HC concerned over shortage of anti-rabies vaccines, seeks Delhi govt's stand

Chronic doctor shortage affecting Delhi government-run hospitals (IANS Special)

DELHI – A CITY ON VENTILATOR

A Fact-Finding Report on Delhi's Health

'AAP govt. failed to improve health sector'

Delhi's dwindling health scene

AAP betrayed Delhiites on 96% of its promises

AAP failed on 67 out of 70 promises: Report

Limited facilities in govt hospitals in Delhi, HC told

Delhi ranks fifth in NITI Aayog health index

January 2020

PUBLIC POLICY RESEARCH CENTRE

Under the guidance of

VINAY SAHASRABUDDHE

SUMEET BHASIN

Prepared by

AVNI SABLOK

DEVYANI BHUSHAN

Research Support

RUTWIK JAGANNATH

BHAVYA SACHDEVA

NAVNEET SHRIVASTAVA

January 2020

PREFACE

India is a rising superpower. Healthy nation forms a backbone for nation's greatness. Prime Minister has been working hard to build a Healthy India. He said that if the body is fit, mind is a hit. In such a nation, its capital is expected to be a crowning jewel of its ideals. In 2014-15, the Aam Aadmi Party showed a dream to the people of Delhi to turn the city into one of the European countries. But this dream lies in ruins today. After the end of the 5-year tenure of the NCT of Delhi Government, Delhi's health sector has been summarily destroyed by its government. They talked of building 1000 Primary Healthcare Centres, but instead ruined the existing health centres by reducing to mere Sub Centres, robbing Delhi people of even the few medical facilities they had. **All this has resulted in the city being on the ventilator.** Rather than solving these issues, as usual the Chief minister is busy garnering cheap publicity to fulfill his parties' hunger to be in power.

Like many other such assurances and promises made by The AAP led Delhi government, one of the claims made by them was to revolutionize the healthcare sector. We therefore undertook a detailed assessment of the Delhi healthcare system to deduce key measures and interventions that can be replicated across the nation. Unfortunately, our analysis presents a contradictory picture, where all is not as it is being projected. In fact, in reality Delhi is falling short in healthcare in comparison to other Union Territories.

The claims made by Delhi Chief Minister Arvind Kejriwal of increasing the bed capacity of State-run Hospitals, ensuring sufficient medical and non-medical staff, preventing corruption and leakages in drug procurement all remain unfulfilled. This shows that the Delhi Government is cheating the people and violating the sacred promises they made. Worse, they do not care one bit about the health of the people of Delhi.

The last 5 years of the AAP Government has been marred by corruption and leakages in drug procurement and its availability. The Delhi Government from time to time in the last 5 years have been pulled up by Delhi High Court for shortage of drugs and its procurement. Which indicates the flippant attitude of the Delhi Government in ensuring a corruption free procurement process.

In this report, we have compared Delhi government hospitals with hospital run by the State Government of Goa. Also, best practices of hospitals run by State Government of Goa, ESIC run by the Central Government and EDMC hospital have been included. This has clearly highlighted the AAP Government's lack of vision, ineffective implementation and a lackluster approach towards healthcare sector in Delhi.

The Delhi Government rather than moving forward in Health care sector is moving backwards by destroying the Primary Health Care Centres (PHCs) and opening half-baked Mohalla Clinics which at best can be compared to a sub Health centre that cater to rural areas. The hurry in which these Mohalla Clinics are being opened goes on to show that the Delhi Government is only focused on the quantity and not the quality of services being offered by these Clinics.

Thus, one can say that all the "claims" made by AAP led Delhi Government in the health care sector are just that "claims" and gimmicks, and the ground realities are completely contradictory.

The story of health of Delhi can be summed up in two words sloganeering and hoodwinking the people of Delhi.

Dr. Vinay Sahasrabuddhe   Dr. Sumeet Bhasin
Director PPRC   Director PPRC

1. **<u>INTRODUCTION</u>**

"Healthy citizens are the greatest asset any country can have." The importance of health and well-being in the life of an individual, a society and the nation cannot be ignored. Providing comprehensive healthcare to all citizens and thereby strengthening the social and economic foundations of the country has always been the primary aim of the Central Government.

Health is not just Wealth but in fact much more than Wealth! Government of India has for the first time in September, 2018, unveiled a mega Health Insurance scheme labelled as Ayushman Bharat. Ayushman Bharat, and its health insurance component called Pradhan Mantri Jan Arogya Yojana (PM-JAY), has brought quality healthcare within the affordability of the poor for the first time ever in the country since independence. Ayushman Bharat is India's endeavor to achieve Universal Health Coverage (UHC) with a carefully thought out holistic approach by the Central government which includes quality and affordable healthcare, creation of Health and Wellness Centres, targeted approach and policies are in place for AYUSH, Swachh Bharat, among others. In this context, the Aam Aadmi Party does not even have a cohesive health care policy. Thus, the approach adopted by the Aam Aadmi Party Government in the healthcare sector and the claims made by it, raise some fundamental questions.

In Delhi, healthcare facilities are being provided by Central Government, State Government, NDMC, MCDs and private players. Directorate General of Health Services (DGHS) of Government of NCT of Delhi is the major agency related to health care delivery. DGHS controls healthcare facilities at primary and secondary level to the citizens of Delhi. There are 37 Delhi Government Hospitals, 351 dispensaries, 24 polyclinics etc. The DGHS of Government of NCT of Delhi caters to health needs of 14.6 million voters and approximately 20 million population of Delhi[i] as also the migratory population from neighboring states. There are hurdles of lack of trained personnel, bureaucratic delays, corruption, leakages and improper implementation etc. Unfortunately, in the last 5 years not much has changed in the healthcare scenario in Delhi.

At Public Policy Research Centre, we have taken up a complete assessment of HealthCare related promises made by the Aam Aadmi Party (AAP) in its manifesto of 2015 as well as the claims made by AAP in this respect in 2019-2020. We have **realized that the performance of Delhi Government while high on rhetoric is abysmally low on substantive achievements**. Considering this huge gap between hype and reality, we undertook a detailed assessment of the healthcare sector and its performance on multiple indicators from creation of infrastructure to provision of trained manpower, addressing the issues of availability, access and quality in Delhi.

In the AAP manifesto of 2015, three major elements were emphasized. One that along with education health will be the priority. Two that health care infrastructure would be expanded by creating 900 new Primary Health Centres (PHCs) and 30,000 more beds which would result in a minimum of 5 beds for every 1000 people. Three that zero corruption would be ensured in the procurement of pharmaceutical drugs and equipment and quality drugs at affordable prices will be made available to the public. As Delhi witnesses the end of 5year tenure of Delhi Government we clearly prove in our report that none of the aforesaid three promises have been fulfilled. The efforts of the State Government have been marked by delays, lack of quality, corruption and improper implementation.
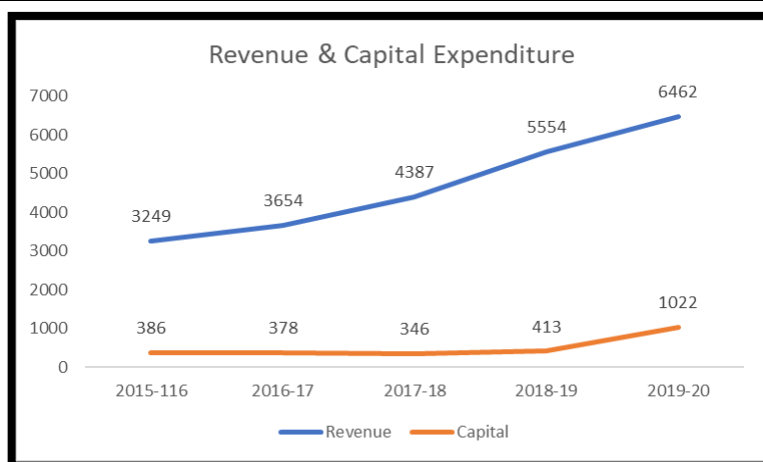
We have found that Delhi Government's 5-year tenure is marked by utter neglect of strengthening the primary health care infrastructure, inability to substantially increase the number of beds in Government hospitals, a steady decline in the number of Doctors, Surgeons, Nursing Staff, Lab and Operation Theatre Technicians. The Delhi Government has also failed to add to the number of functional MRIs, X-Ray machines, Incinerators and Hospital Ambulances.

