DIRECTORATE OF FAMILY

ANNUAL REPORT (2024-25)

For Submission to:

STATE HEALTH INTELLIGENCE BUREAU
(DHS)

Directorate of Family Welfare

Directorate of Family Welfare (DFW) is responsible for planning, co-coordinating, supervising the implementation, monitoring and evaluating following programs / initiatives related to Maternal, adolescent, newborn and child health along with implementation of certain statutory Acts like MTP Act and PNDT Act.

1. Provision of Antenatal, Natal and Post Natal services to pregnant women with an aim to reduce maternal morbidity and mortality.
2. Implementation of maternal health programs i.e. Janani SurakshaYojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), PMSMA, LaQshya.
3. Provision of Essential new born care (at every 'delivery' point at time of birth).
4. Operationalization of Facility based sick newborn care (FBNC) (at FRUs & District Hospitals) through Special Newborn Care Units.
5. Provision of Home Based Newborn Care (HBNC) & Home Based Young Child Care (HBYC) Programmes.
6. Promotion of Infant and Young Child Feeding Practices (IYCF) under Mother's Absolute Affection (MAA) Programme.
7. Prevention and management of Childhood Diarrhoeal Diseases& implementation of STOP Diarrhoea Campaign.
8. Prevention and management of Acute Respiratory Infections & implementation of Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) Campaign.
9. Provision of Kangaroo Mother Care (KMC)at Delivery Points.
10. Setting up of District Early Interventions Centre (DEIC): To counter 4Ds (Defects, Deficiencies, Diseases and Developmental Delays &Disabilities).
11. Nutrition Rehabilitation Centre (NRC): Establishment &strengthening of NRC to take care of facility based management of severely malnourished children (SAM).
12. Strengthening of Early Intervention Center - Centre of Excellence (CoE) at Maluana Azad Medical College & Lok Nayak Hospital of Delhi
13. Provision of family planning services (Basket of Contraceptives, female/male sterilization, Counseling, follow-up, support & referral etc.).
14. Support ASHA in providing support to eligible couples through scheme likes Home Delivery of Contraceptive (HDC).
15. Implementation of UIP (Universal Immunization Program), Intensified Pulse Polio Immunization Programme (IPPIP) and U-WIN and e-VIN Portal.
16. Surveillance of VPD (Vaccine Preventable Diseases) Services.

17. Bi-annual rounds of National De-Worming Day (NDD) are held in the state as part of Anemia prevention and control strategy among children and Adolescents.
18. Operationalization of “UDAAN” scheme with an aim to improve accessibility of Sanitary napkins for adolescent girls (non-school going) and also to increase their awareness of Menstrual Hygiene Management.
19. Weekly Iron & Folic Acid Supplement (WIFS) program to ensure provision of a weekly prophylactic dose of IFA tablet to adolescents to prevent Anemia.
20. Health & Wellness programs in schools by training of teachers who then work as Health & Wellness Ambassadors with focus on adolescent centric issues with school children.
21. Implementation of PC & PNDT, MTP (Medical Termination of Pregnancy), ART & Surrogacy Acts.
22. Co-ordination and execution of IEC activities, campaigns through Mass Education Media.
23. Weekly Iron & Folic Acid Supplement (WIFS) program to six age groups viz. Children (6 months- 5 years), Children (5-9 years), Adolescents (10-19 years), pregnant women, lactating women and women of reproductive age group through ASHA workers, ANMs, Anganwadi centers and schools to prevent Anemia
24. Point of care treatment & testing in by digital hemoglobinometers in T4 (Test-Treat-Talk-Track) Anemia camps across schools & colleges of Delhi and in the community, under Anemia Mukt Bharat Scheme.
25. Procurement of vaccines (through CPA), stocking, maintaining cold chain, disbursing vaccines and family welfare logistics to all health providing agencies in the state.
26. Capacity Building to update knowledge & skills of various categories of health functionaries by providing RMNCHA+N trainings by the H&FW Training Centre.

1. Essential Immunization Program:

Directorate of Family Welfare (DFW) through its Immunization Section, is implementing Routine Immunization Services under Universal Immunization Programme (UIP), which are one of the largest public health interventions, providing specific protection to the catered beneficiaries against the Vaccine Preventable Diseases (VPDs), by marked reduction in morbidity and mortality. The same is provided through a network of more than 600 Vaccine Cold Chain Points, and more than 9500 Immunization Session Sites. Further, AEFI Surveillance and VPD Surveillance are also conducted as a component of the programme.

To achieve 100% vaccination coverage and to vaccinate all left out, dropout & refusal beneficiaries, special immunization campaigns were organized in Januray, February and March 2025 for one week each to reach unvaccinated and partially vaccinated children.

Under UIP, the Full Immunization Coverage (FIC) is approx 100% for the period of 2024-2025, with 3,02,962 beneficiaries vaccinated against a target of 3,01,449 children for the period as per MoHFW, GoI estimates.

As a part of the programme, the State is working intensively towards the Measles-Rubella (MR) Elimination Goal, which aims to eliminate these diseases. Fever with rash surveillance actively rolled out. Focused activities towards MR elimination initiated in state. NMNR (Non-Measles Non-Rubella Discard Rate) in the state is now above 2, in line with the National requirements of rate required to be above 2. All 11 districts are currently having NMNR >2.

UWIN Portal (Data Portal for Routine Immunization) in line with Co-WIN Platform has been successfully scaled-up in all 11 districts of the State. On U-WIN, sessions are being held digitally, and recording the vaccination records of infants, pregnant women and children in the age group of 1-5 years. The goal is to bring the private health facilities under its ambit.

