

WHITE PAPER



Report on

The STATE of HEALTH in

DELHI

October 2018

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I. Foreword

The state of health in Delhi truly reflects the state of the health in the country. As a country we have given no importance to public health and in that primary health care has been the most neglected. The only time the Government mentions health is when they are announcing new health schemes and inaugurating new hospitals.

It has been Praja's endeavour to bring out the true data on the subject that we are working on through RTI but at times we do not get the full data, for this we have to use the help of our household surveys to get a true picture of the situation. In the case of health data, we were not getting details of the true extent of different ailments such as Malaria and Dengue. Through the household survey we have been able to get close to the true number of cases of Dengue and Malaria, the numbers are truly shocking. The total number of cases of Dengue is 1,26,334 and the survey done by RTI shows only 4,205 cases. With Malaria there are 1,06,456 cases and as per RTI there are only 7,153 cases.

The data received through RTI has shown the highest occurrence of Diarrhoea cases amounting to 5,01,484 for the year 2017-18. This is when there's an increase in complaints relating to 'Dirty Water (Contamination)' which rose from 27,227 in 2015 to 33,884 in 2017, an increase of 24%. One can clearly see how contamination of water has deprived the citizens of their basic right of clean water supply.

The single largest reason for a middle income family to be pushed down to below the poverty line is unexpected medical expenses. As there is no one to actually monitor the health of the citizens, people have to find solutions and look out for better health services for themselves which leads to privatisation of healthcare. As per the citizen survey done in Delhi, the average medical expenses occurred by a family in a year is over Rs. 1,00,000, which is 9.5% of their annual family income. Considering that medical expenses have become prohibitively expensive, 94% of Delhiites do not have a medical insurance.

The findings of this reports clearly suggest that we are in a terminal decline as far as public health is concerned the worst part is that our elected representatives do not seem to care about this. This is reflected in the number of questions asked by our elected representatives on health issues. Overall only 19 questions have been raised by MLAs on water contamination in the last 3 years. Similarly, Municipal Councillors have raised only 5 issues related to contaminated water across all MCDs and committees.

One only hope that the Government sits up and takes notice about the dangerous situation we are headed towards and takes corrective action for the citizens of Delhi. However, as many as 7 MLAs did not raise any questions on health issues in the last three years i.e. from 23rd February'2015 to 17th January'2018). The complete neglect on this issue makes us wonder if the Elected Representatives are aware of the correlation between increasing the number of Diarrhoea cases and contaminated water supply.

Moreover, there is no consistency in the kind of data provided by the hospitals and dispensaries, indicating that there is a long way to go in terms of strengthening the health management information system of the city at all the tiers of the government. Adding to it, the report published on Medical Certification of Cause of Death by Directorate of Health Services in collaboration with Delhi Government was last published for the year 2016 and is further delayed every year. This makes it very difficult to figure out the major causes of deaths that took place in the last two years.

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, Dasra, 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.

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Ford Foundation



Narotam Sekhsaria Foundation

**Madhu Mehta
Foundation**

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 2018 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, 6 MCD hospitals, 255 state dispensaries, and 77 MCD dispensaries, 4 New Delhi Municipal Council dispensaries and 9 chest clinics. We received data on cases of 12 sensitive diseases from 39 government hospitals from 2014-2015 to 2017-18, but for 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 2017-2018 we have received information under RTI from only 38 state hospitals. No data was received from Mohalla Clinics. 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 2017-2018).

During the course of analysis, we have used all the data available from the Financial year 2014-15 to 2017-18. 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	
Total Dispensaries	Data Received	Total Dispensaries	Data Received	Total Dispensaries	Data Received	Total Dispensaries	Data Received
85	61	85	67	87	74	87	75
State dispensaries							
2014-15		2015-16		2016-17		2017-18	
Total Dispensaries	Data Received	Total Dispensaries	Data Received	Total Dispensaries	Data Received	Total Dispensaries	Data Received
269	259	269	260	270	258	266	249
MCD Hospitals							
2014-15		2015-16		2016-17		2017-18	
Total Hospitals	Data Received	Total Hospitals	Data Received	Total Hospitals	Data Received	Total Hospitals	Data Received
6	6	6	6	6	6	6	6
State hospitals							
2014-15		2015-16		2016-17		2017-18	
Total Hospitals	Data Received	Total Hospitals	Data Received	Total Hospitals	Data Received	Total Hospitals	Data Received
39	36	39	37	38	37	38	34

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 March 2018. Kindly 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. **Air Quality Index (AQI):** The AQI data has been downloaded from the Central Pollution Control Boards (CPCB's) bulletin (<http://cpcb.nic.in>) after confirmation through an RTI application.

e. **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 Mar 2018.
- 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 17th Jan 2018.

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

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

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. 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 collects information on cases reported of diseases/ailments and causes of death. This is government data collected under the Right to Information (RTI) Act, 2005. In this section, we are presenting a household survey mapping diseases and ailments, which should ideally be done by the Health Departments of State and MCD to understand the perception of citizens about health care facilities. (Refer Annexure 4 for Survey methodology and socio economic classification).

The information received under RTI from various government institutions shows that dengue cases in Delhi were 7,153 & 4,205 of malaria while the survey data across all 12 Zones of Delhi showed that the cases of dengue were as high as 1,06,456 and cases of malaria were 1,26,334. As per the government data collected through RTI, the total number of occurrences for Dengue and Malaria as exceedingly low, when compared to the data collected by the housing survey. Information under RTI is for government facilities, but if the public Health department starts mapping diseases and ailments, then these numbers would certainly come closer.

Hence, apart from the mapping of diseases and ailments Public Health department should also be responsible for maintaining of patient records and strengthening of the civic body's health management information system (HMIS) at the dispensary level. This way, hospitals and dispensaries will be able to view an individual patient's medical history when the patient comes with a health complaint, thus providing a better diagnosis of the ailment. Proper maintenance of the HMIS will enable various authorities to analyse the macro picture with respect to the state of health in the city.

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&lmod=1859733220&CACHEID=f18afe0043c31f83863fff115eec0808>

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 28,624.**

IV. Data on Disease/Ailments & Health Personnel in Delhi (Data got through RTI)

Table 1: Overview of data on Disease/Ailments³ from April 2014 to March 2018

Diseases	Type	2014-15	2015-16	2016-17	2017-18
Dengue	Dispensary	25	5,383	1,582	532
	Hospital	643	21,736	3,435	6,621
	Total	668	27,119	5,017	7,153
Diabetes	Dispensary	2,25,366	2,45,247	2,47,333	2,28,848
	Hospital	1,14,110	1,20,686	1,25,798	1,33,623
	Total	3,39,476	3,65,933	3,73,131	3,62,471
Diarrhoea	Dispensary	4,30,806	4,15,645	4,31,295	3,48,885
	Hospital	1,52,291	1,60,911	1,64,866	1,52,599
	Total	5,83,097	5,76,556	5,96,161	5,01,484
Hypertension	Dispensary	2,29,273	2,26,222	2,50,403	2,16,614
	Hospital	1,08,401	1,04,011	1,08,636	1,51,219
	Total	3,37,674	3,30,233	3,59,039	3,67,833
Malaria	Dispensary	4,514	3,794	2,375	1,286
	Hospital	3,209	5,651	3,736	2,919
	Total	7,723	9,445	6,111	4,205
Tuberculosis	Dispensary	40,951	51,264	38,385	34,177
	Hospital	34,057	29,603	26,030	40,284
	Total	75,008	80,867	64,415	74,461
Typhoid	Dispensary	16,888	34,569	15,503	11,265
	Hospital	36,469	34,295	40,613	39,825
	Total	53,357	68,864	56,116	51,090
Cholera	Dispensary	2,603	3,641	6,212	1,292
	Hospital	918	1,384	1,300	1,841
	Total	3,521	5,025	7,512	3,133
HIV/ AIDS	Dispensary	1,188	616	806	561
	Hospital	4,419	14,259	13,085	3,237
	Total	5,607	14,875	13,891	3,798
Other Diseases	Dispensary	1,29,08,559	1,37,77,128	1,39,29,393	1,19,41,960
	Hospital	1,49,66,513	1,92,53,099	1,86,21,665	2,24,18,483
	Total	2,78,75,072	3,30,30,227	3,25,51,058	3,43,60,443
Total	Dispensary	1,38,60,173	1,47,63,509	1,49,23,287	1,27,85,420
	Hospital	1,54,21,030	1,97,45,635	1,91,09,164	2,29,50,651
	Total	2,92,81,203	3,45,09,144	3,40,32,451	3,57,36,071

- For the year, 2017-18, Diarrhoea have the highest occurrence which accounts to 5,01,484 cases followed by Hypertension with 3,67,833 cases.
- Malaria cases have decreased by 31% from 2016-17 to 2017-18 whereas cases of Dengue have increased by 43% for the same years & Tuberculosis have increased by 16% in to 2017-18.

³ We have tracked the occurrence of Communicable and lifestyle 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.

Table 2: Zone wise average occurrence of Diseases/ Ailments in percentage from 2014-15 to 2017-18

Zone wise average occurrence of Diseases/ Ailments in percentage from 2014-15 to 2017-18								
		Dengue	Diabetes	Diarrhoea	Hypertension	Malaria	Tuberculosis	Typhoid
		Zone						
EDMC	Shahdara North	7.27	10.53	5.88	7.47	15.69	6.10	8.29
	Shahdara South	8.54	8.15	7.25	7.76	8.71	6.52	3.07
NDMC	City	1.31	3.53	1.36	3.81	1.79	0.36	3.48
	Rural Narela	3.73	12.14	20.75	15.74	4.56	6.34	2.98
	Karol Bagh	14.23	8.51	6.32	7.07	15.14	8.37	9.53
	Rohini	15.75	17.94	12.10	16.50	11.21	32.25	25.51
	Sadar Paharganj	0	5.74	4.60	5.89	0.13	4.94	1.08
	Civil Lines	14.11	10.38	9.64	10.72	22.15	11.30	14.95
	Keshav Puram	0.26	0.68	0.56	0.62	0.55	0.39	3.41
	City and Sadar Paharganj	5.63	1.15	0.57	0.71	2.02	0.94	0.78
SDMC	Central	1.04	3.03	6.26	3.86	0.83	6.82	1.48
	West	9.08	8.80	12.25	11.30	12.45	5.13	6.22
	South	18.09	2.64	4.51	2.23	0.92	4.39	3.76
	Najafgarh	0.97	6.42	7.64	5.76	3.84	6.15	15.42
New Delhi Municipal Council		0	0.35	0.32	0.55	0.03	0	0.06

- On an average, South Zone of SDMC has 18% of the Dengue cases registered in Delhi in last 4 years.
- In last 4 years, on an average, Rohini Zone of NDMC have had high cases of Diabetes, Hypertension, and Tuberculosis.
- Rural Narela zone (21%), West zone (12%) and Rohini zone (12%) have had the largest share in the total cases of Diarrhoea registered, in last 4 years.

Table 3: Malaria number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Malaria Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	2,411	1,791	1,178	1,518
State dispensaries/hospitals	5,312	7,654	4,933	2,687
Total Cases	7,723	9,445	6,111	4,205
Population /Total Cases*	1,911	1,562	2,415	3,510

Malaria cases have reduced by 46% from 2014-15 to 2017-18.

Table 4: Dengue number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Dengue Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	156	3,089	972	1,660
State dispensaries/hospitals	512	24,030	4,045	5,493
Total Cases	668	27,119	5,017	7,153
Population /Total Cases*	22,093	544	2,942	2,063

Dengue was highest in the year 2015 when the cases were 27,119 a dip was seen by 81% for the year 2016-17 but there is again rise in cases by 43% in 2017-18 as compared to 2016-17.

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

Table 5: Tuberculosis number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Tuberculosis Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	30,961	38,648	28,305	39,860
State dispensaries/hospitals	44,047	42,219	36,110	34,601
Total Cases	75,008	80,867	64,415	74,461
Population /Total Cases*	197	182	229	198

- Reported cases of Tuberculosis are 74,461 in 2017-18 with 16% increase from 2016-17.
- The highest cases of Tuberculosis have been reported in MCD dispensaries and Hospitals with 39,860 cases out of total 74,461 cases.

