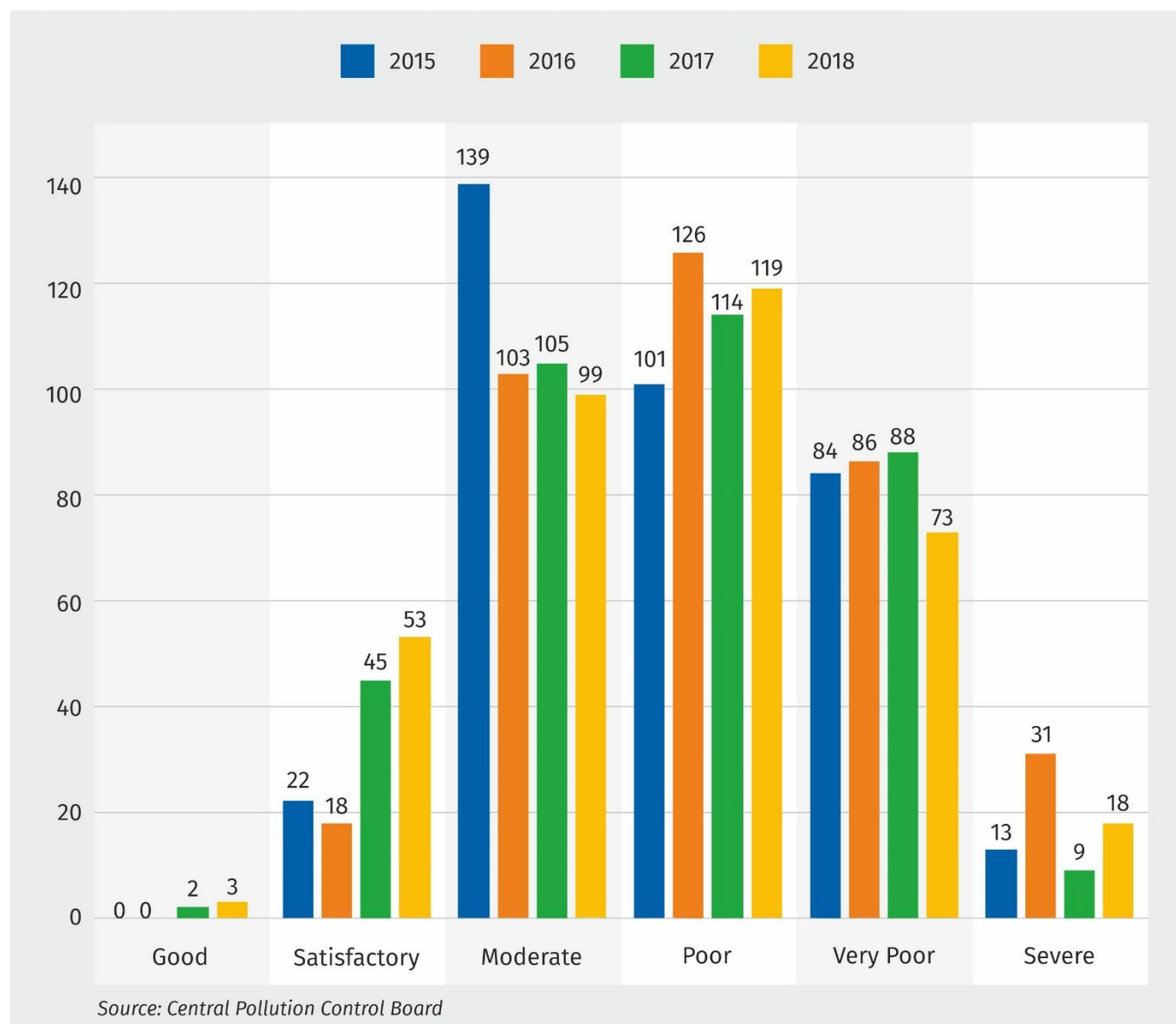
Table 15: Average AQI from January 2015 to December 2018

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	320	361	133	184	213	178	131	142	190	249	360	309	231
2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	371	301	237	264	238	203	144	112	160	276	377	367	255
2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	304	267	211	227	249	174	98	103	139	285	361	316	227
2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	330	262	213	220	215	199	100	111	109	267	335	360	227

Inference:

- Monthly four-year trend of AQI shows that poor air quality is clearly a condition of season- worst air quality is reported in the winter months.
- Average month wise AQI is very poor in November, December and January months while it is moderate to satisfactory from June to September.

Figure 1: Category-wise number of days from 2015 to 2018¹⁰



Inference:

210 days had poor and worse than poor AQI in 2018 with 18 days which had severe AQI.

¹⁰ 6 days did not have any Air Qualities against their names in 2015, 2 days did not have any Air Qualities against their names in 2016, 2 days had 'NA' against their names in 2017.

Table 16 :Number of Questions asked on Air Pollution by Delhi Municipal Councillors & MLAs from April'2016 to March'2019

Issue	Civic Complaints - Air Pollution			No. of issues raised					
				MLA			Councillors		
	2016-17	2017-18	2018-19	2016*	2017*	2018*	2016-17	2017-18	2018-19
Pollution	107	93	130	6	4	20	2	11	21

Table 17: Air Quality Compared to Respiratory Deaths from 2015 to 2017.

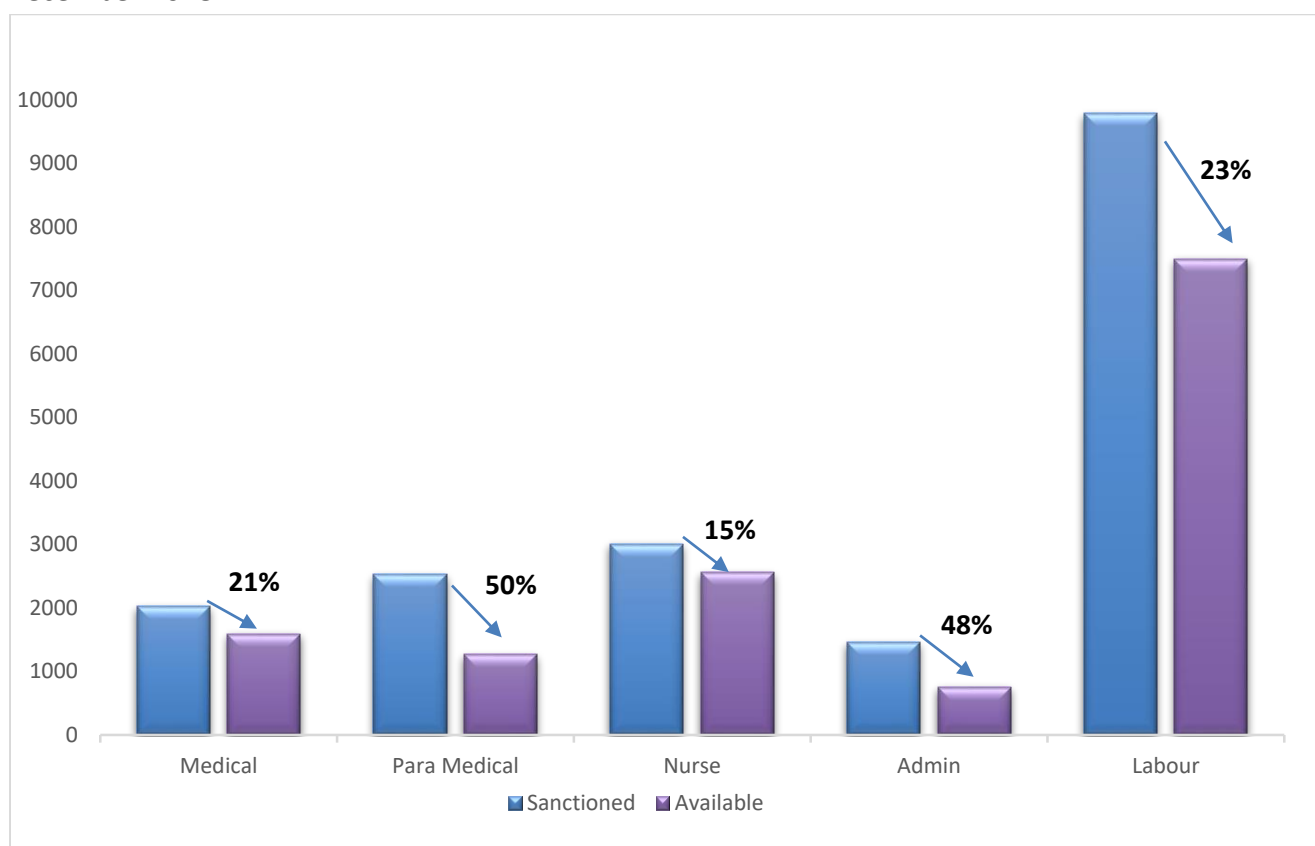
Year	2015	2016	2017
Air Quality Levels	231	255	227
Total Deaths due to major respiratory diseases	9,799	11,900	9,872
Respiratory Tuberculosis (A15-A16)	3,058	3,110	1,810
Malignant neoplasm of respiratory and intrathoracic organs (C30-C39)	502	530	551
Diseases of the Upper Respiratory Tract (J00-J06, J30-J39)	722	1,785	281
Lower respiratory diseases (J20-J22, J40-J47)	1,653	2,474	2,152
Other diseases of the respiratory system (J10-J18, J60-J98)	3,864	4,001	5,078

Inference:

- High levels of air pollution in Delhi, leads to poor health of its residents and the most evident impact can be felt in respiratory diseases which air pollution would cause as well as aggravate. The air quality of Delhi has been poor in the past three years and if we go by the respiratory disease related deaths, it reflects a serious threat that air pollution is having on the residents of Delhi.
- In 2016, the average air quality was the worst and correspondingly highest number of respiratory deaths (11,900) were recorded in that year.

VIII. Financial and Human Resource Allocation in Dispensaries and Hospitals in Delhi

Figure 2: Shortage¹¹ of staff in Municipal Corporation of Delhi dispensaries and hospitals as of December 2018.

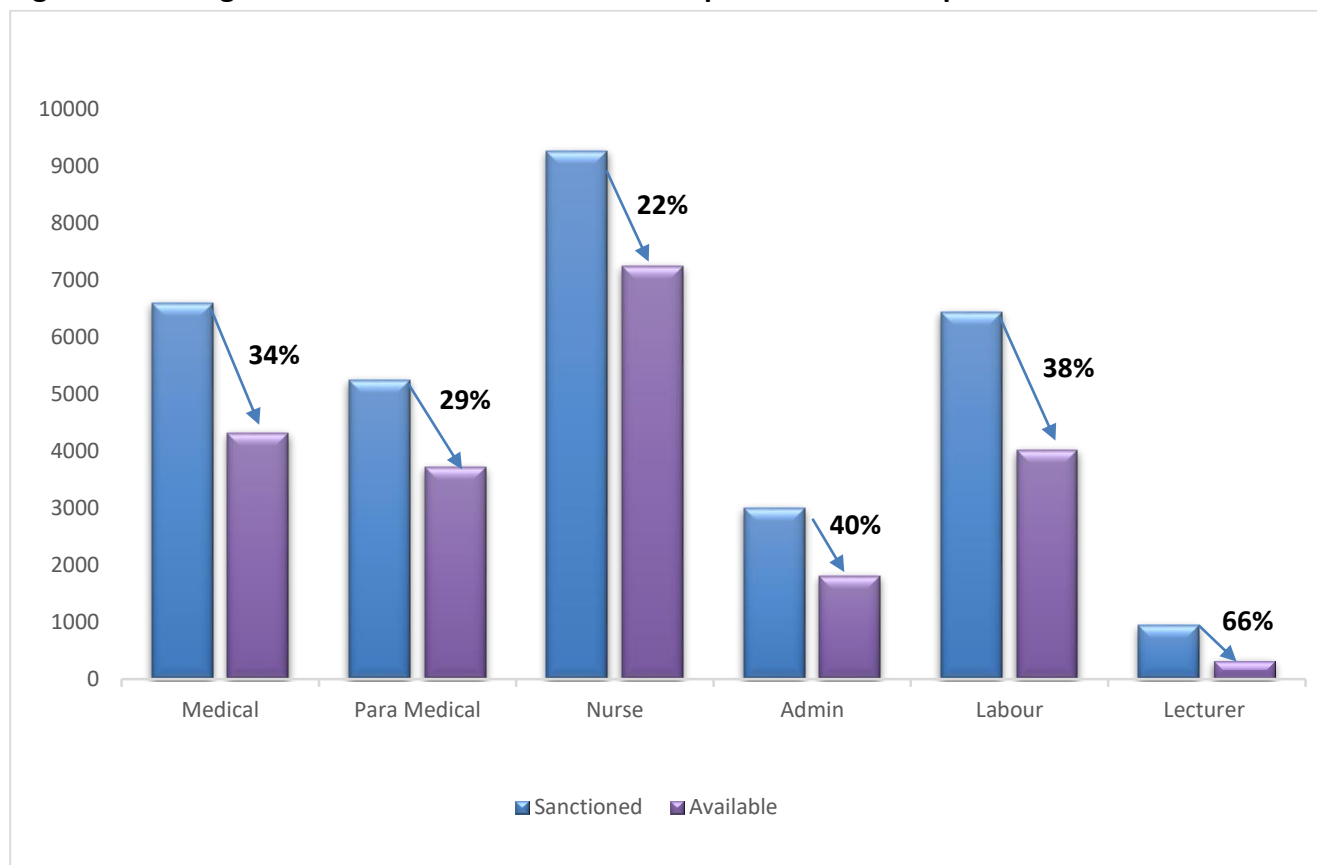


Inference:

Municipal Corporation of Delhi (MCD) dispensaries and hospitals had a 21% shortage of Medical staff and 50% shortage of para-medical staff as on 31st December, 2018.