Continued Roll out of Quality Management System in AEFI. State has been consistently performing well in AEFI surveillance with no silent district and improvement reporting and recording.

Cold Chain Augmentation: The cold chain space is being monitored on a regular basis, with utilization of e-VIN Platform, along with strict vigil on the Cold chain temperature, through Temperature Loggers.

The SNID on 8th December 2024 was in a complete decentralized manner, under the direct control of District Magistrates (DMs) and Chief District Medical Officers (CDMOs), who managed the manpower, logistics, IEC, vaccine distribution, Cold Chain & location of booths, which was granularly planned and coordinated by the respective District Immunization Officers (DIOs). More than 18 lakh children were administered Oral Polio Vaccine during this Pulse Polio Round SNID under IPPIP (from 8th to 17th of December 2024), including 6,08,097 children were vaccinated against Polio in 6323 no. of booths, on Sunday, 8th December. More than 48 lakh households have been visited by HTH teams during the 5 days of HTH Activity from 9th to 13th December 2024 and Mop-Up, for administering Polio Vaccine to all left out children who could not take the Polio drops on Sunday.

Immunization Indicators:

Code	Parameters	Total 2024-25
4.1.1.a	Live Birth - Male	139700
4.1.1.b	Live Birth - Female	128444
4.4.2	Number of Newborns having weight less than 2500 gms	58741
4.4.3	Number of Newborns breast fed within 1 hour of birth	214842
9.1.1	Child immunisation - Vitamin K (Birth Dose)	240164
9.1.2	Child immunisation - BCG	273229
9.1.3	Child immunisation - Pentavalent 1	290215
9.1.4	Child immunisation - Pentavalent 2	283896
9.1.5	Child immunisation - Pentavalent 3	281606
9.1.6	Child immunisation - OPV 0 (Birth Dose)	252566
9.1.7	Child immunisation - OPV1	287463
9.1.8	Child immunisation - OPV2	282908
9.1.9	Child immunisation - OPV3	279879
9.1.10	Child immunisation - Hepatitis-B0 (Birth Dose)	245072
9.1.11	Child immunisation - Inactivated Injectable Polio Vaccine 1 (IPV 1)	285073
9.1.12	Child immunisation - Inactivated Injectable Polio Vaccine 2 (IPV 2)	281317
9.1.13	Child immunisation - Rotavirus 1	290485
9.1.14	Child immunisation - Rotavirus 2	284514
9.1.15	Child immunisation - Rotavirus 3	280918
9.1.16	Child immunisation - PCV1	289998
9.1.17	Child immunisation - PCV2	282353
9.2.1	Child immunisation(9 - 11 months) - Inactivated Injectable Polio Vaccine 3 (IPV 3)	294132
9.2.2	Child immunisation (9-11months) - Measles & Rubella (MR)/Measles containing vaccine(MCV) - 1st Dose	301441
9.2.3	Child immunisation (9-11months) - JE 1st dose	1335
9.2.4	Child immunisation - PCV Booster	295508
9.2.5.a	FULLY IMMUNIZED children aged between 9 and <12 months-Male	159538
9.2.5.b	FULLY IMMUNIZED children aged between 9 and <12 months-Female	143424
9.4.1	Child immunisation - Measles & Rubella (MR)/ Measles containing vaccine(MCV)- 2nd Dose (16-24 months)	281059
9.4.2	Child immunisation - DPT 1st Booster	287478
9.4.3	Child immunisation - OPV Booster	285883
9.5.1	Child Immunization- Typhoid	249297
9.5.2	Children more than 5 years received DPT5 (2nd Booster)	216477
9.5.3	Children more than 10 years received Td10 (Tetanus Diptheria10)	176548
9.5.4	Children more than 16 years received Td16 (Tetanus Diptheria16)	35434
9.7.1	Immunisation sessions planned	144007
9.7.2	Immunisation sessions held	141126

Source: HMIS Portal

2. Child Health

Child Health is one of the important components of RCH Programme. The State is making concerted efforts to reduce Mortality and Morbidity among children. Infant Mortality Rate (IMR) of Delhi has shown decline from 24 (SRS 2013) to 14 (SRS 2023).

Parameters	SRS 2013	SRS 2023
Neonatal Mortality Rate	16	9
Infant Mortality Rate	24	14
U5 Mortality	26	16

The aim of the State is to reduce Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5-MR) to single digit. To reduce Neonatal Mortality Rate, State has improved Newborn Care Facilities by establishing Special Newborn Care Units (SNCUs) and Kangaroo Mother Care also New Born Care Corners (NBCCs). The Key Strategies to decrease the LBW prevalence through Optimum Antenatal care and maternal nutrition and to ensure Essential Newborn Care, State has mapped NBCCs with trained care providers for all 60 delivery points. To ensure prompt identification, stabilization and management of sick Newborns, strengthening of well-equipped and staffed NBSUs, SNCUs and NICUs is being carried out. Furthermore, for prompt and seamless referrals of sick neonates requiring higher level of neonatal care, well defined Referral Linkages are also being created.

Comprehensive Screening of the Newborns for Developmental Anomalies is being done in the hospitals. Screening for early intervention through Field Workers under Home Based Newborn Care (HBNC) &Home Based Care for Young Children (HBYC) is also being carried out. Early recognition of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) to facilitate Intervention at DEICs and referral hospitals is being undertaken. An effective system of Child Death Review is also being operationalized as a key strategy to reduce the delay in delivery of Health Care to sick children.

New Born Care Corners (NBCCs)are functional at all 60 delivery points within the Labour Room and Operation Theaters, ensuring essential New born care at delivery points.

