List of Schemes/Projects/Programmes Underway

1. **Routine Immunization**: Ongoing Routine Activity under Universal Immunization Programme (UIP) byMoHFW, GoI, whichcovers alleligible Under-5 children, pregnant women and adolescents of 10 and 16 years of age, with recommended vaccine doses as per National Immunization Schedule (NIS). Campaign based vaccination drives are done as per directions received from MoHFW, GoI.).
2. **Provision of Typhoid and MMR Vaccines**: As a State Initiative, under SpecialImmunization Scheme, since 1999, State of Delhi is providing MMR Vaccine as areplacement to MR-2 dose for 16-24 months age eligible children, for providing additional protection against Mumps, in addition to Measles and Rubella. Further, Typhoid Polysaccharide Vaccine is provided as an additional vaccine under state supply since 2004, free-of-cost to all eligible beneficiaries, to 2-5 years of eligible beneficiaries..
3. **AEFI and VPD Surveillance:** Ongoing Routine Surveillance activities under Universal Immunization Programme (UIP). AEFI Surveillance aims to identify signals and promptly detect, report and respond to AEFIs, while addressing any product issues, programme errors, or emerging trends. VPD Surveillance aims to identify any cases or outbreaks of Measles, Rubella, Diptheria, Pertussis, Tetanus, Polio, and investigate the same through timely lab testing, along with other control measures, to curb the further spread of these diseases.
4. Measles Rubella (MR) Elimination Campaign: It is a Nation-wide campaign, which targets MR Elimination, through achievement of the following key elements: (1). MR Vaccine Coverage of two doses >95% each, (2). Zero Measles Rubella Cases, and (3). N.M.N.R. Discard Rate of >2 per 1 lakh population. Intensified activities for maintenance / achievement of the stated key elements for NCT of Delhi is ongoing..
5. **U-WIN PORTAL AND e-VIN PORTAL:** U-WIN Portal implementation ongoing in all districts in NCT of Delhi, for individualized tracking of beneficiary records. e-VIN Portal implementation ongoing in all Cold Chain Points (CCPs) for tracking of vaccine stocks, storage temperature and Cold Chain Equipment (CCEs).**Immunization Related IEC and Trainings**: IEC and Training Activities are ongoing, for strengthening of the UIP, by sensitization of the community, as well as induction / refresher training of the involved human resource in Immunization service provision.
6. **INTENSIFIED PULSE POLIO IMMUNIZATION PROGRAMME (IPPIP):** With the aim to maintain Polio Free Status of India, as declared by W.H.O. on 27th March 2014, Pulse Polio Immunization Rounds / Drives are conducted as National Immunization Days (NIDs) and Sub-National Immunization Days (SNIDs), as per guidance and directives received from MoHFW, GoI, from time to time.
7. **MAA Program**: Dedicated programs to promote breastfeeding, complementary feeding and nutrition in children e.g. Mother's Absolute Affection (MAA) programme & Infant and Young Child feeding (IYCF) practices.
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9. **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.
10. **District Early Intervention Centres (DEICs)**: in medical college/ district hospitals (currently 04 functional EICs in Delhi, one COE-EIC at Lok Nayak Hospital& MAMC and 03 DEICs at Swami Dayanand Hospital, Guru Gobind Singh Govt. Hospital and Chacha Nehru Bal Chikitsalyafor management of 4Ds (Defects, Deficiencies, Diseases, Developmental Delays &Disabilities) under RBSK initiative of MoHFW, GOI.

11. 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.
12. **Home Based Newborn Care**: Home Based NewbornCarethrough ASHAs inthe 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 birth weight babies (LBW) is being ensured through structured home visits follow up by ASHA till 1 year of life.
13. **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 onoverall child survivaland development, additional home visits by ASHAs between 3rd and 15th months to provide home visits on 3rd, 6th, 9th, 12th and 15thmonths to promote early initiation of breast feeding, exclusive breast feeding till 6months 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.
14. **Janani Shishu Suraksha Karyakram-JSSK(Infant)**: 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.
15. **Nutrition Rehabilitation Centres**: Establishment ofNRC (NutritionalRehabilitation Centre) for facility-based management of children with severe acute malnutrition (SAM) along-with medical complications. Currently5 functionalNRCs in Delhi at KSCH, BMH, LNH, HRH &CNBC.
16. **MusQan:** Quality Certification for all District/Sub district hospitals (NRCs, SNCUs,Paediatric OPD/IPD).
17. **CapacityBuilding:**FacilitatingIYCF,NSSK,FBNC,CDR,SAM&IMNCI/F- IMNCItraining for enhancing skills of Health personnel.
18. SOPs For SAM Management: Implementation and dissemination of SOPs developed for management of children with SAM in Admission & Non-admission facilities
19. **Digital platforms** for real time capturing of data on FBNC (32 FBNCs are reporting) &MPCDSR portal for reporting, monitoring and surveillance of sick newborns and under 5child deaths respectively.
20. **Stop Diarrhoea campaign (rebranded IDCF)& SAANS Campaigns**: Efforts to achieve a minimum level of paediatrics andneonatal deaths occurring due to preventable diseases like Diarrhoeal and Pneumonia through Stop Diarrhoea Campaign (SDC) & SAANS (Social awareness and actions to neutralize successfully) campaigns.
21. **Family Planning Compensation Scheme:** Aim is to compensate the acceptors of sterilization for the loss ofwages for the dayonwhichhe/she attended the Medical facility for undergoing sterilization.
22. **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 ofPPIUCD, the service providers are incentivized for every PPIUCD insertion they do and ASHAs for facilitating PPIUCD. Acceptors are also incentivized for adopt PPIUCD.
23. **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.