Table 6: Diarrhoea number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Diarrhoea Cases in dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	1,00,655	1,21,492	1,37,512	1,49,748
State dispensaries/hospitals	4,82,442	4,55,064	4,58,649	3,51,736
Total Cases	5,83,097	5,76,556	5,96,161	5,01,484
Population /Total Cases*	25	26	25	29

- On an average in last four years, 5,64,325 people have suffered from Diarrhoea in Delhi.
- The complaints relating to 'Dirty Water (Contamination)' rose from 27,227 in 2015 to 33,884 in 2017(Till Sept 2017), which is an increase of **24%** in Delhi as per the data received through RTI. This is a serious concern as water contamination leads to increase in diseases like Diarrhoea, Typhoid and Cholera.

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

Table 7: Cholera number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Cholera Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	390	826	908	142
State dispensaries/hospitals	3,131	4,199	6,604	2,991
Total Cases	3,521	5,025	7,512	3,133
Population /Total Cases*	4,191	2,937	1,965	4,710

Total cases of Cholera in Delhi have decreased from 7,512 to 3,133 from 2016-17 to 2017-18.

Table 8: Typhoid number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Typhoid Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	2,695	6,466	6,242	4,138
State dispensaries/hospitals	50,662	62,398	49,874	46,952
Total Cases	53,357	68,864	56,116	51,090
Population /Total Cases*	277	214	263	289

Total Cases of Typhoid have decreased from 56,116 to 51,090 from 2016-17 to 2017-18.

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

Table 9: Diabetes number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Diabetes Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	71,267	74,375	76,227	77,434
State dispensaries/hospitals	2,68,209	2,91,558	2,96,904	2,85,037
Total Cases	3,39,476	3,65,933	3,73,131	3,62,471
Population /Total Cases*	43	40	40	41

- On an average, 3,60,252 people are suffering from Diabetes from last four years.
- There has been inconsistency in Diabetes being reported in last 4 years, as some years saw a dip in cases like 2015-16 but then again, a rise was observed in 2016-17.

Table 10: Hypertension number of cases in government dispensaries/hospitals in Delhi from April 2014 to March 2018

Years	2014-15	2015-16	2016-17	2017-18
Number of Hypertension Cases in government dispensaries/hospitals in Delhi				
MCD dispensaries/hospitals	71,512	77,953	86,580	86,922
State dispensaries/hospitals	2,66,162	2,52,280	2,72,459	2,80,911
Total Cases	3,37,674	3,30,233	3,59,039	3,67,833
Population /Total Cases*	44	45	41	40

Registered cases of Hypertension have increased from 3,59,039 in 2016-17 to 3,67,833 in 2017-18. Hypertension and Diabetes are significantly on a rise and are a major public health issue in Delhi.

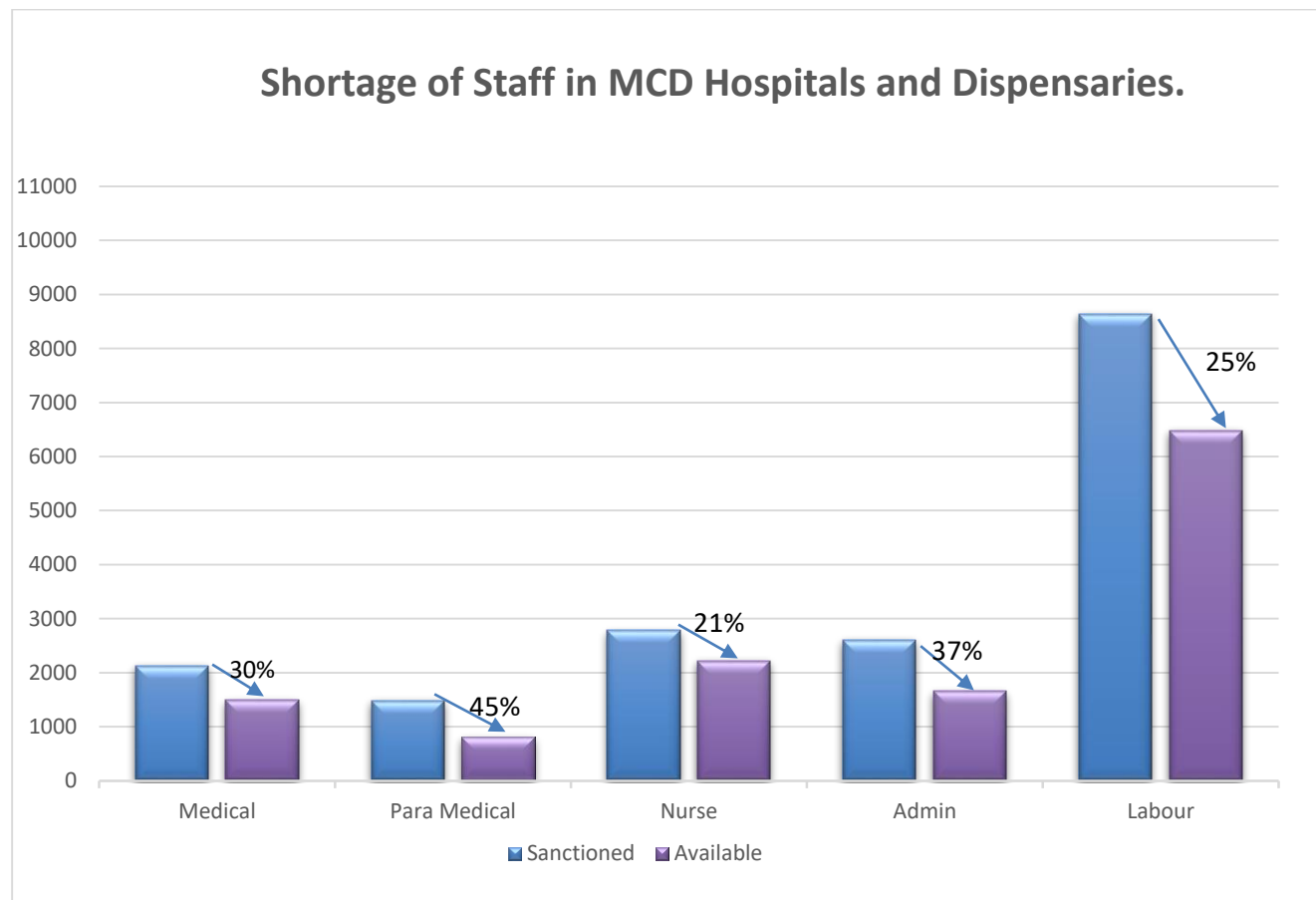
***Note:** Population per total cases for each disease is calculated as Total Population/Total reported Cases of that specific disease.

Table 11: Top 5 Sensitive Diseases as per the data received through RTI in Delhi in the Last Four Years from 2014-15 to 2017-18.

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

- Diabetes, hypertension, diarrhoea, typhoid and tuberculosis are the top 5 diseases in the last 5 years.
- On an average, from last 4 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.

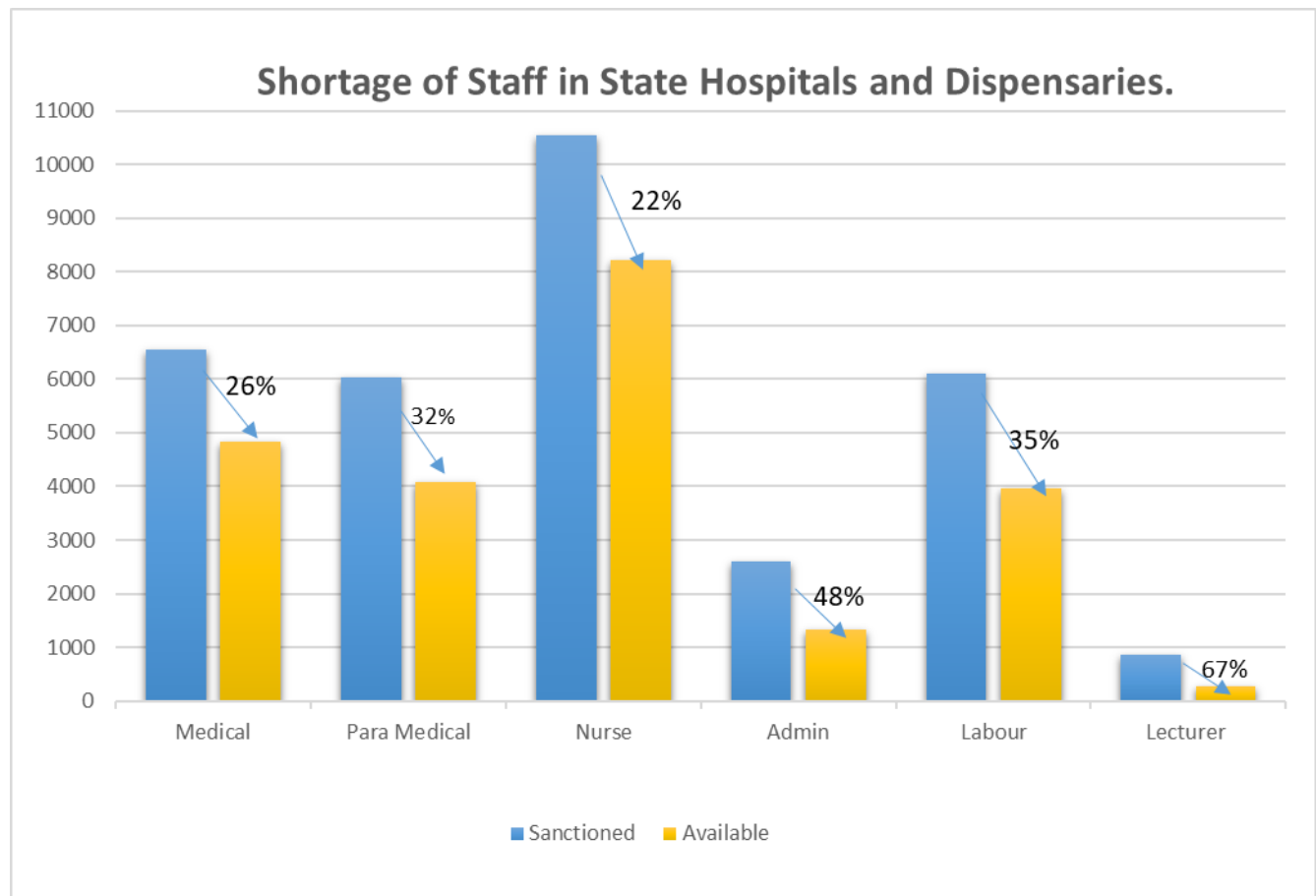
Graph 1: Shortage⁴ of staff in Municipal Corporation of Delhi dispensaries/hospitals as of March'2018.



Municipal Corporation of Delhi (MCD) has shortage of Medical staff by 30% positions and para- medical positions by 45% as of March'2018.

⁴ 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.

Graph 2: Shortage⁵ of staff in State Government dispensaries/hospitals as of March'2018



State Government hospitals and dispensaries have extremely high shortage in Lecturer/ academic positions i.e. by 67% and a shortage of administrative positions by 48%.

