

XX. PUBLIC HEALTH

This Sector includes Programmes for control of Malaria, Hepatitis-B, Dangué and Pulse Polio Programme, Control of Cancer, leprosy and T.B. control programme, special immunization, various health campain etc. This sector also include s provision for strengthening of PFA, Drug control and Forensic Science Laboratory and establishment of State Drug Authority.

Department/Agency wise position of the approved outlay for 9th Plan and expenditure in 1997-2001, approved outlay for 2001-02, Revised estimate for 2001-02 and approved outlay for 10th Fear Year Plan and Annual Plan 2002-03 is given below.

S. N	Agency/Department	9 th Five Year plan		Annual plan 2001-02		10 th Five Year Plan	Annual plan
		1997-2002 Approved outlay	Actual Expenditure 1997-01	Approved outlay	R.E	2002-07 approved outlay	2002-03 Approved outlay
I.	Delhi Government						
A	PFA	170.00	96.95	25.00	25.00	200.00	30.00
B	DHS	445.00	199.98	150.00	150.00	1000.00	160.00
C	Drug Control Deptt.	1200.00	816.55	7.00	30.00	50.00	10.00
D	Family Welfare	560.00	309.89	150.00	445.00	2000.00	400.00
E	Home Department	1500.00	879.20	1200.00	720.00	2400.00	1000.0
	Sub-total (Delhi Government)	3875.00	2302.57	1532.00	1370.00	5650.00	1600.00
II	MCD	4000.00	2963.18	1100.00	900.00	10000.00	1100.00
III	NDMC	80.00	23.53	20.00	20.00	150.00	30.00
	Total	7955.00	5289.28	2652.00	2290.00	1580.00	2730.00

Brief details of various schemes included under this sector are as under:-

I. P.F.A. (Rs.. 200.00 lacs)

1. STRENGTHENING OF PFA DEPARTMENT INCLUSIVE TOTAL QUALITY MANAGEMENT (TQM) & SYSTEM REFORMS (Rs. 80.00 lakh)

The Prevention of Food Adulteration Act and Rules framed there under seek to prevent adulteration and mis-branding of food articles. In the Government of National Capital Territory of Delhi the responsibility for enforcement of PFA Act has been given to the Directorate of Prevention of Food Adulteration.

The Directorate of PFA is headed by the Director-cum-Food Health Authority. Besides the establishment set-up, the Food Health Authority is supported by following four branches:

1. Enforcement Branch
2. Food Laboratory
3. Prosecution Branch
4. Information and Publicity Branch

The work relating to detection of cases of adulteration/misbranding in food articles is divided into two segments as follows: -

- a) At the level of Headquarter : This work is being looked after by one Local (Health) Authority and a few food inspectors.. This unit scrutinizes complaints. Such of the complaints are complex in nature and beyond the capacity of district based food inspectors., are assigned to this unit for investigation.
- b) At District Level : At the district level, the enforcement work is done under the supervision of Sub-Divisional Magistrates. For this purpose the SDMs have been conferred the powers. of Local (Health) Authority within their respective areas. There are no restrictions on the Food Inspectors. and SDMs in respect of local initiatives.

It is estimated that approximately 1.5 Lacs 'food establishments' are functioning in National Capital Territory of Delhi. Our current ratio of food establishment to food

inspector is grossly inadequate. One food inspector is expected to monitor approximately 4100 food establishments. Given the fact that food establishments follow a different time schedule than the Government Departments and low ratio of food establishment to food inspector it is impossible to cover even 10% of food establishments in a year. At present about 2000 sample are being collected annually. Current Food Inspector productivity comes to 54 samples per inspector per year, which by all standards is very low. While the Government is taking administrative steps to increase the food inspector productivity, it is felt administrative measures will take some time to show results. Thus to increase collection of samples being from 2000 to 10,000 per year by the end of 10th Five Year Plan i.e. 2002-2007, we have prepared following action plan :-

a) Strengthening the Enforcement Branch

S.No	Name of the Post	No. of Post Required	No. of Post Existing	Additional Need	Pay-scale
1.	L.H.A.	12	5	7	Rs..10,000-15,200
2.	Stenographers.	15	11	4	Rs..4,000-6,000
3.	F.I(s)	145	37	108	Rs..5,000 to 8,000
4.	LDC	20	15	05	Rs..3,050-4,590
5.	Field Asstt.	145	25	120	Rs..3,200-4,900
		337	93	244	

Note : Food Inspectors. & Field Assistants have to work as a team.

b) Strengthening Monitoring and Evaluation Vigilance machinery of directorate

S.No	Name of Post	No. of Post required	No. of Post existing	Addl. Need	Pay scale
1.	Superintendent	1	-	1	Rs.6500-10500
2.	U.D.C	2	-	2	Rs..4,000-6,000
3.	Caretaker	1	-	1	Rs..4,000-6,000
4.	Peon	9	2	7	Rs.2500-3200
		13	2	11	

c) Information and Publicity Unit

Besides the food inspectors. appointed under the PFA Act, the consumer and consumer associations are authorized to take sample for analysis. Time and again it has been projected that there is a need to increase interaction between department and citizen for the purposes of creating awareness and pressure group to act as a market watch-dog to check malpractice's on the part of manufacturers., distributors. of and dealers. in, food articles and provide a platform for healthy interaction between food suppliers. and food consumers.. For this purpose a separate cell has been created in the Directorate of Prevention of food Adulteration by diverting the services of one of the Local (Health) Authority and a class IV employee. The cell is expected to prepare Health Education Programme, Educational materials like educational films, video films, posters., advertisements in news papers. etc. The department would like to organize/attend conferences, seminars., workshops, exhibitions, audio cassettes for release/broadcast over TV cable channels, hoarding etc. This unit will have facility of Mobile Food Laboratory for educational purpose.

The cell will need a DVD projector, slide projector, two colour TV, a video digital camera. To move the cell fully functional following manpower will be needed.

S.No.	Name of the post	Pay scale	No. of Posts
1.	Operator	Rs..4,500-6,000	01
2.	Class IV	Rs..2,550-3,200	02

d) Licensing

The Delhi Prevention of Food Adulteration Rules, 2002 have replaced old rules of 1956. Under the new rules the work relating to licensing the food establishment is proposed to be are proposed to be given to the MCD/NDMC and Cantonment Board. There is a need to formulate a working plan under which financial assistance would be given to the local bodies for dealing this work. The financial assistance will include providing of a computer system which will be integrated with a central computer system of PFA

Department, beside meeting expenses on payment of salary and wages to staff as is agreed to be provided to local bodies for this purpose.

Estimated cost of computer system is about Rs..6 lacs(one time).

Grant in aid towards the salary Rs..2.5 lacs

Total Rs..9.5 Lacs

The revenue received as license fee is to be deposited in the name of D.D.O., PFA by the Licensing authorities deposited by the applicants for getting the license.

An outlay of Rs.. 80.00 lacs is approved for 10th Five Year Plan for the scheme which includes Rs. 1.00 Lacs for Annual Plan 2002-03.

2. **SETTING UP OF FOOD LABORATORY (Rs. 50.00 Lacs)**

The new set of Rules under section 24 of the PFA Act known as the Delhi Prevention of Food Adulteration Rules, 2002 have since been enforced w.e.f. 10-04-02. The new rules permit traders. approach Government Food Laboratory to seek certification of quality of their Food Articles besides this the Government has given a general directive to strengthen the enforcement machinery and increase collection of number of sample for analysis. Given this perspective the department has a proposal to increase the work force of Food Inspectors.

(a) One food inspector per 1000 food establishment. On this norm the number of samples reaching the Food Laboratory is expected to register exponential increase.

At present the Food Laboratory at Lawrence Road, is analysing about 5000 Food samples (from all sources including samples received from Railways, Customs, Police, Consumers. and Consumer Association).

We expect the number of samples collected by Food Inspector would increase at the rate of 2000 per year.

With this proclaim we would need two more Food Laboratories in the National Capital Territory of Delhi by 2007. To this end we would need to acquire land, construct laboratory, building, purchase laboratory equipment, engage suitable manpower besides buying consumable chemical etc. required for operation and maintenance of Food Laboratory. A good Food Laboratory can handle at best samples has following sub-units:-

- (a) Chemistry Wing
- (b) Micro-biology Wing
- (c) Toxicology Wing

The minimum manpower requirements for a single Food Laboratory is as follows:-

S No	Name of Post	Additional post of existing lab	New Lab No.1	New Lab No.2	Total
1.	Public Analyst (10,000-15,200)	--	1	1	2
2.	Deputy Public Analyst (8000-12,000/)	--	1	1	2
3.	Microbiologist (8000-12,000)	1	1	1	3
4.	Senior Chemist (6500-10,500)	--	2	2	4
5	Chemist (5500-9000)	--	10	10	20
6.	Lab Technician (5000-8000)	1	1	1	3
7.	Lab Assistant (3050-4500)	--	2	2	4
8.	Lab Attendant/ Cleaner (3200-5000)	--	4	4	8
9.	Stenographer (4000-6000)	--	1	1	2
10	Data Entry Operator (4500-7000)	1	2	2	5
11.	Store Keeper (Tech) (4000-6000)	--	1	1	2
12.	L. D.C. (3050-4500)	--	1	1	2

The department will need to make provision for all the elements indicated as per details below during 10th five year plan 2002-2007

1. Capital Work : Rs.. 160 Lacs (includes cost of land & building /

Furnishing two laboratories)

2. Laboratory Equipment Rs.. 160 Lacs
3. Chemicals Rs. 50 Lacs
- Manpower Rs.. 325,52,000 /-

A provision of Rs.. 10 Lacs has been approved for annual Plan 2002-2003. . In view of this following sub allocation are made:-

1. Capital Works : 0.5 lacs
2. Laboratory Equipment/ Chemicals : 8.5 lacs
3. Additional Manpower : 1.00 lacs

An outlay of Rs.. 50.00 lacs is approved for 10th Five Year Plan for the scheme which includes Rs. 10.00 Lacs for Annual Plan 2002-03.

3. **SETTING UP OF MOBILE FOOD LAB (RS.. 10.00 LACS)**

In order to impart education to consumers. and vendors. by holding demonstrations and exhibitions with the assistance of voluntary organisation and to analyse food samples on the spot (where detailed analysis is not required) of food article of common use. The department has set up a Mobile Food Laboratory for which one matador has been purchased and equipped with necessary equipment's and apparatus. One mobile van is used in publicity and education programs in educational institutions and in meeting of consumer called by voluntary organisation which is used at H. Q. Since the proposal for creating 9 district offices is proposed, it is therefore required to purchase 9 Gypsy for inspection for licensing in each district.

The following staff will be required.

S. No.		Pay Scale in Rs..	Proposed Post
1.	Driver	950-1500	9
2.	Class IV	750-940	9

An outlay of Rs.. 10.00 lacs is approved for 10th Five Year plan for the scheme.

4. **EDP Cell [Rs. 30.00 lakhs]**

Computerisation of PFA Department is being done as per feasibility report prepared by National Informatics Centre which has been accepted in consultation with the Information Technology Planning and Finance Department of the Govt. of NCT Delhi. The approved computerisation plan envisages provision of 21 nodes and 2 server along with the peripherals during current financial year. The NICS I has been asked to supply necessary hardware at a cost of Rs.. 18,10,924/- and NIC has been requested to develop system software for the Directorate .

At present, this Directorate is having one Assistant Programmer, two Data Entry Operator's Grade 'B' and One Data Entry Operator Grade 'C'. By the time hardware is procured and installed the Directorate will need following additional staff.

S. No.	Name of Post	Pay Scale (In Rs..)	No. of Posts Required
1.	Programmer	8000-13500	One
2.	Data Entry operators. Grade-'C'	5000-8000	Three
3.	Data Entry operators. Grade-'B'	4500-7000	Fifteen

To maintain the computer system the Department will need to award Annual maintenance contract as per policy of Govt. A provision of 10 lakhs has been accepted in financial year 2002-2003. Following sub allocation are made:

Salaries	5,04,000/-
O.E	4,96,000/-
Total	----- 10,00,000 -----

An outlay of Rs.. 30.00 lacs is approved for 10th Five Year Plan for the scheme, which includes Rs. 10.00 Lacs for Annual Plan 2002-03.