Kangaroo Mother Care (KMC):

KMC is a family participatory technique that involves skin-to-skin contact between a

mother/ care giver and newborn baby to meet the baby's needs for warmth, nutrition especially for Low Birth Weight (LBW) babies**.** Kangaroo mother care has been started in 34 Newborn care units for improving survival of premature and LBW babies.

Establishment of LMUs: A Lactation Management Unit (LMU) is a specialized unit within a healthcare facility that provides comprehensive support and management for mothers and their babies, focusing on breastfeeding and lactation, particularly for sick, preterm, and low birth weight babies in intensive care. 04 LMUs were functional in F.Y. 2024-25 at Dr. Baba Saheb Ambedkar Hospital, CNBC, Swami Dayanand Hospital and Lok Nayak Hospital to provide mother's own milk to sick newborns in hospitals' SNCU/NICU. 29368 mothers received Lactation Counseling; 7775 mothers used LMU facility for Expression of breast milk; 1190 litres of expressed breast milk (EBM) was collected and 10244 newborns/ infants received expressed breast milk from own mothers using LMU facility in 4 LMUs in Delhi at BSAH, CNBC, SDNH and LNH.

Strengthening of Public Sector FBNC: In order to **s**trengthen reporting on the FBNC portal by existing SNCUs/NICUs, State is providing Human Resource and capacity building activities to the existing SNCUs/NICUs.

Mother Absolute Affection (MAA) Programme:

MAA Programme focuses on building an enabling environment for breastfeeding through awareness generation activities, targeting pregnant and lactating mothers, family members and society in order to promote optimal breastfeeding practices as an important intervention for child survival and development, to reinforce lactation support services at public health facilities through trained healthcare providers and through skilled community health workers. In Delhi MAA was implemented at 60 public health delivery points. Total of 567077 mothers (including 263242 pregnant women and 309438 lactating mothers) participated in 65336 mothers' meetings conducted by ASHAs in the community, in F.Y. 2024-25. (Source: Annual MAA report 2024-25). The key deliverable under Early initiation of breastfeeding (within an hour of birth) rate was 80% in F.Y. 2024-25. (Source: HMIS Portal).

Nutrition Rehabilitation Center (NRC):

NRCs are facility-based management centers for under-5 children with Severe Acute Malnutrition (SAM) and medical complications. Also, the skills of mother on child care and feeding practices are improved so that child receives care at home. There are 5 functional NRCs in Delhi hospitals viz. Kalawati Saran Children Hospital, Hindu Rao Hospital, Bhagwan Mahavir Hospital, Lok Nayak Hospital & CNBC Hospital. Total sick SAM child admissions were 1363; discharged with target weight gain- 1083 i.e. 80%

successful discharge rate. Bed occupancy rate achieved was 79% in 5 NRCs functional in Delhi at HRH, KSCH, BMH, LNH & CNBC during F.Y. 2024-25. (Source: Annual NRC report F.Y. 2024-25 of Delhi).

STOP Diarrhoea Campaign (rebranded Intensified Diarrhoea Control Fortnight):

Intensified Diarrhoea Control Fortnight (IDCF) was implemented in 2014, with an aim of achieving improved coverage of essential life- saving commodity of ORS, ZINC dispersible tablets and practice of appropriate child feeding practices during diarrhoea. Delhi observed STOP Diarrhoea Campaign 2024 (rebranded IDCF Campaign) w.e.f. 1st July to 31st August 2024 across the State to address potentially high incidence of diarrhoea during the summer/monsoon season and floods/ natural calamity. This is a 2-months campaign, in which ORS packets and tab. Zinc are distributed amongst under 5 children. Campaign was observed to ensure universal availability and use of Oral Rehydration Solution (ORS) and zinc tablets as effective treatment for diarrhoea, to advocate for improved hygiene practices, including hand washing, safe drinking water and sanitation to prevent diarrhoea, to educate communities about diarrhoea management, emphasizing home-based care and timely referral and to train healthcare workers and strengthen health infrastructure for management of Diarrhoea.

1207974 out of 1207558 (100.3%) under 5 children were pre-positioned with ORS packets during the campaign. Delhi also carried out the activities like ORS preparation and hand washing demonstration in 849 UHNDs. Focused group discussions and sessions on improved hygiene practices, including hand washing, safe drinking water and sanitation to prevent diarrhoea were held in schools and Aanganwadi centers. IEC activities were done to create awareness on prevention and management of childhood diarrhoea. Convergence meetings of stakeholders like DoWCD (AWW), Delhi Jal Board (DJB) were also conducted.

Social Awareness and Action to Neutralize Pneumonia Successfully (SAANS) Campaign:

The SAANS campaign is an initiative to reduce morbidity and mortality of childhood pneumonia. The campaign was launched in 2019 to combat childhood pneumonia, a leading cause of death among children under five years of age. The campaign implemented during 12th November – 28th/ 29th February of every financial year. **SAANS campaign 2024-25 was implemented successfully from 12th Nov 2024 to 28th Feb 2025,**to raise awareness about pneumonia symptoms, prevention, and treatment among parents, caregivers, communities, and for orientation about treatment and timely referral of Pneumonia cases to health care facilities through involvement frontline workers like ASHAs (Accredited Social Health Activists) and Anganwadi workers in

spreading key messages related to pneumonia prevention, proper nutrition (including breastfeeding), hand washing and sanitation. Orientation and training of the health care staff at District/ hospitals/ facility/ community level for adoption and adherence to Guidelines of childhood pneumonia treatment algorithm. IEC disseminated to all health facilities for Display and to ensure Basic drugs and equipment availability with all facilities**.** Mass Media activity at state level was also carried out.