⁵ 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 12: Budget⁶ Estimated and Actual Expenditure Summary from 2015-16 to 2018-19 (Rs. in crore)

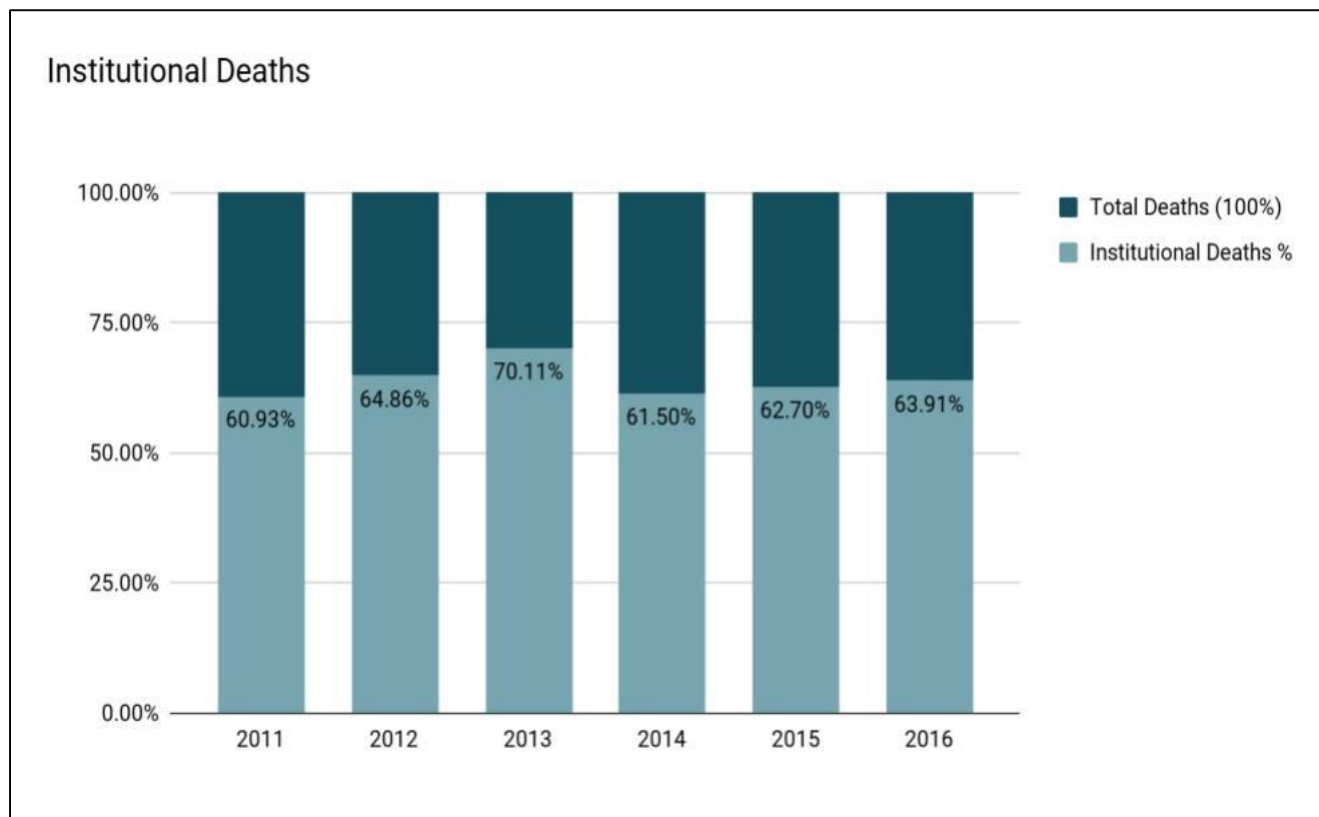
MCD	Budget Estimated 2016-17	Budget Estimated 2017-18	Budget Estimated 2018-19	Actuals Expenditure 2016-17	Utilisation of 2016-17 %
NDMC	1041	821	868	808	78%
EDMC	372	376	588	263	71%
SDMC	476	296	269	414	87%
Total MCD Budget	1,889	1,493	1,725	1,485	79%
State Government	5,259	5,736	6,729	4,031	77%
Grand Total	7,148	7,229	8,454	5,516	77%

- SDMC utilised the maximum budget (87%) as against what was allocated to them followed by NDMC.
- EDMC utilised only 71% of the budget which was allocated to it.
- Estimated State Budget for the year 2018-19 is higher (Rs. 6729 crores) than 2017-18 and 2016-17

⁶ We are considering only State and MCD budget but there are other agencies which spend money on Health e.g. Centre.

V. Cause of Death Data

Graph 3: Total Deaths and Institutional⁷ Deaths as per the calendar year from 2012-2016



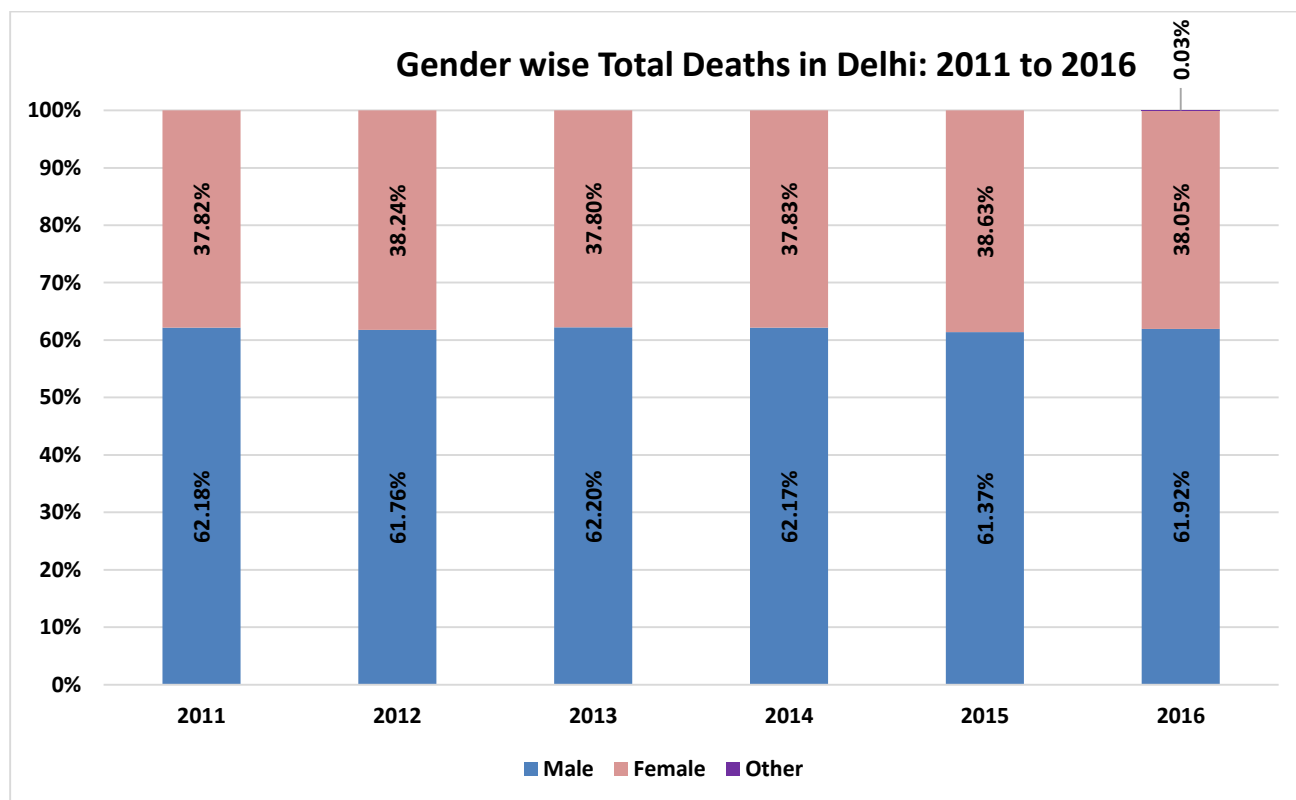
- Total number of deaths in 2012, at 1,04,616 has hiked by 37,016 in 2016 with a total of 1,41,632 deaths.
- Institutional deaths from 2012 to 2016 have been steadily increasing and rose to 64% in 2016.

⁷ The data is retrieved from:

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

The table has been prepared exclusively on the basis of data on institutional deaths published in the MCCD report in Delhi. In domiciliary cases MCCD is not reported, so the readers of this report may bear in mind that this study is confined to 63.91% of the registered deaths during 2016 in Delhi which have occurred in hospitals.

Graph 4: Gender-wise totals deaths⁸ in Delhi as per the calendar year from 2012-2016



- From 2012 to 2016, out of total deaths, number of male deaths is higher than that of female deaths.
- In 2016, out of 1,41,632 total deaths, 62% were males.

⁸ The data is retrieved from:

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

The table has been prepared exclusively on the basis of data on institutional deaths published in the MCCD report in Delhi. In domiciliary cases MCCD is not reported, so the readers of this report may bear in mind that this study is confined to 63.91% of the registered deaths during 2016 in Delhi which have occurred in hospitals

Table 13: Causes of Institutional deaths⁹ in Delhi from 2014 to 2016

Disease	2014		2015		2016	
	No. of Deaths	In %	No. of Deaths	In %	No. of Deaths	In %
Malaria (B50-B54)	160	0.2%	164	0.2%	122	0.1%
Dengue fever (A90)	74	0.1%	486	0.6%	206	0.2%
Tuberculosis (A15-A19)	4,350	5.8%	3,635	4.7%	3,733	4.1%
Diarrhoea (A09)	146	0.2%	157	0.2%	200	0.2%
Cholera (A00)	65	0.1%	43	0.1%	15	0%
Typhoid (A01)	43	0.1%	10	0%	18	0%
Diabetes (E10-E14)	1,762	2.4%	1,356	1.7%	2,557	2.8%
Hypertension (I10-I15)	1,962	2.6%	3,890	5%	6,835	7.6%
HIV (B20-B24)	184	0.2%	123	0.2%	161	0.2%
Acute Hepatitis B (B16)	132	0.2%	85	0.1%	61	0.1%
Other viral hepatitis (B15, B17-B19)	21	0%	36	0%	50	0.1%
Other Cause of deaths	65,693	88.1%	68,082	87.2%	76,559	84.6%
Total Institutional Deaths	74,592	100%	78,067	100%	90,517	100%

Out of the total 90,517 institutional deaths in 2016, the highest number of deaths have occurred from Hypertension at 6,835, which is an almost a 76% increase from 2015.

⁹ The data is retrieved from:

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

The table has been prepared exclusively on the basis of data on institutional deaths published in the MCCD report in Delhi. In domiciliary cases MCCD is not reported, so the readers of this report may bear in mind that this study is confined to 63.91% of the registered deaths during 2016 in Delhi which have occurred in hospitals.

Table 14: Age-wise causes of institutional deaths¹⁰ in the year 2016

	< 4 Years	5-14 Years	15-24 Years	25-44 Years	45-64 Years	65 & above	Not stated	Total
Malaria (B50-B54)	14	13	24	34	26	7	4	122
Dengue fever (A90)	30	52	38	40	24	19	3	206
Tuberculosis (A15-A19)	93	125	585	1,194	1,145	546	45	3,733
Diarrhoea (A09)	63	5	20	32	28	45	7	200
Cholera (A00)	2	1	3	1	3	5	0	15
Typhoid (A01)	2	1	3	4	4	4	0	18
Diabetes (E10-E14)	2	9	33	246	1,285	972	10	2,557
Hypertension (I10-I15)	260	57	190	946	2,900	2,408	74	6,835
HIV (B20-B24)	1	2	11	99	38	9	1	161
Acute Hepatitis B (B16)	0	1	8	24	20	8	0	61
Other viral hepatitis (B15, B17-B19)	1	1	8	18	16	6	0	50
Other Cause of deaths	9,638	2,419	4,796	14,373	22,787	20,254	2,292	76,559
Total	10,106	2,686	5,719	17,011	28,276	24,283	2,436	90,517

- In 2016, 78% of the total Institutional deaths due to Hypertension are of 45 & above years of age.
- The deaths due to Tuberculosis in the same year for the working age group (25-44 years), amounts to 32% of the total Tuberculosis Institutional deaths.
- 34% of the total Institutional diarrhoea deaths in Delhi are of children below 14 years of age.

