

## A Small Note on Delhi Slums

-----By Shambhu Ghatak  
(Contact him at: [shambhughatak@yahoo.com](mailto:shambhughatak@yahoo.com))

---

The National Sample Survey Organisation (NSSO) in the Ministry of Statistics and Programme Implementation, Government of India has released the report of a nationwide survey carried out by it during July 2002-December 2002 on the condition of urban slums. For the purpose of the survey, a **slum was defined as a compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitary and drinking water facilities in unhygienic conditions. Such an area was considered as non-notified slum if at least 20 households lived in that area. Area notified as slums by the respective municipalities, corporations, local bodies or development authorities were treated as 'notified slums'**. In India, slum areas have been defined under **Section 3 of the Slum Areas (Improvement and Clearance) Act, 1956**, as areas which are for reasons of poor quality of housing, sanitation and absence or near-absence of other infrastructural facilities, are deemed 'unfit for human habitation'. However, there is little consensus on the exact number of people living in slums or slum-like conditions. Depending on the criteria one uses, the estimates of slum population in Delhi can vary anywhere between 20 to 40 per cent of the city's population.

There are different categories of slums according to the opinions of government officials and experts<sup>1</sup>:

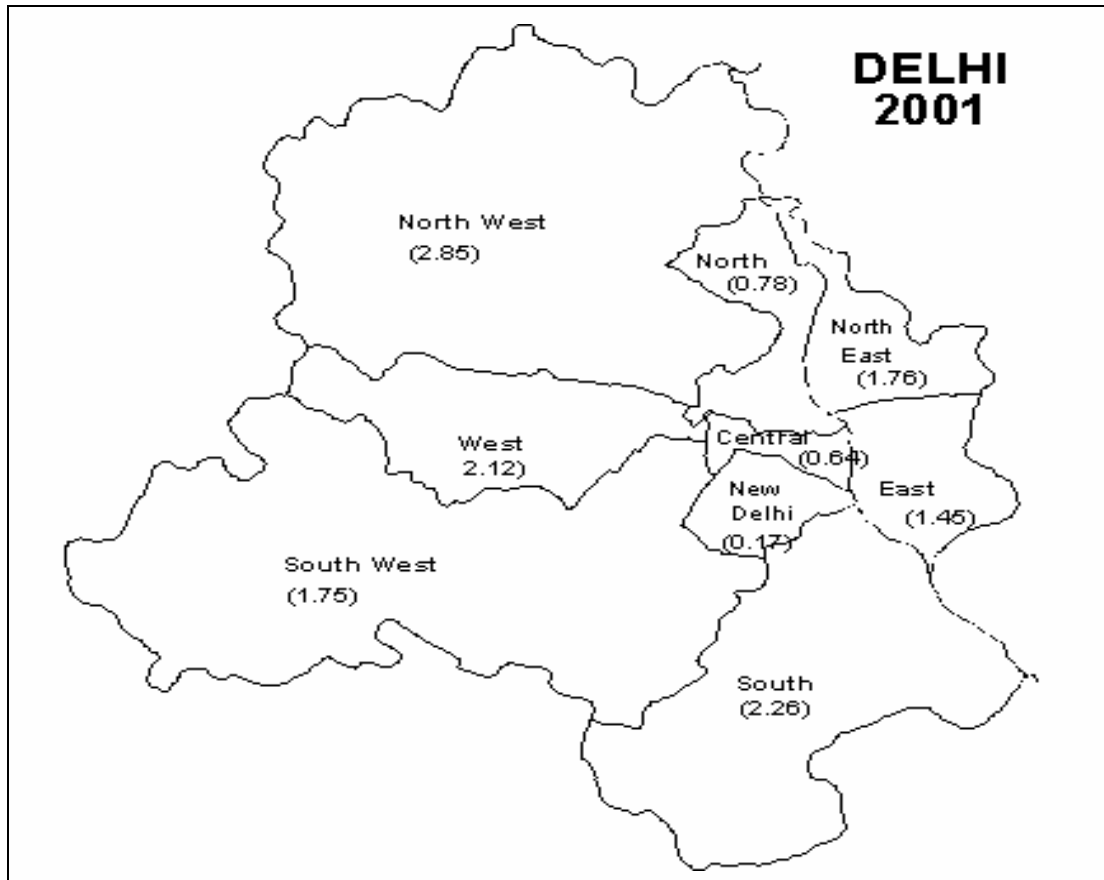
- ◆ **Legally Notified Slum Areas:** The *notified areas* are those which have declared/ notified as slum areas under Section-3A of the Slum Areas (Improvement and Clearance) Act 1956. Such slum areas are scattered all over Delhi. An estimated 20 lakh population is believed to be living in the areas which are legally notified as slums.
- ◆ **Jhuggi-Jhompri Clusters (JJ Clusters):** The rural migrant in Delhi who belong to lower income groups generally accept whatever accommodations are available, or can be quickly erected with waste materials or with those which can be procured on low costs on open spaces which are unusable or lying unused. According to a survey conducted in the year 1983 by the City Planning Wing, DDA (Delhi Development Authority), there were 534 JJ Clusters comprising of 1,13,386 households in the NCT (National Capital Territory) of Delhi. With the continuous flow of migrants on the one hand and lack of affordable housing particularly for the poor, the settlement in the form of JJ Clusters prior to 1970 remained within manageable limits and accordingly most of such households (43,000) were resettled. The post 1970 migration trend speeded up along with a massive increase in JJ Clusters in Delhi.
- ◆ **Unauthorised Colonies and Harijan Bastis:** The emergence of the unauthorized colonies is the result of shortage of houses and house plots in properly planned and approved residential