A cumulative fallout of this has been that on various healthcare parameters like bed population ratio, availability of OPD facilities, Emergency and Referral Services, facilities for Institutional deliveries etc NCT of Delhi fares poorly as compared to other Union Territories as well as in comparison to smaller states like Goa.

Summary of Promises Made by Aam Aadmi Party in 2015 Manifesto Regarding Health Sector-

S. No	Promise made by AAP in Manifesto 2015	Performance
1	To increase the number of beds in Delhi Government Hospital to 30,000 in its AAP manifesto of 2015.	The Delhi Government has only added a mere 394 beds in the last 5 years.
2	AAP will ensure that Delhi Conforms to the International norm of 5 beds for every 1000 people.	At present only 2.99 beds are available for every 1000 people in Delhi.
3	AAP will create 900 new Primary Health Care centres.	Zero Primary Health centres have been created in the last 5 years.
4	AAP promised that that pharmaceutical drug and procurement will be centralized to ensure zero corruption.	As per the audit report of the Delhi Government the CPA failed to procure drugs and equipment in timely and cost-effective manner.
5	AAP promised to increase budgetary allocation in Healthcare.	The budget is allocated for consumption, i.e. revenue component, not the crucial capital component.

The Following Graph Clearly Shows That the Budget Allocated by the Delhi Government Is for Consumption, i.e. Revenue Component, Not the Crucial Capital Component-

Revenue & Capital Expenditure

	2015-116	2016-17	2017-18	2018-19	2019-20
Revenue	3249	3654	4387	5554	6462
Capital	386	378	346	413	1022

2. <u>INFRASTRUCTURE</u>

2.1 *Physical Infrastructure: Inadequate Provisioning and Less Than Satisfactory Availability*

In the last 5 years the State Government has failed to increase the number of hospitals and dispensaries in an adequate and equitable manner. This has been compounded by the fact that hospitals and dispensaries by non-government organizations have also not been encouraged by the Delhi State Government. Therefore, the provisioning of health care infrastructure has suffered.

According to Delhi State Government's document: "Economic Survey of Delhi, 2018-19," the total number of dispensaries, run by the State Government registered a sharp decline to 1298 in 2017 from1389 in 2014. (a decrease of 91). (Chapter 16," Health and Family Welfare" of Economic Survey of Delhi 2018-19)[ii]

According to the above-mentioned report this steady decline is also reflected in other infrastructure. **Maternity homes and health sub centres witnessed a dip to 230 in 2017 from 265 in 2015. This is despite the fact that Delhi's population has been increasing at the rate of 10% every 5** years.(Page 25, Demographic Profile, Economic Survey of Delhi,2018-19).[iii] Hence **the Delhi Government's neglect of hospitals, dispensaries, maternity homes etc. at the cost of Mohalla Clinics has adversely impacted the poor people of Delhi by depriving them of easily accessible health care. This clearly indicates that the Delhi Governments performance in the health care infrastructure in the city has been abysmal.**

In its 2015 Manifesto AAP promised to create 900 new Primary Health Centres (PHCs). After a year in power the Chief Minister changed color and forgot about the new PHCs but in June 2016 promised that 1000 Mohalla Clinics will be opened. These Mohalla Clinics which must not be confused with PHCs (They are totally different in their coverage and services offered, see the box) are supposed to provide free doctor consultations, tests and medicines to the people. It seems that the Chief Minister is in a hurry to open multiple Mohalla Clinic without paying attention to the quality of services being offered in existing clinic and ignoring the fact many of them have shut down and no information regarding the same has been provided to the people of Delhi.

2.2 *Mohalla Clinics- Not a Replacement for Primary Healthcare Centres.*

The Primary and secondary research revel that Mohalla Clinics are not a substitute, or match the standards of a Primary Healthcare Centre, rather they are more like a Health Sub- Centres, which cater to rural area. Mohalla clinics are more like Health Sub-Centres in an urban set up.

Case Study

Certain observation made during our field visit to Mohalla Clinics reveled the following-

- The information provided on the official website regarding the address of the Mohalla Clinics is misleading. For instance, the Mohalla Clinics in Vidyut Vihar and Moti Bagh failed to match the official address as well as the google search led us to a park in Vidyut Vihar instead of Mohalla Clinic and a private individuals house in Moti Bagh.
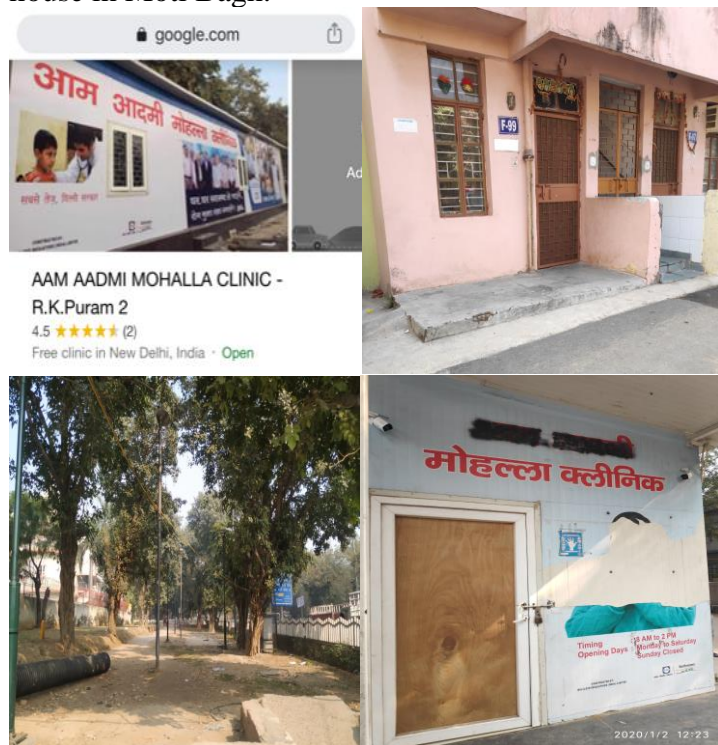
- Instances of unscheduled closing of Mohalla clinics were witnessed during the field visit. The Mohalla clinic in Sultanpur was closed around 12pm, even though as per official government guidelines the Mohalla clinics are supposed to remain open from 8am to 2pm.

Mohalla Clinics and Health Sub-Centres

A Sub-Centre provides interface with the community at the grass-root level, providing all the primary health care services in rural areas, whereas Mohalla Clinics provide healthcare facilities in urban areas of Delhi. As per population norms, there shall be one Sub-Centre established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert area. Whereas Mohalla clinics were to be established for every 1000 population. Essential Services are provided in the Sub-Centre are made available, which include preventive, promotive, few curative and referral services and all the national health programs. Sub-Centres have been categorized into 2 types (types A and B). Type A Sub Centre will provide all services except the facilities for conducting delivery will not be available. Type B Sub-Centre will act as Maternal and Child Health (MCH) Centre with basic facilities for

conducting deliveries and New Born Care at the Sub-Centre. On the other hand, Mohalla Clinic does not provide institutional deliveries, emergency services, or new-born care facilities.

Therefor Mohall Clinics are not a substitute for Primary health care Centres, they are more like Health Sub- Centre that to Sub-Centres which fall into the category of Type A. This shows that setting up of Mohalla Clinics in Delhi is a farce as the services offered here are similar to that of Health Sub-Centres which are established in rural areas. This situation shows that rather than modernizing

Delhi's healthcare the State Government is downgrading the healthcare facilities to that of a Sub Centre that caters to rural India and not an urban city like Delhi.

Health Sub-Centre- HARYANA

Health Sub-Centre Rindhi, Palwal (Haryana)

We for the purpose of Primary Research visited Sub-Centre in Haryana. The Sub –Centre that we visited were in Tehraki and Rundi village in Haryana. Most of the Haryana Sub – Centre are in the near future going to be converted into Health and Wellness Centre under the Ayushman Bharat Scheme, 14 such sub-centres in Palwal have been converted into Health and Wellness Centre.