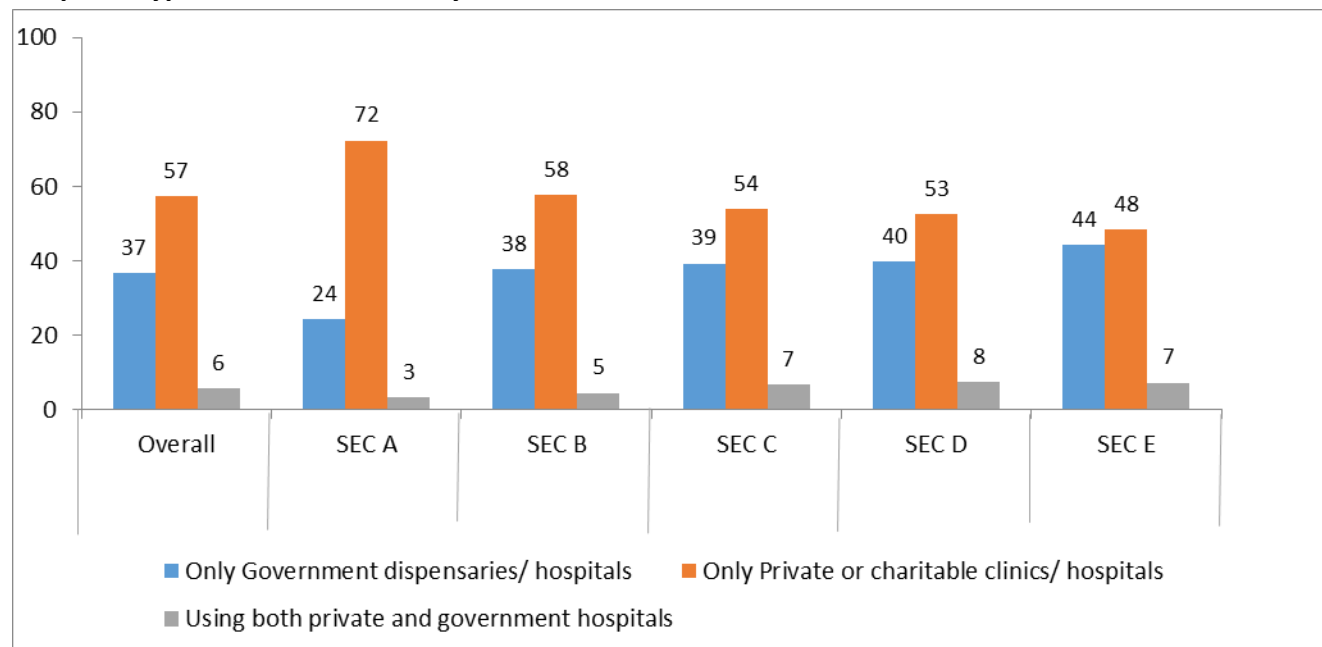
¹⁰ The data is retrieved from:

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

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VI. Citizen Survey Data

Graph 5: Type of Facilities used by the citizens across different socio-economic classes, 2018¹¹

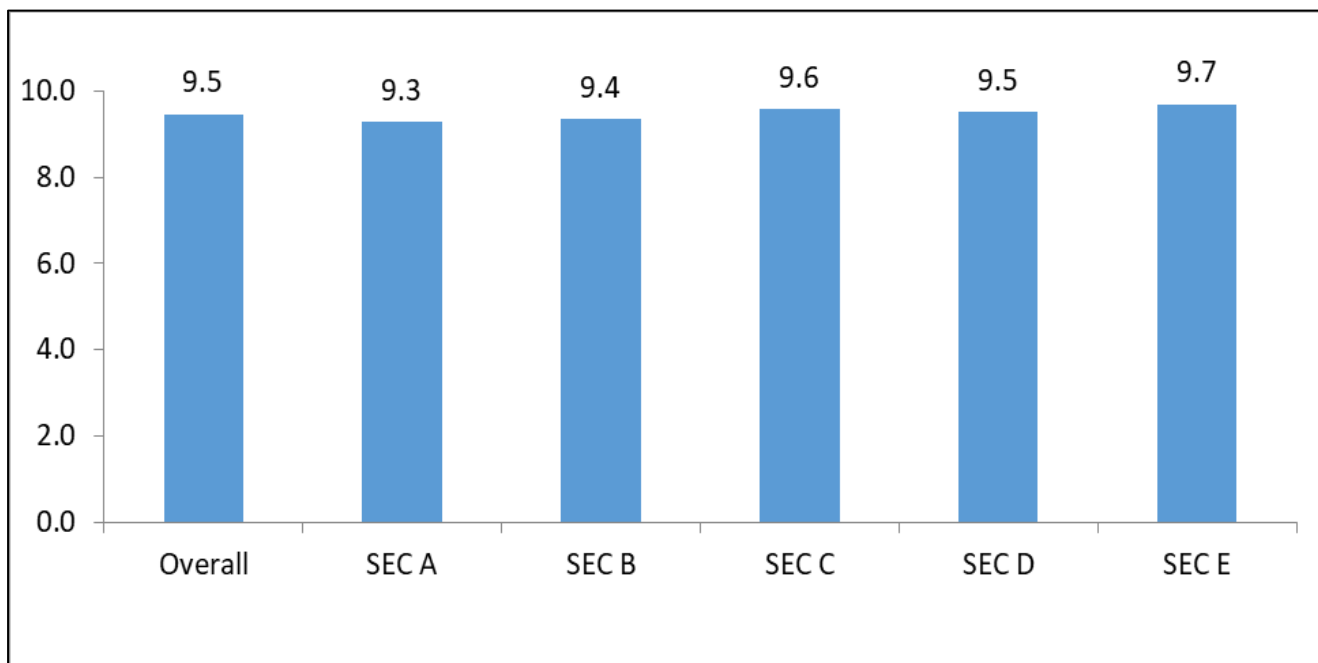


- In 2018, of the overall percentage of people in Delhi across all SECs, 57% use private hospitals/clinics.
- Except for SEC A, there is not a huge difference between other SECs over using private facilities but the burden of using private services falls the most on lower SEC D and E, where 53% and 48% of it accessed private services, respectively.

¹¹ As of March 2018

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.

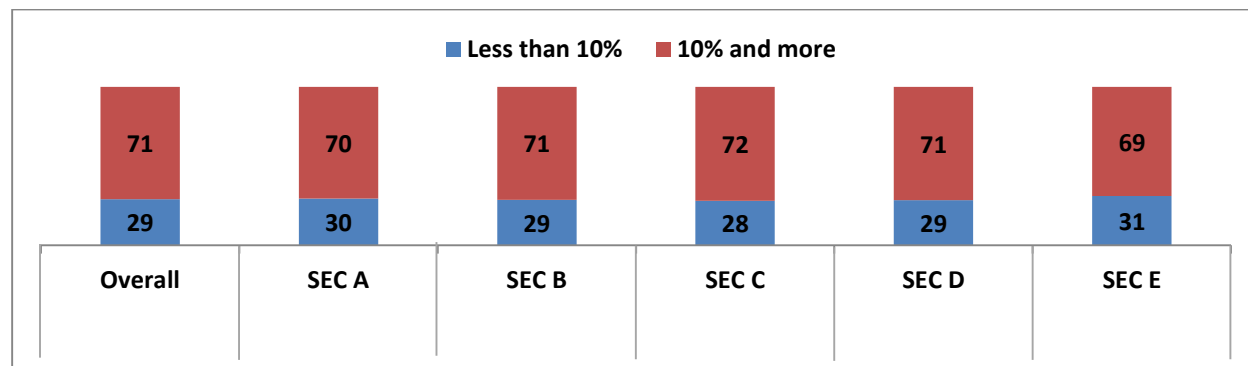
Graph 6: Estimated percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes in 2018*



- In 2018, Overall, estimated expenditure on hospital/ medical costs by people of Delhi out of Annual Family Income is 9.5%.
- Families belonging to SEC E spend 9.7% of their annual family income on hospital/medical costs which is more than overall expenditure.
- Families from the SEC E belong to the lowest rung of the society in comparison to SEC A which is on the highest end. It is worrisome that SEC E spend 9.7% of their family income on health which is a large portion of their income as compared to SEC A for whom the 9.3% is minor portion.

*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.

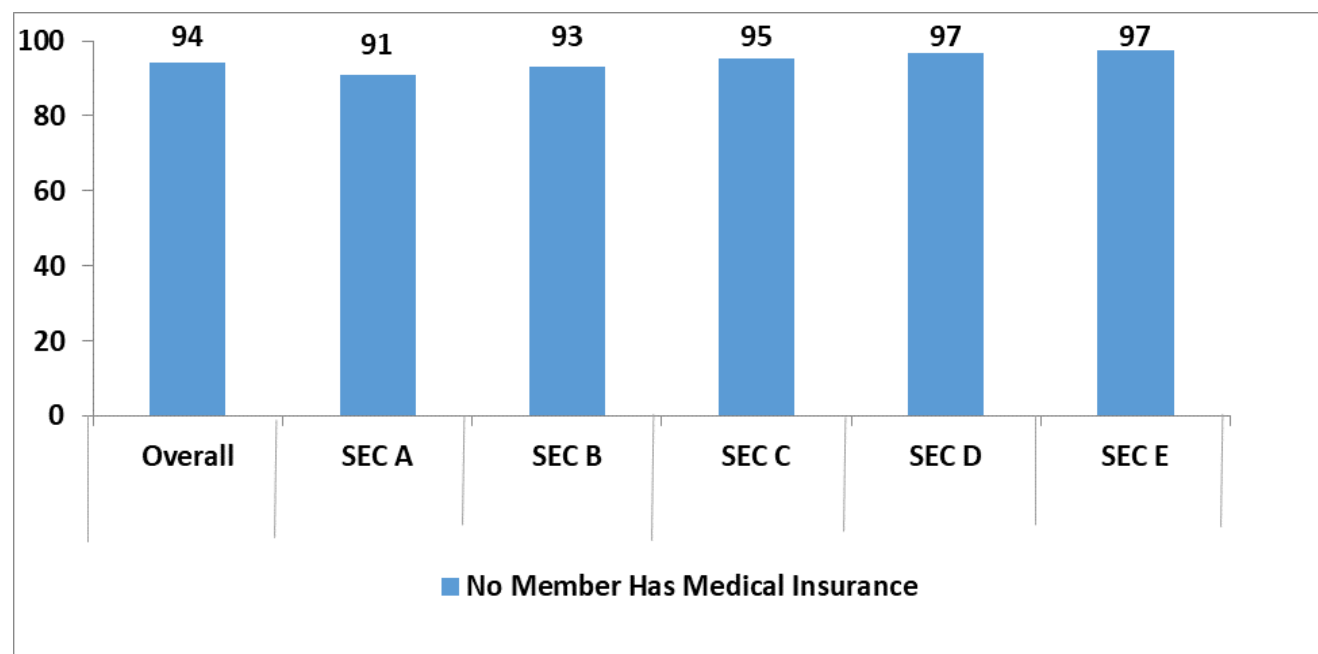
Graph 7: Estimated percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes in 2018*



- Overall, estimated 71% people of Delhi spend more than 10% of their annual family income on hospital/medical costs.
- 69% of Estimated number of people belonging to SEC E spent more than 10% of their family incomes on hospital/ medical costs.

*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.

Graph 8: Medical Insurance across socio-economic class families with no Medical Insurance in 2018*



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

*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 15: Data¹² shown in below table is as per capita income expenditure on health for 2017-18.

Particulars for 2017-18	Amount (in RS.)
Annual Per Capita Income in Delhi as per GDP	3,29,093
Less 35% (accounting for savings and taxation)	2,13,910
Annual Income per household = Per Capita X 5.02	10,73,828
Annual Expenditure on Health per household = 9.5%	1,02,014
Overall Household Annual Expenditure on Health = Rs. 1,07,793/- X 33,40,538	34,078 Crores

As per the Citizen Survey of Delhi, the estimated annual average spent on health/medical costs was 9.5% of their family income. Therefore, estimated overall household expenditure on health was Rs. 34,078 Crores on hospital/medical costs in Delhi.

Table 16: Estimated cases of Diseases and Ailments across different socio-economic classes in the year 2018

Diseases and Ailments	Malaria	Dengue	Chikungunya
Overall	1,26,334	1,06,456	1,07,244
SEC A	33,447	25,590	20,467
SEC B	20,528	23,616	22,264
SEC C	28,096	17,891	20,562
SEC D	22,947	21,335	22,303
SEC E	21,316	18,024	21,648

- In 2018, Communicable diseases, Dengue, Chikungunya and Malaria are on the rise.
- Estimated number of Malaria cases are the highest with the count 1,26,334.

¹² Economic Survey of Delhi 2017-18; Report retrieved from: http://delhi.gov.in/DoIT/DoIT_Planning/ESEng.pdf
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 17: Gender and Age-wise estimated cases of Diseases and Ailments across different age groups and gender in the year 2018.

Diseases and Ailments	Total Estimated Cases					
	Overall	Males	Females	18 - 25 years	26 - 40 years	40+ years
Malaria	1,26,334	67,352	58,982	44,577	52,608	29,149
Dengue	1,06,456	58,772	47,685	34,429	40,264	31,763
Chikungunya	1,07,244	48,584	58,660	26,990	44,008	36,246

Incidence of Malaria and Dengue is highest among men while Chikungunya is highest among the women.