---

<sup>1</sup> Cf. Sabir Ali (2003), Environmental Situation of Slums in India; especially Chapter 3 on the 'Magnitude of Slum Problem in Delhi'. Uppal Publishing House, New Delhi. Also see Economic Survey of Delhi 2001-02. Government of the NCT of Delhi.

colonies. There are about 1000 unauthorised colonies in Delhi at present. Besides there are 113 harijan *bastis* in Delhi i.e. slums meant for the lower-caste people.

- ◆ **Urban Villages:** The urban villages in Delhi have been de-notified vide Notification No. LB 2106/2 dated 28-08-1985. These villages experienced slums like environment due to fast growth of population. At present there are about 135 urban villages in Delhi. A plan scheme to improve the civil services in these urban villages was started in 1979-80. Since then amount of Rs. 166.82 crore (plan funds released) has been provided to MCD (Municipal Corporation of Delhi) and DJB (Delhi Jal Board) upto March, 2002.
- ◆ **Pavement Dwellers:** There is another part of squatters who do not have even a roof over their head and they resort to the pavements of Delhi at night to sleep. According to the DDA, Slum Wing, about 70,000 population of Delhi live on pavements.
- ◆ **Resettlement Colonies:** To resettle the squatter population, about 2.16 lakh households have been resettled in 45 resettlement colonies. Socio-economic conditions of these colonies are like slums. At present these colonies are suffering from various infrastructural inadequacies. The scheme for resettlement of JJ Cluster households was started in 1961 in Delhi. The commencement of the scheme was made with the allotment of two room tenements to 3560 JJ Cluster households. During 1975-77, a massive programme for settlement of about 1.97 lakh JJ Cluster households was undertaken by DDA with the development of 26 new JJ Resettlement Colonies. Since 1979-80 upto march, 2002 an amount of Rs. 451.67 crore (plan funds released) under plan and an amount of Rs. 470.18 crore under non-plan for maintenance has been released by Delhi Government.
- ◆ **Regularised Unauthorised Colonies:** Government of India regularized 567 unauthorised colonies in Delhi in 1977. To provide basic amenities in these colonies, a plan scheme was initiated in 1979-80. An investment of Rs. 469.96 crore (plan funds released) has been made in these colonies upto March, 2002. This amount does not include the cost of water supply, electrification and solid waste disposal system.



The **Master Plan for Delhi 1961-81 further extended to 2001**, was prepared by the **Delhi Development Authority (DDA)** and approved by the Government of India to ensure proper balance between the spatial allocations for the distribution of housing, employment, social infrastructure and transport, and adequate arrangement to accommodate all other physical infrastructure and public utility systems in Delhi. However, due to lack of adequately developed land at affordable prices to different categories of residents, various types of unplanned settlements have come up in Delhi. Land allocated for housing of the poor and working segments of the population have been siphoned for industrial usage, in opposition to the principles of the original Master Plan<sup>2</sup>.

According to the 2001 census, in India around 285 million people or about 28 percent of the population live in the urban areas. In 1991, there were 300 Class I cities accommodating about 65.2 percent of the total urban population, while 1135 Class IV cities accommodated only 7.7 percent. Urban growth nevertheless has been exploitative and chaotic, resulting in rising unemployment and low productivity work-sharing in the informal sector, squatting in teeming slums, congestion, encroachment on public space, water and air pollution and deteriorating infrastructure and services. In this context another important aspect is that of the inequality of distribution of resources especially income which has led to the deterioration of the living standards of a section of urban poor. This is one of the causes of the origins of slums in cities. Delhi state is surrounded by the states of Uttar Pradesh and Haryana. Delhi is among the top three states in terms of per

<sup>2</sup> Gita Dewan Verma (2002): *'Slumming India—A Chronicle of Slums and Their Saviours'*: Penguin Books, India.

capita incomes. Yet one can find abject poverty in the dingy slums which offer habitation to a sizeable portion of its population.