¹¹ Personnel shortage has been calculated by subtracting the available positions from the sanctioned positions given by all the health units. There are some positions which have been abolished but people who were earlier working on those positions will continue to work till they retire. For such cases, sanctioned positions excluding the number of abolished positions has been considered.

Figure 3: Shortage¹² of staff in State Government dispensaries and hospitals as of December 2018



Inference:

State government dispensaries and hospitals had a 34% shortage of Medical staff and 29% shortage of para-medical staff as on 31st December, 2018. There was a 66% shortage reported in post of lecturers in medical colleges.

¹² Personnel shortage has been calculated by subtracting the available positions from the sanctioned positions given by all the health units. There are some positions which have been abolished but people who were earlier working on those positions will continue to work till they retire. For such cases, sanctioned positions excluding the number of abolished positions has been considered.

Table 18: Budget¹³ Estimate and Actual Expenditure from 2016-17 to 2019-20 (Rs. in crores)

Government	2016-17			2017-18			2018-19	2019-20
	Budget Estimate	Actual Expenditure	Utilisation %	Budget Estimate	Actual Expenditure	Utilisation %	Budget Estimate	Budget Estimate
NDMC (A)	1,041	808	78%	1,344	1,025	76%	963	859*
EDMC (B)	372	263	71%	432	246	57%	588	542
SDMC (C)	476	414	87%	688	586	85%	269*	391*
Total MCD Budget (A+B+C)	1,889	1,485	79%	2,464	1,857	75%	1,820	1,792
State Government	5,259	4,031	77%	5,736	4,733	83%	6,729	7,485
Grand Total	7,148	5,516	77%	8,200	6,590	80%	8,549	9,278

(*) Capital expenditure for NDMC Budget Estimate 2019-20 and SDMC Budget Estimate 2018-19 and 2019-20 not available.

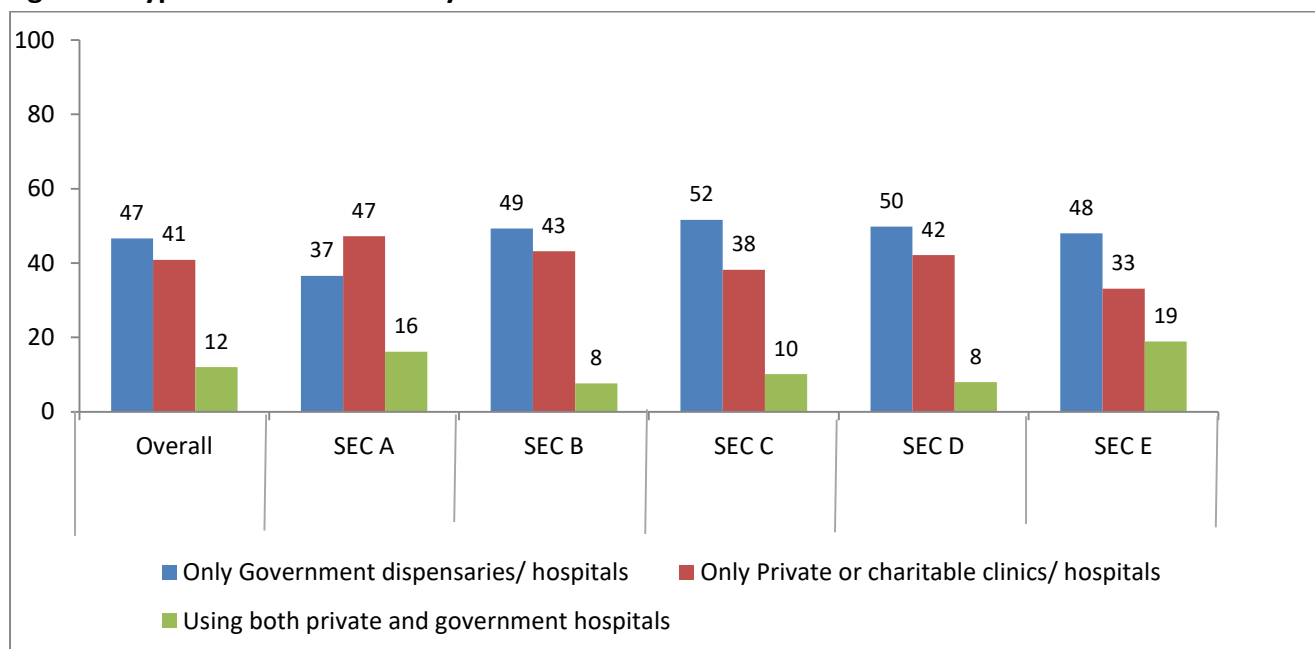
Inference:

- SDMC utilised the maximum budget (85%) while EDMC utilised the least (57%) of the budget allocated in 2017-18.
- State budget utilisation has improved from 77% in 2016-17 to 83% in 2017-18.

¹³ We are considering only State and MCD budget but there are other agencies which spend money on Health e.g. Centre.

IX. Citizen Survey Data

Figure 4: Type of Facilities used by the citizens across different socio-economic classes in 2019¹⁴



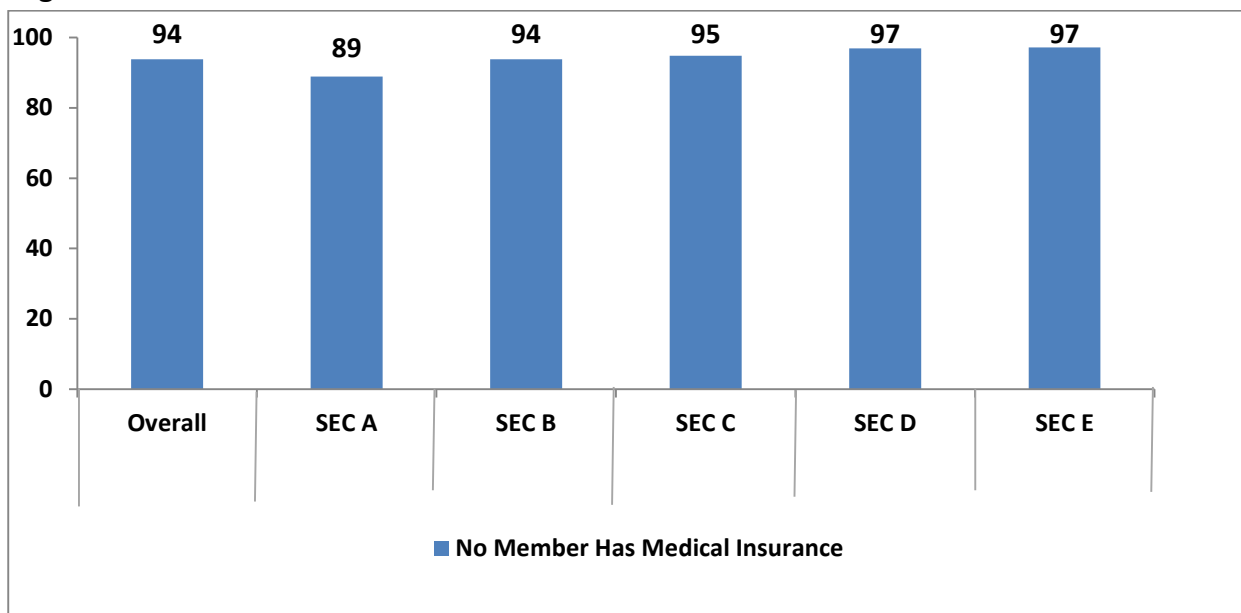
Inference:

- In 2019, of the overall percentage of people in Delhi across all SECs, 47% used government hospitals/dispensaries.
- Except for SEC A, where 47% use private health facilities in all other SEC categories public facilities are used more than private, still however the burden of using private services falls most on lower SEC D and E, where 42% and 33% of it accessed private services, respectively.
- A considerable percentage of respondents (12% overall, 16% in SEC A, 19% in SEC E) accessing both public and private facilities also points to the fact that people are accessing more than one facility for their healthcare.

¹⁴ As of July 2019

The survey data covered questions related to type of diseases each family member suffered, type of healthcare facility accessed for the treatment, average income spent to avail health services and access to medical insurance in the last year.

Figure 5: Households across socio-economic classes with no Medical Insurance in 2019



Inference:

- 94% of household respondents in Delhi did not have a medical insurance.
- From all the socio-economic categories, maximum number of families (97%) from SEC D & E had no family member with a medical insurance.

Table 19: Type of Insurance availed by the citizens across different socio-economic classes in 2019

Type of Insurance	Overall	SEC A	SEC B	SEC C	SEC D	SEC E
Private Insurance	69%	79%	70%	58%	54%	52%
Government Insurance	22%	19%	19%	28%	30%	33%
Both	8%	3%	10%	14%	17%	15%

Inference:

Of the 6% respondents who had a health insurance, 69% respondents had a private health insurance. Of respondents on SEC D and E as well majority respondents had a private insurance.

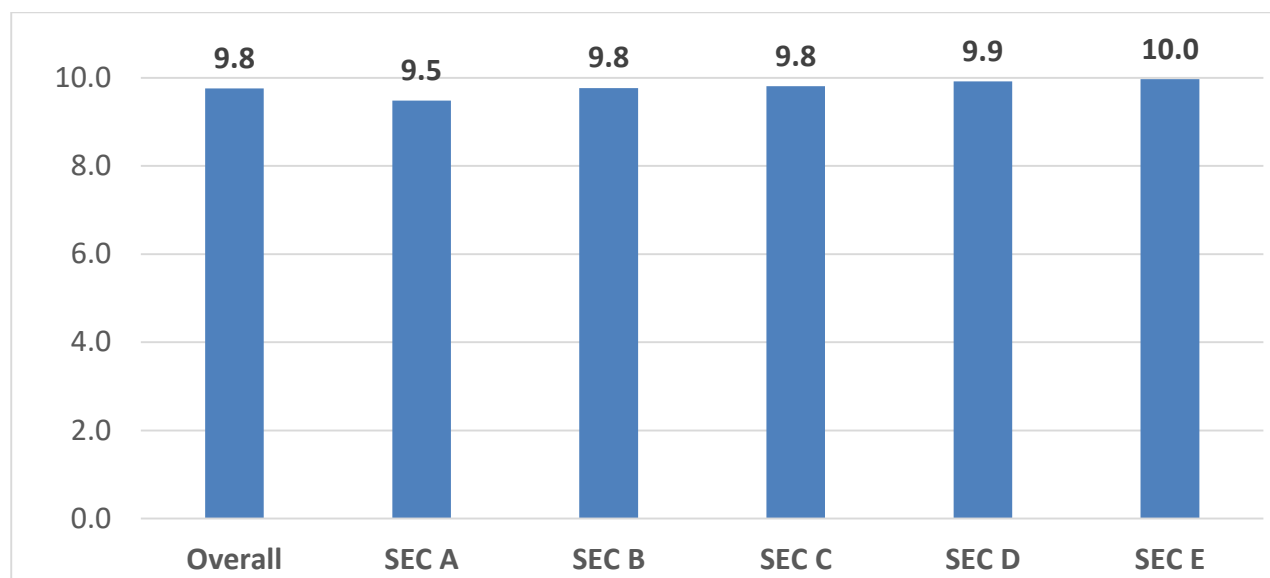
Table 20: Insurance Scheme wise awareness, enrolment and availment in 2019