These two Centre that we visited had already been converted into Health and wellness Centre. Initially the number of patients visiting the above-mentioned Sub -Centres was only 50 patients in a month which now has increased to 400 patients in a month. The Sub –centres that we visited was manned by a Community Health Officer, a Multi-Purpose Health Worker, two Auxiliary Nursing Midwifery (ANMs) and a lab assistant.

The Sub-Centre focusses on three stages of healthcare- screening, prevention and management, along with referral services. The Sub-Centre also provided free tests and drugs to the people of the village. Further the Sub-Centre also focused on creating awareness amongst villagers about different diseases and its prevention like dengue (its causes and prevention), menstruation amongst women and their hygiene etc. For this purpose, the Village Health Sanitation and Nutrition Committee (VHSNC) holds a meeting twice in a month and every 3rd month ASHA workers and ANMs organize with adolescents of the village to discuss health related issues. This shows that they give paramount importance to generating awareness about healthcare related issues amongst villagers.

The efforts have resulted in Tehraki Health Sub- Centre's OPD registering an increase of 88%, from 50 patients per month to 400 patients per month. The doctors, ASHA as well as the ANM workers digitalize the patients records by uploading them on Health and Wellness Government Portal.

- *Difference Between Primary Health Care Centres (Phcs) And Mohalla Clinics*

Primary Healthcare Centre, Goa

Mohalla Clinic, New Delhi

Primary Health Care Centres (PHCs)	Mohalla Clinics (MCs)
• PHCs are first contact point between village community and the Medical officer. • The norm is one PHC for 30,000 people in plain area and 20,000 in hilly/tribal and difficult area.	• The Delhi government unilaterally changed the meaning of Primary Healthcare Centres and are replacing them with Mohalla Clinics, which at best can be compared to a Health Sub-Centre. • Objective was to open one MC for every 1000 population, which has not happened in the last 5 years.
• Has 4-6 beds for inpatient facility apart from offering outpatient consultations.	• Has no inpatient facility.
• A total of 7 hours of OPD services (5 hrs. in the morning and 2 hours in the afternoon) for 6 days in a week.	• During our field visit we found that a few Mohalla Clinics were not operational during the OPD hours.
• 24hrs emergency and referral services.	• No emergency services.
• Facilities for institutional deliveries. Essential Newborn Care.	• No such Facilities.
• Computer facility for keeping digitized records of the patients visiting the PHC is available.	• In most MCs records are kept manually in OPD Register.

2.3 Increasing the Number of Beds in Hospitals: An Unfulfilled Promise

It was with much fanfare that the Delhi government in 2015, proclaimed an ambitious plan of tripling the number of beds in state run hospitals in Delhi by 2020. 5 years have passed and the Delhi Government has squarely failed to achieve this ambitious plan. In 2015 the total number of beds in State Government run hospitals in Delhi was 10959. **Far from tripling these beds to 30,000 in 5 years, the Delhi Government could add a mere 394 beds in 5 years. The State Government accepted in Delhi Vidhan Sabha on 26.08.2019 that the number of beds has increased from 10,959 to 11,353 only.[iv] The Delhi Government stands totally exposed on this front since it could add only 7 beds every month for the first 56 months of its rule.**

According to WHO the recommended bed population ratio is 5 beds per1000 population, however, the bed population ratio in Delhi till 2017-18 has remained at 2.99 bed per 1000 population which is almost half of the prescribed level.[v] Delhi continues to suffer from acute shortage of beds for patients fully exposing Delhi Government's baseless claims of a turnaround in healthcare. Some Mega hospital projects, work on which was initiated with much fanfare by the State Government, have still not been operationalized. **Delhi Government had announced that 4 new hospitals would add 3093 additional beds and would be commissioned in 5 years. These are-**

- 768 bedded Hospital at Burari
- 600 bedded Hospital in Ambekarnagar
- 1241 bedded hospital- 1st phase of Indira Gandhi Hospital, Dwarka
- 484 bedded hospital-2nd Phase of Indira Gandhi Hospital, Dwarka[vi]

Picture Shows 768 Bedded Hospital at Burari which was Supposed to be Functional by June 2019 but is yet to

None of these above-mentioned hospital beds have been commissioned yet.
The photo is that of a multi-specialty hospital at Burari in north Delhi, which the Delhi Government had promised to open to increase the bed capacity of State-run Government Hospital by 768 beds. But like all other promises made by the Delhi Government this promise also remains unfulfilled. This building was supposed to open and be fully operation by June of this month. However, this is the current situation of the building. The construction of the building is not yet completed, commissioning of beds and machines looks like a far-fetched dream.
Apart from missing the deadline for construction of new hospitals as promised by the Delhi government, they also lagged behind in adding substantial number of beds. It is very important to note that two of the biggest State-run Hospitals of Delhi, G.B Pant and Lok Nayak hospital were able to add only a measly 33 and 216 beds respectively in the last 5 years to their total bed count, as reveled by the RTIs.

2.3 Observation Made by The Judiciary: Delhi High Court

In "Court on its own Motion v/s Union of India and others" **case the Delhi High Court on 13/02/2019 observed that "It is really alarming that out of the over 10,000 beds in all the**

Delhi government hospitals taken together, there are only 348 ICU beds". The Delhi Government should do some serious introspection on why Out of the 10,059 beds in 33 Delhi Government run hospitals in February 2019 less than 4 % were in the ICUs.

For critical health care, in private hospitals about 10% of total beds have ventilator facilities. Such beds are known as ventilator beds. **Delhi Government's general failure to improve health care facilities is reflected in the sphere of ventilators also. The State Government accepted in Delhi High Court in February 2019 that the total number of ventilators available in Delhi hospitals are 440 out of which only 396 are functioning which is less than 4% of total beds in Delhi State Government run hospitals. For a population of nearly 2 crores 396 functional ventilators are but a drop in the ocean.**

The woeful inadequacy of physical infrastructure was highlighted by a seven-member expert committee which visited 34 Health Care Institutions of the Delhi Government and presented its report before the division bench of Delhi High Court on 5th December 2019.

The committee stated that the "OPD footfall (in Delhi Government hospitals) and admissions indicate phenomenal growth of patients. However, the physical infrastructure has not kept pace with this growth**". It said that in major hospitals, there are issues relating to maintenance of operation theatres, air conditioning and maintenance work. "This is reflected in the non-functioning of OTs in major hospitals like GTB, G.B Pant, LNJP etc. In fact, one of the OTs in G.B Pant is non-functional for more than 4 years", the committee report said**. Therefore, the requirements of critical care beds and equipment are much higher than what exists today in these hospitals, the report stated.

The committee also underlined that "dispensaries, mohalla clinics and polyclinics are also ill equipped". Therefore, the "authorities implementing the mohalla clinic project need to be extra cautious and closely monitor patient and factor per doctor, per clinic."[vii]

2.4 A Comparison of Delhi Government's GB Pant Hospital, Lok Nayak Hospital and Goa Government's Goa Medical College and Hospital

The healthcare sector is divided into Health Sub- Centres, Primary Healthcare, Secondary Health Care and Tertiary Healthcare centres to provide healthcare facilities to the population. The idea behind this is to provide affordable and accessible healthcare to the people, so as to ensure a physically and mentally fit citizenry. State of Goa best fits this description. They have built upon their existing healthcare infrastructures and improve the facilities that they offer to the people of the state. Goa Medical College and Hospital is the best example to see the involvement of a visionary state leadership and proactiveness of the Dean of the hospital. GMC offers state of the art medical treatments, has adopted PPP model for non-medical services and has utilized technology to not only improve the efficiency of its medical staff but also use it in certain medical procedures.

Delhi State Government has always has had the desire to make Delhi a full-fledged State. However, they should realize that before having such aspirations they need to prove that they have the ability to meet the needs of the people of Delhi and improve upon the existing situation of Delhi, especially in healthcare sector. Rather than improving on it they have made a mess of primary health care and have ignored the secondary and tertiary healthcare sector. On the other hand, a state like Goa has ensured that their existing healthcare system is robust and the Goa state government through its visionary leadership and support have helped its primary, Secondary and territory healthcare by providing them financial as well as technological support, especially the Goa Medical College and Hospital

A comparison of the two largest State Government run Hospitals of Delhi i.e. GB Pant Hospital and Lok Nayak Hospital with State Government of Goa run Goa medical College and Hospital reveals the stark contrast in terms of deficient availability of life saving equipment, beds (including ICU), in Delhi Hospitals vis-à-vis Goa. Graph 1 explain this deficiency.