5. **NEW SCHEME**

ADDITION ALTERATION AND MINOR REPAIR/MAINTENANCE OF EXISTING BUILDING (Rs. 30.00 Lacs)

At present the office and the Food Lab along with the Drug Lab is situated at A-20 Lawrence Rd. Indl. Area, Delhi-35 in the building which is in the possession of the Department since 1992. The building requires regular repair, white washing and maintenance work from time to time. Some time it is also felt that with minor alteration or addition in the existing room the space available can be utilized in a better way. It is also felt that a proper parking place not only for the vehicle of the staff but also for the office vehicles is required. Therefore in order to make necessary addition/alteration in the existing office building and for repair and maintenance of the building to keep it in good as well as in hygienic condition at least an amount of Rs.. 30 Lacs shall be required in the 10th five year plan, which can be distributed in the five years. in the manner given below:

2002 – 2003	5 Lacs
2003 – 2004	5 Lacs
2004 - 2005	5 Lacs
2005 – 2006	7.5 Lacs
2006 – 2007	7.5 Lacs

Total : 30 Lacs

An outlay of Rs.. 30.00 lacs is approved for 10th Five Year Plan for the scheme, which includes Rs. 5.00 Lacs (Capital Head) for Annual Plan 2002-03.

II DRUG CONTROL DEPARTMENT (Rs. 50.00 Lacs)

1. STRENGTHENING OF DRUGS CONTROL DEPARTMENT INCLUSIVE TOTAL QUALITY MANAGEMENT (TQM) & SYSTEM REFORMS (Rs.50.00 lakh)

1. INTRODUCTION

Drug is an important component of health care system, as such, due consideration should be given to this component while planning to provide health care services. With growing population of the country, a mass production and efficient distribution of the drugs would form an important part of the health care system. The increase in production of the drugs is of the order of 1000 crore per year. On this basis, the production of drugs at the end of 10th Five Year Plan will be of the order of 20,000 crores. But the production of drugs alone cannot meet the objective unless the drugs produced are of high quality i.e. they are effective and safe. Drugs are produced by the pharmaceuticals Industries located in various states/UTs of the country.

The quality of drugs is regulated by the state Drugs Control Department in each State. Therefore, there should be well equipped and adequately staffed Drugs Control Department in each State or the Union Territory. The Central Council of Health and Family Welfare has repeatedly recommended for the strengthening of the Drugs Control Department of the States/UTs. National Consumer Disputes Redressal Commission Govt. of India in Petition No.40 of 1989 felt greatly concerned about unsatisfactory enforcement machinery in the country and stressed for augmenting the strength of Drugs control Staff at different levels in each State, and also to provide adequate laboratory facilities for testing of drugs

The Drugs Control Department at present is located at 15, Sham Nath Marg, Delhi in a rented building. The Drug Testing Laboratory which was a part of Combined Food & Drug Testing Lab. Has been transferred to the department from the month of July, 2001 and is located at A-20 Lawrence Road Institutional Area, Delhi-35.

2. OBJECTIVES

The objective of the scheme is to strengthen the existing Drugs Control Department including Drug Testing Laboratory which has been transferred from the PFA Department of Delhi Govt. It is also intended to make the working of the Department district-wise.

3. NEED AND JUSTIFICATION

Various bodies, to name a few, Central Council of Health & Family Welfare, National Human Rights Commission, Supreme Court of India have recommended that Drug Control Department of the states as well as the Central Government should be strengthened. The need and justification has been further explained in succeeding paras.

(a) Functions of the Department

The main function of the Drugs control Department is quality control of drugs, Homoeopathic medicines and Cosmetics being manufactured and distributed in the NCT of Delhi. This is achieved by enforcing the provisions of the Legislation, the Drugs and Cosmetics Act, 1940 and rules made there under:

Besides this, the Drugs Control Department enforces the provisions of the following Legislations also:-

- i. Drugs and Magic Remedies (Objectionable Advertisements) Act and rules made there under.
- ii. Drugs (Price Control) Order, 1995.

Functions under these legislations are given below:

Functions under Drugs & Cosmetics Act, 1940

Licensing work: -

- (a) Licensing of Manufacturing premises for
 - (i) manufacture of drugs and pharmaceuticals;
 - (ii) manufacture of Homoeopathic medicines; and
 - (iii) manufacture of Cosmetics.

- (b) Licensing of sales premises for
 - (i) Retail sale/wholesale/restricted sale of drugs;
 - (ii) Retail sale/wholesale of Homoeopathic medicines.

Inspection work:

- (a) Inspection of manufacturing and sale premises;
 - (i) for grant of manufacturing or sales licences;
 - (ii) to check compliance with the conditions of licences;
 - (iii) to check compliances with the provision of Drugs and cosmetics Act and rules framed thereunder.
- (b) Inspection of hospitals and medical stores to ensure compliance of the provisions of Drugs and Cosmetics Act and Rules framed thereunder and guidelines framed by GOI.
- (c) Intensive inspection and raids for the detection of:
 - (i) sub-standard/spurious drugs and cosmetics;
 - (ii) unlicensed premises including manufacture, sale or stocking of drugs/cosmetics;
 - (iii) unauthorized movements of drugs.
- (d) Investigation of complaints.
- (e) Enquiries regarding quality of drugs etc.

Investigation & Prosecution

- (a) Investigation regarding offences committed under the Drugs & cosmetics Act with a view to collect necessary evidence.
- (b) Launching of prosecutions against persons/firms found contravening provision of Drugs & cosmetics Act and to conduct these cases in the court of Law.

Functions under Drugs & Magic Remedies (Objectionable Advertisement) Act,1954

Under the provisions of this legislation various advertisements are scrutinized and investigations are carried out. In the cases where contravention is observed, cases are launched against those found contravening provision of the Act.

Functions under Drugs Price (Control) Order,1995

Investigations of cases of violation of the provisions of the Drugs(Price Control) Order, 1995 and to launch prosecutions against retail chemist. In case of manufacturers,, information is forwarded to the National Pharmaceutical Pricing Authority (NPPA).

Miscellaneous Work:

- (a) Allocation of Narcotic drugs to the drug manufacturers. located in Delhi.
- (b) To make recommendation to the Excise Department for the possession limit and one time limit for Narcotic drugs by the chemists
- (c) Liaison work with Central Drugs Control Organization an other State Drug Controllers. etc.
- (d) To carry out surveys for finding out availability of essential drugs in the market and to communicate the details of shortage, if any to the NPPA.

(b) **Requirement of Staff**

As on 31.3.2001 there were 797 manufacturing units including manufacturing units of allopathic drugs, Homoeopathic medicines and cosmetics and 10070 sales establishments including sales establishment of allopathic drugs and homoeopathic medicines. By the end of 10th Five-year Plan period the number of manufacturing units is likely to go upto 850 and the number of sales establishments is likely to go upto 15,000. The task force appointed by the govt. of India, Ministry of Health and Family Welfare recommended that there should be one Drugs Inspector for every 25 manufacturing units and one Drugs Inspector for every 100 sales establishments. According to these norms the requirements of the Drugs Control Department for the inspectorate staff would be 184 by the end of 10th Five Year Plan. For efficient working there should be one assistant Drugs controller for every 5 Drugs Inspectors. and one Deputy Drugs Controller for every 3 Asstt. Drugs Controllers.. On the basis of this, the requirement of the Department for Drugs Inspector, Asstt. Drugs controllers. and Deputy Drugs Controllers. comes to:-

Drugs Inspectors.....	184
Asstt. Drugs Controller.....	37
Dy. Drugs Controllers.....	12

The Drugs Control Department is well aware of the financial constraints of the Govt. and therefore, cannot put up a scheme as per the requirements recommended by the task force appointed by the Govt. of India. The requirements have therefore, been curtailed heavily. In view of this the proposal is made for the following additional Gazetted staff on technical side by the end of the 10th Five Year Plan :-

Name of the Post	No. of post	Pay scale
Drugs Inspector	19	Rs..6500-10500
Asstt. Drugs Controller	05	Rs..10000-15200
Dy. Drugs Controller	02	Rs..12000-16400

The increase in the staff strength and also the work of the Department the staff on licensing and enforcement, establishments, accounts side is also required to be increased. By the end of the 10th Five Year Plan, the following Staff on Administration side and Accounts side will be required:-

Law Officer	01	Rs..100000-15200
Legal Asstt	01	Rs..5500-9000
Asstt. Programmer	01	Rs..5500-9000
Statistical Asstt.	01	Rs..5000-8000
Data Entry Operator	05	Rs..4500-7000
Head Clerk	01	Rs..5000-8000
Stenographer	05	Rs..4000-6000
U.D.C.	02	Rs..4000-6000
L.D.C.	04	Rs..3050-4590
Driver	02	Rs..3050-4590
Peon	07	Rs..2550-3200
Chowkider	01	Rs..2550-3200

At present the Drugs Control Department has the following sanctioned posts of Gazetted and Non-Gazetted staff:-

GAZETTED:

Drugs Controller	01
Dy. Drugs Controller	02
Asstt. Drugs Controller	05
Drugs Inspector	31
Administrative Officer	01
Asstt. Accounts Officer	01

NON-GAZETTED:

Sr. Scientific Asstt.	02
Lab. Technician	01
Sr. Steno	02
Jr. Steno	04
Head Clerk	03
U.D.C.	13
L.D.C.	12
Watcher	02
Driver	04
Daftry	01
Sample Carrier	07
Peon	07
Chowkider	03
Sweeper	02
Mali	01
Packer	01

It is proposed to make working of the Department district wise. There are nine districts and 27 divisions. An organization chart based on district wise system is attached.

Year-wise breakup of the posts to be created during the entire 10th Five Year Plan period is given in annexure-A.

(c) Office Facilities

Besides office furniture communication facilities are required to be provided for better communication which will include communication facilities in the office itself and out side office like with the Health & Family Welfare Deptt., Govt. of Delhi, Ministry of Health & Family Welfare and States Drugs Control Deptt. of various states and UTs. Other office facilities like typewriters. will also be required. In addition to the existing facilities the following facilities will be required for smooth working of the Deptt.

Fax	01
PBX & New telephone lines	15
Electronic Typewriter (Bi-lingual)	01
Photocopier Machine	02

(d) Computerisation

As per the I.T. policy of the Delhi Govt., the Deptt. has undertaken the computerization of its activities. To start with the licensing branch was taken up for computerization. Software for this branch has been prepared and data entry work is in progress. Other branches will also be computerized. It is proposed that there will be a P.C. in each branch and with all the licensing authorities, A.O. and A.A.O. All these PCs will be connected to a server so that all the officers. mentioned above has immediate access to the desired information.

The Department already has an internet connection and e-mail facility. A web page of the Deptt. appears. on the website of the Health & Family Welfare Deptt. of Delhi Govt.

(e) Transport Facilities

The liabilities under the Drugs & Cosmetics are criminal in nature and many a time unscrupulous activities are carried out in an organized manner. Also various surveys are carried out the Deptt. to find out the incidences of various violations of the legislation being enforced by the Deptt. For this purpose teams of inspectorate staff and other

supervisory staff are often required to go to the field even at odd hours.. More often than not the offenders. have fast transport facilities. Therefore, to match the transport facilities with the offenders. the department requires motor vehicles. At present the Deptt. has 3 Maruti Van, and one ambassador car which is being used a staff car. One of the vans is quite old and does not give trouble free service. As such, the already provided vehicles are inadequate. The Deptt. by the end of 10 the Five Year Plan period will be requiring two additional vehicles to carry out the enforcement work efficiently.

(f) Strengthening of Drug Testing Laboratory:-

Drugs Testing Lab. is housed in the building of the Combined Food & Drug Testing Lab. At Lawrence Road. Space on two floors. of the building has been provided for the testing lab., some equipments, glassware and chemicals have already been purchased when it was under PFA Department of Delhi Government. Two Senior Scientific Asstts. Who were working in the Deptt. have been posted for testing work. However, One of them has been selected as Drugs Inspector. The following posts have been revived for the drug testing lab.