Name of Government Insurance Scheme	SEC A	SEC B	SEC C	SEC D	SEC E	Overall
Whether Aware of Any Government Health Insurance Scheme						
No	79%	86%	88%	90%	90%	86%
Yes	21%	14%	12%	10%	10%	14%
Out of those aware of any scheme, % of respondents' Scheme Wise Awareness						
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	87%	88%	85%	78%	76%	85%
Rashtriya Shwastiya Bima Yojana [RSBY]	43%	34%	32%	39%	40%	38%
Others	1%	2%	3%	4%	2%	2%
Of those aware of the scheme, % of respondents enrolled in the scheme						
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	8%	5%	5%	3%	4%	6%
Rashtriya Shwastiya Bima Yojana [RSBY]	2%	4%	7%	6%	8%	4%
Others	0%	56%	64%	52%	72%	48%
Of those who enrolled in the scheme, % of respondents who availed the scheme						
Ayushman Bharat Scheme [Pradhan Mantri Jan Aarogya Yojana (PMJAY)]	7%	36%	34%	26%	4%	17%
Rashtriya Shwastiya Bima Yojana [RSBY]	29%	49%	19%	27%	46%	34%
Others	0%	0%	10%	11%	0%	6%

Inference:

- Overall only 14% respondents were aware of any government health insurance scheme, out of which 85% were aware of Ayushman Bharat Scheme, 38% were aware of Rashtriya Swastiya Bima Yojana.
- Of the 85% who were aware of the Ayushman Bharat scheme, only 6% had enrolled in the scheme of which 17% had availed of the scheme.

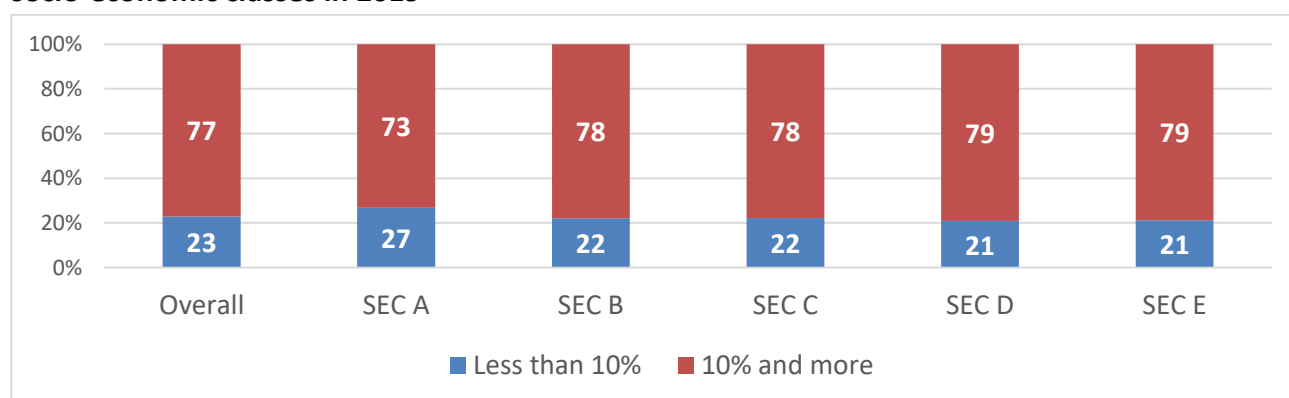
Figure 6: Estimated average percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes in 2019*



Inference:

In 2019, overall, residents in Delhi spent 9.8% of their annual family income on health. The percentage of income spent on health services is shown not to vary across socio-economic classes, however the burden of accessing health services is much higher towards the lower SECs and the impact of subsidised services is not evident.

Figure 7: Estimated percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes in 2019*



Inference:

77% respondent households in Delhi spent more than 10% of their annual family income on health.

Table 21: Overall Household Expenditure on Health from 2016-17 to 2018-19¹⁵

2016-17		2017-18		2018-19	
Particulars	Amount	Particulars	Amount	Particulars	Amount
Annual Per Capita Income in Delhi as per GDP	3,03,073	Annual Per Capita Income in Delhi as per GDP	3,29,093	Annual Per Capita Income in Delhi as per GDP	3,65,529
Less 35% (accounting for savings and taxation)	1,96,997	Less 35% (accounting for savings and taxation)	2,13,910	Less 35% (accounting for savings and taxation)	2,37,594
Annual Income per household = Per Capita X 5.02	9,88,927	Annual Income per household = Per Capita X 5.02	10,73,830	Annual Income per household = Per Capita X 5.02	11,92,721
Annual Expenditure on Health per household = 10.9%	1,07,793	Annual Expenditure on Health per household = 9.5%	1,02,014	Annual Expenditure on Health per household = 9.8%	1,16,887
Overall Household Annual Expenditure on Health = Rs. 1,07,793 X 33,40,538 households	36,009 crores	Overall Household Annual Expenditure on Health = Rs 1,02,014 X 33,40,538 households	34,078 crores	Overall Household Annual Expenditure on Health = Rs. 1,16,887 X 33,40,538 households	39,046 crores

Inference:

Overall amount spent on health per household has increased in the last 3 years, although the percentage of income spent on health fell from 10.9% in 2016-17 to 9.5% in 2017-18 and 9.8% in 2018-19.

¹⁵ Economic Survey of Delhi 2018-19; Report retrieved from: <http://delhiplanning.nic.in/content/economic-survey-delhi-2018-19>

The survey data covered questions related to type of diseases each family member suffered, type of healthcare facility accessed for the treatment, average income spent to avail health services and access to medical insurance in the last year.

Table 22: Estimated cases of Diseases and Ailments across different socio-economic classes in the year 2019

Diseases and Ailments	Malaria	Dengue	Chikungunya	Diabetes	Cancer	Hypertension	Diarrhoea
Overall	1,17,104	1,05,798	1,04,934	2,09,423	7,048	2,33,188	9,368
SEC A	16,950	23,776	36,621	55,828	2,648	55,133	2,084
SEC B	20,680	20,634	22,221	45,596	734	44,771	1,925
SEC C	30,605	16,067	16,086	39,302	1,359	47,189	1,515
SEC D	18,841	13,490	17,131	34,807	1,197	45,425	2,002
SEC E	30,029	31,831	12,875	33,890	1,110	40,669	1,843

Table 23: Gender and Age-wise estimated cases of Diseases and Ailments across different age groups and gender in the year 2019.

Diseases and Ailments	Total Estimated Cases					
	Overall	Males	Females	18 - 25 years	26 - 40 years	40+ years
Malaria	1,17,104	61,997	55,108	28,250	36,137	32,974
Dengue	1,05,798	48,748	57,050	31,924	32,508	31,293
Chikungunya	1,04,934	49,309	55,625	20,761	36,634	41,436
Diabetes	2,09,423	1,09,935	99,488	7,219	36,265	1,64,317
Hypertension	2,33,188	1,06,018	1,27,170	21,301	63,815	1,34,542
Cancer	7,048	4,167	2,880	469	1,154	5,264
Diarrhoea	9,368	5,267	4,101	1,478	3,531	3,132

Inference:

According to the household survey highest cases reported were of Diabetes and Hypertension, highest among the age group above 40 years.

Table 24: Estimated Type of Facilities used by the citizens by diseases in 2019¹⁶

Type of Facilities	Malaria	Dengue	Chikungunya
Only Government dispensaries/ hospitals	46%	38%	33%
Only Private or Charitable clinics/ hospitals	50%	50%	66%
Using both private and government hospitals	4%	12%	1%

Inference:

Majority of respondents are using private services for vector borne diseases such as malaria and dengue.

Table 25: Comparison between RTI Data and Survey Data.

Disease	Cases as per RTI data	Cases as per Survey data
Malaria	2,547	1,17,104
Dengue	3,597	1,05,798

***Note:** Cases as per RTI data are from government hospitals and dispensaries, whereas cases as per survey data includes estimated data of government and private hospitals and dispensaries, based on survey respondents. While looking at the number of cases as per survey data, it is advisable to only look at the data for Malaria and Dengue considering the fact that there tends to be an over claim for other diseases and the claim of having suffered from Malaria and Dengue is generally backed by the process of having undergone tests.

The survey data covered questions related to type of diseases each family member suffered, type of healthcare facility accessed for the treatment, average income spent to avail health services and access to medical insurance in the last year.

X. Deliberations by Municipal Councillors and MLAs on Health Issues

Table 26: Total numbers of Meeting, Attendance and Issue Raised in Medical Relief & Public Health Committee of MCDs from April 2017 to March 2019

Year	MCD	No of Members	No. of Meeting	Attendance (in %)	Total Issues Raised
April 2017 to March 2018	EDMC	14	8	78%	193
	NDMC	21	5	51%	74
	SDMC	21	9	60%	373
April 2018 to March 2019	EDMC	14	8	77%	224
	NDMC	21	6	49%	86
	SDMC	21	8	42%	62

Inference:

The attendance of NDMC and SDMC members in the Medical Relief & Public Health Committee has been a dismal 49% and 44% respectively from April 2018 to March 2019.

***Note:** Medical Relief and Public Health Committee is constituted at the beginning of every financial year. Medical and Public Health Committee gives advice to Corporation to establish and maintain hospitals, dispensaries and Maternity and child welfare centres, on Registration of births and deaths, on Public vaccination and inoculation, on measures for preventing and checking the spread of diseases. It comprises of 56 members (14- EDMC, 21-NDMC and 21 SDMC).

Table 27: Issues raised by Medical Relief & Public Health Committee Councillors of MCDs from April 2017 to March 2019

Issues	No. of issues raised in 2017-18	No. of issues raised in 2018-19
Budget	29	0
Cemeteries / Crematorium related	0	0
Contaminated Water Supply	1	0
Equipments	6	1
Eradication Programme	1	0
Epidemic/Sensitive Disease	18	7
Dengue/Malaria/Chikungunya	18	9
Diabetes	0	0
Hypertension	0	0
Diarrhoea/Typhoid/Cholera	0	0
Tuberculosis	0	1
Fogging	6	17
Health Related Issues	16	18
Health Service Related	54	44
Health Education Institute	0	0
Human Resources Related	74	74
Infrastructure	52	23
Issue of Birth/ Death certificates	8	6
License	217	95
Maternity homes/Primary Health Centre (PHC)	8	5
Municipal Corporation Related	30	13
Negligence in duty of Municipal Corporation officials/Staff related	0	0
Nuisance due to stray dogs, monkeys etc.	60	23
Private Health Services	0	0
Schemes/Policies in Health	30	19
Treatment Medicines	24	25
Vets Medical Medicines Related	6	2
Water logging	0	0
Total	640	372

(Note: One question/issue may be related to multiple sub issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

Highest number of issues were raised on licenses and human resource related issues in 2018-19 while no issues were asked on diabetes and only 6 issues were raised on tuberculosis, although these are major diseases in the city.