The report of SAANS 2024-25 campaign (from 12th Nov 2024 to 28th Feb 2025) is as under:

Community level activities:

No. of ASHAs trained on home visits for SAANS?	**5942**
No. of ANMs trained on SAANS?	**1449**
No. of nurses in PHCs, CHCs, Hospitals trained on SAANS?	**195**
No. of Doctors trained on SAANS?	**564**
No. of ASHAs that did house-to-house visits of under-five children for SAANS	**5905**
No. of under-five-children assessed by ASHAs for symptoms and signs	**416737**
No. of under-five-children having symptoms and signs of acute respiratory illness	**66894**
No. of under-five-children administered pre-referral dose of Amoxicillin	**5853**
No. of under-five-children referred to health facilities	**66894**
No. of homes where counseling was done using MCP card	**534157**

Health facility level activities:

No. of under-five-children treated with cough and cold in OPD	**238326**
No. of under-five-children treated with Pneumonia in OPD.	**80925**
No. of under-five-children treated with Severe Pneumonia by ad mission	**5261**
No. of under-five-children administered medical oxygen	**9886**
Number of infants given PCV-1vs number of infants given Penta-1	**78724/76934**
Number of infants given PCV-Booster vs number of infants given MR-1	**72414/72780**

Child Death Review (CDR)

A systematic process of reviewing the deaths of children (typically from birth to five years old) to understand the causes, identify gaps in child health delivery mechanisms and taking corrective actions, and pinpoint social factors contributing to these deaths, is being done periodically in the Districts of Delhi. MPCDSR Portal entries have been initiated in all 11 Districts. Last State Level Task Force meeting for CDR was held in April 2024.

Activities under Rashtriya Bal Swasthya Karyakram (RBSK):

Newborn Screening- Mission NEEV Project: Comprehensive Newborn Screening (CNS) undertaken in Delhi as Neonatal Early Evaluation Vision *(NEEV)* Project, currently being run in project mode at MAMC & Lok Nayak Hospital, carried out in 56 Hospitals/ delivery points.

District Early Intervention Centers (DEICs):to facilitate intervention for children identified to be suffering from 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities),under RBSK initiative of MoHFW, GOI, operational in medical college/ district hospitals. 03 EICs in Delhi viz. one COE-EIC at Lok Nayak Hospital & MAMC and 02 more DEICs at Swami Dayanand Hospital and Guru Gobind Singh Govt. Hospital were functional, 26519 children were managed in F.Y. 2024-25 in these EICs. DEIC at Guru Gobind Singh Govt. Hospital became functional in May 2024. Centre of Excellence- Early Intervention Centre at Lok Nayak Hospital (COE-EIC LNH) became operational in Delhi w.e.f. October 2021 and 14153 children were managed in COE-EIC-LNH in F.Y. 2024-25.

MusQan: AQuality Assurance and Certification initiative of MoHFW, GoI, for Paediatric services in health facilities like Medical College/ District/Sub district hospitals (NRCs, SNCUs, Paediatric OPD/ IPD etc.)**.** There are **6 National MusQanCertified** hospitals in Delhi viz. Acharya Shree Bhikshu Hospital, Lal Bahadur Shastri Hospital, Sanjay Gandhi Memorial Hospital, Guru Gobind Singh Govt. Hospital, Dr. Baba Saheb Ambedkar Hospital, Chacha Nehru Bal Chikitsalyain year 2024. There are 3 State MusQan Certified hospitals viz. Pt. Madan Mohan Malviya Hospital, Bhagwan Mahavir Hospital, Babu Jagjivan Ram Memorial Hospital in year2024. (Source: DSHM website).

Capacity Building: Facilitating IYCF, NSSK, FBNC, CDR, SAM & IMNCI/ F-IMNCI training for enhancing skills of Health personnel**.**

Best Practices undertaken by the Department: Provision of 11 Neonatal ambulances under CATS services was been initiated and made available since October 2024 for safe transport of sick newborns in Delhi, following the efforts undertaken by DFW in collaboration with CATS ambulance.

3. Family Planning:

FP services are provided through primary, secondary and tertiary care facilities.

A. Permanent or Limiting methods of Contraception:

Delhi Provides high quality sterilization services through hospitals of different agencies (Delhi Govt., MCD, NDMC, CGHS, ESI, NGOs and accredited private facilities). The Revised compensation scheme is followed for incentivizing the beneficiaries through PFMS portal. Adverse events following sterilization services are covered through Family Planning Indemnity Scheme (FPIS). **During the year 2024-25, 2 and 13 Female and male complication following sterilization respectively and 38 Female sterilization failure cases were reported (source: HMIS 2024-25).**

B. Temporary methods:

Condoms, Oral pills (3 types), IUCD (2 types) and Injectable contraception services are provided at all health facilities and are available to the masses at nearest dispensaries. Besides, pills for emergency use in contraceptive accidents (ECP) are also available. Special emphasis is laid to fulfill contraceptive needs of Postpartum and Post abortion women.

The performance figures (2024-25) are submitted in Table below.