Sr.Scientific Officer	01
Jr. Scientific Officer	03
Sr.Scientific Asstt.	06
Laboratory Asstt.	02
Attendant	01

Efforts are being made to fill up these posts. During the period 1997-2001 under the 9th Plan, no posts have been created in the Drugs Control Department.

Minister of Health, Govt. of Delhi has desired that drug testing lab. Should be strengthened to an extent where all the samples lifted by the Deptt. can be tested in the lab. The lab., at present, is not equipped for microbiological work and pharmacological work. The lab. Also requires sophisticated equipments like HPLC, Atomic Absorption, Spectrophotometer etc. The Minister of Health, has also desired that all samples sent by CPA Cell under DHS should also be tested in the drug testing lab. Apart from the samples

collected by the DIs under the Drug & Cosmetics Act. Thus the workload of the lab. Will increase many fold. To achieve these targets, additional strength of staff will be required and the requirements by the end of the plan period will be:-

Name of the post	No of Post	Pay Scale
S.S.O.	01	Rs..10000-15200
J.S.O.	03	Rs..6500-10500
S.S.O.	06	Rs..5500-9000
Lab. Asstt.	22	Rs..4000-6000
Attendant	07	Rs..2550-3200

Earlier the Drug Testing Lab. Was under the administrative control of PFA and was part of the scheme, strengthening of combined food & Drug Testing Lab. The Drug testing Lab. Has been transferred to the Drug control Deptt., in July,2001 with two floors. of the building. Some changes may be required to be made in the building for the installation of equipments. Maintenance & repairs. will also be required to be made. As such, a provision of Rs..6.00 lacs has been kept under the capital head.

An outlay of Rs.. 50.00 lacs is approved for 10th Five Year Plan for the scheme which includes Rs. 10.00 Lacs (Rs. 9.00 Lacs under Revenue Head & Rs. 1.00 Lacs under Capital) for Annual Plan 2002-03.

III D.H.S.

1. STATE HEALTH INTELLIGENCE BUREAU-CUM-RESEARCH/ ANALYSIS CELL (Rs. 65.00 lacs)

SHIB was established in the Directorate of Health Services in 1989 and the plan scheme was given the name of "Establishment of SHIB-cum-Research/Analysis Cell". The prime objective of this Bureau as recommended by Central Health Intelligence Bureau (branch of DGHS) is to maintain the proper data base of various medical statistics, and publish various Health bulletins and booklets containing concrete report which could evaluate the impact of health related programme and subsequently provide a frame work of future plan which would be more useful for planners. to plan future strategies for

achieving cherished goal of "Health for All". Strengthening of management Information System on Health for whole of Delhi is paramount importance for planning, implementing and monitoring various health and public health activities in Delhi which will also help in predicting the epidemics and taking preventive measures in tackling them in time. Following the recommendations of Govt. of India and keeping in view the merit of the scheme it is proposed to continue the ongoing scheme in 10th Five Year Plan.

i. Achievements during 9th Five Year Plan (First four years.)

- Published Telephone Directory in 1998
- Published Health Information 1997
- Published Assembly-wise Health Facilities 1999-2000
- Published DHS at a Glance 1999
- Published Annual Reports
- Published Emergency Information leaflets
- Published Citizen charters. of BJRM, RTRM & NC Joshi Hospitals.

ii. Achievement for 2001-02

- Publication of Annual Report 2000-01
- Preparation of Telephone Directory for all Health institutions in Delhi.
- Assembly wise health facilities 2001
- Citizen Charters. of Hospitals and Health Centres under DHS.

iii. Targets for 10th Five Year Plan

- Publication of Annual Reports of all schemes under DHS.
- Publication of Telephone Directory of all health institutions in Delhi
- Assembly wise health facilities every year
- Up-to-date Citizen Charters. of hospitals and health centres under DHS each year.
- Other publications as and when required.

iv. Targets for Annual Plan 2002-03

- Publication of Annual Reports of all schemes under DHS.
- Publication of Telephone Directory of all health institutions in Delhi

- Assembly wise health facilities 2002-03
- Up-to-date Citizen Charters. of hospitals and health centres under DHS.
- Other publications as and when required.

An outlay of Rs. 65.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 10.00 lacs as approved outlay for Annual Plan 2002-03.

2. **FLUOROSIS MITIGATION PROGRAMME (Rs. 100.00 lacs)**

1. Introduction:

Fluorosis is a crippling disease caused by regular intake of water contaminated with fluoride. The City of Delhi is also suspected as endemic for Fluorosis. This is because as against the permissible limit of 1.00 ppm, the level of fluoride in drinking water ranges from 1.1-32.46 ppm. The incidence of disease may be high especially in those areas where the source of drinking water is drawn through hand pump, tube wells and open wells. As per latest reports (UNICEF, 1999) Delhi is one among 17 states in the country facing the problem of drinking water being contaminated with fluoride. Considering the fluoride content of drinking water, the incidence of Fluorosis may be high in South, South-West, West and North-West Districts of NCT of Delhi. The programme was introduced during 9th Five Year Plan and till now 173 schools in 5 districts viz. South, South West, North West A, North West B and West B of Delhi were covered for screening Dental Fluorosis amongst school children. Total number of 2200 water samples were submitted to Delhi Jal Board for testing, out of which 551 samples are found to be positive. During the Current Financial Year 2001-02, some more schools will be taken up for survey and it is not possible to cover all the school children in Delhi. Therefore, it is essential to sustain the activities during 10th Five Year Plan. Keeping in view the merit of the programme, it is proposed to continue the ongoing scheme in 10th Five Year Plan.

2. Achievement during 9th Five Year Plan.

Screening of school children were carried out and specific problem of Dental Fluorosis were identified and referred to Dental Specialists for treatment. 173 schools were covered and 71,000 students in 5 districts were screened for this purpose. Further, house to house survey has been made to detect dental Fluorosis among the members. of the family. 2200 water samples from the suspected area were lifted and sent to Delhi Jal

Board for lab. test, out of which 551 samples were found to be positive. The training workshop is organised for orientation of the programme for 700 programme managers., health administrators. and others.. Training programme for 1500 teachers./principals of various schools likely to completed by March 2002. Total number of 150 schools covering more than 1.5 lacs children are likely to be covered by March 2002.

3. **Target of 10th Five Year Plan**

1. Complete the survey of school children in govt. schools especially above 10 years. of age, for detection of dental Fluorosis.
2. Identification of definite endemicity areas for taking necessary prevention.
3. Estimation of exact incidence according to geographical distribution of the Fluorosis in Delhi.
4. To develop strategy for intervention of disease by providing safe drinking water.
5. Quality control, testing of drinking water for flouride level.
6. Provision of defluoridation equipment at the source of water
7. Suitable recommendation for safe water to Delhi Jal Board.
8. Training of teachers., medical officers., paramedical staff and personnel of statistical cadre regarding survey of dental Fluorosis, measures for intervention and health education to the public as a whole in form of advertisement in news papers., print and electronic media.

4. **Target for the year 2002-03**

1. Approximately, 60 govt. schools will be selected for screening, covering more than 60,000 students.
2. Training of more than 300 teachers., 300 personnel from statistical cadre, 100 medical officers. and 500 paramedical staff.
3. Health education activities in form of lecture, news paper advertisement and transmission of message in All Indian Radio, Cable TV, etc.
4. House to house survey of dental Fluorosis will be undertaken for 5 revenue districts of Delhi like viz. North East, East, North, Central and New Delhi Districts.

An outlay of Rs. 100.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 10.00 lacs as approved outlay for Annual Plan 2002-03.

**3 G.I.A. TO NGOS FOR APPROVED PROGRAMME OF DELHI GOVT.
(Rs.. 100 lacs)**

1. Introduction

Our country with its rapid change in demographic profile also needs fast increase in socio-economic development. We have many health problems and felt needs, which have to be solved on priority basis. At present the role and responsibility of our Govt. has increases enormously in health problems like control of communicable diseases/epidemics, provision of safe potable drinking water, sanitation etc.

Therefore, Govt.'s effort in provision of health services needs to be supplemented and supported through involvement of NGOs in this field. The emergency of NGOs functioning in different areas of health is a welcome feature and their contribution will definitely add tot he overall development of our country.

2. **GIA would be considered for :-**

1. To give moral boost to the NGOs for promotion of research like surveys, epidemiological and operational research etc.
2. It is also proposed to provide financial assistance in the form of grant in aid for undertaking Govt. of Delhi's approved heath programme components like IEC, training and activities for control of epidemics by Non Govt. organisations willing to carry out various public health activities in Delhi.
3. Recurring/Non recurring grant would also be considered for strengthening medical services provided by NGO at charitable hospital, clinic, laboratory etc.
4. Grant will also be considered to NGOs/Regd. R.W.A. for establishment of Dispensaries and running them.

3. **Eligibility of NGOs for this Assistance**

The NGO should be a Society (Regd) should have permanent source of income, it should have been involved in public health and other social activities in community with

minimum infrastructure to start the work. Request for financial assistance may be submitted to DHS in an application form along with the project proposal, its fund requirement and probable budget estimates, the audited statement of accounts and balance sheet of the NGOs duly certified by Chartered Accountant for last three years. must be submitted with the application form.

The proposal would be scrutinized and examined by panel of doctors. constituted by DHS. If required, the office and work of the NGO will be inspected by the team of officers. of the Directorate for recommending the case of assistance Empowered Committee established for this by Finance Department , Govt. of Delhi which would further places its recommendation for consideration of Delhi Govt.

Staff salaries, purchase of furniture, vehicles, ambulance, equipment's consumable materials would be considered for grant. It would be ensured that III & IV installments of the grant will be released after the sufficient progress (say 50% of the work) certified by a team of doctors. appointed by DHS /Govt. of Delhi after inspection on the spot or after mid term evaluation of the project. The account of the NGO would audited by ELFA of the Delhi Govt. annually.

Though Delhi Govt. is committed to open new Health Centres in the relocated JJ clusters./RS. colonies and areas, inhabited by low socio economic group having no medical facilities, Govt. is handicapped due to non-availability of Govt. accommodation and also private building on rent basis. Therefore, to fulfil our objective of providing primary health care at the door step of the people, it is proposed that during 10th Five Year Plan, NGO/FWA may be permitted to open the dispensaries/health centres with financial assistance from Delhi Govt. The building/accommodation and manpower will be provided by the NGO/RWA, the medicines and other recurrent grants will be provided by Delhi Govt. The modalities and pattern of assistance will be decided by Finance Department/Law Deptt. of Govt. of Delhi. It is also proposed that the GIA to St. John's Ambulance Bridge may be provided from this scheme is resources are not available under non plan.

An outlay of Rs. 100.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 10.00 lacs as approved outlay for Annual Plan 2002-03.

**4. MEDICAL FACILITIES FOR GOVT.EMPLOYEES AND PENSIONERS.
OF DELHI GOVT. (Rs. 350 lacs)**

1. Introduction

Delhi Govt. has introduced the existing Health Scheme for its employees/Pensioners. on the CGHS pattern. The scheme is fully optional. Option was given to the employees to opt or not to opt for contribution to this scheme in the year 1997 and monthly subscriptions are being deducted since then from the salaries of these employees who had opted for the scheme.

2. Aims and Objectives

The scheme is aimed at providing comprehensive health care services to the employees/pensioners. of Delhi Govt. their families. The scope of provision of scheme is however limited within the periphery of Delhi only.

So long as a person is covered by the Scheme he/ she will not be simultaneously eligible for medical benefits under any other medical attendance rules under which he may be covered by virtue of the office which he/she hold or the service to which he/she belongs or the post held by him/her excepting in the case of emergency, medical attention or any other case as deemed necessary at the discretion of the Dte. of Health Services, Govt. of Delhi.

3. Achievement in the Ninth Plan

1. Health cards were printed and around 70000 cards have already been distributed to the various departments.
2. Total of 20 dispensaries have been identified in phase for the delivery of health care services. Out of these 20 dispensaries, 15 have been made functional for 12 hours. and 5 are functioning round the clock.
3. Laboratory and ECG facilities have been made available in these dispensaries.
4. Specialist services are also being provided in these dispensaries.