Table 28: Number of Questions asked on Health by Municipal Councillors Corporation-wise in all Committees from April 2017 to March 2019

Issues	EDMC		NDMC		SDMC		Total	
	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
Budget	3	0	10	5	43	5	56	10
Cemeteries / Crematorium related	1	3	14	31	26	6	41	40
Contaminated Water Supply	3	0	1	0	1	0	5	0
Equipments	4	0	5	1	6	3	15	4
Eradication Programme	0	1	0	2	3	0	3	3
Epidemic/Sensitive Disease	42	18	80	72	98	35	220	125
<i>Dengue/Malaria/Chikungunya</i>	33	14	68	70	82	19	183	103
<i>Diabetes</i>	0	0	0	1	0	0	0	1
<i>Hypertension</i>	0	0	0	0	0	0	0	0
<i>Diarrhoea/Typhoid/Cholera</i>	0	1	3	0	1	0	2	1
<i>Tuberculosis</i>	0	0	0	2	0	0	0	2
Fogging	32	12	18	42	26	22	76	76
Health Related Issues	24	15	13	31	42	32	79	78
Health Service Related	37	41	42	35	96	94	175	170
Health Education Institute	2	0	4	1	5	0	11	1
Human Resources Related	31	91	105	128	87	39	223	258
Infrastructure	46	37	65	71	86	46	197	154
Issue of Birth/ Death certificates	2	0	6	4	10	12	18	16
License	80	77	24	44	157	16	261	137
Maternity homes/Primary Health Centre (PHC)	14	10	4	11	4	7	22	28
Municipal Corporation Related	7	10	3	1	20	3	30	14
Negligence in duty of Municipal Corporation officials/Staff related	0	0	0	0	0	0	0	0
Nuisance due to stray dogs, monkeys etc.	18	19	1	1	41	3	60	23
Private Health Services	1	0	0	0	1	0	2	0
Schemes/Policies in Health	2	13	9	18	73	16	84	47
Treatment Medicines	13	20	15	34	17	11	45	65
Vets Medical Medicines Related	11	0	0	0	6	3	17	3
Water Logging	2	0	3	0	9	0	14	0
Total	375	367	422	532	857	353	1,654	1,252

(Note: One question/issue may be related to multiple sub issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

Highest number of issues were raised on human resource related issues, 258 in 2018-19 while no issues were asked on hypertension and only 1 issue each were raised on diabetes and diarrhoea/typhoid/cholera, although a large number of these cases have been reported in the city.

Table 29: Health issues raised by MLAs from 23rd February 2015 to 28th February 2019

Issues	2015*	2016*	2017*	2018*	Total
Cemeteries/Crematorium related	2	1	5	4	12
Contaminated Water Supply	8	2	9	0	19
Eradication Programme	0	2	0	0	2
Epidemic/Sensitive Disease	19	22	32	35	108
<i>Dengue/Malaria/Chikungunya</i>	5	11	19	6	41
<i>Diabetes</i>	1	0	0	0	1
<i>Hypertension</i>	0	0	0	0	0
<i>Diarrhoea/Typhoid/Cholera</i>	0	0	0	0	0
<i>Tuberculosis</i>	0	0	0	0	0
Dispensary/Municipal Hospital/State Hospital	0	3	1	2	6
Fogging	0	0	0	3	3
Health Related Issues	11	4	16	39	70
Health Service Related	6	17	20	62	105
Health Education Institute	0	1	0	0	1
Human Resources Related	8	9	9	17	43
Infrastructure	27	13	24	49	113
License	0	1	2	6	9
Maternity homes/Primary Health Centre (PHC)	0	2	0	0	2
Pollution	1	0	0	1	2
Private Health Services	1	0	0	3	4
Private Hospital/Clinics	2	0	0	0	2
Schemes/Policies in Health	2	3	6	36	47
Treatment Medicines	6	4	10	7	27
Water Logging	2	3	4	0	9
Total	95	87	138	264	584

(Note: One question/issue may be related to multiple sub issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

Although highest number of issues (62) were raised related to health services by MLAs in 2018 no questions were raised regarding diseases that have a high occurrence in the city such as diabetes, hypertension, diarrhoea and tuberculosis.

**Annual period for 2015 was 23rd Feb 2015 to 22nd Dec'2015; for 2016 it is 22nd March'2016 to 18th January'2017; for 2017 it is 17th Jan'2017 to 17th Jan 2018 and for 2018 16th March 2018 to 28th February 2019*

Table 30: Number of Issues raised on health by MLAs from 23rd February 2015 to 28th February 2019*

Name of MLAs	Constituency No.	Const. Name	Party	No. of issues raised				
				2015*	2016*	2017*	2018*	Total
Adarsh Shastri	33	Dwarka	AAP	8	1	3	1	13
Ajay Dutt	48	Ambedkar Nagar	AAP	1	5	4	7	17
Ajesh Yadav	5	Badli	AAP	1	0	1	5	7
Akhilesh Pati Tripathi	18	Model Town	AAP	0	4	4	9	17
Alka Lamba	20	Chandi Chowk	AAP	5	4	0	4	13
Amanatullah Khan	54	Okhla	AAP	1	1	0	0	2
Anil Kumar Bajpai	61	Gandhi Nagar	AAP	4	0	1	4	9
Asim Ahmed Khan	21	Matia Mahal	AAP	-	0	0	0	0
Avtar Singh	51	Kalkaji	AAP	4	1	2	2	9
Bhavna Gaur	37	Palam	AAP	4	6	4	9	23
Bandana kumari	14	Shalimar Bagh	AAP	0	0	2	0	2
Devinder Sehrawat	36	Bijwasan	AAP	2	0	0	2	4
Dinesh Mohaniya	49	Sangam Vihar	AAP	0	0	0	0	0
Fateh Singh	68	Gokalpur	AAP	1	2	4	2	9
Girish Soni	26	Madipur	AAP	3	1	5	2	11
Gulaab Singh	34	Matiala	AAP	0	0	0	0	0
Hazari Lal Chauhan	24	Patel Nagar (SC)	AAP	0	0	0	0	0
Jagdeep Singh	28	Hari Nagar	AAP	1	3	3	2	9
Jagdish Pradhan	69	Mustafabad	BJP	7	10	13	25	55
Jarnail Singh	29	Tilak Nagar	AAP	0	0	2	5	7
Jitender Singh Tomar	16	Tri Nagar	AAP	0	1	0	0	1
Kartar Singh Tanwar	46	Chhatarpur	AAP	0	1	1	0	2
Kapil Mishra	70	Karawal Nagar	AAP	-	-	0	0	0
Madan Lal	42	Kasturba Nagar	AAP	0	0	1	0	1
Mahinder Yadav	31	Vikaspuri	AAP	0	0	1	3	4
Manjinder Singh Sirsa	27	Rajouri Garden	BJP	0	0	10	16	26
Manoj Kumar	56	Kondli	AAP	0	0	2	5	7
Mohd. Ishraque	65	Sheelampur	AAP	0	0	0	1	1
Mohinder Goyal	6	Rithala	AAP	1	2	6	10	19
Narayan Dutt Sharma	53	Badapur	AAP	0	2	0	2	4
Naresh Balyan	32	Uttam Nagar	AAP	0	1	2	1	4
Naresh Yadav	45	Mehrauli	AAP	3	0	0	0	3
Nitin Tyagi	58	Laxmi Nagar	AAP	1	2	1	2	6
Om Prakash Sharma	59	Vishwas Nagar	AAP	-	-	1	34	35
Pankaj Kant Singhal (Puskar)	3	Timarpur	AAP	1	1	3	8	13
Parmila Tokas	44	R K Puram	AAP	1	0	0	1	2
Pawan Kumar Sharma	4	Adarsh Nagar	AAP	1	2	1	8	12
Prakash_47	47	Deoli (SC)	AAP	0	0	0	1	1

Name of MLAs	Constituency No.	Const. Name	Party	No. of issues raised				Total
				2015*	2016*	2017*	2018*	
Praveen Kumar	41	Jangpura	AAP	0	0	1	2	3
Raghuvinder Shokeen	11	Nangloi Jat	AAP	0	0	2	3	5
Rajesh Gupta	17	Wazirpur	AAP	1	1	2	5	9
Rajesh Rishi	30	Janakpuri	AAP	1	1	4	4	10
Raju (Dhigan)	55	Trilokpuri	AAP	0	1	0	0	1
Rituraj Govind	9	Kirari	AAP	0	0	0	7	7
Ram Chander	7	Bawana (SC)	AAP	0	0	0	2	2
S. K. Bagga	60	Krishna Nagar	AAP	4	1	2	2	9
Sahi Ram	52	Tuglakabad Nct	AAP	0	0	2	0	2
Sanjeev Jha	2	Burari	AAP	1	1	2	1	5
Sarita Singh	64	Rohtas Nagar	AAP	0	0	0	2	2
Saurabh Bharadwaj	50	Greater Kailash	AAP	0	0	1	2	3
Sandeep Kumar	10	Sultan Pur Majra (SC)	AAP	0	0	1	1	2
Sharad Kumar	1	Narela	AAP	0	1	2	0	3
Shiv Charan Goel	25	Moti Nagar	AAP	2	1	3	3	9
Shri Dutt Sharma	66	Ghonda	AAP	2	2	8	2	14
Som Dutt	19	Sadar Bazar	AAP	0	2	3	0	5
Somnath Bharti	43	Malviya Nagar	AAP	0	2	3	6	11
Sukhvinder Singh	8	Mundka	AAP	0	0	5	7	12
Vijender Garg Vijay	39	Rajinder Nagar	AAP	4	1	7	5	17
Vijender Kumar (Gupta)	13	Rohini	BJP	5	10	11	29	55
Vishesh Ravi	23	Karol Bagh	AAP	0	0	2	10	12
Total				70	74	138	264	546

Inference:

- Highest number of issues were raised by Om Prakash Sharma from AAP (34 issues) and Vijender Kumar (Gupta) from BJP (29 issues).
- Asim Ahmed Khan, Dinesh Mohaniya, Kapil Mishra, Gulaab Singh and Hazari Lal Chauhan from AAP asked no issues on health from 23rd Feb 2015 to 28th February 2019.

*Annual period for 2015 was 23rd Feb 2015 to 22nd Dec'2015; for 2016 it is 22nd March'2016 to 18th January'2017; for 2017 it is 17th Jan'2017 to 17th Jan 2018 and for 2018 16th March 2018 to 28th February 2019

XI. Zone-wise Diseases/Ailments Reported in Government Dispensaries and Hospitals.

Table 31: Zone-wise estimated proportion of usage of various Dispensaries/Hospitals in comparison to available dispensaries and hospitals in Delhi.

Corporation	MCD Zone	Provisional Population 2011	No. Government Dispensaries/Mohalla Clinics	No. Government Hospitals	Density of Government dispensaries to Population
EDMC	Shahdara North	34,00,000	69	6	26,154
	Shahdara South		61	3	
NDMC	Rural Narela	52,00,000	47	2	23,423
	Karol Bagh		28	4	
	Rohini		44	2	
	Civil Lines		28	6	
	Keshavpuram		43	3	
	City and Sadar Paharganj		32	8	
SDMC	Central	59,00,000	42	1	29,949
	West		48	5	
	South		38	3	
	Najafgarh		69	2	
New Delhi Municipal Council		2,57,803	4	0	64,451
Grand Total		1,47,57,803	553	45	26,687

Inference:

- SDMC has the lowest density of government dispensaries with 1 dispensary for 29,949 people, while NDMC has the highest density of government dispensaries with 1 dispensary for 23,423 people.
- None of the three corporations meet the National Urban Health Mission norm of 1 government dispensary per 15,000 population.

Table 32: Zone-wise Top 5 sensitive diseases in government dispensaries and hospitals in 2018-19

Corporation	Diabetes	Diarrhoea	Hypertension	Tuberculosis	Typhoid
EDMC	73,096	54,526	56,704	6,587	6,415
NDMC	1,84,881	3,06,621	1,85,556	47,284	29,740
SDMC	69,442	1,50,803	68,240	14,849	15,096
New Delhi Municipal Council	380	2,102	896	2	15
Total	3,27,799	5,14,052	3,11,396	68,722	51,266

Inference:

EDMC has the highest reported cases of diabetes (73,096) in 2018-19 whereas in NDMC and SDMC the highest reported cases are that of diarrhoea, 3,06,621 and 1,50,803 respectively.

Table 33: Zone-wise Malaria Data

Corporation	Zone	Malaria				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	489	2,818	876	515	798
	Shahdara South	1,348	559	200	345	248
NDMC	City	110	22	312	17	NA ¹⁷
	Rural Narela	120	193	391	346	150
	Karol Bagh	550	2,667	1,002	370	91
	Rohini	110	370	1,825	405	13
	Sadar Paharganj	0	0	1	21	NA
	Civil Lines	3,824	795	946	638	418
	Keshav Puram	NA	NA	NA	92	116
	City and Sadar Paharganj	NA	NA	NA	339	278
SDMC	Central	10	48	70	65	106
	West	479	1,719	405	789	442
	South	45	6	23	112	142
	Najafgarh	638	241	58	151	72
New Delhi Municipal Council		0	7	2	0	0
Total		7,723	9,445	6,111	4,205	2,874

Inference:

Highest number of malaria cases in 2018-19 have been reported in Shahdara North (798), followed by West zone (442).

¹⁷ NA in all the Zone wise tables refers to nil data due to merging of City and Sadar Pahadganj Zone and new zone of Keshavpuram.