Table 18: Estimated Type of Facilities used by the citizens by diseases in 2018¹³

Type of Facilities	Malaria	Dengue	Chikungunya
Only Government dispensaries/ hospitals	35,935	34,644	28,622
Only Private or Charitable clinics/ hospitals	62,242	61,890	60,994
Using both private and government hospitals	5,855	4,952	7,381
Total	1,04,032	1,01,486	96,997

There is increase in usage of private healthcare facilities for both Dengue, Malaria and Chikungunya. It is to ponder upon that government hospitals and dispensaries should be equipped enough to treat diseases like Dengue and Malaria and one does not end up in private hospitals and clinics.

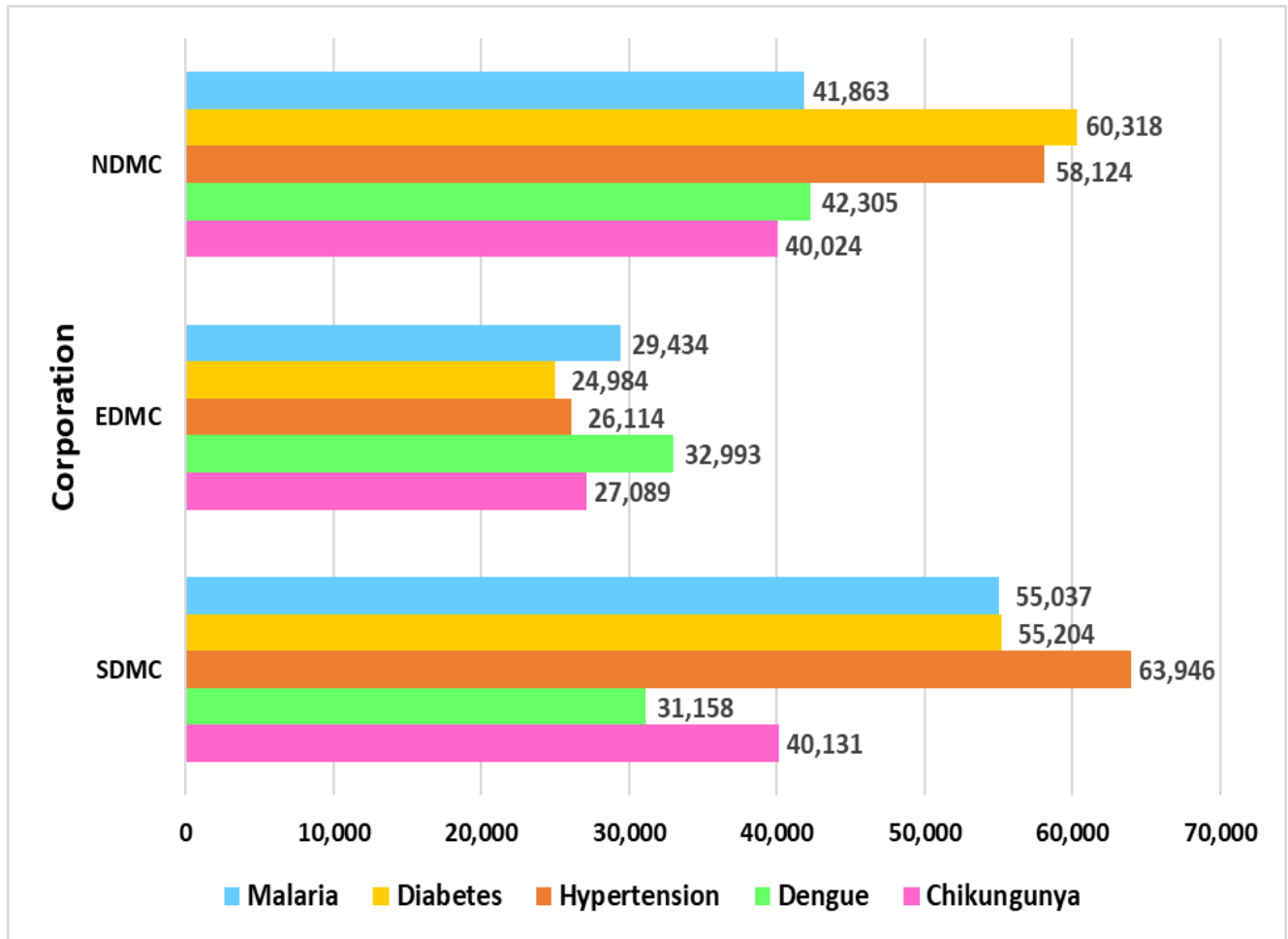
The survey data covered questions related to type of diseases each family member suffered, type of healthcare facility accessed for the treatment, average income spent to avail health services and access to medical insurance in the last year.

Table 19: Comparison between RTI Data and Survey Data.

Disease	Cases as per RTI data	Cases as per Survey data
Malaria	4,205	1,26,334
Dengue	7,153	1,06,456

***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.

Graph 9: Estimated cases of Communicable and Non Communicable Diseases zone wise.

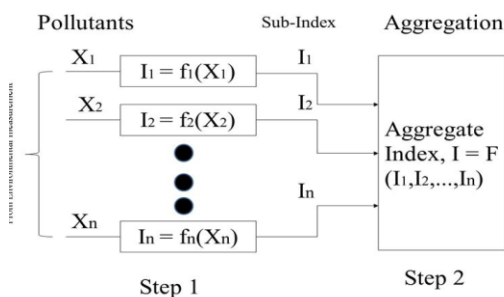


- Communicable disease refers to Malaria, Dengue and Chikungunya and Non-Communicable Diseases include Diabetes and Hypertension.
- Diabetes is highest among the population belonging to NDMC while Hypertension is highest in SDMC.
- Estimated cases of Malaria is higher than Dengue and Chikungunya amongst all Corporations but is highest in SDMC.

VII. Air Quality Index

AQI Definition:

Simply put, An 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: This image has been taken from the 'National Air Quality Index' Report released by the Central Pollution Control Board (2014)

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.

Graph 10 : Month-wise Average Air Quality Index (AQI) from April 2015 to March 2018

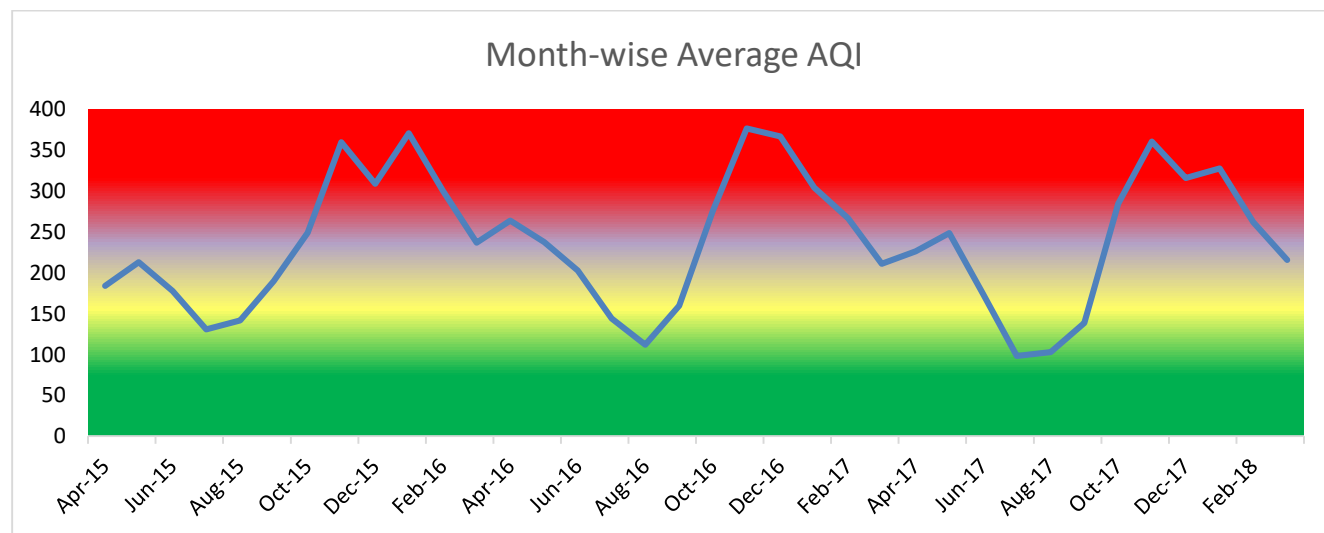


Table 20 : Average AQI from April 2015 to March 2018

	Apr'15	May'15	Jun'15	Jul'15	Aug'15	Sep'15	Oct'15	Nov'15	Dec'15	Jan'16	Feb'16	Mar'16
2015-16	184	213	178	131	142	190	249	360	309	371	301	237
2016-17	264	238	203	144	112	160	276	377	367	304	267	211
2017-18	227	249	174	98	103	139	285	361	316	328	262	216

Table 21: Category-wise number of days in 2015-16, 2016-17 and 2017-18

Air Quality Level	No. of Days		
	2015-16	2016-17	2017-18
Good	0	0	2
Satisfactory	17	18	45
Moderate	123	111	107
Poor	129	140	110
Very Poor	78	72	87
Severe	18	22	12
Total	365	363[^]	365

[^]2 days did not have any Air Qualities against their names

Table 22 :Number of Questions asked on Air Pollution by Delhi Municipal Councillors & MLAs from April'2015 to March'2018

Issue	Civic Complaints - Air Pollution			No. of issues raised					
				MLA			Councillors		
	2015-16	2016-17	2017-18	2015*	2016*	2017*	2015-16	2016-17	2017-18
Pollution	55	107	93	7	6	4	1	2	11

- Quality of Air Pollution haven't changed much in last three years. Rather, it is high time that a step should be taken to improve the quality of air in Delhi.
- In comparison to complaints that have been registered and the questions that have been asked are extremely low. In 2017-18, only 93 complaints have been raised whereas only 11 questions were asked.
- Moreover, the scenario is just degrading each year and that too with upcoming Diwali festival.

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

VIII. Deliberations by Municipal Councillors and MLAs on Health Issues

Table 23: Total numbers of Meeting, Attendance and Issue Raised in Medical Relief & Public Health Committee of MCDs from April 2017 to March 2018

April 2017 to March 2018	No. of Members	No. of Meeting	Attendance (in %)	Total Issues Raised
EDMC	14	8	78%	193
NDMC	21	5	51%	74
SDMC	21	9	60%	373
Total	56	22	63%	640

- Overall 63% of attendance was registered in all 22 meetings in Medical Relief & Public Health Committee and 640 issues were raised in those meetings.
- Least issues were raised by NDMC Councillors.

***Note:** Medical Relief and Public Health Committee comprises which is constituted every year at the beginning of 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 24: Issues raised by Medical Relief & Public Health Committee Councillors of MCDs from April 2017 to March 2018

Issues	No. of issues raised in 2017-18
Budget	29
Cemeteries / Crematorium related	0
Contaminated Water Supply	1
Equipments	6
Eradication Programme	1
Epidemic/Sensitive Disease	18
Fogging	6
Health Related Issues	16
Health Service Related	54
Health Education Institute	0
Human Resources Related	74
Infrastructure	52
Issue of Birth/ Death certificates	8
License	217
Maternity homes/Primary Health Centre (PHC)	8
Municipal Corporation Related	30
Negligence in duty of Municipal Corporation officials/Staff related	0
Nuisance due to stray dogs, monkeys etc.	60
Private Health Services	0
Schemes/Policies in Health	30
Treatment Medicines	24
Vets Medical Medicines Related	6
Water Logging	0
Total	640

- Only 1 question has been raised with respect to contaminated water supply and eradication programme when increase in Diarrhoea is the most reported disease for the year 2017-18.
- Only 18 questions were raised on Epidemic/Sensitive Disease while 0 questions were raised on Water Logging.