5. The following hospitals have been identified for providing admission and treatment facilities..

Lok Nayak Hospital

GB Pant Hospital

GTB Hospital

DDU Hospital

BJRM Hospital

LBS Hospital

Sanjay Gandhi Memorial Hospital

Guru Govind Singh Govt. Hospital

Aruna Asaf Ali Hospital

N.C. Joshi Hospital

The following referral Hospitals have been recognized for the following specialised treatments.

Coronary By Pass Surgery: Batra Hospital and Medical Research (Tuglakabad)
Escort Heart Institute and Research Centre , Okhla Road
National Heart Institute and Reasearch Centre, East of
Kailash
Cancer treatment Dharamshila Cancer Hospital, Vasundhara Enclave

MRI & CT Scanning Indian Spinal Injuries Centre, Sector-C, Vasant Kunj

Targets for the Tenth Plan

1. Identification of Chemists as per the pattern of CGHS for local purchases of medicines not available in the health facilities.
2. It is also proposed to review and enlarge the list of private hospitals where the beneficiaries can be referred for specialised treatment. The various modalities of referral and entitlements for diet, room, consumables etc. will be worked out after coordination with the concerned hospital.

3. It is also proposed to get a separate cell in the Directorate for supervision, monitoring and control and empanelment of chemists and processing their claims.

The following posts will have to be created for the special cell.

- i. One Medical Officer of the rank of CMO or above for overall supervision and monitoring
 - ii. One AAO for monitoring of the claims from the chemists
 - iii. One Statistical Investigator for maintaining the statistics.
 - iv. One LDC for maintaining records and for other clerical work.
 - v. One driver, a vehicle will be required for supervision and monitoring of the dispensaries and hospital.
 - vi. One peon
4. Identification more dispensaries in phases as per needs.
 5. Creation of additional posts of one Pharmacist and one peon each for each of the identified dispensaries in each shift.
 6. Approved outlay for 9th five year plan- NA
 7. Expenditure during 1997 to 2001 – Rs.. 57.97 lacs
 8. Rs.. 39.79 lacs spent by March 2002.

An outlay of Rs. 350.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 45.00 lacs for Annual Plan 2002-03.

5. **DIRECTORATE OF PUBLIC HEALTH (Rs. 325.00 Lacs)**

1. **Introduction/Need and Justification**

The Population of Delhi has gone upto 1.38 crores (2001 census) with daily migration of people from the neighbouring States leaving in congested urban slums, JJ clusters. and resettlement colonies without any proper sanitation and safe drinking water. It gives rise to public health problems like insurgence of epidemics of infections Hepatitis, Dengue, Malaria , Epidemic dropsy, typhoid, diarrhea etc. requiring immediate and effective intervention. Though, MCD was assigned the responsibility of controlling epidemics/communicable diseases as per public Health Act of the parliament,. Delhi Govt. is accountable to the protection of the health of public after it has become a state since

1998. Therefore, a plan scheme “ Estt. a separate Directorate of Public Health” was introduced during 9th Five Year plan. But due to non creation of various posts, the mission was not achieved and the scheme is proposed to continue during 10 th Five Year Plan. It is also proposed to merge the two ongoing schemes “Public Awareness Programme” in form of lecture and workshop and “Delhi Centre for Disease Control” with this scheme.

2. **Objectives**

- a) To identify public problems in the city through collection and analysis of data pertaining to different communicable and non-communicable diseases.
- b) To develop suitable strategies/programmes against Public Health Problems so identified with a view to prevent/control them to improve health of the population.
- c) To plan, implement, monitor and evaluate the programmes, etc. as at (b).
- d) To provide guidelines and implement public health programmes and services and coordinate with different implementing agencies like MCD, NDMC, Cantonment Board and other agencies of National Capital Territory of Delhi.
- e) To achieve effective coordination between different agencies implementing public health programmes to avoid duplication.
- f) Monitoring implementation of different national health programmes in Delhi.
- g) To achieve effective control over epidemics in Delhi, as and when required.
- h) To have disease surveillance activities with a view to develop plan, organise, implement strategies/steps to prevent and control them.
- i) To organise public awareness to the public and the residents of JJ clusters./R.S. colonies and urban slums regarding various cases, consequences of various diseases and health problems of the community and suggestive preventive measures to control them.
- j) To establish a centre for Disease Control for NCT of Delhi on the analogy of NICD at the national level for epidemic logical investigation of epidemics and control of communicable and non communicable diseases.

3. **Manpower requirement**

For the effective functioning of the Directorate of Public Health, following manpower is needed:

SNo	Name of Post	Pay Scale	No. of posts
1.	Addl. Director (SAG)	18400-22400	1
2.	Jt. Director (PH)	14300-18300	1
3.	Dy. Director (Epidemiology)	10000-15200	1
4.	Dy. Director (Public Helath)	10000-15200	1
5.	Medical Officer, GDO(PHO)	8000-13500	2
6.	Asstt. Director (Stat.)	8000-13500	1
7.	Administrative Officer	6500-10500	1
8.	Asstt. Accounts Officer	6500-10500	1
9.	Health Educator	5000-9000	1
10.	Medical Social Worker	5500-9000	2
11.	P.H.N.	5000-8000	1
12.	Audio Visual Officer	5000-8000	1
13.	Photographer	4000-6000	1
14.	Office Supdt.	5000-8000	1
15.	Store Supdt.	5000-8000	1
16.	UDC/Computer Operator/Stat. Investigator	4000-6000	1
17.	Steno	4000-6000	2
18.	LDC/DEO	3050-4590	2
19.	Driver	3050-4590	3
20.	Peon	2610-3540	5
21.	Projectionist	3050-4590	1
22.	S.C.C.	2610-3540	4
23.	Data Entry Operator for Computer	4000-6000	1
		Total	35

Apart from that, the additional pots of Virologists, epidemiologists, Microbiologists, Health Educators. and staff for various laboratories and admn. Staff will

be required once the Delhi Centre for Disease Control is fully established under Dte. of Public Health.

The Addl. CDMOs proposed at District level will implement all State run public health programmes and national health programmes which will be monitored by the Programme Officers designated at DHS HQ/Dte. of Public Health. Dte. of Public Health will be responsible for overall implementation of all public health programmes in NCT of Delhi in coordination with other agencies like MCD/NDMC/ESIC/Railways/Army/other Paramilitary organisations.

It is proposed that the implementation of the following schemes/programmes will be undertaken under active supervision of Dte. of Public Health/Addl. Director (Health)

Medical Sector

1. RNTCB
2. Bio Medical Waste management
3. Cancer Control Programme
4. Leprosy Control Programme
5. Cell for Prevention of Smoking
6. Anti Quackery Cell
7. Public Health Campaign
8. Disaster Management.

Public Health Sector

1. State Health Intelligence Bureau (SHIB)
2. Thallassaemic Control Programme

Achievement of 9 th Five Year Plan

Dte. of Public Health

A small office has been set up with infrastructure. Procurement of office furniture/items like computers., photocopy machine etc.

Delhi Centre for Disease Control

20 field investigation were carried out at outbreak and suspected outbreak sites. Printed health education material, existing system was strengthened and monitoring of epidemic prone diseases is being carried out on daily basis through data collection. Preparation of the Leaflets, pamphlets, posters. for Dengue, Malaria, G.E., Hepatitis & Cholera.

Public Awareness Programme

Lectures and workshop have been organised at Vikas Puri, Palam, Kamla Nagar, Prashant Vihar, Nand Nagri, Seemapuri, Karkardooma attended by MLA/Councillors. and other VIP, one workshop "Medical and Medical Professionals " was organised at India Habitat Centre. About 500 teachers. were trained through School Health Scheme vide cassettes in 9 disases were prepared for display in workshop/lecture for public awareness in JJ clusters. in various part of Delhi.

6. Targets for 10 th Five Year Plan

1. Proposal for creation of posts for Dte. of Public Health & Delhi Centre for Disease Control
2. Procurement of items like photocopier machine, Fax machines and other office items for complete establishment of office/DCDC.
3. Installation of telephones and computers. in the offices.
4. Identification of accommodation/space for Delhi Centre for Disease Control.
5. Estt. of various Deptt. like Microbiology, Epidemiology, Virology and Admn. Of branches in the above centre.
6. Conducting epidemiological full investigations for various impending diseases for recommending preventive measures.
7. Organsiaiton of workshop/seminar and Health Education lectures, pannel Discussion etc. for public especially in JJ clusters. RS. colonies/urban slums for public awareness regarding communicable and non-communicable diseases.
8. Other IEC activities like printing of leaflets/posters. on various diseases control and prevention, message through Road side, Hoardings/Cable TV/TV interview/AIR etc.

7. Target for the annual plan 2002-2003

1. Proposal for creation of posts for various staff under Dte. of Public Health and Delhi Centre for Disease Control.
2. Identification of place for Delhi Centre for Disease Control and important branches to be established initially in the centre.
3. Procurement of office required items.
4. Organisation of workshop/seminar/panel discussions and other IEC activities.

An outlay of Rs. 325.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 65.00 lacs as approved outlay for Annual Plan 2002-03.

6. **THALASSEMIA CONTROL PROGRAMME FOR HOSPITALS UNDER DHS(Rs. 60.00 lacs)**

Introduction

Thalassemia is a most common inherited blood disorder in India. In a recent study conducted by ICMR in Delhi there are about 5.6% carriers. of Thalassemia in Delhi, it has been estimated that 5000-8000 children with Thalassemia are born in India each year out of which nearly 2000 are born in Delhi alone. There are about 1500 Thalassemia children who are registered in the State.

Common treatment of Thalassemia is about 1-2 lakh per patient per year. This includes regular blood transfusion and other costly-medicines, but this does not include physical and mental hardship caused to the patient and his family. The cost of management of existing Thalassemia cases in Delhi is about Rs.. 210 crores and it shall go up every year. This cost to public health system is unbearable. It would therefore be preferable to prevent the birth of a Thalassemia child. This can be achieved through screening of pregnant women and school children for Thalassemia carrier state. The scheme "Thalassemia Control Programme" is being implemented in DDUH, LNJP and GTB Hospital under Delhi Govt. A plan scheme "Thalassemia Screening and Control Programme" was introduced in 1999-2000 for screening and control of Thalassemia in Govt. hospitals under DHS and since then is being implanted by DHS.

The similar control programme is being implemented in larger hospitals under Delhi Govt. Therefore, it was decided that the funds provided under this scheme will be utilised to provide chelating agents to Thalassemia patients who had been registered in Delhi Govt. hospitals and receiving repeated blood transfusion for continuing the treatment. Keeping in view, the welfare of Thalassemia patients, it is proposed to continue the scheme during 10th Five Year Plan.

This scheme envisages to develop facilities for diagnosis and management of Thalassemia patients in hospitals under DHS. The funds from the scheme will be used to develop infrastructure for facilities to screen for Thalassemia and procure equipment and medicine for management of Thalassemia in DHS hospitals.

Target for the 10th Five Year Plan

Collection and enlisting of Thalassemia patients registered under Delhi Govt. hospitals/registered NGOs.

Purchase of iron and chelating tablets as per their requirement.

Arrangement of blood through blood donation camps and philanthropy organizations/voluntary organizations for Thalassemia patients.

Conducting evaluation studies for impact of the programme and recommending prevention strategies.

Target during 2002-03

Collection and enlisting of Thalassemia patients registered under Delhi Govt. hospitals/registered NGOs.

Purchase of iron and chelating tablets as per their requirement.

Arrangement of blood through blood donation camps and philanthropy organizations/voluntary organizations for Thalassemia patients.

Conducting evaluation studies for impact of the programme and recommending preventive strategies.

An outlay of Rs. 60.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 10.00 lacs as approved outlay for Annual Plan 2002-03.

IV DTE. OF FAMILY WELFARE (Rs. 2000.00 Lacs)

1. Spl. Immunization Programme including MMR (Rs.. 1450.00 lacs)

Objective of the scheme

1. To decrease/ eliminate the occurrence of Measles, Mumps in children and eliminate the risk of congenital rubella syndrome in newborns of Delhi over a period of time.
2. To improve the quality of life of children of the State through elimination/ containment of such life threatening diseases through the simple and sure method of MMR vaccination.
3. To reduce the child mortality and improve child survival.