Table 34: Zone-wise Dengue Data

Corporation	Zone	Dengue				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	28	983	594	674	942
	Shahdara South	22	3,923	414	584	302
NDMC	City	9	220	98	80	NA
	Rural Narela	50	195	45	416	198
	Karol Bagh	23	2,424	1,952	403	46
	Rohini	196	8,370	56	119	16
	Sadar Paharganj	0	0	1	0	NA
	Civil Lines	161	2,596	372	1,097	1,134
	Keshav Puram	NA	NA	NA	74	84
	City and Sadar Paharganj	NA	NA	NA	1,610	1,865
SDMC	Central	0	124	25	228	143
	West	67	1,956	325	900	781
	South	108	6,017	1,133	818	912
	Najafgarh	4	311	2	150	276
New Delhi Municipal Council		0	0	0	0	0
Total		668	27,119	5,017	7,153	6,699

Inference:

Highest number of dengue cases in 2018-19 have been reported in City and Sadar Paharganj (1,865), followed by Civil Lines (1,134).

Table 35: Zone-wise Tuberculosis Data

Corporation	Zone	Tuberculosis				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	7,171	6,331	3,908	703	1,343
	Shahdara South	8,949	5,611	2,465	2,521	5,244
NDMC	City	200	389	265	195	NA
	Rural Narela	4,712	4,550	4,049	5,342	6,492
	Karol Bagh	5,524	6,352	6,377	6,238	5,225
	Rohini	22,488	30,084	21,760	20,893	18,383
	Sadar Paharganj	853	1,418	1,544	10,777	NA
	Civil Lines	11,853	5,372	4,706	11,509	12,372
	Keshav Puram	NA	NA	76	1,069	2,580
	City and Sadar Paharganj	NA	NA	NA	2,809	2,232
SDMC	Central	3,025	6,067	6,018	4,775	3,209
	West	3,847	4,223	4,234	2,692	5,361
	South	3,238	4,992	3,646	1,066	2,081
	Najafgarh	3,142	5,475	5,441	3,872	4,198
New Delhi Municipal Council		6	3	2	0	2
Total		75,008	80,867	64,491	74,461	68,722

Inference:

Highest number of tuberculosis cases in 2018-19 have been reported in Rohini (18,383), followed by Civil lines zone (12,372).

Table 36: Zone-wise Diarrhoea Data

Corporation	Zone	Diarrhoea				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	36,171	29,964	32,298	33,666	32,118
	Shahdara South	48,999	45,607	35,874	33,503	22,408
NDMC	City	7,121	9,613	11,563	3,049	NA
	Rural Narela	1,20,298	1,25,869	1,39,199	86,611	1,18,651
	Karol Bagh	37,891	35,646	24,233	42,900	31,515
	Rohini	74,543	61,875	77,631	59,678	53,947
	Sadar Paharganj	19,343	33,419	34,411	17,629	NA
	Civil Lines	54,261	60,393	64,990	39,626	24,101
	Keshav Puram	NA	NA	2,107	9,545	48,720
	City and Sadar Paharganj	NA	NA	NA	11,460	29,687
SDMC	Central	40,555	30,767	29,056	39,634	30,069
	West	78,733	70,377	66,888	60,730	58,305
	South	26,726	22,405	27,423	24,998	26,823
	Najafgarh	37,263	48,687	50,613	36,355	35,606
New Delhi Municipal Council		1,193	1,934	1,982	2,100	2,102
Total		5,83,097	5,76,556	5,98,268	5,01,484	5,14,052

Inference:

Highest number of diarrhoea cases in 2018-19 have been reported in Narela (1,18,651), followed by West zone (58,305).

Table 37: Zone-wise Cholera Data

Corporation	Zone	Cholera				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	4	1,203	169	78	34
	Shahdara South	0	2,221	4,247	54	824
NDMC	City	74	158	69	18	NA
	Rural Narela	323	0	259	0	0
	Karol Bagh	55	3	109	1,116	58
	Rohini	501	112	226	193	8
	Sadar Paharganj	0	0	32	0	NA
	Civil Lines	0	0	0	991	299
	Keshav Puram	0	0	0	0	240
	City and Sadar Paharganj	1,028	2,223	2,167	0	31
SDMC	Central	400	0	0	0	0
	West	5	3	46	0	0
	South	0	0	3	14	0
	Najafgarh	6	1	1	669	1
New Delhi Municipal Council		0	0	0	0	31
Total		2,396	5,924	7,328	3,133	1,526

Inference:

Highest number of cholera cases in 2018-19 have been reported in Shahdara South (824), followed by Civil Lines (299).

Table 38: Zone-wise Typhoid Data

Corporation	Zone	Typhoid				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	3,689	6,069	6,003	3,432	4,330
	Shahdara South	793	1,549	1,933	2,614	2,085
NDMC	City	2,572	4,941	621	411	NA
	Rural Narela	2,338	1,380	1,078	1,846	1,630
	Karol Bagh	4,241	6,165	5,130	6,180	7,159
	Rohini	15,200	15,333	17,805	9,996	9,444
	Sadar Paharganj	636	2,081	49	0	NA
	Civil Lines	10,420	17,501	5,635	2,461	1,501
	Keshav Puram	NA	NA	NA	6,959	8,148
	City and Sadar Paharganj	NA	NA	NA	1,584	1,858
SDMC	Central	484	1,194	868	876	1,117
	West	3,083	2,675	5,278	2,967	3,608
	South	1,349	1,954	2,168	2,967	4,371
	Najafgarh	8,512	7,980	9,529	8,768	6,000
New Delhi Municipal Council		40	42	19	3,432	15
Total		53,357	68,864	56,116	51,090	51,266

Inference:

Highest number of typhoid cases in 2018-19 have been reported in Rohini (9,444), followed by Keshavpuram zone (8,148).

Table 39: Zone-wise Diabetes Data

Corporation	Zone	Diabetes				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	27,656	48,153	38,836	37,743	31,333
	Shahdara South	31,520	27,790	25,236	32,567	41,763
NDMC	City	10,106	19,030	15,774	6,324	NA
	Rural Narela	53,254	49,011	47,184	24,820	32,330
	Karol Bagh	34,023	29,793	34,067	24,601	27,228
	Rohini	54,383	60,538	76,431	68,031	46,746
	Sadar Paharganj	17,972	30,812	23,284	11,005	NA
	Civil Lines	38,663	42,366	44,629	23,932	11,912
	Keshav Puram	NA	NA	871	9,007	23,054
	City and Sadar Paharganj	NA	NA	NA	16,612	43,611
SDMC	Central	7,693	4,637	10,005	21,492	13,861
	West	38,163	27,679	30,578	29,838	17,403
	South	4,890	7,385	10,772	15,338	17,782
	Najafgarh	18,316	17,996	16,017	40,223	20,396
New Delhi Municipal Council		2,837	743	318	938	380
Total		3,39,476	3,65,933	3,74,002	3,62,471	3,27,799

Inference:

Highest number of diabetes cases in 2018-19 have been reported in Rohini (46,746), followed by City and Sadar Paharganj zone (43,611).

Table 40: Zone-wise Hypertension Data

Corporation	Zone	Hypertension				
		2014-15	2015-16	2016-17	2017-18	2018-19
EDMC	Shahdara North	19,979	31,709	27,971	24,288	21,710
	Shahdara South	29,966	25,112	26,813	26,164	34,994
NDMC	City	11,795	15,650	19,067	6,277	NA
	Rural Narela	67,093	57,463	59,752	33,498	42,938
	Karol Bagh	29,803	22,406	23,108	23,045	19,552
	Rohini	47,720	49,442	70,563	63,594	40,512
	Sadar Paharganj	17,758	28,053	24,451	11,050	NA
	Civil Lines	35,874	39,721	43,606	29,922	24,431
	Keshav Puram	NA	NA	1,058	8,085	26,449
	City and Sadar Paharganj	NA	NA	0	10,462	31,674
SDMC	Central	10,779	6,023	10,282	27,788	17,262
	West	42,344	30,496	32,973	52,425	19,916
	South	4,130	6,473	7,428	13,577	14,618
	Najafgarh	16,486	16,290	12,301	36,117	16,444
New Delhi Municipal Council		3,947	1,395	724	1,541	896
Total		3,37,674	3,30,233	3,60,097	3,67,833	3,11,396

Inference:

Highest number of hypertension cases in 2018-19 have been reported in Narela (42,938), followed by Rohini zone (40,512).

Annexure 1: List of Municipal & Government hospitals/Dispensaries

Sr. No.	Type ¹⁸	Dispensary name	Sr. No.	Type	Dispensary name
Central zone					
1	S	DGD Batla House	16	S	Seed PUHC Sangam Vihar D-5/7
2	S	DGD Delhi Secretariat	17	S	Seed PUHC Sangam Vihar F2/474
3	S	DGD Garhi	18	S	Seed PUHC Sangam Vihar H-16/413
4	S	DGD Molarband	19	S	Seed PUHC Tughlakabad
5	S	DGD Sangam Vihar D-1/36	20	M	Badarpur Polyclinic
6	S	DGD Sarai Kale Khan	21	M	Chest Clinic TB Hospital, Nehru Nagar
7	S	DGD Srinivas Puri	22	M	Defence Colony Urban Health Centre
8	S	DGD Sunlight Colony	23	M	Jangpura Polyclinic
9	S	DGD Tajpur	24	M	Kalkaji Colony Hospital
10	S	Seed PUHC Abul Fazal	25	M	Lajpat Nagar Colony Hospital
11	S	Seed PUHC Jasola Village	26	M	Madanpur Khadar Allopathic Dispensary
12	S	Seed PUHC Lal Quan	27	M	Nizamuddin Polyclinic
13	S	Seed PUHC Meetha Pur Extn	28	M	Sarai kalen Khan Allopathic Dispensary
14	S	Seed PUHC Pul Prahladpur	29	M	Sidharth Basti allopathic Dispensary
15	S	Seed PUHC Sangam Vihar B-Block	30	M	Tuglakabad Dispensary
City Sadar Paharganj					
1	S	DGD Ajmeri Gate	14	M	Babasaheb Ambedkar Sadar Bazar Polyclinic
2	S	DGD Chamelian Road	15	M	Chest Clinic SPM Marg
3	S	DGD Dujana House	16	M	Depty. Ganj (F) Dispensary
4	S	DGD Gali Guliyani	17	M	Goenka Road Dispensary
5	S	DGD Gali Samosan	18	M	Kashmere Gate dispensary
6	S	DGD Hindustani Dawakhana	19	M	Lahori Gate Dispensary
7	S	DGD Motia Khan	20	M	Lal Kuan Dispensary
8	S	DGD Nabi Karim	21	M	Lala Dulichand Bara Hindu Rao Polyclinic
9	S	DGD Pul Bangash	22	M	Pratap Nagar Dispensary
10	S	DGD Sarai Rohilla	23	M	V.D. Clinic Roshnara road Dispensary
11	S	DGD Suiwalan	24	M	V.D. Clinic and Polyclinic
12	S	DGD Tis-Hazari	25	M	Vivekanand Municipal Dispensary
13	S	DGD Tis-Hazari-FAP	26	M	Vivekanand Polyclinic
Civil Line					
1	S	DGD Bhalswa Dairy	12	S	Seed PUHC Jagatpur
2	S	DGD Bhalswa JJ Colony	13	S	Seed PUHC Nathupura
3	S	DGD Jahangirpuri B Block	14	S	Seed PUHC Samta Vihar
4	S	DGD Jahangirpuri H Block	15	S	Seed PUHC Swarup Nagar
5	S	DGD Jharoda Majra	16	M	Badli Dispensary
6	S	DGD Majnu Ka Tila	17	M	Burari Polyclinic