A	Permanent Method	
1.	Male Sterilization	301
2.	Female Sterilization	14242

B	Temporary Method	
1.	IUCD	100476
2.	MPA	43726
3.	Centchroman	126746
4.	OCP	152905
5.	ECP	46763
6.	Condom	5040294

Family Planning Coverage for F.Y 2024-25(Source: HMIS)

4. Health &Family Welfare Training Centre (HFWTC):

All the trainings are primarily conducted based on guidelines received from GOI under various programs from time to time. HFWTC conducts two broad categories of trainings:

-Knowledge based trainings – Immunization and Adolescent Health. Knowledge based trainings are conducted at Health and Family Welfare Training Centre

-Skill Based Trainings – Family Planning, Child Health, Maternal Health and nutrition. Skill basedTrainings are conducted at the Collaborating Govt. Hospitals (technical support.)

Brief Overview of Training:

S.No	**Trainings under Maternal Health Program**		**Trainings under Family Planning Program**
1	DAKSH & DAKSHATA	1	Laparoscopic sterilization
2	Comprehensive Abortion Care(CAC)	2	IUCD & PP- IUCD insertion
3	Skilled birth Attendant (SBA) & Basic Emergency Obstetric care(BEmOC)	3	Family Planning counselor's training
4	Maternal Death Review trainings(MDR)	4	No Scalpel Vasectomy
5	LaQshya Training	5	Injectable & Oral contraceptives
	Trainings under Child Health Program		**Trainings under Nutrition Program**
1	Facility Based Newborn Care (FBNC)	1	Infant Young and Child Feeding
2	SAANS trainings for Pneumonia	2	Severe Acute Malnutrition
3	Child Death Review trainings	3	National Deworming Day
4	NavjaatShishu Suraksha Karyakram (NSSK)	4	Prevention & Management of Childhood Diarrhea under IDCF fortnight
5	Training on IMNCI	5	Anaemia Mukt Bharat
6	Training on F- IMNCI		
	Trainings under Immunization Program		
1	Safe Immunization practices		
2	Cold Chain Handlers Training		
3	Training of frontline workers on BRIDGE		

- Total Trainings batches: 54
- Total Training days:217
- Maximum duration of training: 16 (FBNC; 4 room classroom + 12 observer ship)
- Minimum duration of training :1/2 day
- Average duration of training : 2-3 days
- Batch size: Average 24 (Max 100 -Minimum 3

Physical Achievement F.Y. 2024-25			
Budget Head	**Physical Targets**	**Physical Achievement**	**% Achievement**
Maternal Health	245	287	117.1
Child Health	222	149	67.1
Adolescent Health	115	50	43.5
Family Planning	206	97	47.1
Immunization	268	227	84.7
Nutrition	525	623	118.7
Total	1581	1433	90.6

Major Achievements, 2024-25

- A total of 1581 HealthCare professionals have been trained till March 25 despite major staff constraint.
- 90 % of the proposed physical targets proposed for FY 2024-25 have been trained.
- 279 Medical Officers and 291 Nursing Personnel have been trained on RMNCH+trainings.
- 5 state level training of the trainers (ToT) have been completed.
    - Trainers of trainers (TOT) on "Hypertensive Disorders in Pregnancy (HDP)"
    - Trainers of trainers (TOT) on "Maternal Health Schemes".
    - Training on Anaemia Mukt Bharat wherein the frontline workers (ASHA, ANM, LHVs, Lab Tech. Staff Nurses etc.) will be sensitized on Anemia and also hands - on training on use of Hemoglobin meter and data handling.
    - Trainers of trainers (TOT) on Adolescent Friendly Health Services (AFHS)
    - Trainers of trainers (TOT) on F – IMNCI.
    - 15 Skill based training have been done in association with various hospitals.

5. Accounts Section:

S.No.	NAME OF THE SCHEME	BUDGET HEAD MAJOR HEAD "2211" PLAN	BUDGET ESTIMATE 2024-25	EXP. FOR THE MONTH OF Feb 2024	EXP. FOR THE MONTH OF March-2025	PROGRESSIVE TOTAL March--2024-25
1	Directorate of Family Welfare inclusive of TQM & System Reforms	2211-00-001-91-00-19 Digital Equipment.	200000	101691	16975	118666
		2211-00-001-91-00-26 Advertisement & Publicity	1500000	0	0	0
		2211-00-001-91-00-49 Other Revenue Expenditure.	2000000	480000	0	480000
2	Directorate of Family Welfare (CSS)	2211-00-001-89-00-01 Salaries	16955000	16134527	397972	16532499
		2211-00-001-89-00-05 Rewards	180000	145068	0	145068
		2211-00-001-89-00-06 Medical Treatment	0	0	0	0
		2211-00-001-89-00-07 Allowances	16365000	15047149	375648	15422797
		2211-00-001-89-00-08 Leave Travel Concession	0	0	0	0
		2211-00-001-89-00-11 Domestic Travel Expenses	0	0	0	0
3	Health & Family Welfare Training Centre(CSS)	2211-00-003-78-00-01 Salary	0	0	0	0
		2211-00-003-78-00-05 Rewards	0	0	0	0
		2211-00-003-78-00-06 Medical Treatment	0	0	0	0
		2211-00-003-78-00-07 Allowance	0	0	0	0
		2211-00-003-78-00-08 Leave Travel Concession	0	0	0	0
		2211-00-003-78-00-13 Office Expense	0	0	0	0
4	Sub Centre (CSS)	2211-00-003-78-00-31 Grants-in-aid-General	0	0	0	0
5	Rural Family Welfare Services	2211-00-101-76-00-31 Grants-in-aid General	8700000	0	0	0
6	Urban Family Welfare Centres (CSS)	2211-00-102-74-00-01 Salaries	3880000	3503629	0	3503629
		2211-00-102-74-00-05 Rewards	28000	20724	0	20724
		2211-00-102-74-00-06 Medical Treatment	0	0	0	0
		2211-00-102-74-00-07 Allowances	3692000	3456225	0	3456225
		2211-00-102-74-00-08 LTC	0	0	0	0
		2211-00-102-74-00-11 Domestic Travel Expenses	0	0	0	0