Need and justification for the same

Delhi being the capital city of the country and also the leader in the initiation of the Pulse Polio Programme in the country had taken another lead in initiating the inclusion of new vaccine MMR in the State's EPI schedule during the year 1999-2000. To bring down morbidity and mortality of Measles, Mumps and Congenital Rubella diseases in the community and ultimate elimination of these diseases from the community through sustenance of high MMR vaccine coverage of children 15 months to 5 years.. Administration of MMR and Hep.B vaccine we intend to continue this scheme for the year 2002-03 and in 10th five year plan.

Programme contents

To vaccinate children with MMR and Hep.B vaccination alongwith vaccination under State EPI Schedule. Procurement of vaccination of MMR & Hep.B, IEC Activity, to promote awareness and administration of vaccination, Monitoring and evaluation of

activities. Training & retraining of health personnel for quality assurance, social mobilization & campaigns organization.

Financial and physical target proposed for Draft Tenth Plan (2002-07)

FOR HEP.B – 'I'

1. Logistics of the vaccine procurements
2. IEC (Publicity of the Programme)
3. Training and Orientation of the Health Personnel in Hep.B .
4. Monitoring evaluation of Programme
5. Preparation of Special Immunization
Cards for documentation of Hep.B vaccine
6. Syringes and needles for administration of Hep.B vaccine
7. Contingency and launching of Programme.

An outlay of Rs. 1450.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 320.00 lacs as approved outlay for Annual Plan 2002-03.

2. Special immunization drive against vaccine preventable disease not covered under UIP (Rs. 25.00 Lacs)

OBJECTIVE OF THE SCHEME

To protect school children from typhoid disease through preventable vaccination on a limited scale shortly as a pilot project.

NEED OF THE SCHEME

1. To enlarge the scope of this vaccination to other children of age group subsequently once the operation line feasibility is established through the pilot project.
2. To reduce the child mortality rate in Delhi.
3. To help in decreasing the sufficiency and quality aspects of secondary and testing level record and testing level hospital care through reduction in preventable typhoid disease load from the community.
4. To facilitate parents realize the importance of other routine UIP vaccine for the children at the appropriate age through IEC.

PROGRAMME CONTENTS

1. Constitution of the technical expert group-protocol development .
Constitution of IEC community –IEC material development.
Training of teacher.
Identification of school and enrolling children zone wise.
Procurement of vaccine.
Training of M I/C of SMS incharges and linkage of school .
Sero logical testing –Lab. Testing.
Clinical follow up- Surveillance /monitoring.

An outlay of Rs. 25.00 lacs is approved for 10th Five Year Plan for the Scheme, which includes Rs. 5.00 lacs for Annual Plan 2002-03.

3. PULSE POLIO IMMUNISATION PROGRAMME (RS. 125.00 LACS)

OBJECTIVE OF THE SCHEME:

- TO ERADICATE MYELITIS BY VACCINATING ALL CHILDREN UP TO THE AGE OF 5 YEARS.

PROGRAMME CONTENTS:

- 1.Pulse polio immunization cell.
2. Information, education and communication. (IEC)
3. Vaccine logistics and supply management.
4. Manpower deployment.
5. Polio kendra management
6. House To House search & immunize activity.
7. Transportation.
8. Computers. support.
9. Communication.
- 10.Training of health personnel involved in the programme.
11. Supervision and monitoring.

Physical achievement during 9th Five Year Plan (1997-02) up to 2001-02: detail of children vaccinated is mentioned below

Pulse Polio Immunization doses given in Delhi (1994-2001).

Sl No.	Date	PPI performance
1	2 October 94	11,30,010*
2	4 December 94	10,24,904*
3	9 December 95	12,32,406*
4	20 January 96	13,17,849*
5	9 December 96	18,86,253#
6	18 January 97	19,49,338#
7	7 December 97	17,90,019#
8	18 January 98	19,28,296#
9	25 October 98 (HTH)	3,90,000#
10	6 December 98	22,20,969#
11	17 January 99	22,58,174 #
12	14 March 99	1,42,028#
13	24 October	19,43,749#
14	21 November 99	20,15,191#
15	19 December 99	21,36,601#
16	23 January 2000	22,69,537#
17	26 March 2000	19,48,695#
18	24 September 2000	2484838#
19	05 November 2000	2435725#
20	10 December 2000	2328573#
21	21 January 2001	2414567#
22	April 2001 (mop up)	2143581#
23	May 2001(mop up)	2272742#
24	October 2001 (NID+HTH)	2583788#

*Children up to 3years. of age # Children up to 5 years. of age

An outlay of Rs. 125.00 lacs is approved for 10th Five Year Plan for the Scheme which includes Rs. 25.00 lacs as approved outlay for Annual Plan 2002-03.

NEW SCHEME

4 “STREE-SHAKTI” Promotive, Preventive and Referral Activities (Bhagidari Scheme) Rs. 400.00 Lacs

“STREE-SHAKTI”- SCHEME FOR HEALTH IMPROVEMENT AND HEALTH CONSCIOUS FOR WOMEN BELONGING TO DISADVANTAGED SECTIONS.

On 4th Dec. 2001, Hon’ble Chief Minister of Delhi launched , under Bhagidari Scheme , an integrated capacity building project to access women belonging to the disadvantaged sections of the society for enhancement & strengthening OF their ability to move with mainstream of the society and contribute to overall development of family in particular and society in general . Primarily, four departments of the state government including Health & Family Welfare have to implement the Programme in a co-ordinated manner. The strategy of the Programme is holding of 12-16 “ STREE-SHAKTI” camps in different areas all across Delhi each month. The first comprehensive round in which nine camps were held was conducted on 17th Feb’2002.

In the Health Component, the focus is on delivery of specialized health care services at the sites of the proposed Stree-Shakti Camps. The operational document of the Health and Family Welfare Department for the project is placed opposite. In brief, the health services at the camp site comprise of general health check-up for the women, treatment of common ailments, diagnosis and treatment of RTIs/STIs, detection and referral of high risk pregnancy cases, suspected breast and cervical tumor and cancer and other diseases requiring medical care and follow up at hospital level, investigation facilities like Blood Hemoglobin, ECG an Ultrasound, setting up of health education stalls to generate & promote awareness regarding disease prevention & control at individual & family level, provision of voluntary testing & counseling facility for HIV/AIDS and the issuance of STREE-SHAKTI Health Card to each beneficiary attending the camp, to ensure follow up of referred cases in hospitals on priority basis . The follow up of patients referred from the

camps to various hospitals would be ensured through NGOs engaged by Social Welfare Department, one of the participating departments. All government hospitals have established special counters at the OPD main entrance to register / receive referred cases from the camps for necessary follow-up and services at hospital level.

As the hospitals and health facilities located in Delhi are to be involved in providing the logistic support – manpower, clinical equipment including laboratory and investigation machines such as ECG and ultrasound machines – it emerges that a complete set of instruments & equipments required to provide the services in a camp setting must be made available to each of ten identified hospital belonging to Delhi Govt. for exclusive use at the camp sites to avoid dislodging of these equipments from OPD/investigation rooms of these hospitals at the cost of routine/daily services to be provided by these institutions. It will be a one time supply to create permanent asset with the concerned hospital to facilitate organisation of such camps.

The provision of facility for voluntary testing & counseling facility for HIV/AIDS would be made through Delhi AIDS Control Society.

Achievement during 9th Five Year Plan

Nine camps, one each in all districts of Delhi, were held in the 1st round of the campaign. An average of 500 women attended each of the camps All were provided health check & necessary treatment & follow up advice including referrals.

Target for 10th Five Year Plan

1. Coordination for organization of camps with the help of hospitals located across Delhi. 100-110 camps would be held each year. About sixty thousand beneficiaries would be covered per Yr.
2. Procurement of non-consumable (general, surgical, diagnostic, laboratory equipment) & consumables items like Stree Shakti Cards, reagents & material required for PAP smear collection & examination etc. & other items necessary to provide services at camp site & supply of the same to identified hospitals.

3. Organizations of meetings/ seminars/ workshops to orient manpower plan & review activities etc. for effective program implementation.

Target for ANNUAL PLAN 2002-03

1. Organization of 100 camps all across Delhi, 9-10 each month, to access poor women & children residing in disadvantaged areas.
2. Procurement of non consumables to complete the target of equipping ten identified hospitals in Govt. sector for holding the camps. (The part supply of necessary items has already been made to eight hospitals).
3. Organization of meetings,/ workshops for effective program implementation.

In addition to non-recurring , recurring consumables also will have to be arranged for each camp and therefore for implementation of the scheme during 10th Five Year Plan, an outlay of Rs. 400.00 lac is approved for 10th F.Y.P. which includes Rs. 50.00 lac for annual plan 2002-03.

V HOME DEPARTMENT

FORENSIC SCIENCE LABORATORY (RS. 2400.00 Lakh)

FORENSIC SCIENCE LABORATORY plays pivotal role in the administration of Criminal Justice. FSL for Delhi State was sanctioned as a plan scheme in the 8th Five Year Plan and started working from 18.02.1995 at PTS, Malviya Nagar, New Delhi after inauguration by the then Hon'ble Lt. Governor of Delhi. In the modern era, the criminals are becoming more and more wise and well informed and thus the *modus operandi* adopted by them are often new and also of advanced nature. Investigating Agencies, therefore, are not only required to act swiftly and decisively to apprehend them but also to find sufficient physical scientific evidence to apprehend and get them convicted in the Courts of Law.

The laboratory is a continuous office. Posts numbering 24, which were initially sanctioned in 8th Five Year Plan have been converted in to Non-Plan posts in 9th Five Year Plan except 03 posts.

The laboratory started functioning initially with a limited man power, funds, work space and equipments etc. at its present location at PTS Complex, Malviya Nagar, New Delhi-17 by accepting criminal cases pertaining to Biology / Serology, Documents and Ballistics (under Arms Act) w.e.f. 18.02.1995 referred by Delhi Police and other Investigating Agencies, Government Departments, Financial Institutions and various Courts of Law etc.

In the year 1997 Government of NCT of Delhi sanctioned 90 posts for FSL for strengthening the existing divisions with a view to cope up with the increasing work load and also to start other divisions of the laboratory viz. Chemistry (including Toxicology and Narcotics), Ballistics (including Explosives), Physics, Lie Detection, Photo Division etc. During the year 1998, Delhi Police provided additional space in the existing building of FSL and after making suitable modifications in the building, FSL started accepting limited number of Chemistry cases including Toxicology, Blood Alcohol cases, Trap cases and Dropsy cases from October, 1998 and subsequently Physics cases such as soil examination, decipherment of chassis and engine numbers. of stolen vehicles, Firearms etc.

During the year 1998, on the orders. of Hon'ble Delhi High Court, DDA allotted 2.5 acres of land at Madhuban Chowk, Rohini for the construction of FSL's own building. Funds to the tune of Rs..22.01 crores were also sanctioned by the Delhi Government for this project after SFC's approval. FSL Delhi is to be developed as a most modern laboratory which is to act as a model and trend-setter in the entire region of South East Asia. Designing of building was completed, clearances from MCD, DUAC, DVB & DFS were obtained. The construction agency was finalized and work to the construction company was awarded by PWD. As per Delhi High Court's directions, the construction of the building is to be completed and laboratory is to be made functional at its new site in 18 months i.e. by 31.03.2002. The construction work has already been started. Delhi High Court is continuously monitoring the progress of FSL's project by giving short adjournments only.

Target date of the completion of the scheduled project was 31.03.2002. The revised date for completion of the project has been extended to September, 2002 by PWD.

In the year 2000-2001, Government of NCT of Delhi sanctioned 13 additional posts i.e. for Chemistry Division (for examining Narcotic cases) [Senior Scientific Officer-2, Senior Scientific Assistant-2] for establishing DNA Unit [Asstt.Dir.1, Senior Scientific Officer-1, Scientific Assistant-1) and Technician/Electrician-1, Armourer-1, Viscera Cutter-4. Recruitment Rules of additional posts have been sent to Home-III Deptt. for approval.