Graph 1
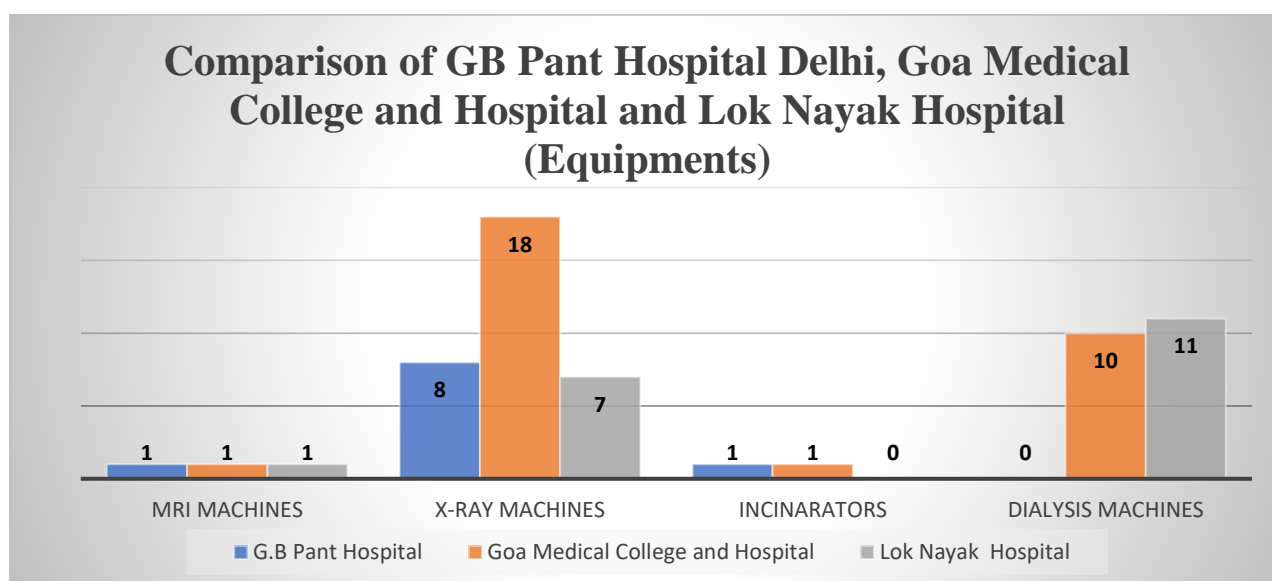
Source: Primary Research and RTI

- *It is important to note that the MRI machine presently functional in GB Pant hospital, one of the biggest super specialty hospitals of Delhi was received by the hospital in November 2019, after waiting for a period of 3 years as the last on broke down in February 2016*
- *It is important to note here that regarding the Dialysis machine and the process of Dialysis GB Pant and Lok Nayak Hospital share these 11 dialysis machines amongst themselves as G.B pant has no dialysis machines of its own.*

3. STATUS OF DELHI

3.1 *Acute Shortage of Medical and Para- Medical Manpower in Delhi Government Run Hospitals*

In a report on "The State of Health in Delhi" published in November, 2019, revealed the acute shortages of staff in State Government Hospitals and dispensaries. **According to the latest data available-**

- **Shortage of medical lecturers- 66%**
- **Shortage of medical Staff (Doctors, Surgeons and Specialists)- 34%**
- **Shortage of Para Medical Staff (OT Technicians, Lab Technicians etc)- 29%**
- **Shortage of Nurses- 22 %**
- **Shortage of administrative staff- 40%**
- **Shortage of labor- 38%**

in Medical Colleges run by Delhi State Government. Graph 2 explains this deficiency.[viii]

Delhi Government run hospitals, which serve not only the local population are struggling with acute shortage of doctors and paramedical staff. Although the State Government has permitted

hiring of doctors on contract basis to tackle the crunch, the delays in such hiring and the low number of contractual doctors hired so far has accentuated the problem.

Graph 2

Shortage of Staff in State Government Dispensaries and Hospitals as of December 2018
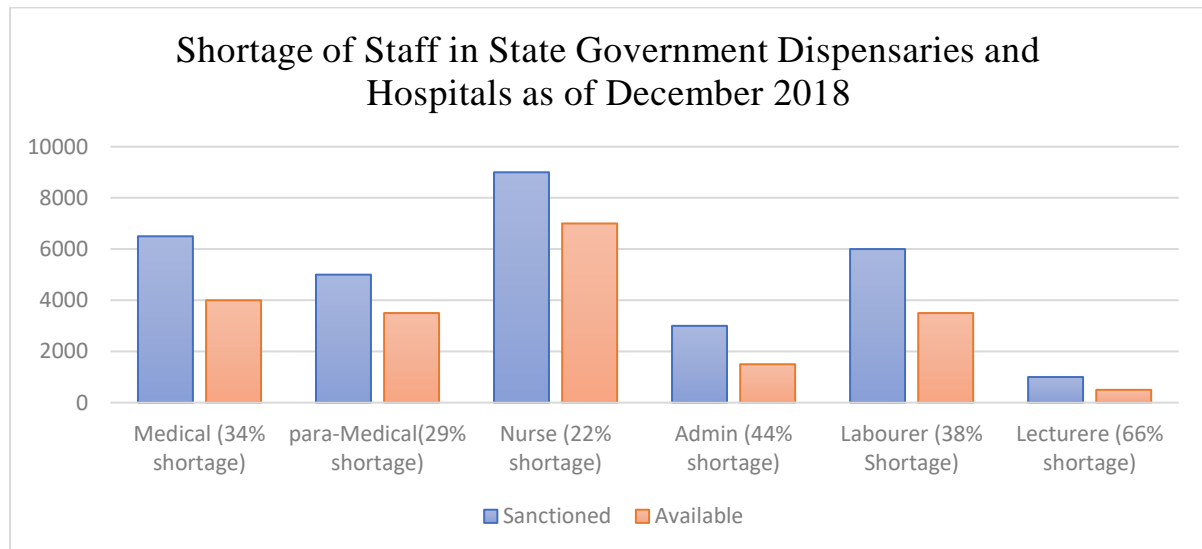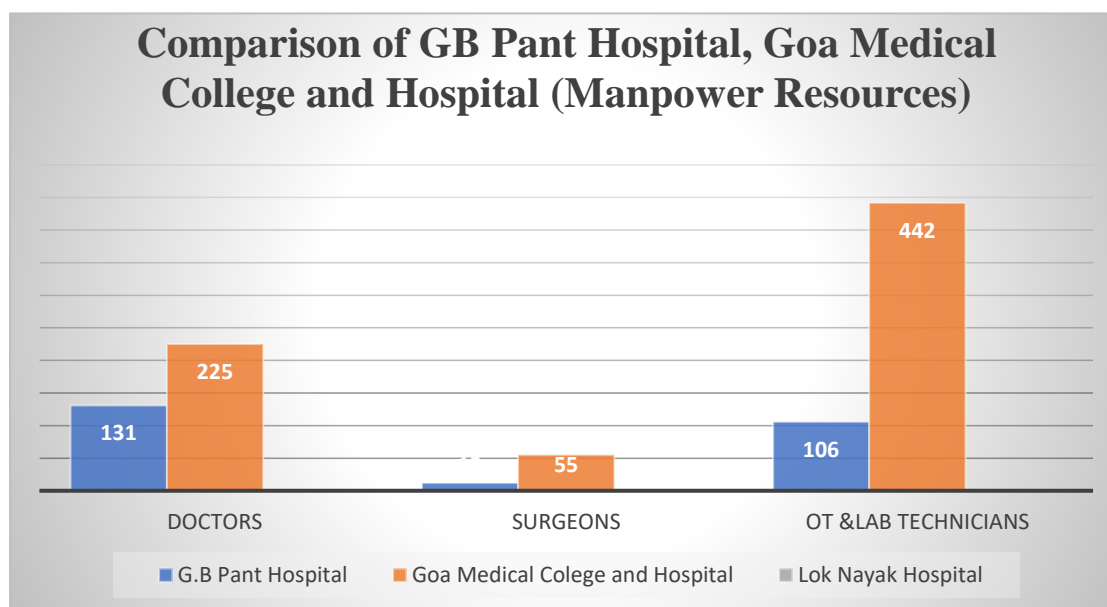
3.2 *Inadequate Manpower Planning and Policy*

Against a total vacancy position of about 1400 posts of doctors in Delhi, the UPSC invited in January 2019 applications to fill up only 327 posts of "General Duty Medical Officer" under the Department of Health and Family Welfare Delhi. Such recruitments by UPSC take more than 1 year to conclude because they involve written exam followed by interviews. It seems that the State Government has not exercised other less time-consuming options of recruitment.[ix]

While in Central Government run hospitals like AIIMS, Safdurjung and Ram Manohar Lohia, doctors have the benefit of practicing till the age of 70 under extended retirement age (They work till the age of 65) and thereafter on contractual basis after retirement, no such scheme has yet been implemented in the hospitals run by the Delhi Government, which faces 34% shortage of doctors. Hospital services in the state-run hospitals are being affected due to this shortage.