### **Basic Demographic Data on Delhi**

The population of Delhi has increased from 0.63 million in 1931 to about 13.8 million by the time of the 2001 Population Census. Delhi attracts people from all over India because of its central position in trade, commerce and lure of better employment opportunities. Delhi was considered as a single district for the **Population Census of 1991**. In 1996, Government of National Capital Territory (NCT) of Delhi created 9 districts and 27 sub-divisions. By the 2001 Census count, the North-West district of Delhi had the highest population (20.66% of the total). Declining sex ratio in Delhi from 915 to 868 between 1991 and 2001 shows the grave situation. In 2001, literacy rate in Delhi was 81.82%, higher than the national figure.

Structured information regarding the socio-economic background of the 1.6 million people who migrated to the city during the last decade (1991-2001) is not available as yet. However, a large majority of the migrants are poor rural migrants who were 'pushed' out of the villages for livelihood. There are also those who are not so desperate but are 'pulled' by the lure of better opportunities of employment and living conditions that the city offers.

Rapid urbanisation and growth due to industrialisation could not benefit all the sections of the society in Delhi, equally. A large section of the population stays in slums or *jhuggi-jhompris*, which offer miserable living conditions without basic amenities. However, these inequalities are not captured in the average figures that are calculated for the state as a whole. The Planning Commission estimates the proportion and number of poor separately for rural and urban India at the national and State levels. In the year 1999-2000, the percentage of population living below the poverty line in Delhi was estimated at 8.23%. The corresponding figure for India was 26.10%. The per capita income of Delhi at constant (1993-94) prices is estimated at Rs. 24,450 in 2000-01 while for India it was estimated to be Rs. 10,254.

### **Urban Settlements in Delhi and Conditions of People staying in Slums**

In India, slum areas have been defined under Section 3 of the Slum Areas (Improvement and Clearance) Act, 1956, as areas which are for reasons of poor quality of housing, sanitation and absence or near-absence of other infrastructural facilities, are deemed 'unfit for human habitation'. However, there is little consensus on the exact number of people living in slums or slum-like conditions. Depending on the criteria one uses, the estimates of slum population in Delhi can vary anywhere between 20 to 40 per cent of the city's population.

The **Population Census of 2001** had for the first time attempted to estimate the magnitude of slum population in cities and large towns (50,000+) of India. For the 14 'large towns' in the NCT of Delhi, inclusive of 11 Municipal towns, the figure came to around 18.45 % of the population in these sites. If one adds the 'smaller, i.e., class C, D and E towns, which are in the outskirts of the metropolitan city, the percentage would be far higher. However there is no Census figure on this, although smaller sample surveys in these suggest that over 50% of the population in these areas live in slum-like structures. Considering that there are a lot of unauthorised housing clusters that

house hundreds of thousands of the poor living in the city but are not officially designated as 'slums', the Census figures quoted above are likely to be huge underestimates.

The Master Plan for Delhi 1961-81 further extended to 2001, was prepared by the Delhi Development Authority (DDA) and approved by the Government of India to ensure proper balance between the spatial allocations for the distribution of housing, employment, social infrastructure and transport, and adequate arrangement to accommodate all other physical infrastructure and public utility systems in Delhi. However, due to lack of adequately developed land at affordable prices to different categories of residents, various types of unplanned settlements have come up in Delhi. Land allocated for housing of the poor and working segments of the population have been siphoned for industrial usage, in opposition to the principles of the original Master Plan<sup>3</sup>.

People residing in slums suffer from various infrastructural problems such as shortage of water supply, improper sanitation facilities, shortage of electricity, proper housing etc. The variation in water supply is significantly noticed between the deprived and the privileged areas of Delhi. New Delhi Municipal Corporation (NDMC) and Delhi Cantonment areas are receiving a surplus water supply of recommended norm of 70 gallons per person per day, while areas of Municipal Corporation of Delhi (MCD) suffer from shortage of water. The overall situation of sanitation in Delhi is poor. In posh localities of Delhi, there is sufficient quantity of water supply, better sewer system and efficient sewage/ garbage collection system, while slum settlements and poor localities of MCD suffer due to lack of such services. Garbage is generally collected from the private households, streets and lane cleaning, construction sites, dalaos in localities and industries. The existing infrastructure is becoming inadequate. The total volume of garbage generated is more than 4000 metric tonnes per day. Only about 400 trucks are available to dispose off the garbage<sup>4</sup>. Most of the garbage bins are located near slums which is a threat to the health and hygiene of the slum residents. The drainage system is inadequate. The poor people residing in the slums on the bank of the Yamuna River face serious health hazards due to such poor drainage infrastructure. A study named *Slums within Slums*<sup>5</sup> reveals that real sufferers due to locational distribution of medical institutions are the inhabitants of slums. Due to the high cost of treatment and non-availability of public medical services, the poors (*income* as well as *non-income*) are suffering from many diseases like tuberculosis, fevers, coughs, colds, measles, stomach disorders, diarrhoea, hookworms, malaria etc.