For efficient functioning of the laboratory it is desirable to have residences for the scientific staff of the laboratory within the FSL complex. In view of the existing Government rules and limited plot area available to the laboratory only very few staff quarters. are being provided in FSL complex. As such, additional allocation of land by DDA for the construction of residential quarters. for the scientific staff, who have to go for crime scene visits even at odd hours. in the night, shall have to be ensured immediately in an area in close proximity with the FSL's building, so that quarters. are also got constructed near about the FSL's building is completed.

The use of latest sophisticated scientific equipments in the examination of crime exhibits in FSL is indispensable. In addition, to that the technology used in the examination has to be updated periodically to cope up the ever increasing diversified work nature in the Laboratory. The scientific equipments which are to be purchased in the near future in different disciplines are as per the list enclosed.

Efficient communication and transport facilities are essential for smooth functioning of the laboratory. Provision of adequate number of mobile phones needs to be made for scientific staff who have to go out frequently for crime scene visits, court evidences, Secretariat and other Delhi offices and also in connection with the supervision of the construction of FSL's building.

FSL is in the process of providing DNA Fingerprinting facility in near future, since this technique is able to individualise the samples of blood, semen, saliva, hair and other body fluids particularly in cases of murder, rape, disputed paternity and shall make the laboratory's findings increasingly more useful in the dispensation of criminal justice. Further, it is also proposed to include the new scientific techniques to detect modern

crimes like explosives, computer frauds, fraudulent credit cards and forged currency notes etc.

It is also proposed to provide round-the-clock forensic facility for crime scene visits by the experts of the laboratory to assist the Investigating Officers. for the detection of minute scientific clues / physical evidences at the scene of crime. Similarly it is also proposed to start full-fledged Physics, Lie Detection and modern Photo Section which are indispensable & integral part of any FSL. For this, additional space on the Ist Floor of Western Wing of the existing building of FSL has been made available by Delhi Police.

Proposal will also be submitted during the year 2002-2003 to get sanction of additional scientific posts so that the reports are prepared by the laboratory within 15 days of receipt of relative crime exhibits, in majority of cases, in compliance with the directions of Delhi High Court, right from the time laboratory moves to its new building. Crime Scene Units will also be made fully functional from the new building.

Efforts will be made to speed up the construction work of FSL's own Building in the light of Delhi High Court's directions to made Laboratory functional at its new site by 31.03.2002. Strengthening of all disciplines viz. Chemistry including Narcotics, Toxicology & General Examination, Ballistics including explosives, Physics Division, Lie-Detection Division, Biology Division, Serology Section and Photo Section, Finger Print Section is to be established. Strengthening of DNA Finger Printing Division and accepting the exhibits for examination of cases. Arrangements of additional scientific posts with a view to prepare FSL's report in a fortnight's time as per Hon'ble Delhi High Court's direction. Coverage of all types of scene of crime. To get the allotment of land for scientific staff residential accommodation specially for scientific staff, appropriate facilities of communication transportation of scientific staff, import/procurement of additional essential scientific equipment required for different divisions, to make the examining units functional with a new to report the cases within a fortnight's time, training of scientific staff in India and abroad in the landing of latest scientific equipment, conducting research work in different disciplines in problematic cases. Action will be taken to fill up the remaining unfilled Group 'A', 'C' & 'D' posts, efforts will be made to start examination of crime exhibits in DNA Division, Lie-Detection Division and Photo Section. Efforts will be made to get the sanction of additional scientific posts as already submitted to make examining units simultaneously functional with a view to report the

cases within a fortnight time, to enhance the disposal of cases in various divisions and improve general efficiency.

An outlay of Rs.. 2400.00 Lacs is approved for 10th Five Year Plan for the scheme which includes Rs. 1000.00 Lacs (Rs. 200.00 Lacs under Revenue Head & Rs. 800.00 Lacs under Capital) for Annual Plan 2002-03. Details of staff structure is attached at Annexure 'A'.

STAFF STRUCTURE - SCIENTIFIC STAFF

SNO	NAME OF THE POST	PAY SCALE	SANCTIONED POSTS	PROPOSED POSTS	TOTAL POSTS
1	2	3	4	5	6
1	Director	Rs..14300-18300 (Existing) Rs..18400-22400 (Proposed)	1	-	1
2	Addl. Director	Rs..16400-20000 (Proposed)	-	2	2
3	Joint Director	Rs..14300-18300 (Proposed)	-	4	4
4	Deputy Director	Rs..12000-16500	1	5	6
5	Assistant Director	Rs..10000-15200	7	26	33
6	Senior Scientific Officer	Rs..8000-13500	21	45	66
7	Project Officer	Rs..6500-10500	-	1	1
8	Programmer	Rs..6500-10500	-	1	1
9	Senior Scientific Assistant	Rs..5500-9000	14	13	27

10	Scientific Assistant	Rs..4500-7000	16	12	28
11	Asstt. Project Programmer	Rs..5500-9000	-	1	1
12	Asstt.Computer Programmer	Rs..5500-9000	-	1	1
13	Armourer	Rs..3200-4900	1	-	1
14	Technician (Electrical)	Rs..4000-6000	1	-	1
15	Laboratory Assistant	Rs..4000-6000	15	18	33
16	Laboratory Attendant	Rs..2650-4000	19	8	27
17	Dark Room Assistant	Rs..4000-6000	-	1	1
18	Viscera Cutter	Rs..2610-3540	4	1	5

STAFF STRUCTURE - MINISTERIAL STAFF

SNO	NAME OF THE POST	PAY SCALE	SANCTIONED POSTS	PROPOSED POSTS	TOTAL POSTS
1	2	3	4	5	6
1	Administrative Officer	Rs..7450-225-11500	-	1	1
2	Store & Purchase Officer	Rs..6500-200-10500	-	1	1
3	Accounts Officer	Rs..7450-225-11500	1	-	1

4	Asstt. Accounts Officer	6500-200-10500	-	1	1
5	Superintendent	6500-200-10500	1	-	1
6	Head Clerk Gr.B	5000-150-8000	2	3	5
7	Care Taker (UDC)	4000-100-6000	-	1	1
8	Steno Grade-I	5500-175-9000	-	1	1
9	Steno Grade-II	5000-150-8000	1	5	6
10	Steno Grade-III	4000-100-6000	6	-	6
11	U.D.C.	4000-100-6000	3	3	6
12	L.D.C.	3050-75-3950-80-4590	4	10	14
13	Librarian	5500-175-9000	-	1	1
14	Receptionist	5000-150-8000	-	1	1
15	Case Assistant	5000-150-8000	-	1	1
16	Carpenter-cum-Plumber	2750-70-3800-75-4400	-	1	1
17	Sweeper	2550-55-2660-60-3200	2	2	4
18	Gardener	2610-60-3150-65-3540	-	2	2
19	Peon	2550-55-2660-60-3200	4	-	4
20	Driver	3050-75-3950-80-4590	2	7	9
21	Despatch Rider	3050-75-3950-80-4590	1	-	1
22	Canteen Staff	As per govt. norms			

VI. MCD

1. **Intensification of programme for control of vector Borne disease like Malaria, Dengue etc., Strengthening of epidemiological unit and Health Education Bureau. (Rs. 6500.00 Lacs)**

Achievement of 9th Five Year Plan

In the 9th five year plan, budget outlay of Rs 2500 Lakhs was provided under the scheme Control of vechir borne diseases. Regular Anti Larval measures, Anti Adult Measures, Health Education activities and procurement/upgradation of equipments, workshop and vehicles were carried out. Details of activities carried out during 9th five year plan is enclosed. Due to regular control activities under the plan period, it has been possible to control Malaria and dengue in the area under jurisdiction of MCD as it is evident from comparative statement of diseases during last five years.

Year	Malaria		dengue	
	cases	Death	Cases	Death
1997-98	5027	Nil	335	1
1998-99	2313	Nil	316	1
1999-2000	1546	Nil	184	Nil
2000-2001	1111	Nil	177	1
2001-upto	609	Nil	216	3

10/11

(upto 18-11-01)

Achievement of 9th five year plan

- 1 .Anti larval measures were undertaken to cover 736 sq.km. of MCD area to control mosquito breeding equipments and insecticide were procured for these operations.
- 2 Fogging: In door and out door fogging operations were carried out around Malaria and dengue confirmed cases and in the effected localities. 260 hand operated fogging machines were purchased for these operations and vehicle mounted fogging machines were updated.

The figures of focal spray during plan are as under :-

Year	No. of Houses covered under fogging
1997-98	556092
1998-99	615930
1999-2000	835944
2000-2001	753776
2001-upto (upto 10-11-01)	776659

3. Residual insecticidal spray were carried out in rural areas of Delhi and other vulnerable localities. Insecticides and equipments were purchased for such operation.

Apart from above mosquito control measures houses were checked for domestic breeding for control of mosquito borne diseases. Whereas ever breeding was detected , legal notices were issued and prosecution action was taken against the defaulters under Malaria By-laws.

Year	No.of Houses Checked	Breeding detected	Legal Notices issued	Prosecution launched
1997-98	1,79,28,168	1,13,833	14,261	5,540
1998-99	69,81,482	28,969	11,688	6,094
1999-2000	80,49,179	32,575	16,068	5,127
2000-2001	93,97,735	28,691	17,124	3,956
2001 upto 10-11-01	95,66,906	46,412	21,559	8,313

4. Blood slides were collected from all fever cases to protect Malaria cases. Blood slides collected and examined during plan period as under :-

Year	Blood slide collected/examined
1997-98	9,12,8678
1998-99	9,35,593
1999-2000	8,92,456
2000-2001	10,10,183
2001upto 10-11-01	7,05,776

Equipment and stains etc. were purchased for blood slides examination. In the permanent water collection, anti larval fish was released to control mosquitoes breeding.

7. Regular Health Education were undertaken to educate the public for prevention and control of mosquitoes borne diseases especially Malaria and dengue. For educating Public Hand bills, posters, wall paintings, Hoardings, Dengue Home work card, Banners, stickers, cinema slides, computerized animation board, DTC panels, Kiosks advertisement in newspapers, announcement by public addressing system, cable network, T.V. channel and meeting with residential welfare association were used for health education measures.
8. Hyocinth was removed from large water collection to control mosquito breeding. Equipment like pachamgra were procured for these operation.
9. Four power sprayers were purchased for anti larval operations in large water collections and big drains for control of mosquito breeding.
10. For improving reporting and communication o9ne computer and two fax machines were procured.
11. 6 Gypsies, 7 Ambassadors, 6 Tata chassis & 1 Ashok Leyland chassis were purchased for anti malaria operations.

Strengthening of Rabies Control Programme.

Under this scheme, it is proposed that the emphasis will be on better wound management of bite cases/post-exposure cases for prevention of Rabies form which purchase of vehicles, provision of staff, construction of shelter/kennels, for keeping of dogs, construction of Rabies control prevention centres with vaccine, medicine & equipments and health education activities for educating citizens of Delhi for prevention of Rabies.

Strengthening and upgradation of epidemiology division including health education bureau and public health laboratory.

Epidemiology Division is concerned with the prevention & Control of communicable diseases in all the 12zones of MCD. This office is the nodal centre for control operations for waterborne and other communicable diseases that occur in Delhi time to time both in epidemic and endemic forms.

The key functions of this Division are as follows :-

Collection, analysis and onward transmission of information regarding different communicable diseases.

Investigation and management of outbreaks

Control and manage the Diarrhoeal Diseases Programme

Undertake laboratory investigations through the public health laboratory.

Conduct IEC campaigns

Strengthen and upgrade the infrastructure and delivery systemk of public health services

Play a key role in the maintenance of the registration of birth and death

The existing staffing pattern under the overall supervision of Dy.MHO/Epid. Is as follows :-

Team of Health Officers at HQ level

1. Team of laboratory staff under Bacteriologist, Public Health Laboratory
2. Health Education Bureau staff
3. Asstt. Inspectors, inspectors and Chief inspectors for field activities in different zones under the respective zonal DHOs

The key achievements of the Ixth five year plan are as follows :-

The Diarrhoeal Diseases situation was kept under control and there were no deaths from cholera. Zero mortality has been achieved in case of GE in 2000.