A comparison of Delhi Governments GB Pant Hospital, Goa Medical College Hospital and Lok Nayak Hospital in terms of manpower resources reveals the substantial shortages of doctors and para-medical staff in Delhi. Graph 3 explains this position.

Graph 3

Comparison of GB Pant Hospital, Goa Medical College and Hospital (Manpower Resources)

	DOCTORS	SURGEONS	OT & LAB TECHNICIANS
G.B Pant Hospital	131		106
Goa Medical Colege and Hospital	225	55	442
Lok Nayak Hospital			

Source: Primary Research and RTI

- *It is important to note that despite filing RTI enquiry with the Lok Nayak Hospital, they did not send us any reply regarding the number of doctors, surgeons, OT and Lab Technicians. We have also filed a 1st appeal regarding this.*

3.3 Budget Allocation and Utilization: Higher Budget Not Translating in Better Health Outcomes in Delhi

The budgetary allocation on Medical and Public Health made by the Delhi Government in the last 4 years is as follows-

Health & Family Welfare — Rupees in crore

	Major Head	2015-16			2016-17			2017-18			2018-19			2019-20	
		Budget Estimate	Revised Estimate	Actual Expdt	Budget Estimate	Revised Estimate	Actual Expdt	Budget Estimate	Revised Estimate	Actual Expdt	Budget Estimate	Revised Estimate	Actual Expdt (Tentative)	Budget Estimate	Actual Expdt 11/19
	Revenue														
2210	Medical & Public Health	3692.41	3410.78	3184.70	4342.97	3919.93	3602.87	4978.88	4677.05	4333.90	5594.85	5358.70	5080.43	6277.98	3280.49
2211	Family Welfare	96.70	101.29	63.92	62.55	72.31	51.19	69.19	65.99	53.64	145.79	195.99	164.98	184.35	11.82
	Total	3789.11	3512.07	3248.62	4405.52	3992.24	3654.06	5048.07	4743.04	4387.54	5740.64	5554.69	5245.41	6462.33	3292.31
	Capital														
4210	Capital Outlay on Medical & Public Health	997.77	482.62	385.66	853.89	452.50	376.94	687.89	397.87	345.67	988.07	413.05	307.61	1022.98	186.85
	Grant Total	4786.88	3994.69	3634.28	5259.41	4444.74	4031.00	5735.96	5140.91	4733.21	6728.71	5967.74	5553.02	7485.31	3479.16

Budget allocation from 2015-16 to 2019-20.

Although the budgetary allocation in absolute terms has increased year on year but the critical factor is that more than 80 % of the budget has been allocated and spent under Revenue Head (Salary and allowances) and a meagre amount has been spent under Capital Head (infrastructures and equipment). For example, in the year 2019-20 out of a total budget of Rs 7485 crores for Medical and Public Health, Rs 6462 crores has been earmarked under Revenue Head (86.3%) and only Rs 1023 crores (13.6%) has been earmarked under Capital Head.[x]

Another critical factor to note is that in none of the last 5 years did the Health and Family Welfare Department of the Delhi State Government managed to utilize 100% of the budget allocation.

Substantial budgetary allocation on health by the State Government of Delhi must also be viewed against its effective utilization and outcomes. This report demonstrates that utilization of budget has been marred by leakages and corruption. **Higher budget has also not translated in better health outcomes for Delhi as has been explained in this report.**

3.4 On Disease Burden and Health Parameters

If one analysis registered ailments/ diseases in Government Hospitals and Dispensaries in Delhi from 2014-15 to 2018-19, it would become clear while the number of diarrheas, diabetes, Tuberculosis and Typhoid cases have either remained static or have seen a small decline, there has been a sharp increase in cases of HIV Aids and Dengue. **In 2014-15 only 5607 cases of HIV Aids were registered in Delhi Government Hospitals this number sharply increased to 13139 in 2018-19.**

In 2018-19 Delhi Government Hospitals and dispensaries registered 5,14,052 cases of diarrhea and 51,266 cases of typhoid. This highlights the issue of water borne diseases and poor quality of water supply in Delhi. This also underlines the fact that no serious and sustained action has been undertaken by the Health Department authorities to prevent these diseases.

If one looks at major causes of institutional deaths (Deaths occurring in Government Hospitals and Dispensaries in Delhi) it would become clear that 19.2 % of total deaths were because of diseases of circular system including heart diseases and 8.4% of total deaths were because of respiratory diseases in 2018. This highlights the sustained poor air quality and the problem of pollution in Delhi.[xi]

There has been no provision of proper disease surveillance or health surveillance at PHC level in Delhi. This is because of the fact that the Delhi Government decided not to open the promised number of PHCs in Delhi (AAP Manifesto had promised to open 900 PHCs in Delhi) in the last 5 years.

3.5 NITI Aayog's Ranking of Union territories: Delhi Fares Poorly

NITI Aayog in collaboration with the World Bank has released, "Healthy States, Progressive India: Report on the Ranks of States and UTs" in 2019. This report gives scores to the States and the UTs on various health indicators like institutional deliveries, neo-natal mortality rate, low birth weight, treatment success rate of tuberculosis, integrated disease surveillance reporting etc. The scores to States and UTs are given in comparison to the base year i.e. 2014.

In the said report, amongst the UTs Chandigarh with a score of 63.62 is at the first position in terms of overall performance. **Delhi on the other hand fell by 2 places to be ranked at a lowly 5th rank out of 7 UTs with a score of 50.02.**

Let us see the score of Delhi on some important parameters vis-à-vis Chandigarh and Puducherry. On the parameter of "Proportion of institutional deliveries" Delhi has a score of 82.8 while both Chandigarh and Puducherry have the optimal score of 100. On the parameter of "Proportion of low birth weight amongst new born" Delhi has a score of 19.6 (on this parameter lower score indicates better performance) in comparison Chandigarh has score of 20 and Puducherry has a score of 14.6. On the parameter of treatment "success rate of confirmed TB cases" Delhi's score is 84.8 while Chandigarh score is 86 and Puducherry is at 88.8. On the parameter of "completeness of integrated disease surveillance reporting", Delhi scores a very low 78 while Chandigarh is at 94 and Puducherry is at 100. Hence the NITI Aayog's report reveals that Delhi has to cover a long distance to improve its healthcare.[xii]

The score of Delhi on some important parameters vis-à-vis Chandigarh on the following Parameters

Parameters	Chandigarh	Delhi
Proportion of institutional deliveries	100	82.8
success rate of confirmed TB cases	86	84.8
completeness of integrated disease surveillance reporting	94	78

3.6 Procurement of Drugs and Equipment: Corruption and Leakages

In its manifesto in 2015 AAP stated that pharmaceutical drug and equipment procurement will be centralized to ensure zero corruption. Generic, affordable and high-quality drugs will be made available to the public. 5 years hence, this promise like other such promises remains unfulfilled.

In 2014-15 procurement of drugs and equipment was decentralized and was done through respective hospitals. **AAP as per its promise in the manifesto centralized the said procurement through Central Procurement Agency (CPA).** This policy measure did not lead to any perceptible change for the better in Delhi's dwindling health scene.