24. **FamilyPlanningIndemnityScheme:** Aimistotakecareofthecasesof failure,Medical

Complicationsordeathresulting fromsterilizationandalso provideIndemnitycovertothe doctor/health facility performing sterilization procedure.

25. **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.

26. **PregnancyTestingKit(PTK)Scheme:**

- Earlydetectionofpregnancyratherthanwaitingforphysicalsymptomstoshowup.
- Earlyregistrationofpregnantwomenandearlyinitiationofantenatallcare
- Enhanceddecision makingabilityregarding continuationofpregnancy
- Increased scopetoavailfamilyplanningservices

27. **Pre-identifiedHighRiskPregnancy underPMSMA&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.

28. **High RiskIdentified in Post-NatalPeriod-underScheme foroptimizing 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 referredto the nearest health care facility/ PMSMA session for diagnosis, management and further follow up visits.
- SuchidentifiedwomanisentitledfortransportandIn-facilityservicesunderJSSK.
- 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.

29. **JananiShishuSurakshaKaryakram-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.

30. **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 ruralarea@Rs.600/- and700/-respectively and BPL women is also incentivized with Rs. 500/- in case of home delivery.

Payment is madethroughDBT modeinto Aadhar linked Bankaccountofbeneficiaries via PFMS portal. ASHAs are also incentivized @Rs. 400/-(Urban) &Rs. 600/-(Rural) for facilitating JSY Scheme.

31. **Rollout of School Health Wellness Program(SHWP):** The programaims 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.

32. **WeeklyIron&FolicAcidSupplementation (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.

33. **NationalDe wormingDay(NDD):**

De-worming is a scientifically proven method to mitigate intestinal worms and is a key intervention to curb under-nutrition and anemia.

Children and adolescents (1–19 years) are administered age-appropriate doses of chewable Albendazole tablets in Government, Government-aided, and private schools, as well as Anganwadi Centres. In the FY 2025–26 cycle (August–September 2025), approximately 38.53 lakh children were reached, achieving 85% coverage against the target of 45 lakh.

34. UDAAN-Menstrual Hygiene Scheme

The "Udaan" scheme is implemented through primary schools under the Municipal Corporation of Delhi (MCD) and through Anganwadi Centres for out-of-school girls. DFW procures sanitary napkins from the NHM budget to ensure free distribution to the target population.

35. **Health & Wellness Day**

AHWDs are organized quarterly in schools and community settings for adolescent boys and girls (10–19 years). These days aim to sensitize adolescents on various health issues and address associated myths and misconceptions. Activities include health check-ups, interactive sessions, health talks, essay writing, slogan writing, quizzes, and nukkadnataks (street plays).

36. **Anemia Mukt Bharat** (AMB) - Launched in **2018** by the Ministry of Health and Family Welfare (MoH&FW) under Poshan Abhiyan, with an aim to reduce prevalence of anemia by 3% per year among children, adolescents, women of reproductive age, pregnant women and lactating women.

37. Interventions under AMB include: -

Prophylaxis IFA Supplementation program

(A) Weekly Iron Folic Acid Supplementation program (WIFS) in all 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 (20- 49 years) through ASHA workers, ANMs, Anganwadi centres and schools.

(B) T4 Anemia Camps:

Districts are conducting T4 (Test, Treat, Talk & Track) anemia camps as per guidelinesPoint of care treatment & testing by digital hemoglobinometers.

(C) Capacity Building & Sensitization:

Training & sensitization of Health, WCD and Education Department.

(D) IEC-BCC

Mid-Media / Mass media at State level and Districts Level.