Table 25 : Number of Questions asked on Health by Municipal Councillors Corporation-wise in all Committees from April'2017 to March'2018

Issues	No. of issues raised in 2017-18			Total Issues
	EDMC	NDMC	SDMC	
Budget	3	10	43	56
Cemeteries / Crematorium related	1	14	26	41
Contaminated Water Supply	3	1	1	5
Equipments	4	5	6	15
Eradication Programme	0	0	3	3
Epidemic/Sensitive Disease	42	80	98	220
<i>Dengue/Malaria/Chikungunya</i>	<i>33</i>	<i>68</i>	<i>82</i>	<i>183</i>
Fogging	32	18	26	76
Health Related Issues	24	13	42	79
Health Service Related	37	42	96	175
Health Education Institute	2	4	5	11
Human Resources Related	31	105	87	223
Infrastructure	46	65	86	197
Issue of Birth/ Death certificates	2	6	10	18
License	80	24	157	261
Maternity homes/Primary Health Centre (PHC)	14	4	4	22
Municipal Corporation Related	7	3	20	30
Negligence in duty of Municipal Corporation officials/Staff related	0	0	0	0
Nuisance due to stray dogs, monkeys etc.	18	1	41	60
Private Health Services	1	0	1	2
Schemes/Policies in Health	2	9	73	84
Treatment Medicines	13	15	17	45
Vets Medical Medicines Related_	11	0	6	17
Water Logging	2	3	9	14
Total	373	419	848	1,654

- Overall, only 5 questions were raised related to contaminated water supply. Water contamination leads to diseases like Diarrhoea, Typhoid etc. Therefore, more questions related to water contamination should be raised so as to prevent spreading of diseases due to water contamination.
- On the similar lines, just 14 issues have been raised with respect to water logging. Water logging leads to severe communicable diseases.

Table 26: Health issues raised by MLAs from 23rd February 2015 to 17th January 2018

Issues	No. of issues raised		
	2015*	2016*	2017*
Cemeteries/Crematorium related	2	1	5
Contaminated Water Supply	8	2	9
Eradication Programme	0	2	0
Epidemic/Sensitive Disease	19	22	32
<i>Dengue/Malaria/Chikungunya</i>	5	11	19
Dispensary/Municipal Hospital/State Hospital	0	3	1
Health Related Issues	11	4	16
Health Service Related	6	18	22
Health Education Institute	0	1	0
Human Resources Related	8	9	9
Infrastructure	27	13	24
Maternity homes/Primary Health Centre (PHC)	0	2	0
Pollution	1	0	0
Private Health Services	1	0	0
Private Hospital/Clinics	2	0	0
Schemes/Policies in Health	2	3	6
Treatment Medicines	6	4	10
Water Logging	2	3	4
Total	95	87	138

In last 3 years, no more than 10 questions have been raised with respect to water contamination. This is a serious issue as issue of water contamination isn't solved yet from last 3 years.

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

Table 27: Number of Issues raised on health by MLAs from 23rd February 2015 to 17th January 2018*

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

Name of MLAs	Constituency No.	Const. Name	Party	No. of issues raised		
				2015	2016	2017
Prakash_47	47	Deoli (SC)	AAP	0	0	0
Praveen Kumar	41	Jangpura	AAP	0	0	1
Raghuvinder Shokeen	11	Nangloi Jat	AAP	0	0	2
Rajesh Gupta	17	Wazirpur	AAP	1	1	2
Rajesh Rishi	30	Janakpuri	AAP	1	1	4
Raju (Dhigan)	55	Trilokpuri	AAP	0	1	0
Rituraj Govind	9	Kirari	AAP	0	0	0
S. K. Bagga	60	Krishna Nagar	AAP	4	1	2
Sahi Ram	52	Tuglakabad Nct	AAP	0	0	2
Sanjeev Jha	2	Burari	AAP	1	1	2
Sarita Singh	64	Rohtas Nagar	AAP	0	0	0
Saurabh Bharadwaj	50	Greater Kailash	AAP	0	0	1
Sandeep Kumar	10	Sultan Pur Majra (SC)	AAP	0	0	1
Sharad Kumar	1	Narela	AAP	0	1	2
Shiv Charan Goel	25	Moti Nagar	AAP	2	1	3
Shri Dutt Sharma	66	Ghonda	AAP	2	2	8
Som Dutt	19	Sadar Bazar	AAP	0	2	3
Somnath Bharti	43	Malviya Nagar	AAP	0	2	3
Sukhvir Singh	8	Mundka	AAP	0	0	5
Vijender Garg Vijay	39	RAJINDER NAGAR	AAP	4	1	7
Vijender Kumar (Gupta)	13	Rohini	BJP	5	10	11
Vishesh Ravi	23	Karol Bagh	AAP	0	0	2
Total				70	74	138

- In 2017, Out of 58 MLAs, 17 MLAs have not raised a single issue on Health.
- MLAs like Asim Ahmed, Hazari Lal Chauhan, Dinesh Mohaniya, Gulaab Singh, Hazari Lal, Kapil Mishra, Prakash, Rituraj Govind and Sarita Singh have not raised any questions in from 2015-2017.
- Jagdish Pradhan has raised the maximum number of issues (13) on Health.

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

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

Table 28: Zone-wise estimated proportion of usage of various Dispensaries/Hospitals in comparison to available dispensaries and hospitals in Delhi.

MCD	MCD Zone	Provisional Population 2011	No. Government Dispensaries	No. Government Hospital	Density of Government dispensaries to Population	% of annual family income spent	% accessing public hospitals/dispensaries	% accessing private hospitals/dispensaries	% accessing both private and govt. hospitals/dispensaries
EDMC	Shahdara North	34,00,000	38	6	44,156	10.40%	30%	64%	6%
	Shahdara South		39	3		9.90%	44%	49%	7%
NDMC	City Sadar Paharganj	52,00,000	24	8	34,211	9.10%	66%	31%	3%
	Civil Line		22	5		10.10%	42%	56%	2%
	Karol Bagh		24	4		9.70%	47%	48%	6%
	Keshav Puram		24	3		9.20%	31%	65%	4%
	Narela		33	2		8.60%	36%	60%	4%
	Rohini		25	2		9.60%	34%	60%	5%
SDMC	Central	59,00,000	30	1	49167	9.30%	28%	63%	9%
	Najafgarh		40	2		9.10%	29%	66%	6%
	South		23	3		8.80%	62%	32%	6%
	West		27	5		9.00%	33%	61%	6%
New Delhi Municipal Council		2,57,803	4	0	64,451	* Citizen Survey did not include New Delhi Municipal Council being non-residential area.			
Grand Total		1,47,57,803	353	44	41,807				

- Overall, there is no much difference on accessing private facilities annual family income spent on healthcare zone-wise, however, the estimated percentage of people accessing private health facilities in Shahdara North is 64% this is when they have 38 government dispensaries and 6 government hospitals.
- The percentage of annual family income spent on accessing health services is highest among Shahdara North (10.4%) and Civil Lines (10.1%).
- 66% of people residing in City & Sadar Paharganj accessed the government facilities and spent 9.7% of their annual family income on healthcare costs.

Table 29: Zone- wise Malaria Data

Corporation	Zone	Population 2011	Malaria			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	489	2,818	876	515
	Shahdara South		1,348	559	200	345
NDMC	City	52,00,000	110	22	312	17
	Rural Narela		120	193	391	346
	Karol Bagh		550	2,667	1,002	370
	Rohini		110	370	1,825	405
	Sadar Paharganj		0	0	1	21
	Civil Lines		3,824	795	946	638
	Keshav Puram		0	0	0	92
	City and Sadar Paharganj		0	0	0	339
SDMC	Central	59,00,000	10	48	70	65
	West		479	1,719	405	789
	South		45	6	23	112
	Najafgarh		638	241	58	151
	New Delhi Municipal Council	2,57,803	0	7	2	0
	Total		7,723	9,445	6,111	4,205

In 2017-18, out of 4,205 malaria cases, West zone had highest cases registered with 789.

Table 30: Zone- wise Dengue Data

Corporation	Zone	Population 2011	Dengue			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	28	983	594	674
	Shahdara South		22	3,923	414	584
NDMC	City	52,00,000	9	220	98	80
	Rural Narela		50	195	45	416
	Karol Bagh		23	2,424	1,952	403
	Rohini		196	8,370	56	119
	Sadar Paharganj		0	0	1	0
	Civil Lines		161	2,596	372	1,097
	Keshav Puram		0	0	0	74
	City and Sadar Paharganj		0	0	0	1,610
SDMC	Central	59,00,000	0	124	25	228
	West		67	1,956	325	900
	South		108	6,017	1,133	818
	Najafgarh		4	311	2	150
	New Delhi Municipal Council	2,57,803	0	0	0	0
	Total		668	27,119	5,017	7,153

- Total number of Dengue cases for 2017-18 were 7,153 which is an increase from 2016-17.
- The Zone most affected with Dengue is Civil Lines Zone followed by City Zone with 1,097 and 1,610 cases, respectively.

Table 31: Zone- wise Tuberculosis Data

Corporation	Zone	Population 2011	Tuberculosis			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	7,171	6,331	3,908	703
	Shahdara South		8,949	5,611	2,465	2,521
NDMC	City	52,00,000	200	389	265	195
	Rural Narela		4,712	4,550	4,049	5,342
	Karol Bagh		5,524	6,352	6,377	6,238
	Rohini		22,488	30,084	21,760	20,893
	Sadar Paharganj		853	1,418	1,544	10,777
	Civil Lines		11,853	5,372	4,706	11,509
	Keshav Puram		0	0	76	1,069
	City and Sadar Paharganj		0	0	0	2,809
SDMC	Central	59,00,000	3,025	6,067	6,018	4,775
	West		3,847	4,223	4,234	2,692
	South		3,238	4,992	3,646	1,066
	Najafgarh		3,142	5,475	5,441	3,872
	New Delhi Municipal Council	2,57,803	6	3	2	0
	Total		75,008	80,867	64,491	74,461

In 2018, out of 74,461 Tuberculosis cases, maximum number of cases were registered in Rohini zone (20,893), followed by Civil Lines zone (11,509) and Sadar Paharganj (10,777).

Table 32: Zone- wise Diarrhoea Data

Corporation	Zone	Population 2011	Diarrhoea			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	36,171	29,964	32,298	33,666
	Shahdara South		48,999	45,607	35,874	33,503
NDMC	City	52,00,000	7,121	9,613	11,563	3,049
	Rural Narela		1,20,298	1,25,869	1,39,199	86,611
	Karol Bagh		37,891	35,646	24,233	42,900
	Rohini		74,543	61,875	77,631	59,678
	Sadar Paharganj		19,343	33,419	34,411	17,629
	Civil Lines		54,261	60,393	64,990	39,626
	Keshav Puram		0	0	2,107	9,545
	City and Sadar Paharganj		0	0	0	11,460
SDMC	Central	59,00,000	40,555	30,767	29,056	39,634
	West		78,733	70,377	66,888	60,730
	South		26,726	22,405	27,423	24,998
	Najafgarh		37,263	48,687	50,613	36,355
	New Delhi Municipal Council	2,57,803	1,193	1,934	1,982	2,100
	Total		5,83,097	5,76,556	5,98,268	5,01,484

In 2017-18, out 5,01,484 diarrhoea cases, maximum number of cases were registered in Rural Narela zone (86,611), followed by Rohini zone (62,254 cases) and West zone (60,730 cases).

Table 33: Zone- wise Cholera Data

Corporation	Zone	Population 2011	Cholera			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	4	1,203	169	78
	Shahdara South		0	2,221	4,247	54
NDMC	City	52,00,000	74	158	69	18
	Rural Narela		323	0	259	0
	Karol Bagh		55	3	109	1,116
	Rohini		501	112	226	193
	Sadar Paharganj		0	0	32	0
	Civil Lines		0	0	0	991
	Keshav Puram		0	0	0	0
	City and Sadar Paharganj		1,028	2,223	2,167	0
SDMC	Central	59,00,000	400	0	0	0
	West		5	3	46	0
	South		0	0	3	14
	Najafgarh		6	1	1	669
	New Delhi Municipal Council	2,57,803	0	0	0	0
	Total		2,396	5,924	7,328	3,133

Maximum number of cases were registered in Karol Bagh (1,116), followed by Civil Lines zone (991)

Table 34: Zone- wise Typhoid Data

Corporation	Zone	Population 2011	Typhoid			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	3,689	6,069	6,003	3,432
	Shahdara South		793	1,549	1,933	2,614
NDMC	City	52,00,000	2,572	4,941	621	411
	Rural Narela		2,338	1,380	1,078	1,846
	Karol Bagh		4,241	6,165	5,130	6,180
	Rohini		15,200	15,333	17,805	9,996
	Sadar Paharganj		636	2,081	49	0
	Civil Lines		10,420	17,501	5,635	2,461
	Keshav Puram		0	0	0	6,959
	City and Sadar Paharganj		0	0	0	1,584
SDMC	Central	59,00,000	484	1,194	868	876
	West		3,083	2,675	5,278	2,967
	South		1,349	1,954	2,168	2,967
	Najafgarh		8,512	7,980	9,529	8,768
	New Delhi Municipal Council	2,57,803	40	42	19	3,432
	Total		53,357	68,864	56,116	51,090

In 2016, out of 51,090 Typhoid cases, Rohini zone (9,996) have been the most affected with Typhoid.