		2211-00-102-80-00-31 Grants-in-aid general	0	0	0	0
		2211-00-102-78-00-31 Grants-in-aid general	0	0	0	0
		2211-00-102-76-00-01 Salaries	24593000	23869395	94103	23963498
		2211-00-102-76-00-05 Rewards	60000	54113	0	54113
		2211-00-102-76-00-06 Medical Treatment	4943000	3144779	658050	3802829
		2211-00-102-76-00-07 Allowances	26152000	25679746	182753	25862499
		2211-00-102-76-00-08 Leave Travel concession	903000	386100	14575	400675
		2211-00-102-76-00-11 Domestic Travel Expenses	515000	320621	191371	511992
		2211-00-102-76-00-13 Office Expenses	2578000	2037330	11058	2048388
		2211-00-102-76-00-16 Printing & Publication Expenses	0	0	0	0
		2211-00-102-76-00-18 Rent for Others.	2108000	1708289	331316	2039605
		2211-00-102-76-00-19 Digital Equipment	87000	0	0	0
		2211-00-102-76-00-24 Fuel & Lubricants	5000	3000	1400	4400
		2211-00-102-76-00-28 Professional Services	313000	166278	119662	285940
		2211-00-102-76-00-29 Repair and Maintenance.	99000	58726	4897	63623
		2211-00-102-76-00-49 other revenue expenditure(VOTED)	95000	74684	18742	93426
		2211-00-102-76-00-49 other revenue expenditure (CHARGED)	1349000	1348114	0	1348114
		2211-00-102-75-00-31 Grants-in-aid General	20866000	0	0	0
		2211-00-103-80-00-21 Materials & Supplies	2500000	0	0	0
		2211-00-103-75-00-21 Materials & Supplies	500000	0	0	0
		2211-00-800-95-00-36 Grant-in-aid Salaries	1200000000	560332000	0	560332000
		TOTAL=	1341166000	658072188	2418522	660490710

Head	**Deduction upto the month of - Dec**	**Deduction for the month of March-2025**	**Progressive (In Rs.)**	
Income Tax	12686770	62212	12748982	45000 included through challan no -17 dt 15/03/2025
Edn. Cess	507474	690	508164	
TDS	74372	17838	92210	
GST	55619	6534	62153	

6. Adolescent Health:

Delhi has an adolescent Population of nearly 35.0 Lac which is nearly 21% of its entire population. This represents a huge opportunity that can transform the social and economic fortunes of the State if substantial investments in their education, health and development are made.

As a part of strategy to address the Health & Development needs of adolescents a strategy in the form of Rashtriya Kishor Swasthya Karyakram (RKSK) has been adopted in Delhi. RKSK is a strategy based on a continuum of care for adolescent health & development needs, including the provision of information, commodities and services through various Adolescent Friendly Health Clinics (AFHCs) and also at the community level. It aims to provide an amalgamation of Preventive, Promotive, Curative, Counseling & Referral services to the adolescents.

Weekly Iron & Folic Acid Supplementation (WIFS) Program

WIFS Program is being implemented through Govt./Govt. aided Schools under the Directorate of Education as well as through AnganwadiCentres under the Department of Women & Child Development in Delhi wherein IFA supplement in the form of "BLUE" tablet is administered to adolescent girls & boys on every Wednesday throughout the year. 2,26,403 was the average monthly coverage of IFA Blue tablets in Govt. and Govt. aided schools among class 6th to 12th girls,1,82,930 among class 6th to 12th boys for F.Y. 2024-25(*source HMIS portal*). For out of school adolescent girls (10-19yrs) IFA Blue tablet is administered through AnganwadiCentres.

National De-worming Day Campaign

Improving the health of children and adolescents is priority areas of NHM. National De-worming Days aims to improve the health and well-being of pre-school and school age children by reducing soil transmitted Helminths (STH) infections through Mass De-worming Campaign. Deworming is a scientifically proven method of mitigation of intestinal worms and is a key intervention to curb anemia along with other proven interventions like sanitation, safe drinking water and hand washing.

A total of 39.49 lakh children were covered during December, 2024 NDD round (Against a target of 48 lakh i.e. coverage of 82.2%).

Celebration of Adolescent Health Day:

Activities to increase awareness about adolescent health & development issues and to dispel various myths and misconceptions regarding various issues particularly related to Nutrition, Mental Health, Sexual & Reproductive Health and Menstruation etc. apart from various important adolescent issues plaguing the State in particular Menstrual Hygiene, Substance, Misuse, Teenage Pregnancy besides the increasingly relevant issue of Anemia and malnutrition were undertaken. **In FY 24-25 473 AH&WDs were celebrated**.

Menstrual Hygiene Scheme:

"UDAAN" scheme has been rolled out with an aim to improve accessibility of adolescent girls (non-school going) to sanitary napkins and make them more aware of Menstrual Hygiene Management. Under the scheme a pack of 10 sanitary napkins is provided every month completely "Free of Cost" to Out of School Adolescent Girls (OOSAG) and 10- 19 years age group girls of MCD schools.78 lacs sanitary napkins (pieces) were procured in December 2024 and 43 lacs sanitary napkins have been distributed till March, 2025.

A study to understand the menstrual hygiene practices among adolescent girls in rural and urban resettlement areas of Delhi was conducted by Maulana Azad Medical College (supported under National Health Mission). The report has been disseminated and the recommendations have been adopted by the State.