¹⁸ S: State, M: Municipal

Civil Line					
7	S	DGD Mukandpur	18	M	GTB Nagar Polyclinic
8	S	DGD Mukhmailpur	19	M	Indra Nagar Dispensary
9	S	DGD Old Sectt	20	M	Siraspur Dispensary
10	S	DGD Timarpur	21	M	UHC/ Dhaka
11	S	DGD Wazirabad			
Karol Bagh					
1	S	DGD Anand Parbat	13	S	DGD Shahzada Bagh
2	S	DGD Baljit Nagar	14	S	DGD Tank Road
3	S	DGD Budh Nagar	15	S	Seed PUHC Sudarshan Park
4	S	DGD Gulabi Bagh	16	M	Chest Clinic Moti Nagar
5	S	DGD Inderlok	17	M	Dev Nagar Dispensary
6	S	DGD Inderpuri, Near Mother Dairy	18	M	Jandhewalan Chest Clinic
7	S	DGD Jai Dev Park	19	M	Kirti Nagar Dispensary
8	S	DGD New Ranjit Nagar	20	M	Maharaja agrsen Nigam Dispensary UHC WEA
9	S	DGD Pahar Ganj	21	M	Naraina Dispensary
10	S	DGD Prem Nagar	22	M	Old Rajinder Nagar Dispensary
11	S	DGD Ranjit Nagar	23	M	Pahar Ganj Dispensary
12	S	DGD Regharpura	24	M	Ramesh Nagar Polyclinic
Keshav Puram					
1	S	DGD As hok Vihar, H-Block	14	S	Polyclinic Keshavpuram B-4 Block
2	S	DGD Gurmandi	15	S	Polyclinic Pitam pura
3	S	DGD Keshavpuram C-7 Block	16	S	Polyclinic Wazirpur, PH-III
4	S	DGD Model Town	17	M	Atma Ram Gupta Poly clinic (Onkar Nagar PC)
5	S	DGD Paschim Puri	18	M	Azadpur Dispensary
6	S	DGD Paschim Vihar	19	M	Chest Clinic Gulabi Bagh
7	S	DGD Sangam Park	20	M	Indra Gandhi Polyclinic
8	S	DGD Saraswati Vihar	21	M	Jwala Heri Dispensary
9	S	DGD Shakurpur	22	M	Nimri Polyclinic
10	S	DGD Shalimar Bagh AC- Block	23	M	Pitumpura Dispensary
11	S	DGD Shalimar Bagh BB-Block	24	M	Roop Nagar Dispensary
12	S	DGD Wazirpur Industrial Area	25	M	Shakurbasti Dispensary
13	S	DGD Wazirpur J.J.Colony	26	M	Singhalpur Dispensary
Najafgarh					
1	S	DGD Bamnoli	21	S	DGD Nangli
2	S	DGD Chhawla	22	S	DGD Pindwala Kalan
3	S	DGD Dhansa	23	S	DGD Raj Nagar Part-II
4	S	DGD Dindarpur Village	24	S	DGD Rawta
5	S	DGD Dwarka Court	25	S	DGD Sagarpur
6	S	DGD Dwarka Sector – 10	26	S	DGD Shahbad Md. Pur

Najafgarh					
7	S	DGD Dwarka Sector – 12	27	S	Seed PUHC Dharmapura
8	S	DGD Dwarka Sector – 19	28	S	Seed PUHC Gopal Nagar
9	S	DGD Dwarka Sector – 2	29	S	Seed PUHC Kakrola
10	S	DGD Dwarka Sector-14	30	S	Seed PUHC Qutub Vihar
11	S	DGD Dwarka Sector-17	31	S	Seed PUHC Ranaji Enclave
12	S	DGD Issapur	32	S	Seed PUHC Smalkha
13	S	DGD Jharoda Kalan	33	S	SPUHC Salhapur Khera
14	S	DGD Jhatikara	34	S	SPUHC Sitapuri
15	S	DGD Kanganheri Village	35	M	Bijwasan Chest Clinic
16	S	DGD Kapashera	36	M	Bijwasan Dispensary
17	S	DGD Mahipal Pur	37	M	Daulatpur Allopathic Dispensary
18	S	DGD Malik Pur Village	38	M	Gumenhera Allopathic Dispensary
19	S	DGD Mangla Puri	39	M	Issapur Allopathic Dispensary
20	S	DGD Mundela Khurd			
Narela					
1	S	DGD Bakhtawarpur	19	S	DGD Savda Ghevra
2	S	DGD Bawana	20	S	DGD Tikri Kalan
3	S	DGD Bhorgarh	21	S	Seed PUHC Begum Pur
4	S	DGD Darya Pur Kalan	22	S	Seed PUHC Kam Ruddin Nagar
5	S	DGD Harewali	23	S	Seed PUHC Nilothi
6	S	DGD Hiran Kudna	24	M	Alipur Polyclinic
7	S	DGD Holambi Kalan Ph-2	25	M	Bawana Polyclinic
8	S	DGD Jaunti	26	M	Begum Vihar Dispensary
9	S	DGD Katewara	27	M	Chest Clinic Narela
10	S	DGD Khera Kalan	28	M	Chest clinic Shahbad
11	S	DGD Madan Pur Dabas	29	M	Hamidpur Dispensary
12	S	DGD Majra Dabas	30	M	Karala Polyclinic
13	S	DGD Mundka	31	M	Mungeshpur Dispensary
14	S	DGD Nangloi	32	M	Narela Polyclinic
15	S	DGD Narela	33	M	PUHC Shahbad Dairy
16	S	DGD Nizam pur	34	M	Ram Roop Health Kanjhawala Polyclinic
17	S	DGD Rani Khera	35	M	Singhu Dispensary
18	S	DGD Sannothe	36	M	Pooth Kalan Dispensary
New Delhi Municipal Council					
1	S	DGD Delhi High Court	3	S	DGD Supreme Court
2	S	DGD Patiala House Court	4	S	DGD Trade and Taxes, ITO
Rohini					
1	S	DGD Jawalपुरi	13	S	Seed PUHC Budh Vihar
2	S	DGD Kirari	14	S	Seed PUHC Chander Vihar
3	S	DGD Mangolpur	15	S	Seed PUHC Inder Enclave - II
4	S	DGD Prashant Vihar	16	S	Seed PUHC Laxmi Vihar

Rohini					
5	S	DGD Rohini Court	17	S	Seed PUHC Nihal Vihar
6	S	DGD Sector-13, Rohini	18	S	Seed PUHC Prem Nagar II
7	S	DGD Sector-8, Rohini	19	S	Seed PUHC Prem Nagar III
8	S	DGD Sultanpuri	20	S	SPHUC Pratap Vihar
9	S	Polyclinic Rohini, Sector 4	21	M	Chest Clinic Choudhary Desraj
10	S	Polyclinic Sector-18, Rohini	22	M	Lala Hans Raj Gupta, Rohini Polyclinic
11	S	Polyclinic Sector-2, Rohini	23	M	Nangloi Polyclinic
12	S	Seed PUHC Aman Vihar			
Shahadra North					
1	S	DGD Arvind Nagar	19	S	Seed PUHC Bhagirathi Vihar
2	S	DGD Ashok Nagar	20	S	Seed PUHC Brahmpuri
3	S	DGD Babarpur	21	S	Seed PUHC Chandu Nagar
4	S	DGD Bhagirathi Vihar	22	S	Seed PUHC Chauhan Patti
5	S	DGD Durgapuri	23	S	Seed PUHC Kabir Nagar
6	S	DGD Gokulpuri	24	S	Seed PUHC Nehru Vihar
7	S	DGD Jhilmil	25	S	Seed PUHC New Mustafabad
8	S	DGD Johripur	26	S	Seed PUHC Old Mustafabad
9	S	DGD Khajoori Khas	27	S	Seed PUHC Rajiv Nagar/Shri Ram Colony
10	S	DGD Maujpur	28	S	Seed PUHC Shaheed Bhagat Singh
11	S	DGD Nand Nagri Extension	29	S	Seed PUHC Shiv Vihar Phase -II
12	S	DGD New Seemapuri	30	S	Seed PUHC Shiv Vihar Phase -V
13	S	DGD Old Seemapuri	31	S	Seed PUHC Sonia Vihar 0 Pushta
14	S	DGD Saboli	32	S	Seed PUHC Sonia Vihar 4.5 Pushta
15	S	DGD Seelampur	33	S	Seed PUHC Zafrabad-1
16	S	DGD Shiv Vihar Tiraha	34	M	Allopathic Dispensary, Brahmpuri
17	S	DGD Yamuna Vihar	35	M	Allopathic Dispensary, Karawal Nagar
18	S	Seed PUHC Amar Colony	36	M	Allopathic Dispensary, Yamuna Vihar
Shahadra South					
1	S	DGD Bank Enclave	18	S	DGD Pandav Nagar
2	S	DGD Bhola Nath Nagar	19	S	DGD Shashi Garden
3	S	DGD Chander Nagar	20	S	DGD Suraj Mal Vihar
4	S	DGD Dilshad Garden	21	S	DGD Trilok Puri
5	S	DGD Geeta Colony	22	S	DGD Vasundhara Enclave
6	S	DGD Himmat Puri	23	S	Seed PUHC Ghazipur
7	S	DGD I.P. Extension	24	S	Seed PUHC New Ashok Nagar
8	S	DGD Jagat Puri	25	S	Seed PUHC Rajbir Colony
9	S	DGD Kalyan Puri	26	S	Seed PUHC, Jheel
10	S	DGD Karkardooma	27	M	Allopathic Dispensary, EDMC HQ
11	S	DGD Karkardooma Court Complex	28	M	Allopathic Dispensary, Harsh Vihar
12	S	DGD Laxmi Nagar	29	M	Allopathic Dispensary, Kasturba Nagar
13	S	DGD M ayur Vihar, PH-III (Kondli)	30	M	Allopathic Dispensary, Khureji Khas

Shahadra South					
14	S	DGD Mandawali Fazal Pur	31	M	Allopathic Dispensary, Patparganj
15	S	DGD Mayur Vihar	32	M	Jheel Khureji Dispensary
16	S	DGD Mukesh Nagar	33	M	Polyclinic Shahdara
17	S	DGD New Lahore Shastri Nagar	34	M	SPM Chest Clinic, Patparganj
South					
1	S	DGD Begum pur	13	S	DGD Saket Court Complex
2	S	DGD Ber Sarai	14	S	DGD Sangam Vihar
3	S	DGD Chatterpur	15	S	Seed PUHC Aya Nagar
4	S	DGD Chirag Delhi	16	S	Seed PUHC Jawahar Park
5	S	DGD Dakshinpuri	17	S	Seed PUHC Neb Sarai
6	S	DGD Jonapur	18	S	Seed PUHC Sangam Vihar
7	S	DGD Kalkaji	19	M	Madangir Allopathic Dispensary
8	S	DGD Khanpur	20	M	Masjid Moth Polyclinic
9	S	DGD Madangir	21	M	Munirka Polyclinic
10	S	DGD Moti Bagh (Shastri Market)	22	M	Primary Health Centre
11	S	DGD Rajokri	23	M	Primary Health Centre Mehrauli
12	S	DGD Saket	24	M	Primary Health Centre, Fateh Pur Beri
West					
1	S	DGD Bakkarwala	15	S	DGD Ram Dutt Enclave
2	S	DGD Baprolla	16	S	DGD Shiv Vihar
3	S	DGD Basant Gaon	17	S	DGD Tihar Jail Complex
4	S	DGD Chowk handi	18	S	DGD Tilak Vihar
5	S	DGD Janak puri (A-4A)	19	S	DGD Tilangpur Kotla
6	S	DGD Janak puri(C4B)	20	S	DGD Vikas Puri
7	S	DGD Jeevan Park	21	S	Seed PUHC Mansa Ram Park
8	S	DGD Khyala	22	S	Seed PUHC Mohan Garden
9	S	DGD Madipur	23	M	Maharaja Agarsen Polyclinic
10	S	DGD Mayapuri	24	M	Rajouri Garden Allopathic Dispensary
11	S	DGD Nangal Raya	25	M	Subhash Nagar Allopathic Dispensary
12	S	DGD Nangli Jalib	26	M	Tilak Nagar Colony Hospital
13	S	DGD Nawada	27	M	Uttam Nagar Dispensary
14	S	DGD Raghubir Nagar			