Table 35: Zone- wise Diabetes Data

Corporation	Zone	Population 2011	Diabetes			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	27,656	48,153	38,836	37,743
	Shahdara South		31,520	27,790	25,236	32,567
NDMC	City	52,00,000	10,106	19,030	15,774	6,324
	Rural Narela		53,254	49,011	47,184	24,820
	Karol Bagh		34,023	29,793	34,067	24,601
	Rohini		54,383	60,538	76,431	68,031
	Sadar Paharganj		17,972	30,812	23,284	11,005
	Civil Lines		38,663	42,366	44,629	23,932
	Keshav Puram		0	0	871	9,007
	City and Sadar Paharganj		0	0	0	16,612
SDMC	Central	59,00,000	7,693	4,637	10,005	21,492
	West		38,163	27,679	30,578	29,838
	South		4,890	7,385	10,772	15,338
	Najafgarh		18,316	17,996	16,017	40,223
	New Delhi Municipal Council	2,57,803	2,837	743	318	938
	Total		3,39,476	3,65,933	3,74,002	3,62,471

Rohini Zone of NDMC has highest number of Diabetes (68,031) cases registered for the year 2017-18 followed by Najafgarh.

Table 36: Zone- wise Hypertension Data

Corporation	Zone	Population 2011	Hypertension			
			2014-15	2015-16	2016-17	2017-18
EDMC	Shahdara North	34,00,000	19,979	31,709	27,971	24,288
	Shahdara South		29,966	25,112	26,813	26,164
NDMC	City	52,00,000	11,795	15,650	19,067	6,277
	Rural Narela		67,093	57,463	59,752	33,498
	Karol Bagh		29,803	22,406	23,108	23,045
	Rohini		47,720	49,442	70,563	63,594
	Sadar Paharganj		17,758	28,053	24,451	11,050
	Civil Lines		35,874	39,721	43,606	29,922
	Keshav Puram		0	0	1,058	8,085
	City and Sadar Paharganj		0	0	0	10,462
SDMC	Central	59,00,000	10,779	6,023	10,282	27,788
	West		42,344	30,496	32,973	52,425
	South		4,130	6,473	7,428	13,577
	Najafgarh		16,486	16,290	12,301	36,117
	New Delhi Municipal Council	2,57,803	3,947	1,395	724	1,541
	Total		3,37,674	3,30,233	3,60,097	3,67,833

- Out of 33,67,833 Hypertension cases in the year 2017-18, maximum number of cases were registered in Rohini zone (63,594), followed by West zone (52,425 cases).
- The RTI data shows that Rohini is the most burdened zone with Diabetes, Hypertension, Typhoid, Tuberculosis and Diarrhoea as these are the maximum cases of each disease are registered in the zone.

Annexure 1 –List of Municipal & Government hospitals/Dispensaries

Sr No.	Cod e ¹⁴	Dispensary Name	*	Sr No.	Co de	Dispensary Name	*15
Central				Rural Narela			
1	S	DGD Delhi Sachiwalaya	41	14	S	DGD Harewali	38
2	S	DGD Sarai Kale Khan	33	15	S	DGD Katewara	40
3	S	DGD Sunlight Colony	33	16	S	DGD Darya Pur Kalan	40
4	S	Seed PUHC Sangam Vihar B-Block	45	17	S	DGD Nizam pur	45
5	S	DGD Sangam Vihar D-1/36	40	18	S	DGD Madan Pur Dabas	45
6	S	Seed PUHC Tughlakabad	43	19	S	DGD Majra Dabas	45
7	S	Seed PUHC Sangam Vihar F2/474	38	20	S	Seed PUHC Begum pur	45
8	S	Seed PUHC Sangam Vihar D-5/7	39	21	S	DGD Jaunti	45
9	S	Seed PUHC Sangam Vihar H-16/413	25	22	S	DGD Savda Ghevra	45
10	S	DGD Srinivas Puri	38	23	S	DGD Rani Khera	45
11	S	DGD Garhi	44	24	M	Karala Polyclinic	48
12	S	Seed PUHC Pul Prahladpur	40	25	M	Narela Polyclinic	24
13	S	Seed PUHC Lal Quan	39	26	M	Ram Roop Health Kanjhawala Polyclinic	43
14	S	DGD Molarband	44	27	M	Alipur Polyclinic	48
15	S	Seed PUHC Meetha Pur Extn	32	28	M	Bawana Polyclinic	43
16	S	DGD Tajpur	39	29	M	Begum Vihar Dispensary	48
17	S	DGD Batla House	41	30	M	Hamidpur Dispensary	48
18	S	Seed PUHC Jasola Village	39	31	M	Singhu Dispensary	40
19	S	Seed PUHC Abul Fazal	5	32	M	Mungeshpur Dispensary	48
20	M	Lajpat Nagar Colony Hospital	21	33	M	Chest Clinic Narela	44
21	M	Chest Clinic TB Hospital, Nehru Nagar	37	New Delhi Municipal Council			
22	M	Defence Colony Urban Health Centre	16	1	S	DGD Trade and Taxes, ITO	18
23	M	Jangpura Polyclinic	15	2	S	DGD High Court	33
24	M	Kalkaji Colony Hospital	15	3	S	DGD Patiala House Court	38
25	M	Nizamuddin Polyclinic	15	4	S	DGD Supreme Court	29
26	M	Madanpur Khadar Allopathic Dispensary	15	Rohini			
27	M	Sidharth Basti allopathic Dispensary	3	1	S	DGD Jawalapuri	35
28	M	Sarai kalen Khan Allopathic Dispensary	15	2	S	Seed PUHC Chander Vihar	47
29	M	Badarpur Polyclinic	15	3	S	Seed PUHC Nihal Vihar	45
30	M	Primary Urban Health cum Polyclinic and maternity Home, Tuglakabad Village	5	4	S	Seed PUHC Laxmi Vihar	45

¹⁴ In the table, M stands for Municipal Hospitals and Dispensaries while S stands for State Hospitals and Dispensaries.

¹⁵ The data received out of 48 months while from dispensaries and hospitals.

Sr No.	Code	Dispensary Name	*	Sr No.	Code	Dispensary Name	*
City Sadar Paharganj				5	S	Seed PUHC Aman Vihar	42
1	S	DGD Tis-Hazari	39	6	S	DGD Kirari	45
2	S	DGD Tis-Hazari-FAP	40	7	S	Seed PUHC Prem Nagar III	43
3	S	DGD Gali Guliyani	32	8	S	Seed PUHC Prem Nagar II	45
4	S	DGD Dujana House	36	9	S	Seed PUHC Inder Enclave - II	44
5	S	DGD Ajmeri Gate	33	10	S	DGD Sultanpuri	45
6	S	DGD Suiwalan	36	11	S	Polyclinic Sector-2, Rohini	45
7	S	DGD Hindustani Dawakhana	31	12	S	DGD Mangolpuri	33
8	S	DGD Pul Bangash	32	13	S	Polyclinic Sector-18, Rohini	45
9	S	DGD Sarai Rohilla	37	14	S	DGD Sector-13, Rohini	45
10	S	DGD Gali Samosan	35	15	S	DGD Prashant Vihar	45
11	S	DGD Nabi Karim	40	16	S	DGD Rohini Court	45
12	S	DGD Chamelian Road	37	17	S	DGD Sector-8, Rohini	45
13	S	DGD Motia Khan	32	18	S	Seed PUHC Budh Vihar	45
14	M	Lal Kuan Dispensary	45	19	M	Nangloi Polyclinic	33
15	M	Lahori Gate Dispensary	45	20	M	Lala Hans Raj Gupta, Rohini Polyclinic	30
16	M	Kashmere Gate Dispensary	33	21	M	Pooth Kalan Disensary	41
17	M	Sadar Bazar Polyclinic	45	22	M	Chowdhary Deshraj Chest Clininc	33
18	M	Depty Ganj (F) Dispensary	40	23	M	Chest Clinic Shahbad Dairy	17/ 36 ¹⁶
19	M	Bara Hindu Rao Dispensary	31	24	S	Polyclinic Rohini, Sector 4	5/1 8
20	M	Goenka Road Dispensary	30	25	S	DGD Mangolpuri	12
21	M	Pratap Nagar Dispensary	27	26	S	SPHUC Pratap Vihar	3
22	M	V.D.Clinic roshnara raod disp.	34	Shahadra North			
23	M	Chest Clinic SPM Marg	40	1	S	DGD Old Seemapuri	43
24	M	Vivakanand Polyclinic	7	2	S	DGD New Seemapuri	42
Civil Line				3	S	DGD Ashok Nagar	43
1	S	DGD Jahangirpuri B Block	40	4	S	DGD Durgapuri	29
2	S	Seed PUHC Samta Vihar	28	5	S	DGD Babarpur	44
3	S	DGD Mukandpur	40	6	S	DGD Maujpur	44
4	S	Seed PUHC Nathupura	30	7	S	Seed PUHC Kabir Nagar	21
5	S	DGD Jharoda Majra	38	8	S	Seed PUHC Amar Colony	42
6	S	DGD Timarpur	32	9	S	DGD Saboli	43
7	S	Seed PUHC Jagatpur	33	10	S	DGD Jhilmil	23
8	S	DGD Wazirabad	41	11	S	DGD West Jyoti Nagar	24

¹⁶Few of the hospitals/dispensaries were closed in between last 4 years while few opened up in last 4 years. Hence, those are written as stated above.

Sr No.	Code	Dispensary Name	*	Sr No.	Code	Dispensary Name	*
9	S	DGD Majnu Ka Tila	40	12	S	Polyclinic Gautam puri	20/36
10	S	DGD Old Sectt	39	13	S	DGD Seelampur	46
11	S	DGD Mukhmailpur	40	14	S	Seed PUHC Zafrabad-1	48
12	S	DGD Jahangirpuri H Block	36	15	S	Seed PUHC Brahmipuri	47
13	S	Seed PUHC Swarup Nagar	40	16	S	DGD Arvind Nagar	48
14	S	DGD Bhalawa JJ Colony	40	17	S	DGD Yamuna Vihar	48
15	S	DGD Bhalaswa Dairy	35	18	S	UHC Gokulpuri	46
16	M	Balakram hospital	19/38	19	S	DGD Johripur	45
17	M	Burari Polyclinic	39	20	S	Seed PUHC Bhagirathi Vihar	45
18	M	Indra Nagar Dispensary	39	21	S	DGD Bhagirathi Vihar	42
19	M	Badli Dispensary	48	22	S	Seed PUHC Old Mustafabad	47
20	M	Siraspur Dispensary	35	23	S	Seed PUHC New Mustafabad	48
21	M	UHC/ Dhaka	39	24	S	Seed PUHC Shiv Vihar Phase -II	47
22	S	DGD Kamla Nagar	12/36	25	S	Seed PUHC Shiv Vihar Phase -V	43
23	S	DGD Ashok Vihar, H-Block	7	26	S	DGD Dayalpur	26/36
24	M	GTB Polyclinic	10/15	27	S	Seed PUHC Nehru Vihar	47
Karol Bagh				28	S	Seed PUHC Chandu Nagar	47
1	S	DGD Gulabi Bagh	37	29	S	DGD Khajoori Khas	41
2	S	DGD Baljit Nagar	48	30	S	Seed PUHC Sonia Vihar	47
3	S	DGD Prem Nagar	48	31	S	Seed PUHC Sonia Vihar 4.5 Pushta	46
4	S	DGD New Ranjit Nagar	46	32	S	Seed PUHC Chauhan Patti	44
5	S	DGD Ranjit Nagar	46	33	S	Seed PUHC Shaheed Bhagat Singh	48
6	S	Seed PUHC Sudarshan Park	45	34	S	Seed PUHC Rajiv Nagar	41
7	S	DGD Inderlok	32	35	S	DGD Shiv Vihar Tiraha	46
8	S	DGD Anand Parbat	38	36	S	DGD Nand Nagri Extension	45
9	S	DGD Shahzada Bagh	34	37	S	DGD Nand Nagri	12
10	S	DGD Regharpura	34	38	M	Allopathic Dispensary, Yamuna Vihar	29
11	S	DGD Tank Road	32	39	M	Allopathic Dispensary, Karawal Nagar	28
12	S	DGD Jai Dev Park	45	40	M	Chest Clinic Shahdara	33
13	S	DGD Budh Nagar	47	Shahadra South			
14	S	DGD Inderpuri, Near Mother Dairy	45	1	S	DGD Bhol Nath Nagar	42
15	S	DGD Pahar Ganj	37	2	S	DGD Mukesh Nagar	40
16	M	Ramesh Nagar Polyclinic	48	3	S	DGD Dilshad Garden	43

