

# List of Schemes/Projects/Programmes Underway

1. Routine Immunization (ongoing routine activity under Universal Immunization Programme - UIP by MoHFW, GoI).
2. VPD (Vaccine Preventable Diseases) Surveillance - ongoing routine activity.
3. AEFI (Adverse Events following Immunization) Surveillance - ongoing routine activity.
4. Intensified Mission Indradhanush (IMI) 5.0 - ongoing from August - October 2023.
5. Measles Rubella (MR) Elimination - by December 2023.
6. Typhoid Vaccine and MMR Vaccine provided as State Initiative.
7. Procurement of MCP Cards at State.
8. U-WIN Portal (scale-up to all 11 districts in NCT of Delhi).
9. Ongoing IEC & Trainings for activities under Immunization Programme.
10. **MAA Program:** Dedicated programs to promote breastfeeding, complimentary feeding and nutrition in children e.g. Mother's Absolute Affection (MAA) programme & Infant and Young Child feeding (IYCF) practices.
11. **Comprehensive Newborn Screening (CNS)** named Neonatal Early Evaluation Vision (NEEV) Project, currently being run in project mode at MAMC & Lok Nayak Hospital, carried out in 32 Hospitals/ delivery points,
12. **District Early Intervention Centres (DEICs)** in district hospitals (currently 2 functional EICs in Delhi, COE-EIC at Lok Nayak Hospital and DEIC at Swami Dayanand Hospital) for management of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays & Disabilities) under RBSK initiative of MoHFW, GOI.
13. **Strengthening of Neonatal Care set-ups** like NBCC(New Born Care Corner), Facility Based Newborn Care (SNCU/ NICUs), Kangaroo Mother Care, Lactation Management Units at District hospitals, to target reduction in NMR & IMR.
14. **Home Based Newborn Care :** Home Based Newborn Care through ASHAs in the community is being implemented for all newborns in priority areas, ASHA visits all newborns and their mothers according to specified schedule up to 42 days of life along with provision for extra care to all newborns discharged after treatment of sickness from Special Newborn Care Units (SCNU) and those who are born as preterm (PT) or low birthweight babies (LBW) is being ensured through structured home visits follow up by ASHA till 1 year of life.
15. **Home Based Young Care:** Home Based Care for Young Children through ASHAs. Interventions for reducing diarrhoea, pneumonia, and under nutrition including the role of WASH on overall child survival and development, additional home visits by ASHAs between 3rd and 15th months to provide home visits on 3rd, 6th, 9th, 12th and 15th months to promote early initiation of breast feeding, exclusive breast feeding till 6 months and continued breast feeding till 2nd year of life along with adequate complementary feeding and to ensure age appropriate immunization and early childhood development is being implemented.

16. **Janani Shishu Suraksha Karyakram-JSSK(Child):** JSSK scheme covers all newborns up to 1 year of age for drugs diagnostics and consumables to take care of out of pocket expenditure in the delivery points/ hospitals.
17. **Nutrition Rehabilitation Centres:** Establishment of NRC (Nutritional Rehabilitation Centre):- Currently 5 functional NRCs in Delhi at KSCH, BMH, LNH, HRH & CNBC.
18. **MusQan:** Quality Certification for all District/Sub district hospitals (NRCs, SNCUs, Padiatric OPD/IPD).
19. **Capacity Building:** Facilitating IYCF, NSSK, FBNC, CDR, SAM & IMNCI/ F-IMNCI training for enhancing skills of Health personnel.
20. **SOPs For SAM Management:** Implementation and dissemination of SOPs developed for management of children with SAM in Admission & Non-admission facilities.
21. **Digital platforms** for real time capturing of data on FBNC (27 FBNCs are reporting) & MPCDSR portal for reporting, monitoring and surveillance of sick newborns and under 5 child deaths respectively.
22. **IDCF & SAANS Campaigns:** Efforts to achieve a minimum level of paediatrics and neonatal deaths occurring due to preventable diseases like Diarrhoeal and Pneumonia through IDCF (Intensified Diarrhoea fortnight control), SAANS (Social awareness and actions to neutralize successfully) campaigns.
23. Implementation of **Early Childhood development program** (PALAAN 1000 app) through ASHAs.
24. **Family Planning Compensation Scheme :** Aim is to compensate the acceptors of sterilization for the loss of wages for the day on which he/she attended the Medical facility for undergoing sterilization.
25. **Performance Linked Payment Plan for PPIUCD to Service Providers & ASHA:** Post-partum IUCD insertion is an effective strategy for spacing between children and thus indirectly improves health of mother and children. To improve acceptance rate of PPIUCD, the service providers are incentivized for every PPIUCD insertion they do and ASHAs for facilitating PPIUCD. Acceptors are also incentivized for adopt PPIUCD.
26. **Post Abortion Intra Uterine Contraceptive Device (PAIUCD) scheme :** Post Abortion Intra Uterine Contraceptive Device (PAIUCD) scheme: The scheme is based on important strategy to provide comprehensive Family Planning Services to women undergoing abortion. The monetary compensation/provisions are same as extended PPIUCD scheme. Acceptors are also incentivized for adopt PAIUCD.
27. **Family Planning Indemnity Scheme:** Aim is to take care of the cases of failure, Medical Complications or death resulting from sterilization and also provide Indemnity cover to the doctor/health facility performing sterilization procedure.
28. **Home Delivery of Contraceptives at the doorsteps of the Beneficiaries by ASHA's :** To improve access to contraceptives for eligible couples by single services of ASHAs to deliver contraceptives at home of beneficiaries.
29. **Pregnancy Testing Kit (PTK) Scheme :**
  - Early detection of pregnancy rather than waiting for physical symptoms to show up.
  - Early registration of pregnant women and early initiation of antenatal care
  - Enhanced decision making ability regarding continuation of pregnancy
  - Increased scope to avail family planning services