Sr. No.	Type	Hospital Name	Sr. No.	Type	Hospital Name
Central			Narela		
1	S	Nehru Homeopathic Medical College & Hospital	1	S	Maharishi Balmiki Hospital
City Sadar Paharganj			2	S	Satyawadi Raja Harish Chandra Hospital
1	S	Aruna Asaf Ali Govt. Hospital	Rohini		
2	S	Govind Ballabh Pant Hospital (GBPH)	1	S	Dr. Baba Saheb Ambedkar Hospital
3	S	Guru Nanak Eye Centre	2	S	Sanjay Gandhi Memorial Hospital
4	S	Lok Nayak Hospital	Shahadra North		
5	S	Maulana Azad Institute of Dental Sciences	1	S	Delhi State Cancer Institution
6	S	Sushrut Trauma Centre	2	S	Guru Teg Bahadur Hospital
7	M	Girdharilal Maternity Hospital	3	S	Institute of Human Behaviour and Allied Sciences (I.H.B.A.S.)
8	M	Kasturba Hospital	4	S	Jag Parvesh Chander Hospital
Civil Line			5	S	Rajiv Gandhi Super Speciality Hospital
1	S	Babu Jagjivan Ram Hospital	6	M	Swami Dayanand Hospital
2	S	Poor House Hospital	Shahadra South		
3	M	Balakram Hospital	1	S	Chacha Nehru Bal Chikitsalaya
4	M	Hindu Rao Hospital	2	S	Dr. Hedgewar Arogya Sansthan
5	M	MVID Hospital	3	S	Lal Bahadur Shastri Hospital
6	M	Rajan Babu TB Hospital	South		
Karol Bagh			1	S	Dr. B. R. Sur Homoeopathic Medical College & Hospital
1	S	Aacharyashree Bhiksha Hospital	2	S	Institute of Liver & Biliary Sciences
2	S	Ayurvedic & Unani Tibbia College and Hospital	3	S	Pandit Madan Mohan Malviya Hospital
3	S	Dr. N. C. Joshi Hospital	West		
4	S	Sardar Vallabh Bhai Patel Hospital	1	S	Central Jail Hospital
Keshav Puram			2	S	Dadadev Mother & Child Hospital
1	S	Attar Sain Jain Hospital	3	S	Deen Dayal Upadhyay Hospital
2	S	Bhagwan Mahavir Hospital	4	S	Guru Govind Singh Hospital
3	S	Deep Chand Bandhu Hospital	5	S	Janakpuri Super Speciality Hospital
Najafgarh					
1	S	Chaudhary Brahm Prakash Ayurved Charak Sansthan	2	S	Rao Tula Ram Memorial Hospital

Annexure 2: Ministers List

Ministers list from Feb 2015 to Jan 2018			
Name	Minister	Period	New if any
Arvind Kejriwal	Chief Minister	16-2-15 to till date	
Asim Ahmed Khan	Food Minister	16-2-15 to 31-8-15	Imran Hussain from 20-10-15 to till date
Gopal Rai	Minister	16-2-15 to till date	
Jitender Singh Tomar	Minister	16-2-17 to 31-8-15	Kapil Mishra from 31-8-15 to 09-05-17
Manish Sisodiya	Deputy Chief Minister	16-2-15 to till date	
Ram Niwas Goel	Speaker	16-2-15 to till date	
Sandeep Kumar	Minister	16-2-2015 to 6-9-2016	Rajender Pal Gautam from 19-5-2017 to till date
Satyendar Kumar Jain	Minister	16-2-15 to till date	
Rakhi Birla	Deputy Speaker	7-6-2016 to till date	
Surender Singh	Delhi Cantonment Board	16-2-15 to till date	
Kailas Gahlot	Minister	31-05-2017 till date	

Annexure 3: Registration of Birth and Death Act 1969

- Provides for registration of births and deaths and for matters connected.
- 'Source of demographic data for socio-economic planning, development of health systems and population control' (as per 2012 Training Manual for Civil Registration Functionaries in India, Office of Register General of India, Ministry of Home Affairs, Government of India).

Medical Certification of Causes of Death (MCCD)

The Registration of Births and Deaths Act, 1969 (RBD Act, 1969) came into force in **Delhi** w.e.f. 1st July, 1970. The Act aims at compulsory accounting of vital events which results in the issuance of certificates as well as generation of valuable data for plan and policy formulation on health sector. The Delhi Registration of Births and Deaths Rules, 1970 have also been notified w.e.f. 1st January 1971. Further, these rules have been modified as per direction of Registrar General India in December, 1999 and came into force w.e.f. 1st January, 2000. Directorate of Economics & Statistics, Govt. of N.C.T. of Delhi also functions as the Office of Chief Registrar (Births & Deaths) for the N.C.T. of Delhi. **The actual registration of Births & Deaths in Delhi is done by five local bodies viz North/South/East Delhi Municipal Corporations, NDMC and Delhi Cantonment Board through the registration offices spread under their respective jurisdictions.** Each local body has the provision of Additional Chief Registrar (Birth & Death) to coordinate for smooth and effective functioning of registration work of vital events occurred in the respective jurisdictional area. The registration office/zone under the local body is headed by Registrar (B&D).

MEANING OF MCCD: Medical Certification of cause of death is a record of the cause of death i.e. the disease, abnormality or injury which has directly or indirectly contributed to the death of a person. Death often results from the combined effect of two or more conditions. Sometimes these conditions may be related or un-related. When the conditions are related the under lying cause of death is the disease or injury which initiated the sequence of events. All other conditions of death other than the underlying cause of death is termed as antecedent and immediate cause of death. The system of medical certification of cause of death provides cause specific mortality profiles which is a key indicator for analysing the health trends of population in a scientific manner. The analysis of causes of deaths in different age groups has immense value to the public health planners/administrators, medical professionals, epidemiologists and research workers etc.

Source:

<http://www.delhi.gov.in/wps/wcm/connect/f18afe0043c31f83863fff115eec0808/MCCD+Report+2016.pdf?MOD=AJPERES&lmod=1859733220&CACHEID=f18afe0043c31f83863fff115eec0808>

FORM NO. 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients, Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.

on at AM/PM

NAME OF DECEASED					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between onset and death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		(a)			
		(b)			
Antecedent cause Morbidity conditions, if any, giving rise to the above cause, stating underlying conditions last		(c)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it				
				
				

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
-
5. Pending investigation

 If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum S/W/D of Shri

R/O was admitted to this hospital on

and expired on

Doctor

(Medical Supdt.

Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease – Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically. Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

Annexure 4: Survey Methodology and Socio Economic Classification (SEC)

Survey Methodology

Praja Foundation had commissioned the household survey to Hansa Research and the survey methodology followed is as below:

- In order to meet the desired objectives of the study, we represented the city by covering a sample from each of its 272 wards. Target Group for the study was:
 - ✓ Both Males & Females
 - ✓ 18 years and above
 - ✓ Belonging to that particular ward.
- Sample quotas were set for representing gender and age groups on the basis of their split available through Indian Readership Study (Large scale baseline study conducted nationally by Media Research Users Council (MRUC) & Hansa Research group) for Mumbai Municipal Corporation Region.
- The required information was collected through face to face interviews with the help of structured questionnaire.
- In order to meet the respondent within a ward, following sampling process was followed:
 - ✓ 5 prominent areas in the ward were identified as the starting point
 - ✓ In each starting point about 20 individuals were selected randomly and the questionnaire was administered with them.
- Once the survey was completed, sample composition of age & gender was corrected to match the population profile using the baseline data from IRS. This helped us to make the survey findings more representatives in nature and ensured complete coverage.
- To get more accurate estimates of disease incidence, we have increased the depth of probing to ask further questions about each individual member of the household, the disease they have contracted, whether testing was sought and the nature of the hospital care availed of. This is a more robust method. What was being done earlier was that information was sought at a general household level and then this information was extrapolated to all household members.
- The numbers in the table 15 & 16 refer to the number of cases where testing was conducted and was positive for the disease in question.
- Instead of asking for details about the household in general, this year we asked for information about each member in a household who suffered from a particular disease. As a result, the overlap between private and government hospitals has reduced – this is because, now if two different members of a household visited two different types of hospitals, they are now being covered separately.
- Due to the change in methodology from a generalised household feedback to individual specific feedback, the overlap between private and government hospitals has reduced. Previously, a household where one member may have received treatment from a private hospital and another from a government hospital would be counted under ‘both’. Now, with individual data being captured for each member of the household, only those members who went to both government and private hospitals would be counted under ‘both’.
- **The total study sample was 25,041.**

Socio-Economic Classification

SEC is used to measure the affluence level of the sample, and to differentiate people on this basis and study their behaviour / attitude on other variables.

While income (either monthly household or personal income) appears to be an obvious choice for such a purpose, it comes with some limitations:

- Respondents are not always comfortable revealing sensitive information such as income.
- The response to the income question can be either over-claimed (when posturing for an interview) or under-claimed (to avoid attention). Since there is no way to know which of these it is and the extent of over-claim or under-claim, income has a poor ability to discriminate people within a sample.
- Moreover, affluence may well be a function of the attitude a person has towards consumption rather than his (or his household's) absolute income level.

Attitude to consumption is empirically proven to be well defined by the education level of the Chief Wage Earner (CWE*) of the household as well as his occupation. The more educated the CWE, the higher is the likely affluence level of the household. Similarly, depending on the occupation that the CWE is engaged in, the affluence level of the household is likely to differ – so a skilled worker will be lower down on the affluence hierarchy as compared to a CWE who is businessman.

Socio Economic Classification or SEC is thus a way of classifying households into groups' basis the education and occupation of the CWE. The classification runs from A1 on the uppermost end thru E2 at the lower most end of the affluence hierarchy. The SEC grid used for classification in market research studies is given below:

EDUCATION OCCUPATION		Illiterate	literate but no formal schooling / School up to 4 th	School 5 th – 9 th	SSC/ HSC	Some College but not Grad	Grad/ Post-Grad Gen.	Grad/ Post-Grad Prof.
Unskilled Workers		E2	E2	E1	D	D	D	D
Skilled Workers		E2	E1	D	C	C	B2	B2
Petty Traders		E2	D	D	C	C	B2	B2
Shop Owners		D	D	C	B2	B1	A2	A2
Businessmen/ Industrialists with no. of employees	None	D	C	B2	B1	A2	A2	A1
	1 – 9	C	B2	B2	B1	A2	A1	A1
	10 +	B1	B1	A2	A2	A1	A1	A1
Self employed Professional		D	D	D	B2	B1	A2	A1
Clerical / Salesman		D	D	D	C	B2	B1	B1
Supervisory level		D	D	C	C	B2	B1	A2
Officers/ Executives Junior		C	C	C	B2	B1	A2	A2
Officers/Executives Middle/ Senior		B1	B1	B1	B1	A2	A1	A1

*CWE is defined as the person who takes the main responsibility of the household expenses.

Annexure 5: RTIs filed for data of diseases reported in government hospitals and dispensaries.

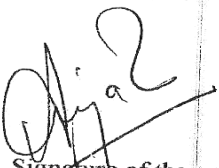
Annexure A

[See rule 3]

Format for obtaining information under the Right to Information Act 2005

To,
Public Information Officer/
Additional Medical Superintendent
Sanjay Gandhi Memorial Hospital
Block S, Mangolpuri, New Delhi, Delhi 110083

1. Subject matter of information: **Top 10 New Diagnosed Health Diseases in your Hospital.**
2. Particular of information: -
 - A. Period to which the information relates: **From 1st January 2017 to 31st March 2017.**
 - B. Description of the information required:
 - (i) **Number of cases New Cases/Incidences (OPD and IPD Wise Separately) with Malaria, Tuberculosis, Hepatitis A, Hepatitis B, Hepatitis C, Diarrhea, Hyper Tension, Diabetics, cholera, Typhoid, Dengue, HIV, H1N1(Swine Flu). Please also provide the number of cases diagnosed for each month separately. From month of 1st January 2017 to 31st March 2017.**
 - (ii) **List of top 10 diseases (New Cases / Incidences) (OPD and IPD Wise Separately) registered in your hospital in terms of numbers. Please also provide the number of cases diagnosed for each month separately. From month of 1st January 2017 to 31st March 2017.**
 - (iii) **Please provide mother and child Mortality rate and Number (give the data Monthly). From month of 1st January 2017 to 31st March 2017.**
 - (iv) **Number of patients treated (New+Old Separately) and IPD (New+Old Separately) in the given period (give the data monthly). From month of 1st January 2017 to 31st March 2017.**
3. Information will be collected **In Person** after intimation over phone or via post. **Information is required in public interest and information seeker is an Indian Citizen.**
4. Full Name of the Applicant: **Anjali Srivastava**
5. Address for communication: **Praja Foundation, Room number: 901, 9th floor, Nirmal Tower, 26 Barakhamba Road, New delhi 110001**



Signature of the applicant
Anjali Srivastava
Mob. No. 8376006316 / 011-23321559
E-mail- anjali@praja.org
Place: New Delhi

Date: 3/4/17.