Sr No.	Code	Dispensary Name	*	Sr No.	Code	Dispensary Name	*
17	M	Dev Nagar Dispensary	45	4	S	DGD Kanti Nagar	17
18	M	Kirti Nagar Dispensary	45	5	S	DGD Krishna Nagar	6
19	M	Old Rajinder Nagar Dispensary	32	6	S	DGD Vivek Vihar	21
20	M	Naraina Dispensary	33	7	S	DGD Mayur Vihar	47
21	M	Chest Clinic Moti Nagar	41	8	S	DGD Trilok Puri	47
22	M	WEA	45	9	S	DGD Himmat Puri	48
23	M	Pahar Ganj Dispensary	48	10	S	Seed PUHC New Ashok Nagar	48
24	M	Jandhewalan Chest Clinic	12	11	S	DGD Kalyan Puri	47
Keshav Puram				12	S	DGD Vasundhara Enclave	45
1	S	DGD Gurmandi	39	13	S	DGD M ayur Vihar, PH-III (Kondli)	33
2	S	DGD Model Town	38	14	S	Seed PUHC Rajbir Colony	48
3	S	DGD Shakurpur	45	15	S	DGD Shashi Garden	48
4	S	DGD Wazirpur J.J.Colony	45	16	S	DGD Bank Enclave	45
5	S	Polyclinic Wazirpur, PH-III	45	17	S	DGD Laxmi Nagar	46
6	S	Polyclinic Keshavpuram B-4 Block	45	18	S	DGD Mandawali Fazal Pur	48
7	S	DGD Keshavpuram C-7 Block	45	19	S	DGD I.P. Extension	48
8	S	DGD As hok Vihar, H-Block	33	20	S	Seed PUHC Ghazipur	48
9	S	DGD Wazirpur Industrial Area	45	21	S	DGD Jagat Puri	47
10	S	DGD Sangam Park	45	22	S	DGD Geeta Colony	48
11	S	DGD Paschim Puri	47	23	S	DGD New Lahore Shastri Nagar	40
12	S	DGD Paschim Vihar	38	24	S	DGD Chander Nagar	47
13	S	Polyclinic Pitam pura	41	25	S	DGD Pandav Nagar	46
14	S	DGD Shalimar Bagh BB-Block	45	26	S	DGD Karkardooma	41
15	S	DGD Shalimar Bagh AC- Block	45	27	S	DGD Suraj Mal Vihar	40
16	S	DGD Saraswati Vihar	45	28	S	DGD Karkardooma Court Complex	26
17	M	Atma Ram Gupta Polyclinic	40	29	S	Seed PUHC, Jheel	32
18	M	Nimri Polyclinic	45	30	M	Allopathic Dispensary, Patparganj	21
19	M	Roop Nagar Dispensary	39	31	M	Allopathic Dispensary, Kasturba Nagar	9
20	M	Azadpur Dispensary	48	32	M	Polyclinic Shahdara	9
21	M	Indra Gandhi PC	33	33	M	Dr. SPM Chest Hospital	25
22	M	Singhalpur Dispensary	33	34	M	Allopathic Dispensary, EDMC HQ	7
23	M	Jwala heri Dispensary	38	35	M	Allopathic Dispensary, Brahmपुरi	0
24	M	Shakurbasti Dis.	33	36	M	Allopathic Dispensary, Harsh Vihar	0

Sr No.	Code	Dispensary Name	*	Sr No.	Code	Dispensary Name	*
Najafgarh				37	M	Allopathic Dispensary, Khureji Khas	5
1	S	DGD Malik Pur Village	42	38	S	DGD Mayur Vihar, PH-III (Kondli)	15
2	S	DGD Mundela Khurd	35	39	M	Shri Madhav Allopathic Dispensary(West Azad)	6/14
3	S	DGD Issapur	32	South			
4	S	DGD Bamnoli	39	1	S	DGD Kalkaji	45
5	S	DGD Kapashera	19	2	S	DGD Begum pur	45
6	S	DGD Sagarpur	48	3	S	DGD Saket	40
7	S	DGD Shahbad Md. Pur	48	4	S	DGD Ber Sarai	45
8	S	Seed PUHC Smalkha	44	5	S	Seed PUHC Neb Sarai	45
9	S	DGD Mahipal Pur	43	6	S	DGD Chatterpur	40
10	S	DGD Pindwala Kalan	40	7	S	DGD Jonapur	45
11	S	DGD Rawta	40	8	S	Seed PUHC Aya Nagar	44
12	S	DGD Chhawla	39	9	S	Seed PUHC Sangam Vihar	44
13	S	DGD Kanganheri Village	28	10	S	DGD Sangam Vihar	37
14	S	DGD Jhatikara	40	11	S	DGD Khanpur	45
15	S	DGD Nangli	16	12	S	Seed PUHC Jawahar Park	45
16	S	Seed PUHC Ranaji Enclave	32	13	S	DGD Dakshinpuri	45
17	S	Seed PUHC Qutub Vihar	33	14	S	DGD Madangir	45
18	S	DGD Dwarka Sector-17	40	15	S	DGD Moti Bagh (Shastri Market)	48
19	S	DGD Dwarka Sector-14	31	16	S	DGD Rajokri	48
20	S	Seed PUHC Kakrola	34	17	S	DGD Saket Court Complex	41
21	S	DGD Dwarka Sector – 12	26	18	S	DGD Chirag Delhi	45
22	S	DGD Dwarka Sector – 19	40	19	M	Primary Health Centre	11
23	S	DGD Dwarka Sector – 10	41	20	M	Madangir Allopathic Dispensary	15
24	S	DGD Dwarka Court	30	21	M	Masjid Moth Polyclinic	14
25	S	DGD Dindarpur Village	36	22	M	Primary Health Centre Mehrauli	15
26	S	Seed PUHC Dharpura	32	23	M	Munirka Polyclinic	15
27	S	Seed PUHC Gopal Nagar	19	West			
28	S	DGD Jharoda Kalan	39	1	S	DGD Raghubir Nagar	48
29	S	DGD Dhansa	41	2	S	DGD Madipur	47
30	S	DGD Raj Nagar Part-II	41	3	S	DGD Chowk handi	47
31	S	DGD Mangla Puri	32	4	S	DGD Khyala	42
32	S	DGD Dwarka Sector – 2	42	5	S	DGD Nangli Jalib	48
33	S	SPUHC Sitapuri	30	6	S	DGD Tilak Vihar	46
34	S	SPUHC Salhapur Khera	27	7	S	DGD Janak puri (A-4A)	47

Sr No.	Code	Dispensary Name	*	Sr No.	Code	Dispensary Name	*
35	M	Bijwasan Chest Clinic	45	8	S	DGD Janak puri(C4B)	47
36	M	Gumenhera Allopathic Dispensary	36	9	S	DGD Tihar Jail Complex	46
37	M	Issapur Allopathic Dispensary	36	10	S	DGD Jeevan Park	47
38	M	Daulatpur Allopathic dispensary	48	11	S	DGD Ram Dutt Enclave	45
39	M	Bijwasan Dispensary	15	12	S	DGD Tilangpur Kotla	47
40	S	Sadh Nagar	4	13	S	DGD Bakkarwala	48
Rural Narela				14	S	DGD Baprolla	48
1	S	DGD Tikri Kalan	47	15	S	DGD Vikas puri	45
2	S	DGD Mundka	47	16	S	DGD Shiv Vihar	48
3	S	DGD Hiran Kudna	45	17	S	DGD Nawada	47
4	S	DGD Nangloi	47	18	S	Seed PUHC Mohan Garden	44
5	S	Seed PUHC Kam ruddin Nagar	47	19	S	Seed PUHC Mansa Ram Park	43
6	S	Seed PUHC Nilothi	48	20	S	DGD Nangal Raya	45
7	S	DGD Narela	40	21	S	DGD Mayapuri	45
8	S	DGD Holambi Kalan Ph-2	37	22	S	DGD Basant Gaon	44
9	S	DGD Khera Kalan	38	23	M	Tilak Nagar Colony Hospital	48
10	S	DGD Sannoht	40	24	M	Uttam Nagar Dispensary/ Mahendra Park Dispensary	36
11	S	DGD Bhorgarh	40	25	M	Rajouri Garden Allopathic Dispensary	48
12	S	DGD Bakhtawarpur	39	26	M	Subhash Nagar Allopathic Dispensary	48
13	S	DGD Bawana	36	27	M	Maharaja Agarsen Polyclinic	36

Sr. No.	Type	Dispensary Name	Out of 48 Mont hs	Sr. No.	Type	Dispensary Name	Out of 48 Mont hs
Central				Narela			
1	S	Nehru Homeopathic medical college	39	1	S	Maharishi Balmiki Hospital	48
City Sadar Paharganj				2	S	satyawadi Raja Harish Chandra hospital	48
1	S	Govind Ballabh pant Hospital (GBPH)	43	Rohini			
2	S	Guru Nanak Eye Centre	33	1	S	Baba Saheb Ambedkar	48
3	S	Lok Nayak Hospital	48	2	S	Sanjay Gandhi memorial Hospital	19
4	S	Maulana Azad Institute of dental Sciences	20	Shahadra North			
5	S	Aruna Asaf Ali Govt. Hospital	43	1	S	Delhi State Cancer Institution	33
6	S	Sushrut Trauma Centre	7	2	S	Guru Teg Bahadur	10
7	M	Kasturba Hospital	48	3	S	I.H.B.A.S.	48
8	M	Girdharilal Maternity Hospital	48	4	S	Jag parvesh Chander Hospital	43
Civil Line				5	S	rajiv gandhi Super Speciality Hospital	33
1	S	Babu Jagjivan Ram	41	6	M	Swami Dayanand Hospital	48
2	S	Poor House Hospital	48	7	S	Health Centre cum Maternity centre	24
3	M	Rajan Babu TB Hospital	48	Shahadra South			
4	M	MVID Hospital	44	1	S	Chacha nehru Bal Chikitsalaya	47
5	M	Hindu rao Hospital	46	2	S	Dr. Hedgewar Arogya Sansthan	27
Karol Bagh				3	S	Lal Bahadur Shastri Hospital	48
1	S	Aacharyashree Bhiksha Hospital	48	South			
2	S	Ayurvedic & Unani Tibbia College and hospital	41	1	S	B R Sur Homeopathic medical college	48
3	S	Dr. N. C. Joshi Hospital	48	2	S	Institute of Liver & Biliary Sciences	48
4	S	Sardar Vallabh Bhai patel Hospital	48	3	S	Pt. Madan Mohan Malviya hospital	48
Keshav Puram				West			
1	S	Deep Chand Bandhu	48	1	S	central Jail	48
2	S	Attar Sain Jain Hospital	48	2	S	Dadadev Mother & Child Hospital	48
3	S	Bhagwan Mahaveer	45	3	S	Deen Dayal Upadhyay	39
Najafgarh				4	S	Guru Govind Singh Hospital	48
1	S	Chaudhary Brahm Prakash Ayurved Charak Sansthan	18	5	S	Janakpuri Super speciality Hospital	48
2	S	Rao Tula Ram memorial Hospital	48				

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
Bandana Kumari	Minister	16-02-2015 to 6-6-2016	
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	
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)			
		due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last		(b)			
		due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			
				
				

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 – Socio Economic Classification (SEC) Note

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:

OCCUPATION \ EDUCATION		EDUCATION						
		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

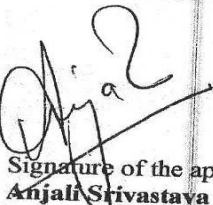
*CWE is defined as the person who takes the main responsibility of the household expenses.

Annexure 5: RTIs filed for obtaining data and the obtained data.

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 the same.

**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)

S.NO	NAME OF DISCEASES	NO. OF CASES					
		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	HYPERTENSION +	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