The surveillance system has been strengthened.

4. No major outbreaks
5. Small focal outbreaks investigated, managed and controlled promptly without any complications.
6. Expansion of scope of IEC in the control of communicable diseases through suitable devices items and media campaigns.
7. Maintain water quality surveillance through the public health laboratory.
8. Build up a state of epidemic preparedness.

9. Launch innovative activities like Dengue Home work cards for school children and take up new programmes like the National Surveillance programme for communicable diseases launched by the Government of India.
10. Build up inter-sectoral co-ordination with other related agencies like the Delhi Jal Board, Conservation and Sanitation engineering Department and Slum & JJ Wing.
11. Strengthen the physical infrastructure at HQ and Zonal levels.
12. Sensitise the public health system to structure, planning and timely implementation of programmes by conducting annual workshops and preparation of the action plan termed prevent.

In planning for the epidemiological services during the Xth plan period the focus will be on the following aspects –

1. Strengthening the existing services.
2. Ensure proper planning and its rigorous implementation.
3. Anticipate the possibility of the introduction of new infections; who has issued warning for yellow fever in India.
4. Tackle the possible⁴ re-emergence of old diseases as happened with the plague epidemic in 1994.
5. Deliver services for rapidly expanding population within limited infrastructure.
6. Build up confidence and co-ordination among different interacting agencies.
7. Effectively deploy available technologies including information technology for strengthening surveillance and communication networks.
8. Augment and build up a transportation system for timely delivery of services.
9. Upgrade physical infrastructure particularly at the peripheral and field levels.
10. Upgrade the vital structure registration system.
11. Develop epidemic forecasting abilities and maintain a continuous state of epidemic preparedness and set up an Epidemic Task Force for rapid response.
12. Upgrade the laboratory surveillance system and diagnostic capabilities since it plays a vital role in the control of communicable diseases.
13. Expand the scope of IEC by accessing newer media and formulating and delivering attractive and friendly messages.
14. Build up a Training & Evaluation System in the Public Health functions and services

An outlay of Rs. 6500.00 lacs is approved for 10th Five Year plan for the scheme which includes Rs. 850.00 lacs for Annual plan 2002-03.

2. Improvement & Development of Cremation Ground.(Rs. 3000.00 lacs)

It is a obligatory function of MCD under DMC Act, 42(f) for regulation of places for disposal of dead bodies and their maintenance. At present there are 58 approved cremation grounds within jurisdiction of MCD and 4 Electric crematoria. These 58 cremation grounds include 18 in urban area and 40 cremation grounds in urbanized & rural areas. Large no. of other sites have also been earmarked in Master Plan for development of cremation grounds and they will be developed as & when land is handed over to MCD. These cremation grounds require proper infra-structure and other facilities like boundary wall, approach road, water & electricity supply, covered & uncovered pyres, platform, toilet block and office block.

There are four Electric Crematoria viz. :

- (i) Bela Road
- (ii) Punjabi Bagh
- (iii) Green Park
- (iv) Sarai Kale Khan

Out of these, 2 are functional and 2 are under process. Three more Electric Crematoriums will be built up i.e. one in Trans-Yamuna area and other one in Rohini area and one in Najafgarh area.

There are 212 private cremation grounds are being run by various agencies/societies/individuals in Delhi i.e. in urban, urbanized area and different villages. In order to provide proper facilities, it is proposed that 98 cremation grounds are to be developed in Delhi i.e. 58 in the approved and 40 in additional. To provide facilities for citizens in Delhi for disposal of dead bodies. During Xth Five Year Plan, it is proposed that 98 cremation grounds should be completely developed with all facilities.

There is a shortage of hearse van facilities and demand is increasing. Hence sufficient no. of hearse vans should be available to cater the need of public. It is proposed that 50 hearse vans should be purchased which will be disturbed in cremation grounds for use of public. There is necessity for strengthening of staff and transport facility at HQ for proper supervision for which vehicles should be purchased for the supervisory officer so that vehicle should be purchased for proper supervision.

An outlay of Rs. 3000.00 lacs is approved for 10th Five Year plan for the scheme which includes Rs. 150.00 lacs for Annual plan 2002-03.

NEW SCHEMES

3. **Establishment of AIDS Control Unit (Rs. 100.00 lacs).**

Delhi is the capital of India and a metropolitan city , has an estimated population of 140.97 lacs as on July 2000 against 94.20 lacs in 1991 (1991 census). The total area of Delhi is 1433 sq.Km. –Urban 599.63 sq.km. and rural 796.66 sq.km. MCD covers 1397 sq.km. (95.7%) of Delhi and provides services to more than 95% of the population.

There has been a steady rise of HIV/AIDS cases in the city. In the year 2000, 139 AIDS cases were reported as against 72 cases in 1999. Total number of deaths reported due to AIDS in 2000 was 24 as against 6 deaths in 1999. As per Sentinel Surveillance conducted from August to October 2000, there are 25,000 estimated HIV positive cases in Delhi, which is an alarming figure. Hence, there is a need to check rising trend of HIV infection in Delhi. One of the ways to check this rise in HIV/AIDS cases is by making public aware of it so that they abstain from practices responsible for spread of HIV/AIDS.

Health Department of MCD provides preventive, curative and promotive health services to a large section of population in Delhi (MCD covers more than 95% of total population of Delhi). It has a large infrastructure both in terms of service facility and also staff. This infrastructure can be effectively used for prevention and management of HIV/AIDS since the services can be provided at the MCD health centres and hospitals spread over almost whole of Delhi. However, this will require upgrading of knowledge of health staff and services in the field of HIV/AIDS under MCD.

Keeping above in view, it is proposed to set up a separate unit to look after the AIDS control programme, which will cover following heads :

1. Development of office infrastructure including office equipments
2. Improving facilities at Blood Banks
3. Development of IEC material for Health Education
4. Counselling facilities
5. Syndromic management of STD

An outlay of Rs. 100.00 lacs is approved for 10th Five Year plan for the scheme which includes Rs. 10.00 lacs for Annual plan 2002-03.

4. **Upgradation of BHI and Development of MIS for Health Department (Rs. 200.00 lacs)**

INTRODUCTION

There is a small BHI unit existing in MCD , Health Department. It controls Registration of Births and deaths and maintain the statistics.

The greatest challenge faced by the MCD Health department today is to harmonize the quality of care with the need for reduction of cost. There is a growing gap between the expectations from the patients / public about the health care available to them and the limitation of resources . Under these circumstances the health care administrators need timely and better information to make accurate decision.

INFORMATION SYSTEM

It is defined as the system which provides required information to each level of management at the right time , right form and right place , which is the key element for management for all sorts of decision making.

Need of M.I.S.

After publication of the Annual report of health department of M.C.D., it is being observed that the report is of less utility without a proper analysis and recommendations / or decisions on different sections due to non-availability of related information e.g. Staff position, infra-structure, Equipment. Finance etc.

M.I.S.

Management information System of health department will be the consolidated data bank / database containing basic information pertaining to health department . These are overall information essentially required for Administration / management of the department in a scientific way.

The proposed M.I.S will contain information on the following sections of the department:-

1. Human Resource Management:-

There are 17000(app.) staff working in the department. Management of these staff require a lot of information. This could be as per follows:-

- ⇒ different category of staff e.g. doctors, nurses, surveillance workers etc.
- ⇒ different types of appointment i.e. permanent, adhoc, daily wagers , trainees etc.
- ⇒ Transfer, posting
- ⇒ Training utility of the training etc.
- ⇒ Sanctioned posts, vacancy etc.
- ⇒ Other related information.

2. Financial Management

- ⇒ Budgetary allocation
- ⇒ Institution wise allocation
- ⇒ Expenditure

3. Health care delivery system

- ⇒ Patient statistics
- ⇒ Equipment statistics
- ⇒ Capacity utilization

4. Evaluation/ Analysis of patient care

- ⇒ Patient statistics
- ⇒ Rates / Ratio- Birth/ death rates,
- ⇒ Disease profile, age/ sex profile,

5. Prevention and Control of Communicable diseases

- ⇒ Disease surveillance
- ⇒ Trend analysis
- ⇒ Forecasting
- ⇒ Vector surveillance
- ⇒ Epidemic preparedness
- ⇒ Identification / Mapping of pockets
- ⇒ Material management

5. Material management

- ⇒ Planning of Purchases
- ⇒ Demand supply analysis
- ⇒ Management of stores

6. Equipment Planning

- ⇒ Planning of Purchases
- ⇒ Maintenance

7. Facility planning

- ⇒ Planning of up-gradation
- ⇒ Expansion with addition of new departments
- ⇒ Opening of new health care delivery system.

8. Management of Births and Deaths registration work loads.

Planning of the M.I.S.

1. It will be computer based .
2. Stages of computerization
 - ⇒ Identification of places (e.g. hospitals/ malaria/ registration of events etc.)
 - ⇒ Selection of hardware / networking etc.
 - ⇒ Development of software
 - ⇒ Manpower planning
 - ⇒ Implementation
 - ⇒ Evaluation

Identification of places

- ⇒ Selection of places for computerization e.g. hospitals/ malaria/ registration of events etc.)
- ⇒ Preparation of the feasibility report

Hardware :- Procurement of computers

Software:- To be developed . The computer centre of M.C.D may be requested to develop the software or the matter could be taken up with the Dept. of I.T. Govt. of NCT for recommending a firm pioneer in this field. Necessary budget could have to be sanctioned.

Manpower :- Filing up of the vacant posts of the department i.e. sorter operator, drafts man etc through computer trained personnel (i.e. data entry operators) will solve the problem to some extent. The existing staff can be trained also.

An outlay of Rs. 200.00 lacs is approved for 10th Five Year plan for the scheme which includes Rs. 50.00 lacs for Annual plan 2002-03.

6. Setting up of HRD Training and Studies Cell (Rs. 200.00 lacs)

Training programme is being organized by the individual institutions/ hospitals of Health Department of M.C.D. The Hospitals conduct C.M.E. / clinical meets for their own medical officers only.

Doctors from different institutions i.e. hospital , Public health agencies, etc. attend different workshop, CME, conferences at State /national / international level . The expenditure is being borne by MCD at times. Doctors / Other staff are being nominated for attending training programme organized by Delhi Govt. On the job awareness / Training of the all staff posted in hospital is being carried out recently in AIDS.

1. There is NO central system of recording / documenting all these programme and publishing them through the annual report / achievement reports.

Analysis

1. Training is one of the most important component of Human Resource Development.

2. It is true that training programme is being carried out in institutions of Health department
3. But there no system Training need analysis And post training evaluation.
4. It is also difficult to assess the total number of Medical officer being trained in a particular year.
5. It is also not possible to confirm the training of the all officers posted either in hospital or periphery / other staff like staff nurses, technicians, record officers / or other branches like vet nary, Statistical people etc.
6. As per Delhi Medical Council (DMC) every doctor is being registered for five years and for extension it is mandatory for the member to under go 300 hours of CME . There are nearly 1700 doctors in MCD and there no accreditation .
7. There is no separate budget allocated for Training Programme.
8. There are Auditorium in most of the hospitals, IPP- VIII, which are not being properly utilized round the year.

Recommendations

1. Keeping the Staff strength of the Health Department i.e. 16500 to 17000 (approximately) in mind , it is being felt necessary to have a centralized “ TRAINING AND HRD “ Section / cell in the department.
2. The cell should conduct training need analysis of all category of people working in health department .
3. The cell should register all the training programme including workshop , on the job training programme, Seminars, and should publish annual report . This report should also include detail of the papers presented by the officials of the Health department.
4. The cell should coordinate all the training programme in MCD
5. The cell should. coordinate with all external agency involved in training programme i.e. DGHS, State Govt. Directors of all vertical programme etc. regarding all training programme .
6. The cell should have liaison with all international agencies i.e. WHO, UNISEC, World Bank etc. It should also work out a possibility of accreditation DMA also (for credit hours for CME)

7. All the Auditorium located in all places of health department should be accredited in the cell and a Calendar should be submitted by the respective agency. This will help in assessing and planning the utilization of all resources.
8. The cell should conduct evaluation of training of all category of people working in health department .
9. An nodal officer will be nominated by all these agencies who will communicate with the training & HRD cell.
10. Initially the cell to be organized by the B.H.I. section , so that some of the expenditures could be met out the budgetary allocation of BHI.