Anemia Mukt Bharat:

Under Anemia Mukt Bharat Program (AMB), Prophylactic Iron Folic Acid (IFA) Supplementation is provided in six age groups viz. Children (6 months- 5 years), Children (5-9 years), and Adolescents (10-19 years), pregnant women, lactating women and women of reproductive age group (20- 49 years). For Children, Adolescents and Women of reproductive age group, Weekly Iron Folic Supplementation (WIFS) is provided through schools and in community through ASHA workers and Anganwadi centers. For pregnant (2nd trimester onwards) and lactating women (up to 6 months), IFA Tablets are provided daily. Average monthly 1,92,693 children from 6- 59 months; 60,378 children of 5-9 years in schools and 3,27,105 women of reproductive age (WRA) 20-49 years (non-pregnant, non-lactating), received the required doses of Iron and folic acid (IFA) drugs monthly for F.Y. 2023-24 for prophylaxis of anemia under Anemia Mukt Bharat.

T4 (Test, Treat, Talk & Track) Anemia Camps has been initiated in community and schools of Delhi in which Point of care treatment & testing by digital hemoglobinometers is being done.

In addition to it, other measures to reduce prevalence of anemia are also implemented like promoting iron rich diet through awareness generation in the community, monitoring all the preventable causes contributing to anemia apart from iron deficiency, availability of lab facilities for Thalassemia diagnosis and complete anemia profile in government hospitals. All mild and moderate anemic cases are treated diligently so as not to land up in severe anemia and timely referral to designated facilities for severe and refractory anemia.

7. Maternal Health:

Maternal health is an important program under RMNCHA and is aimed to reduce Maternal morbidity and mortality through facilitating provision of quality antenatal and delivery services and ensuring postnatal services to pregnant women and implementation of maternal health programs/ schemes i.e. JSY, JSSK, PMSMA, LaQshya, etc.

Janani Suraksha Yojana: It is a centrally sponsored scheme. The scheme aims to promote institutional delivery amongst Pregnant women (PW) belonging to Scheduled Caste, Scheduled Tribe & BPL families. PW are incentivized for undergoing institutional delivery in urban and rural area @Rs. 600/- and Rs.700/- respectively and BPL women is also incentivized with Rs. 500/- in case of home delivery.

The Accredited Social Health Activist (ASHA) is an effective link between the Govt. health facility and the pregnant women to facilitate in implementation of this program and she is also incentivized for facilitating the scheme in her allocated area.

The scheme is being implemented in all 11 districts of Delhi w.e.f. 2006.

All the health facilities enroll the eligible JSY beneficiaries i.e. PW belonging to SC/ ST/ BPL families during Antenatal clinics and then register them on RCH Portal and fetch the Aadhar linked Bank Account details of the client and necessary documents and she is given the JSY payment after delivery.

The mode of payment is Direct Benefit Transfer (DBT) into the account of beneficiaries.

Year	Physical Achievement	Approved Budget (in lakhs)	Financial Achievement (in lakhs)
2024-25	5200	50.90	38.17

Source:State Report

Janani Shishu Suraksha Karyakram (JSSK): This scheme was launched in Delhi State w.e.f. September 2011.This is a centrally sponsored scheme. It aims to provide free and cashless service to all pregnant women reporting in all Government health institutions irrespective of any caste or economic status for normal deliveries / caesarean operations, for antenatal / postnatal complications and sick infants (from birth to 1 year of age).

The scheme aims to mitigate the burden of out of pocket expenses incurred by families of pregnant women and sick infants. Under the scheme no cash benefit is directly provided to beneficiary. Only the health facilities/ delivery points are provided fund under JSSK to enable them to provide free services to pregnant women and sick infants to fill the gap in demand under various subheads i.e. Diet, Drugs and Consumables,

Diagnostics, Blood Transfusion, Transport & no User Charges levied by the facility, if any.

S. No.	JSSK service delivery	Free Drugs & Consumables	Free Diet	Free Diagnostics	Free blood
1.	Total No. of Pregnant Women who availed the free entitlements.	179051	92899	198918	10188
2.	Total No. of sick infant who availed the free entitlements.	17666		14422	1508

Source: State Report

Service Utilization: Referral Transport (RT) under JSSK (2024-25)

S No.	Referral transport services		State vehicles (CATS) + others
1.	No. of Pregnant Women who used RT services for:		
	i	Home to health institution	20719
	ii.	Transfer to higher level facility for complications	6474
	iii	Drop back home	2938
2.	No. of sick infant who used RT services for:		
	i.	Home to health institution	-
	ii	Transfer to higher level facility for complications	805
	iii.	Drop back home	-

Comprehensive Abortion Care Services (CAC) Annual Report:

Unsafe abortion with its associated complications remains a public health challenge in spite of legalization of induced abortion through MTP Act 1971. Comprehensive Abortion Care (CAC) is an attempt to provide guidance on safe, quality and comprehensive care for abortion within the frame work of MTP Act. It is an integral component of Maternal Health Intervention as a part of National Health Mission (NHM).

Annual performance under CAC for 2024-25 is as under:

Facility Type	Number of Facilities providing CAC services	Number of MTP conducted	Post- Abortal Contraceptive Services
Public Health Facilities	**52**	**6232**	**3787**
Private Health Facilities	**715**	**23870**	**17775**
Total	**767**	**30102**	**21562**

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

PMSMA was implemented in Delhi State as per MOHFW, GOI guidelines w.e.f. July2016. It aims to provide quality antenatal care, identifying High risk PW beneficiaries and initiating appropriate treatment without delay so that IMR and Maternal mortality ratio can be reduced.