As per an audit report prepared by the Delhi Government's Audit Department in January 2018 the CPA failed to procure drugs and equipment in time and in a cost-effective manner. The audit took into account transactions by CPA till March 2017 and found that Government's money had run into losses. In the sample audit a recovery of Rs 3 crores was also pointed out. **The said report also pointed out that CPA set up 3 warehouses for storage of medicine and surgical consumables in the basement of Lok Nayak Hospital, Guru Govind Singh Hospital and Rajiv Gandhi Super Specialty Hospital. The medicines were found lying as waste in the warehouse for quite a long time. "It has been observed by the audit that hospitals are not drawing the required stock from these stores and consequently 3,400 bottles of eye drop with manufacturing date of April 1, 2016 have expired. The expiry of medicine is due to unplanned procurement at CPA and not issuing stock to Hospitals before its expiry", the report said.**

The said audit report also found that the procurement H1N1 vaccines by the Health Department to prevent Swine Flu from breaking out in the capital was also dubious, with the purchases made without any approval of the competent authorities. The purchase of vaccines worth Rs 4 crores were not done through any advertisement, a process which should have been followed if the procurement exceeded an estimated value of Rs 25 lakhs.

In February 2017 the Director General of Health Services (DGHS), Delhi in a letter to the State Government raised several concerns regarding the overall functioning of CPA and suggested a special audit of the agency.[xiii]

In this regard, I am directed to forward reply on the points asked for in the instant RTI application sought by the above applicant, as under:-

S. NO.	INFORMATION SOUGHT	REPLY
1	We request information on the following count- 1. Chief Minister of Delhi in September 2018 ordered a probe into allegations of the supply of sub standard gloves and syringes at the Delhi Government run G B Pant Hospital when was the probe report submitted, what are the findings of the said probe and what actions has been taken on these findings.	Action on the said inquiry report is presently under way/consideration.

Chief minister of Delhi in September 2018 ordered a probe into allegations of the supply of substandard gloves and syringes at the Delhi Government Run GB Pant hospital. In an RTI query, we tried to ascertain from the Delhi Government, when was the probe report submitted to the Government, what were the findings of the said probe and what actions has been taken on these findings? The Delhi Government's response was that "Action on the said enquiry report is presently under way/ consideration," even after lapse of more than 1-year charges corruption and irregularities, putting the lives of the patients at risk, have not been conclusively addressed.

Another critical instance of extreme delays in procurement of drugs relates to the prolonged shortage of Anti-Rabies Vaccine (ARV) from June 2019 to December 2019 all hospitals run by Delhi Government. Rabies death (i.e. death caused by dog bites) in people are 100% preventable through prompt medical care. The requirement of Delhi government is 30,000 vials of ARVs per month which amounts to 90,000 vials per quarter. Big hospitals under Delhi Government like Lok Nayak Jai Prakash Narayan Hospital alone receives 250 dog bite cases every day.

Despite a budget provision of Rs 297.80 crores under CPA for purchase of medicine in 2019-20, the Delhi cabinet accepted in its meeting on 16th December 2019 that there was an acute shortage of ARVs in Delhi hospital since CPA failed to procure this vaccine. The Delhi cabinet also approved emergency procurement of 80,000 vials of ARVs on a single source basis. The situation became so bad that GTB Hospital and Lal Bahadur Shastri hospital placed notices inside their premises announcing non-availability of ARVs The Delhi High Court division bench headed by Chief Justice initiated on its own a PIL to monitor the procurement and availability of ARVs in Delhi hospitals.[xiv]

Therefore, this state of affairs only substantiates our earlier inference that a mere enhancement in budgetary allocation of health is not enough. What is required is timely, effective and responsible utilization of the enhanced budget, which unfortunately has not happened in Delhi.

4. BEST PRACTICES

We will now demonstrate that with clear cut and time bound planning, use of technology, effective leadership and political will, government hospitals can be turned around and can provide timely and citizen centric healthcare services. We have documented such instances of Goa hospital run by the State Government, ESIC, Hyderabad run by Central Government and Swami Dayanad Hospital run by East Delhi Municipal Corporation

4.1 *STATE RUN GOA MEDICAL COLLEGE AND HOSPITAL (GMC)- An Example of Visionary Leadership and Use of Cutting-Edge Technology*

Goa Medical College and Hospital is a Government tertiary care hospital. There are total 1106 beds at the hospitals of Goa Medical College. Around 75% of them are occupied. The Out-Patient-Department is run by the Clinical Departments from 9.00 A.M to 1.00 P.M. on all working days, while special Clinics are conducted in the afternoon by various departments. The Casualty runs for 24 hrs. on all days providing emergency and Trauma services. Pre-Hospital emergency care is provided by the 108-ambulance service.

There is availability of 1 MRI machines, 2 CT scan Machines and multiple portable X-ray machines, 10 Dialysis machines. The hospital carries out around 1000 dialysis per month. Hemodialysis is provided for Renal failure patients.

Services Available in Goa Medical College

A. Clinical Services
   Out Patient Service registration
   - Morning OPD
   - Afternoon OPD
   - Ancillary Services
B. Indoor Patient Services (Wards and Beds)
   - Operation Theatres
   - Private Wards
C. Emergency Services
   - Emergency room/ casualty
   - Trauma Wards
D. Diagnostic Services
   - Laboratory services
   - Radio diagnosis
E. Blood Bank
F. Mortuary
G. Non-Medical Services

A. CLINICAL SERVICES

- **Registration:** For the convenience of the public, registration for all the departments is centralized and done at OPD. **The registration process is computerized**. In every OPD there are 6 doctors who approximately cater to approx. 30-40 patients each in a day.

B. INDOOR PATIENT SERVICES
- Operation Theatres
   Goa medical college has 17 Operation Theatres (OT) of which 12 OTs are for routine operations and 5 OTs are for emergency operations. All OTs are equipped with essential equipment, central supply of oxygen, Nitrous oxide, compressed air and central suction.

C. EMERGENCY SERVICES
- The Government of Goa has introduced 108 Emergency Services for all medical and trauma cases. 108 is a toll-free emergency number that could be dialed for any emergency - medical or trauma. The services include 18 ambulances with state-of-the-art lifesaving equipment located at various parts of Goa and ensure prompt transfer of patients. The paramedical workers on the ambulances are trained in providing Basic Life support and shifting the patient.
- Trauma Wards- patient with trauma may be admitted in Trauma ward from where they are shifted to the respective departments. The trauma ward is equipped with all

lifesaving drugs and equipment and is in close proximity with the Emergency OTs. The capacity of the Trauma ward is 17 beds

D. DIAGNOSTIC SERVICES

- Laboratory Services: Laboratory services at Goa Medical College are available round the clock for routine as well as emergency investigations. The tests are conducted by various departments like Pathology, Microbiology and Biochemistry.

E. BLOOD BANK SERVICES

- An FDA licensed blood bank service is available at GMC. It functions round the clock and provides services to the whole state of Goa.

F. MORTUARY

- There are 45 dead body storage compartments in GMC Morgue.

G. NON-MEDICAL SERVICES

Various supporting services are provided by Goa Medical College and Hospital. These services are carried out on the basis of PPP Model (Public Private Partnership). Services offered by the hospital are as follows:

- HOSPITAL KITCHEN: The hospital has its own kitchen. All patients are provided free diet. Hospital supplies milk, juice, breakfast, lunch, tea and dinner to all the patients. The diet is tailored to meet the needs of the patient i.e. vegetarian, non-vegetarian, salt free, diabetic diet, liquid diet etc. The Hospital Kitchen serves around 3500 people; this includes the patients as well as students present in the hostel on a day to day basis. Out of this 3500 people 850 are patients who are served food by the hospital kitchen on a day to day basis. The trollies which carry food to the patients are also insulated.

- CENTRAL STERILIZATION AND SERVICES DEPARTMENT (CSSD): The hospital has a modern central Sterile supply department. Care is taken to ensure that the instruments and linen used in Goa Medical College is meticulously disinfected.

- LAUNDRY: The Central Laundry is fully mechanized with four bulk washing machines with a capacity of 100 kgs each, four mechanized hydro extractors with a capacity of 35 kgs each and two drying machines. Steam press units are also available. This unit handles 2000 units of laundry per day.