An outlay of Rs. 200.00 lacs is approved for 10th Five Year plan for the scheme which includes Rs. 40.00 lacs as approved outlay for Annual plan 2002-03.

VIII N.D.M.C.

1. ANTI MALARIA OPERATION (Rs. 20.00 Lacs)

A. CHECKING OF DOMESTIC AND PARA-DOMESTIC BREEDINGS

Since 80-90% nuisance of mosquito and malaria is mainly due to mosquitogenic breeding in domestic circumstances i.e. leaking of hydrants, desert coolers., air-conditioners., water-containers., block sewer, gully taps, and storm water drains etc. are due to rise in per capita income and environmental status and other rise in number of room coolers. and air-conditioners., it is essentially to deploy at least 12 anti malaria gangman under the supervision of 4 malaria jamadar for checking of mosquito breeding. Further, this unit also be responsible for enforcing health bye-laws in support of mosquitogenic conditions for initiating action against all the habitual offenders. responsible for mosquitogenic breeding conditions in NDMC area. accordingly, it is proposed to continue with 2 teams each comprising of 6 gangman and one jamadar for deployment in the areas towards South of Rajpath and North of Rajpath respectively.

B. STRENGTHING OF FOCAL SPRAY OPERATION

NDMC undertakes preventive and containment measures for about 4 lacs fixed and 15 lacs floating population in its total 42.7Sq.Km. area. The load of malaria in its area is contributed mainly by floating population, migrant labour of Rajasthan, Eastern U.P. and

Bihar living in 30 J.J.Clusters., increasing developmental activities and human undertakings, difficulties in cleaning of desert coolers. fitted in the rear of windows of upper storey of all the high-rise Govt./Private building and indiscriminate staking of waste junks in open roof top and J.J.Clusters..

On study of morbidity and indicators. maintained about malaria and dengue in the last more than 10years., it is revealed that there is unprecedented decline in Annual Parasite Incidence (0.25), Slide Positivity Rate (0.75), Annual Blood Examination rate (3.51), Annual Incidence of PV malaria (487) and PF Malaria (3), House Index (0.7%) and Container index (0.8%) for aedes mosquito and incidence of dengue fever (zero). Even not a single death due to malaria and dengue has been reported which indicate that efforts of malaria unit have proved fruitful in protecting its residences from the menace of malaria and dengue fever.

CRITICAL ANALYSIS:

A lot of difficulties had been faced in the preceding years. in implementing focal spray operation in the area on account of non-availability of vehicle for the movement of spray squad, machinery and insecticides. The conditions of furniture and T&P articles are in poor state. Even a lot of constraints had been felt in purchase of the required insecticides on account of specific allocation of funds for their purchase. The requirements of insecticides like Abate and Baytex etc.have also increased on account of withdrawal of use of MLO in NDMC by the specific orders. of MOH. Therefore, specific attention is required on budget allocation to overcome these difficulties in the next 10th Five Year Plan.

C. Rejuvenation and facelift of all the four anti larva zones

At present all the four anti larva zones in NDMC area are in very shabby conditions. These are housed in temporary structures without proper roof and other facilities for storage of materials, equipments etc. even, there is no proper place for the inspector to sit and had some administrative work and there is no proper place for resting and for taking meal in the lunch hours. for the workers.. In order to provide healthful environment for healthful working conditions in these anti larva zones, it is proposed that all the 4 anti larva zonal office must be rejuvenated so that one inspector and team of approx. 50-60 anti malaria gangman and 3-5

anti malaria jamadar are accommodated comfortably besides there should be one store room for T & P items and other equipments and chemicals used in anti malaria operations. Even there should be arrangement for keeping the equipments of each anti malaria gangman in the zonal office for safety and security purposes.

An outlay of Rs.. 20.00 lacs is approved for Tenth Five Year Plan for the scheme, which includes Rs.. 10.00 lacs as approved outlay for Annual Plan 2002-03.

2. **STRENGTHENING OF VITAL STATISTICS UNIT (Rs. 10.00 lacs)**

Vital Statistics is the backbone of Medical and Public Health Department and with a view to strengthening the statistical activities; work-study of the unit was got done by the A.R. Department, Delhi Administration. The following posts have been recommended by the A.R. Department:-

(i) **STAFF COMPONENT**

S.No.	Post	No.	Pay-Scale
1.	Senior Statistical Investigator	1	Rs..6500-10500
2.	Statistical Assistant	1	Rs..5500-9000
3.	Statistical Clerk	4	Rs.. 4000-7100
4.	Daftry	1	Rs.. 3200-4985
	Total	7	

It is proposed to make it an on going scheme in the Tenth Five Year Plan. Additional in this scheme are: Besides this, the following is also proposed to be taken up in Tenth Five Year Plan.

1. **UPGRADATION / NEW PURCHASE OF COMPUTERS.**

The existing computers. are required to be upgraded/purchase to fulfil the work of health department. An amount of Rs.. 3.00 lakhs is required for this purpose.

2. PURCHASE OF LASER PRINTER

Presentation of reports and data is an important part. The dot matrix printing cannot solve this. So a laser printer is needed for this. The approx. expenditure will be Rs.. 2.00 lakhs.

3. PURCHASE OF COMPUTER WITH CD ROM / OPTICAL DISK

Now-a-days new technology is available in the field of Computer to preserve the records through imaging. This facility is quite essential to preserve the records of Births and Deaths. The approx. expenditure will be Rs.. 5.00 lakhs.

(i) STAFF COMPONENT

S.No.	Post	No.	Pay-Scale
1.	Assistant Programmer	1	Rs..5500-9000
2.	Peon	1	Rs..3050-4845
	Total	2	

4. PURCHASE OF NEW SOFTWARES

To do the work easily and proper manner newly developed software are available. An expenditure of Rs.. 2.00 lakhs is needed for this.

An outlay of Rs. 10.00 lacs is approved for Tenth Five Year Plan for the scheme, which includes Rs.. 5.00 lacs for Annual Plan 2002-03.

3. **STG. OF HEALTH EDUCATION UNIT (Rs. 100.00 Lacs)**

A. MODERNISATION OF HEALTH EDUCATION UNIT

To achieve the goal of 'Health for all by 2000 A.D.' in the Metropolitan set up, the modernization of Health Education Programme has become necessary to change the

attitude and behaviour towards desirable health practices and for promoting healthy life-style through self-dependence. The programme envisages

- (a) Preparation of Exhibition
- (b) Production of Health Education material like foldeRs., transparencies, cinema slides etc.
- (c) Production, purchase and exhibition of films on health, hygiene and other health education subjects.
- (d) Publicity through mass media.
- (e) Purchase of infrastructure for audio-visual works.
- (f) Necessary staff to carry out the programme envisaged in the above.

During the 7th Five Year Plan, three posts viz. Script Writer, Commercial Artist and Exhibition Attendant were sanctioned for Health Education Unit but due to Administrative difficulties the posts could not be filled up and were deferred for 8th Plan. Hence this has become an ongoing proposal. For effective implementation of the plan and policies of the Govt. of India and in achieving the Goal of health for all by 2000 A.D. the present staff strength required to be strengthened. Some other posts are required along with the posts already sanctioned during the 7th Five Year Plan. The details are as given below:

(i) STAFF COMPONENT

S.No.	Post	No.	Pay-Scale
1.	Script writer	1	Rs..5500-9000
2.	Commercial Artist	1	Rs..4500-7000
3.	Exhibition attendant	1	Rs..3050- 4875
4.	Dy.Director (H.E.)	1	Rs..10000-13500
5.	Demonstrator	1	Rs..5500-9000
6.	Coordinator	1	Rs..5500-9000
7.	Film Librarian	1	Rs..4500-7000
	Total	7	

The programme envisaged above has been on the basis of the last 23 years. of experience in the field. The traditional approach designed for villages cannot be made applicable. The population in NDMC also has an important section like class IV employees, slum dwellers. & SC/ST population who, in particular, needs to be educated in the given urban set up and environment. Therefore, while the basic material remains the same, the approach, the media and the other material needs changes. To substantiate, some examples are: translites at focal points, cinema slides through all theatres, Newspapers. advertisements in addition to printed educational material like folders., posters. etc.

An outlay of Rs. 100.00 lacs is approved for Tenth Five Year Plan for the scheme, which includes Rs.. 10.00 lacs as approved outlay for Annual Plan 2002-03.

4. **STRENGTHENING OF EPIDEMIOLOGY UNIT (Rs. 20.00 Lacs)**

Epidemiology Unit is an essential component of any Public Health Department. This Unit was thought to be opened in NDMC as a result of outbreak of Cholera and Gastro-enteritis in Delhi in the year 1988. Certain posts with Epidemiologist were created and gradually filled up. Although this unit started in its preliminary stage but yet a lot has to be added to completely give it a shape of Epidemiology wing.

A. **PUBLIC HEALTH LABORATORY**

The most important component i.e. Public Health Laboratory is being proposed to be sanctioned for further addition to Epidemiology Unit. The space has been provided for the laboratory.

(i) **STAFF COMPONENT**

<u>Sl. No.</u>	<u>Post</u>	<u>No.</u>	<u>Pay-Scale</u>
1.	Medical Officer	1	Rs.. 8000-13500+NPA
2.	Micro-Biologist	1	Rs.. 5500-9000
3.	Bio-Chemist	1	Rs.. 5500-9000
4.	Jr.Lab.Technician	2	Rs.. 4000-6000
5.	Lab. Attendants	4	Rs.. 750-940
6.	Peon	1	Rs..3050-4845 (SS scale)
7.	Safai Karamchari	1	Rs..3050-4875 (SS scale)
	Total	11	Rs.. 4,86,500

The field staff for Epidemiology Unit i.e. Statistical Officer, Sr.Statistical Investigator, Statistical Assistant, stenographer, Jr.Clerk, Peon etc. have already been recruited under 8th Five Year Plan and the Unit has started functioning smoothly. But in the absence of a Public Health Laboratory, the unit has to be dependent on other Department or has to cut a sorry figure in the event of non-evaluation of the various data conducted. To carry out the various diagnostic procedure such as testing of stool, urine, water sample and other materials as well as to further carry out test of food articles, the necessity of Public Health Laboratory arises. With the increase in population and increased demand of water , the pot ability of water will be much more essential for human consumption. There will be further more chances of water contamination due to over-crowding and pressure on the water and sewerage system of Delhi. In this event the Epidemiology Unit and the Public Health Laboratory has to play a vital role in random testing of water samples and to create a warning system to the authorities providing civic amenities in NDMC area.

It is pertinent to mention in the plan that various other Communicable Diseases may raise their head and to be prepared for this, Epidemiology Unit has to be strengthened. The memory of Plague Episode is not very dim in our minds which created havoc in Surat and other parts of Gujarat.

Thus the need of Epidemiology Unit with a full-fledged Public Health Laboratory is a must to evaluate the various health problems coming in near future and to coordinate all activities in an integrated form to give New Delhi a new name as Healthy City.

B. ANTI RABIES CLINIC

As we are well aware that Hon'ble Supreme Court of India has passed a verdict that the killing of dogs should be banned and instead we should go for their sterilization of dogs. As a side effects to it, the number of stray dogs in the city is increasing resulting in increase of stray dog bites and hence giving good chances of emerging of the fatal disease called RABIES. For this Anti Rabies Clinic, no extra staff is required, yet this facility can be incorporated with the Charak Palika Hospital run by NDMC. The old nerve tissue vaccine has become redundant and such chick embryo / human deployed vaccines are required to be given to the person suffering from serious dog bites. Since this is a costly vaccine, serious bite cases will be given vaccine only in the clinic situated in the hospital.

An outlay of Rs. 20.00 lacs is approved for Tenth Five Year Plan for the scheme, which includes Rs.. 5.00 lacs as approved outlay for Annual Plan 2002-03.