It is held on 9th of every month at all the Govt. health facilities. A due list of all missed out/dropped out pregnant women in 2nd& 3rd trimester &High-risk pregnant women from the community is prepared by ASHAs and mobilized to the Govt. health facilities for ANC check-up.

Services provided on PMSMA day is given below:

Year	Total no. of Pregnant women received antenatal care under PMSMA & e-PMSMA	Total no. of Pregnant women received PMSMA & e-PMSMA Services for the 1st time	High risk Pregnant Women clients identified
2024-25	**85973**	**22772**	**28136**

Source: PMSMA Portal

Kilkari messages:

This is a mobile service that delivers time-sensitive 72 audio messages (Voice Call) about pregnancy and child health care directly to the mobile phones of pregnant women/ mother/ parents. Essentialities-Entry in RCH portal, Correct mobile no of the beneficiary, LMP, Date of delivery etc.

LaQshya:Labour Room Quality Improvement initiative---

Ministry of Health and Family Welfare, India has launched an ambitious program "LaQshya- Labour room quality improvement initiative on 11th Dec. 2017. The program is targeted as an approach to strengthen key processes related to Labour room and Maternity OTs to reduce maternal mortality and morbidity. In Delhi Eleven public Health facilities (Pt. Madan Mohan Malviya, Sanjay Gandhi Memorial, Guru Gobind Singh Govt. Hospital, Lal Bahadur Shastri, Acharya Shree Bhikshu , Shri Dada Dev Matri Avum Shishu Chikitsalya, Deen Dayal Upadhyay Hospitals) are LaQshya certified as of now (2024-25).

Maternal Death Surveillance and Response: Maternal deaths occurring in state are reviewed at facility, district and State level so that gaps are identified and corrective actions are taken to prevent future deaths. Most maternal deaths are reported from Medical Colleges Hospitals and high case load delivery points. Nearly 48% maternal deaths reported belong to neighboring state.

During 2024-25, total 621 Maternal Deaths were reported (Source-HMIS Portal). Out of these 557 (90%) were reviewed.

8. PC & PNDT:

Directorate of Family Welfare is the nodal department for the implementation of PC & PNDT Act in Delhi. The PC PNDT Act is being implemented through statutory bodies i.e., State Supervisory Board, State Advisory Committee, State Appropriate Authority, District Appropriate Authority & District Advisory Committee as per the provisions of PC & PNDT Act.

Sex Ratio at Birth as per Civil Registration System data for 2024 is 920

The various IEC/ BCC Activities were carried out for the awareness of society in regard to the important girl child

- Sensitization cum State Level Training on effective implementation of the Act for Stake Holders with District Appropriate Authority, SDM, District Nodal Officers, District Advisory committee, State Advisory Committee members .
- Community Awareness programs are being conducted by organizing Health Talks, Focal Group Discussion, NukkadNatak, Beti Shakti Abhiyan and the BetiUtsav was celebrated 18th Jan – 31st Jan 2025 and is celebrated every year.
- On the occasion of International Girl Child Day, on 11thOctober, 2024 the newspaper advertisement was given in 6 local newspapers PC& PNDT Program.
- Public notice in newspaper advertisement was given in 6 local newspapers under PC& PNDT regarding awareness on provisions of the Act and District Appropriate Authorities
- The State Appropriate Authority, PC& PNDT has conducted 3 attempts of Competency Based Test (CBT) with authorities of Guru Gobind Singh Indraprastha University (GGSIPU) under Six months training rules, 2014 and amendment on 2020 and Certificates have been issued to 61 , 35& 17 qualified Candidates in 1st, 2ndand 3rdattempt who appeared in CBT under PC PNDT.
- The Six months training programme has been initiated in coordination with GGSIPU under Six Month Training Rule, 2014 of PC&PNDT Act.

The annual report in term of physical achievements is as:

Year April 24 - March 25									
Sl. No.	**Total No. of Centers**	**Inspection**	**Ultrasound machine sealed**	**Cancellation/ Suspension**	**DAC meeting**	**Show Cause notice issued**	**Ongoing Court cases**	**New court Case during this period**	**Convictions**
Q.1	1777	138	2	26	17	9	66	1	0
Q.2	1801	319	5	8	13	32	68	1	0
Q.3	1799	170	15	32	14	29	69	4	0
Q.4	1774	88	2	10	11	10	68	1	0
Total	**1774**	**715**	**24**	**76**	**55**	**80**	**68**	**7**	**0**

ART & Surrogacy (Regulation) Act, 2021

The Assisted Reproductive Technology (Regulation), Act 2021 and Surrogacy (Regulation), Act 2021, have come into force on 25th January, 2022 for the regulation and supervision of the assisted reproductive technology clinics and the assisted reproductive technology banks, prevention of misuse, safe and ethical practice of assisted reproductive technology services for addressing the issues of reproductive health where assisted reproductive technology is required for becoming a parent or for freezing gametes, embryos, embryonic tissues for further use due to infertility, disease or social or medical concerns and for regulation and supervision of research and development and for matters connected therewith and for regulation of the practice and process of surrogacy and for matters connected or incidental thereto.

The Directorate of Family Welfare is implementing both the Acts in the State of Delhi. All the facilities providing ART & Surrogacy services are to be registered and comply with the Act.

- Total Registrations issued under ART &Surrogacy Act for the clinics are as:

✓ ART Level -1 = 21,
✓ ART Level -2 = 54
✓ ART Bank = 16
✓ Surrogacy clinics = 31
✓ Total =122

End of the Report