- CENTRAL PHARMACY: It is the policy of the hospital to try to make all essential drugs free of cost to the patients in the OPD and IPD. The in-house GMC Pharmacy also caters to the needs of the CHCs, PHCs, Rural Dispensaries.

- ENQUIRIES AND INFORMAITON: Signboards are available at various junctions showing the directions. Volunteers are also present in the hospital to assist you with your problem. Information regarding admitted patients can be obtained from the registration counter near Casualty.

- SEWAGE TREATMENT PLANT: The hospital has a fully functional STP plant. The total capacity of the plant is 1.35 in a year. The Hospital will also have a fully functional incinerator installed in its campus by 31st December, 2019 to ensure proper disposal of waste.

4.2 CENTRAL GOVERNEMNT RUN ESIC, HYDERABAD- An example of Proactive Central Leadership.

The Labor Ministry, Government of India, through Employees State Insurance Corporation (ESIC) runs more than 150 ESIC hospitals, some of them with attached medical college, across the country to cater to the healthcare needs of both private and public sector industrial workers, who earn below Rs 21,000 a month and subscribe to the Corporation. The hospitals are funded

by the insurance money paid by the employers and the employees. This is the story of the amazing turnaround of ESIC Hospital, Hyderabad brought about by visionary leadership, good governance strategies and smart use of technology.

The ESIC Hospital, Hyderabad's 360-degree turnaround from being "in coma" to becoming the busiest hospital in the country in a span of three years (from 2016-2019) shows that significant and impactful changes can be made in hospitals provided the Government and the political leadership has the will and seriousness to do so. The Central Government to turn things around by sending to Hyderabad as Dean, a renowned, professor in the Department of Pediatric Surgery at AIIMS Delhi and giving him a free hand as well as authority to take decisions for the betterment of this hospital. He implemented the principles of good governance and transparency, decentralization of powers, patient care and efficient functioning of the hospital and smart use of Aadhaar-based information Technology. He also received full support from the then Union Labor Minister.

The Dean in his various interviews has stated that in 2016 when he was sent to ESIC, hospital, Hyderabad there was nothing but concrete walls and no doctors. The Indian Medical Council (MCI) had twice cancelled the license of the Medical College attached with the hospital. MCI while assessing the medical College of ESIC Hospital Hyderabad and cancelling its permission noted glaring deficiencies like- shortage of faculty and residents, inadequacy of nursing staff, low OPD attendance, low bed occupancy, inadequate equipment and lack of super specialty facilities etc.

In this extremely dire situation, use of information technology played a crucial role in turning things around. For the purpose of recruitment of doctors and other staff a new system of online application was introduced. The application consisted of 70 parameters each one of which were allotted certain marks. As soon as the applicant entered these details the computer generated their marks based on the details filled by them in the said parameters, and accordingly they were shortlisted for various posts in the hospital. This method helped in removing nepotism and bribery in the recruitment process. It made the process transparent and quick. **Currently there are 300 plus doctors and more than 800 other staff in the hospital.**

ESIC'S, Hyderabad, hospital is the first hospital to use Aadhaar-Enabled Biometric Attendance System (AEBAS) to check late-coming staff. The AEBAS system was then linked to the salaries of the hospital staff. Arriving late for three days in a month is considered a Casual Leave, and any absence beyond three days, leads to deduction in salary. Use of Aadhar-Enabled Biometric Attendance System helped in substantially increasing the attendance and the average time that doctors spend in the hospital which has increased from two hours to eight hours over the past three years.

Technology was not only used to improve the hospital facilities but to also combat the menace of corruption. The practice of referrals of patients by doctors to private facilities with the intent of getting kickbacks has been curbed to a great extent as the doctors referring the patients have to now give their biometric details with every such case. ESIC Hospital, Hyderabad is the first in the country to introduce a successful 'online referral system".

Reduced referrals to private hospitals contributed heavily to decreased financial burden on ESIC so that money can now be spent further for improving infrastructure and services for patients. The hospital currently has over 700 beds, likely to go up to 1,500. The hospital now provides Super Specialty facilities for cardiology, plastic surgery, nephrology, endocrinology, urology, neurology, hematology and rheumatology. Some facilities are provided in PPP mode (public private partnerships) too. The hospital OPD currently, on an average, caters to around 4,000 patients daily and its bed occupancy has been nearly 90 per cent over the past three years. It has also conducted over 36,000 major and minor surgeries over this period. **It has established state of the art Blood Bank. The Hospital also has online "Document Management System" and online "Hospital Information System". The hospital is implementing "The Que Management System" for the patients. It has introduced patient friendly E-Vehicles in the campus. More than 100 public awareness programs and camps have been organized for benefit of patient education and services.** The team at ESIC continue to work tirelessly to make meaningful contributions in every aspect of healthcare and medical education.

Hence it is clear that large scale Government hospitals can be transformed and made patient friendly by political will and intent. Such political will bears fruit only when a capable leader (in this case Dean ESIC Hospital, Hyderabad) is selected and is given a free hand. **Use of smart technology and decentralized decision making can bring about remarkable changes in hospital recruitment of doctors and para-medics, procurement of drugs and equipment, hospital referrals and various patient facilities.**

4.3 EAST DELHI MUNICIPAL CORPORATION- Swami Dayanand Hospital
Swami Dayanand Hospital initially started out as a 50 bedded hospital but now is a 400 bedded hospital. It caters to the people of East Delhi and population from Western UP. It is the oldest hospital of East Delhi and is run by East Delhi Municipal Corporation. Initially the hospital was established as an institute to provide primary health care facilities to the people. However later on it was upgraded to a secondary health care facility.

In our field visit to the hospital we concluded that the hospital is facing huge burden of patient inflow. Patients are coming in for general illnesses such as cold, cough, fever etc. **This clearly establishes that the Mohalla clinics which as per the Delhi Government acts as a Primary health centre has failed to reduce the burden of patient inflow to Secondary health care facilities such as Swami Dayanand Hospital. But the data reflects that the number of new O.P.D cases have increased between 2015 to 2018 an increase of 58,501 New OPD cases**. (2015 was when the first Mohalla clinic was established in Delhi).

Year	OPD Cases		
	New Cases	Old cases	Total
2015	392764	292346	685110
2016	392978	292854	685832
2017	417542	293932	711474
2018	451265	294010	745275

Secondary Health care centres like these Municipal body run hospitals are acting as the first point of contact for healthcare issues facing the people rather than the Mohalla Clinics. It is clear that the people of East Delhi to prefer going to Swami Dayanand hospital to seek preventive health care rather than to their respective Mohalla Clinics.

Facilities provided by Swami Dayanand Hospital includes a small blood bank, a mortuary having a capacity to hold 4 dead bodies and a basic laboratory. The hospital follows a Private Public Partnership approach (PPP) for providing non-medical facilities such as laundry, bio-medical waste disposal.

The Hospital has a robust supply and drug procurement system. Different types of generic and high-end drugs are available in the hospital via the Pradhan Mantri Jan Aushadi Kendras.

5. SYNOPSIS- A FACT SHEET

Our assessment of health care related promises made by Aam Aadmi Party (AAP) in its manifesto of 2015 has led us to conclude that a golden opportunity was lost and an overwhelming mandate was wasted in the last 5 years as the Delhi Government failed to deliver quality healthcare to the people of Delhi. While Healthcare was allocated a substantial budget by the Delhi Government this allocation could neither be spent 100 % in a timely manner nor could bring about any radical or qualitative change in health care services.

- **More than 80% of the budget amount was spent on Revenue Head**
  As a result, creation of additional physical infrastructure and provisioning of new equipment suffered. This is attested by the fact that every year only 20 % or less than that of the healthcare budget was earmarked for capital expenditure. In case of Delhi higher budget allocation for healthcare has not translated into better health facilities or better health outcomes. Utilization of budget has been characterized by large scale corruption and leakages as documented in the said report.

- **Creation of 900 new Primary Health Care Centres (PHCs), totally forgotten**
  The State Government instead announced that it will open 1000 Mohalla Clinics. Even this promise remains mostly unfulfilled. Mohalla Clinics in any case is not on the same footing as PHCs. PHCs have 16 medical and para-medical staff, both inpatient and outpatient facilities, emergency facilities as well as provisions for institutional deliveries. Mohalla Clinics on the other hand have only 2 contractual medical and para-medical staff, only outpatient facility and no facilities for emergency or inpatient or institutional deliveries. Hence the promise of creation of 900 PHCs remained totally unfulfilled and the promise of 1000 Mohalla Clinics remained largely unfulfilled as well.