**30. Pre-identified High Risk Pregnancy under PMSMA & e PMSMA:**

If post-natal mother was already identified as high-risk pregnancy during her PMSMA visit, the concerned ASHA will make HBNC visits after delivery, as per the schedule and shall be entitled to Rs.500/-per HRP for healthy outcome of both mother and newborn at 45th day of delivery, under extended PMSMA scheme.

**31. High Risk Identified in Post-Natal Period- under Scheme for optimizing PNC care**

- If post-natal mother was normal throughout her ANC period but was later screened positive for any of the danger signs during HBNC visits by ASHA, she will be referred to the nearest healthcare facility/PMSMA session for diagnosis, management and further follow up visits.
- Such identified woman is entitled for transport and in-facility services under JSSK.
- Subsequent to confirmation and management of the high-risk condition by the Medical Officer/OBGY specialist, and on achieving a healthy outcome for both mother and the baby, the concerned ASHA will be incentivized @ Rs.250/-per high-risk post-natal mother, after 45th day of delivery.
- The confirmation of a healthy outcome of mother and baby shall be done by concerned MO/ANM.

**32. Janani Shishu Suraksha Karyakram-JSSK(Mother):**

Centrally sponsored scheme, launched in Delhi State w.e.f. September 2011. Aims to provide free and cashless service to all pregnant women & Sick Infants (from birth to 1 year of age) reporting in all Government health institutions for normal deliveries and caesarean operations, for antenatal & postnatal complications so that no out of Pocket expenditure is incurred by their family.

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

Payment is made through DBT mode into Aadhar linked Bank account of beneficiaries via PFMS portal. ASHAs are also incentivized @ Rs. 400/-(Urban) & Rs. 600/-(Rural) for facilitating JSY Scheme.

**34. Roll out of School Health Wellness Program (SHWP):** The program aims to equip our children and adolescents acquire healthy behaviors early in life and make informed choices. The program has already been rolled out in 143 schools with 286 Health and wellness Ambassadors. Till date the program has reached out to more than 400000 Adolescents. The project is being implemented in close coordination with Directorate of Education, GNCTD.

**35. Weekly Iron & Folic Acid Supplementation (WIFS) Program**

IFA supplementation program for all children and adolescents (6 month to 19 year) has been rolled out in the State and the same is being strengthened with an aim to achieve universal coverage. The program is being implemented through 1259 schools (Delhi Govt. + aided). The project is being implemented in close coordination with Directorate of Education, and Women and Child Development, GNCTD.

### 36. National Deworming Day (NDD):

Bi-annual Deworming Campaign is being implemented in all schools in accordance with MoHFW, GoI guidelines for prevention and control of Soil Transmitted Helminths (Intestinal worms), one of the important causes of malnutrition and anemia among children and adolescents. Mass deworming is done using an age appropriate dose of tablet albendazole. A total of 38.37 lakh children were covered during the last round held in April, 2022 (Against a target of 48.85 lakh i.e. coverage of 78.55%).

### 37. UDAAN- Menstrual Hygiene Scheme

UDAAN, under Menstrual Hygiene Scheme, targets to provide knowledge, awareness and product access to Out of School Adolescent Girls and Girls Enrolled in Municipal Schools. Beneficiaries include around 50,000 Adolescent Girls (Out of school), 20,000 municipal school girls, 6000 ASHAs and 11000 Anganwadi workers.

### 38. Health & Wellness Day

This is organized in every quarter to increase awareness among Adolescent and in sensitizing youth about various health services available for nearby AHFCs and to provide information on health issues and address various misconceptions through health talks and discussion, to dispel various myths and misconceptions. The activity was conducted at 50 venues across Delhi in F.Y. 2022-23.

### 39. Intensified Pulse Polio Immunization Programme (IPPIP)

Delhi initiated Pulse Polio Program in the year 1994 and set the ball rolling for the eradication of Polio from our country since 1995. **India** had been declared **polio free along with countries of South East Asian Region of WHO** on **27th March 2014** as the last case of wild polio virus (WPV) was seen in 2011 in District Howrah (West Bengal). The last case of WPV in Delhi was seen in **June 2009**. **The state is able to immunize around 17-20 lac children in each phase of the Pulse Polio Immunization Program.**