Indian Postal Order of Rs. 10 is enclosed. 38F 129308

Note: If the above information is available in soft copy, we request you to provide it.

GOVERNMENT OF NCT OF DELHI
SANJAY GANDHI MEMORIAL HOSPITAL,
S-BLOCK, MANGOL PURI, DELHI-83
(MEDICAL RECORD DEPARTMENT)
PH; 011- 27900150, 27900151
EMAIL- mrdsgms@rediffmail.com

F3/2/2014/MRD/SGMH 9608

DATED: 07/09/2017

TO

AO/APIO,

SANJAY GANDHI MEMORIAL HOSPITAL,

MANGOLPURI, DELHI-110083

SUB:- Reply of RTI vide RTI ID- 33/2017

Sir,

Please refer to above mentioned RTI the requisite information pertaining to MRD is as under :-

ANSWER B (i)

NAME OF DISCEASES		NO. OF CASES					
S.NO	DISCEASES	OPD			IPD		
		JAN' 17	FEB'17	MAR'17	JAN'17	FEB'17	MAR'17
1	MALARIA	3 ✓	2 ✓	5 ✓	NIL	NIL	NIL
2	TUBERCULOSIS	572 ✓	530 ✓	701 ✓	NIL	1 ✓	3 ✓
3	HEPATITIS A	1 ✓	NIL	NIL	NIL	NIL	NIL
4	HEPATITIS B	NIL	NIL	NIL	NIL	NIL	NIL
5	HEPATITIS C	NIL	NIL	NIL	1 ✓	8 ✓	1 ✓
6	DIARRHEA	29 ✓	19 ✓	47 ✓	39 ✓	31 ✓	40 ✓
7	HYPER TENSION +	1876	1262	1086	18	18	19
8	DIABETICS						
9	CHOLERA	NIL	NIL	NIL	NIL	NIL	NIL
10	TYPHOID	3 ✓	1 ✓	NIL	6 ✓	15 ✓	23 ✓
11	DENGUE	NIL	NIL	NIL	3 ✓	4 ✓	NIL
12	HIV	2 ✓	1 ✓	NIL	NIL	NIL	NIL
13	HINI (SWINE FUE)	NIL	1 ✓	NIL	NIL	1 ✓	NIL

Annexure 6: RTI and Reply on Mohalla Clinic of Reported Diseases

I. RTI Filed for Disease wise Cases reported in Mohalla Clinic

Annexure A

[See rule 3]

Format for obtaining information under the
Right to Information Act 2005

To,

Public Information Officer/

Dte General Health Services
F-17, Swasthya Sewa Govt. of NCT
Nideshalaya
Karol Bagh, Delhi-32



1. Subject matter of information: Information on number of cases registered in different Mohalla Clinics in Delhi.

2. Particular of information: -

i. Period to which the information relates: April 2016- March 2019

ii. Description of the information required:

(i) Number of cases New Cases/Incidences with Malaria, Tuberculosis, Hepatitis A, Hepatitis B, Hepatitis C, Diarrhea, Hyper Tension, Diabetics, cholera, Typhoid, Dengue, HIV, H1N1 (Swine Flu). Please also provide the number of cases diagnosed for each month, Mohalla Clinic and District wise separately. From month of 1st April 2016- 31st March 2019.

(ii) List of top 10 diseases (New Cases / Incidences) registered in each Mohalla Clinic in terms of numbers. Please also provide the number of cases diagnosed for each month, Mohalla Clinic and District wise separately. From month of 1st April 2016- 31st March 2019.

(iii) Number of patients treated in OPD (Old and New wise separately) in the given period for each month, Mohalla Clinic and District wise separately. From month of 1st April 2016 - 31st March 2019.

3. Information will be collected In Person after intimation over phone or via post.

4. Information is required in public interest and information seeker is an Indian Citizen.

5. Full Name of the Applicant: POOJA VERMA

6. Address for communication: Praja Foundation, Room No. 215, Competent House, F- Block, Cannaught Place, Middle Circle, New Delhi 110001

Signature of the applicant

POOJA VERMA

Mob. No. 9654098994 / 011-23321559

E-mail- pooja@praja.org

Place: New Delhi

Indian Postal Order of Rs. 10 is enclosed.

Note: If the above information is available in soft copy, we request you to give it to us in a soft copy.

Date: 25/7/19

47f 19 8722

II. Reply of North District regarding Cases reported in Mohalla Clinic



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

Namrita

DR. NAMRITA NAYYAR
CDMO (NORTH)

F.NO. 1(109)2016/DHS/CDMO/ND/RTI/

Copy to:

1. Dr. Monalisa Borah (Public Information Officer), F-17, Karkardooma, Delhi

Dated:

DR. NAMRITA NAYYAR
CDMO (NORTH)

III. Reply of South West District regarding Cases reported in Mohalla Clinic

		AAMC DATA FOR THE YEAR 2018-19 MONTH WISE												Annexure 'A'	
		April-18	May-18	June-18	July-18	August-18	September-18	October-18	November-18	December-18	January-19	February-19	March-19	April-19	
AAMC Ajay Park	Outpatient - Diabetes	8	3	2	3	4	5	41	58	71	76	75	113	154	
	Outpatient - Hypertension	12	13	10	12	18	25	32	91	154	115	117	140	208	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	
AAMC Chhawala No1	Outpatient - Diabetes	24	3	90	55	37	30	60	0	0	0	0	22	18	
	Outpatient - Hypertension	40	2	60	65	60	24	40	35	80	70	42	30	24	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	0	0	0	38	0	0	0	0	0	0	0	0	0	
	Outpatient - Dental	0	25	50	18	30	25	30	24	25	18	14	17	50	
AAMC Chhawala No2	Outpatient - Diabetes	33	36	25	37	33	17	33	58	58	37	42	44	42	
	Outpatient - Hypertension	40	39	30	35	35	40	19	20	45	14	16	20	23	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	18	26	27	27	0	30	31	35	23	17	26	29	22	
	Outpatient - Dental	12	16	12	17	0	10	7	7	5	5	7	8	12	
AAMC Dabri Ext	Outpatient - Diabetes	115	156	128	147	170	188	221	191	202	241	165	212	170	
	Outpatient - Hypertension	194	171	155	138	174	99	168	152	136	298	178	283	223	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	35	46	56	40	52	60	70	67	70	65	70	77	80	
	Outpatient - Dental	51	62	70	33	42	56	49	56	81	93	82	88	57	
AAMC Dwarka Sec1	Outpatient - Diabetes	83	107	98	90	106	86	97	49	74	68	62	262	153	
	Outpatient - Hypertension	78	55	64	46	69	57	61	55	72	68	47	180	110	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	38	40	42	45	41	41	35	25	34	46	49	20	20	
	Outpatient - Dental	52	49	50	65	68	68	59	42	34	39	24	32	25	
AAMC Dwarka Sec10	Outpatient - Diabetes	6	12	5	7	6	6	11	6	2	0	0	0	0	
	Outpatient - Hypertension	6	10	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Acute Heart Diseases	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Mental illness	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Outpatient - Ophthalmic Related	2	2	5	4	4	0	0	0	0	0	0	0	0	
	Outpatient - Dental	1	2	0	0	0	0	0	0	0	0	0	0	0	
Dwarka Sec3	Outpatient - Diabetes	40	45	38	40	36	31	20	32	45	48	40	37	38	
	Outpatient - Hypertension	25	32	24	19	0	0	0	0	0	0	0	0	0	
	Outpatient - Stroke (Paralysis)	0	0	0	0	0	0	0	0	0	0	0	0	0	

III. Reply of West District regarding Cases reported in Mohalla Clinic

Sl. No.	Name & Address of AAMC (Ren)	Name of the Doctor	Contact No.	2016												Total
				April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1	E-115, Raghubir Nagar	Dr. Sunita Mehta	9810204555	2722	2953	3097	2920	3067	3838	3963	3106	2780	2489	2268	1418	34621
2	B-5, B-Block, Shiv Vihar, Col Bhalla Road, Tyagi Chowk	Dr. Ravi Anand	9810168766	3507	3555	3691	2744	3288	3669	3517	3020		2630	1836	1250	32707
3	69-Hastal Village, Near DDA Park, Vikas Puri	Dr. Sunil Kumar Anora	9811397157	2503	2734	2394	2081	2213	2885	2937	1982	1469	1250	448	250	23166
4	Plot No. 324, Aryan Garden Road, Om Vihar, Utiem Nagar	Dr. Parag Kalra	9891909545	3134	3540	3551	3068	3129	3209	2837	2617	2044	1576	1627	950	31282
5	RZ-22 Khushi Ram Park, Om Vihar	Dr. Nishant Kumar	9643344089	3108	3564	3352	2953	3080	4226	2784	3103	2725	2853	2029	800	34577
6	E-159-A, Mansaram Park	Dr. Pramod Gandhi	9871576994	2959	3115	3233	2381	3110	3445	3288	2617	2408	1563	1589	750	30458
7	R2B-149, Nihal Vihar	Dr. Anita Aggarwal	9810005907	2824	3227	2931	2774	3098	3688	4107	2991	3215	3416	2674	1150	36095
8	RZ O-57 Gurdwara Road, 500 Gaj Nihal Vihar Nangloi	Dr. Nimal Shokeen	9555542730	2399	2881	2512	2225	2796	3317	2671	2983	2735	2109	0		26528
9	RZ-E244 Nihal Vihar, Thana Road, Paschim Vihar	Dr. Ankit Tyagi	9910638460	3509	4186	3919	2991	3355	4261	4589	3660	2807	3022	2285	769	39373
10	H.No. L-2/D. 69A, Mohan Garden, Utiem Nagar	Dr. Tanu Gaig (NRHM)	9213257167	2571	2896	2960	2520	1690	2756	2622	2490	3109	2980	1754		28348
11	B-43, AS/F Vikas Nagar, Vikas Vihar	Dr. Ashish Kumar Chatterjee	9810823284	1927	1927	1860	1716	1798	1754	2092	1357	1269	709	200		16609
12	E-3/62, Shiv Ram Park, Nangloi	Dr. Suraj Kumar Jha	9899391525	1335	3119	2875	2559	3010	3235	4425	3257		2691	2409	1256	30211
13	Gali No 9 Kh No 79/20 Chanchal Park Vikas Puri, Bakkarwala	Dr. Shalender	8860269493	3898	4605	4264	3933	4585	4941	4615	3042	2460	308	0		36651
14	A-2/254, LIG Flats, Pratik Apartment, Paschim Vihar	Dr. Rakesh Khanna	9810015849	0	0	0	0	0	0	0	0		0	0		0
15	Ashyapak Nagar Nangloi, N.D	Dr. Nisha Aggarwal	8851348717	3477	3914	3788	3262	4108	4472	4300	2934		1231	0		31486
16	H No. 9, Gali No-3, Lekh Ram Park, Tili Kalam	Dr. Parikaj Kumar	9810543215	1599	1972	2318	2069	1963	2652	3697	2668	1800	0	0		20738
17	B-340, Vikas Nagar, Vikas Vihar	Dr. Prem Prakash Verma (NRHM)	9555747991	1990	2368	2950	2596	3464	4012	3930	2790	1966	0	0		26065
18	Pilo No-3 & 4, D-Block, Najafgarh, Jai Vihar	Dr. Bani Kapoor	9350646327	2359	2763	2963	2602	2879	3816	4129	2700		0	0		24411
19	House No. 112, Lions Enclave, Ranholla Road, Vikas Nagar	Dr. Varjan Singh Saluja	9910038833	0	0	0	0	0	0	0	0		0	0		0
20	150-A Gali No-4, Nathan Vihar Ranholla	Dr. Vandana Nangia	8368142375	2653	2722	2336	2318	2320	2933	3027	1965	1628	853	0		22755
21	A-32/33 A Ext. Mohan Garden	Dr. Rakesh Chander Khanna	9871893837	0	0	0	0	0	0	3035	2342		2011	1673	900	9981
22	Basil Vikas Kendra, Old Slum Paschim Puri (DUSIB Non rented)	Dr. Narendra Verma	9810185464	0	0	0	0	0	0	0	0	0	0	0	0	0
23	New Slum Quarter, Paschim Puri			2471	2949	2865	2655	2608	3324	3354	2224		1837	1650	850	26787
Total				50945	58990	57859	50567	55561	66453	69939	53848	32435	33528	22442	10383	