- **Promise, that bed capacity of Delhi Government Hospital would reach an ambitious number of 30,000.**

  Although there is nothing wrong in setting up an ambitious target but in this case no matching action was taken by the Delhi Government to meet this target. Far from tripling the beds count to 30,000 in 5 years, the Delhi Government could add a mere 394 beds in 5 years. As a result of this the bed population of Delhi has remained at 2.99 beds per 1000 population. The Delhi Government has only been able to add 394 beds to the State-run Hospital which is just 3% in the last 5 years. The addition in the number of ICU beds was also abysmal. The situation was compounded by non-functional Operation Theaters, lack of maintenance of life saving equipment and ill-equipped Dispensaries, Mohalla Clinics and Polyclinics.

- **Delhi Government failure in increasing medical and non- medical staff in State run Hospitals.**

  In this aspect also the Delhi Government has only made lofty promises. These hollow promises are in a stark contrast to the ground realities. As of 2018 there was a shortage of 34% in medical Staff (Doctors, Surgeons and Specialists), 29% shortage of Para Medical Staff (OT Technicians, Lab Technicians etc), 22 % shortage of Nurses, 40% shortage of administrative staff in Delhi Government hospitals.

- **The promise of zero corruption in procurement of pharmaceutical drugs and equipment and making available such drugs at affordable price has remained a promise only**.

  In this report we have documented instances of lack of quality, corruption and improper procurement of drugs. Delhi State Government's own audit report in January 2018 has pointed out that the CPA has failed to procure drugs and equipment in a time bound and cost-effective manner. Medicines and eye drops procured by CPA were found laying waste in large quantities in State run Hospitals basements. In the last 5 years there have been cases of medicines getting expired in warehouses because of improper planning. Cases of purchases being made without any prior approval of the competent authority, purchases made on a single source basis and without adopting competitive bidding have also come to light in the last 5-year tenure of the Delhi Government. The Chief Minister of Delhi in September 2018, himself admitted to these serious lapses when he ordered a probe into the supply of sub-standard gloves and syringes at G.B Pant Hospital. The tragedy is that even after more than a year no one has been held accountable and no action has been initiated against anyone for this serious lapse.

  We have by analyzing some success stories of State Government, Central Government and Delhi Municipal Corporation run Hospitals, demonstrated that large scale health care facilities can be transformed and made patient friendly by political will, capable leadership, use of smart technology and decentralized decision making. Sadly, all these critical elements have been missing in Delhi Government run hospitals. The above findings clearly show that the Delhi Government is not at all serious about Delhi's Health. The State Government has cheated the people of Delhi by making false promises of improving healthcare facilities in Delhi, which is clearly visible in the shortage of infrastructure and manpower resources in the healthcare sector. They as usual have just created propaganda in the name of providing healthcare facilities but the ground realities are far from this AAP created propaganda in healthcare.

PICTORIAL COMPARISON

- ### STATE RUN DELHI GOVERNMENT HOSPITALS AND MOHALLA CLINICS

Picture Shows Delhi Government Run GB Pant Hospital

Serpentine-line at LNJP Dispensary as only a few counters were functioning.
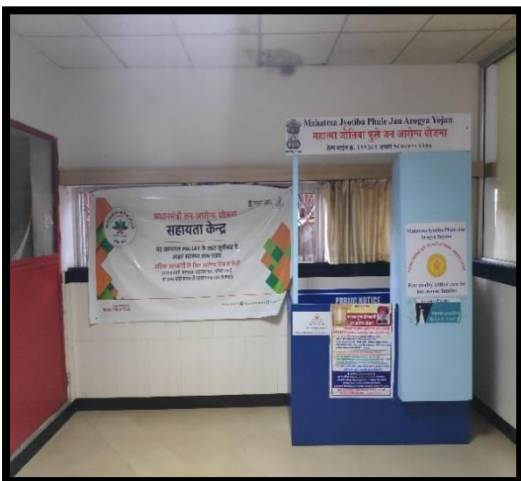

Condition of Waiting Room at LNJP Hospital

Condition of Ambulance at LNJP Hospital

Mohalla Clinic Found Shut During OPD Hours

- **STATE RUN GOA MEDICAL COLLEGE AND HOSPITAL (GMC)**

Awareness booth for Central and State Run Schemes

A Primary Healthcare Centre in Goa.

- **CENTRAL GOVERNEMNT RUN ESIC, HYDERABAD**

Picture shows Central Government Run ESIC hospital, Hyderabad

World Class Operation Theater at ESIC Hospital

250 Seat Lecture Gallery at ESIC Hospital

- **EAST DELHI MUNICIPAL CORPORATION RUN HOSPITAL**

Picture Shows East Delhi Municipal Corporation Run Swami Dayanand Hospital

A Jan Aushadi Kendra at Swami Dayanand Hospital

A Functional EDMC Patient Transport Vehicle.

i http://delhiplanning.nic.in/sites/default/files/2%29%20Demographic%20Profile.pdf

ii http://delhiplanning.nic.in/sites/default/files/16%29%20Health%20%26%20FW.pdf

iii http://delhiplanning.nic.in/sites/default/files/2%29%20Demographic%20Profile.pdf

iv http://delhiassembly.nic.in/VidhanSabhaQuestions/20190826/Starred/S-57-20190826.pdf

v http://delhiplanning.nic.in/sites/default/files/16%29%20Health%20%26%20FW.pdf

vi https://theprint.in/politics/kejriwals-report-card-how-delhis-aap-govt-fared-on-its-70-manifesto-promises-from-2015/288453/

vii https://indianexpress.com/article/delhi/limited-facilities-govt-hospitals-delhi-high-court-told-6152830/

viii https://www.praja.org/praja_docs/praja_downloads/Report%20on%20The%20State%20of%20Health%20in%20Delhi.pdf

ix https://www.nationalheraldindia.com/health/delhis-government-run-hospitals-struggling-with-shortage-of-doctors-hiring-doctors-ad-hoc, https://www.business-standard.com/article/news-ians/chronic-doctor-shortage-affecting-delhi-government-run-hospitals-ians-special-119012000139_1.html

x https://timesofindia.indiatimes.com/city/delhi/delhi-government-allocates-rs-7485-crore-for-health-sector/articleshow/68169422.cms

xi https://www.praja.org/praja_docs/praja_downloads/Report%20on%20The%20State%20of%20Health%20in%20Delhi.pdf

xii http://social.niti.gov.in/uploads/sample/health_index_report.pdf

xiii https://www.dnaindia.com/delhi/report-delhi-s-dwindling-health-scene-2648245

xiv https://www.business-standard.com/article/pti-stories/hc-concerned-over-shortage-of-anti-rabies-vaccines-seeks-delhi-govt-s-stand-119070201017_1.html, https://www.news18.com/news/india/delhi-cabinet-approves-emergency-procurement-of-anti-rabies-vaccine-for-govt-hospitals-2348513.html
http://health.bih.nic.in/Docs/Guidelines/Guidelines-Sub-Centres-(Revised)-2012.pdf

Public Policy Research Centre

Public Policy Research Centre (PPRC) is a research organization established under Dr Mookerjee Smruti Nyas, which is a public charitable trust, in 2011. The Centre aims at constructively impacting the policy formulation process with emphasis on good governance practices, efficient implementation mechanisms and evidence-based policy-making including policy-audit and evaluation, in the larger interest of the nation.

Public interest is of paramount importance in a democracy. No democratically elected government can perform its duties as the custodian of public good without evidence-based research. Solid research is a prerequisite of sound policy formulation and design making. Dispassionate and objectively conducted research enhances democracy as it can reduce the ability of those with vested interests to influence the public policy debate. The idea behind PPRC is to undertake structured research and carry field-study projects to explore constructive solutions on important policy issues in an institutionalized manner, through discussions, debates, seminars, study circles and brainstorming sessions.

Since its inception, PPRC has worked on several short-study projects as well as full length research products and has come out with occasional papers, study reports, research-tools and similar publications.