### Health Facilities

According to the Census 1991, percentage of households who have access to safe drinking water in Delhi turned was 95.78 percent, whereas at the all-India level this figure is 62.30 percent. Yet water-borne diseases are rampant in Delhi slums, especially during the monsoon season.

In order to see the health condition in Delhi we should look into certain vital statistics such as birth rate, death rate and infant mortality rate. According to Civil Registration Records, birth and death rate (per '000 population) have been declining since 1991. Birth rate which was 28.48 per 1000 in 1991 for Delhi declined to 22.15 in 1999. The death rate also declined from 6.35 per 1000 in 1991

---

<sup>3</sup> Gita Dewan Verma (2002), '*Slumming India—A Chronicle of Slums and Their Saviours*'. Penguin Books, India.

<sup>4</sup> Voluntary Health Association of India (1993). '*Delhi—A Tale of Two Cities*'. 40, Qutab Institutional Area, New Delhi.

<sup>5</sup> Sabir Ali (1991). '*Slums Within Slums*'. Vikas Publications, New Delhi.

to 6.06 per 1000 in 1999. Infant mortality rate declined from 32.37 per thousand live births in 1991 to 23.18 in 1999.

Per capita expenditure on health is much higher in Delhi as compared to the national level. The per capita expenditure on health in Delhi stood at Rs.436.40 which is more than double the per capita expenditure on health at the all-India level (Rs.179.65) in 2001-2002. This may be one of the reasons behind lower infant mortality rate and death rate which is found in Delhi.

Government efforts in bettering the health conditions of the people and providing quality health services can be judged from the allocation of funds for the health sector. Share of expenditure on health in the total plan expenditure was 7.40% during the Sixth Five Year Plan which increased to 7.87% during the Seventh Five Year Plan, dipped to 6.56% during the Eighth Five Year Plan and again rose back to the level of 7.09% during the Ninth Five Year Plan. Under the Ninth Plan, the share of expenditure on health in the total plan expenditure was more than 6% for all the annual plans of the years 1997-98, 1998-99, 1999-2000, 2000-01 and 2001-02.

Delhi witnessed a rise in the number of medical institutions providing health services. Total number of dispensaries rose from 511 in 1982 to 214 in 1996. Total numbers of hospitals rose from 63 in 1982 to 86 in 1996. We can also find that the number of nursing homes operating in Delhi rose from 85 in 1982 to 136 in 1996.

### **Provision of Health Services – The Administrative Structure.**

Health and Family Welfare Department, Government of NCT of Delhi has the prime responsibility for providing health care facilities to the people of Delhi by providing services and implementing various state and national programmes under medical and public health sector for prevention and eradication of various diseases; dovetailing Indian System of Medicine and Homeopathy (ISM&H) in the main system and by opening new hospitals and dispensaries/health centres in deficient areas to remove geographical imbalance and to ensure that facilities are provided at a reasonable distance for everybody.

Department of Health and Family Welfare is providing services through a network of 24 hospitals (including 3 under ISM&H), 166 Allopathic Dispensaries, 70 Mobile Van Dispensaries, 433 School Health Clinics, 15 Ayurvedic Dispensaries, 57 Homeopathic Dispensaries and 7 Unani Dispensaries.

Health and Family Welfare Department, Govt. of NCT of Delhi is divided in various directorates, departments and Hospitals to provide health services to the people of Delhi. Some of those important departments are:

- ◆ Directorate of Health Services
- ◆ Directorate of Family Welfare
- ◆ The Drug Control Organisation
- ◆ Department of Prevention of Food adulteration
- ◆ Directorate of ISM and Homeopathy
- ◆ State AIDS Control Society

- ◆ Hospitals, medical colleges which are run directly under the Department of Health and Family Welfare, Delhi.

The government of NCT of Delhi run several programmes and schemes for the people of the state. Following State and National Health Programmes are undertaken by the Govt. of NCT of Delhi:

A. Schemes under the State Health Programme

- ◆ *Matri Suraksha Abhiyan*
- ◆ *Delhi Arogya Nidhi*
- ◆ *Centralised Accident and Trauma Services (CATS)*
- ◆ *Trauma Centres*
- ◆ *Srawan Shakti Abhiyan*
- ◆ *Vector born Disease Control Programme like Malaria, Dengue*
- ◆ *Water Disease Control Programme*
- ◆ *Special Immunization Programme*
- ◆ *Pulse Polio Immunization Programme*
- ◆ *Motiabind Mukti Abhiyan*
- ◆ *Thalassemia Screening Programme*
- ◆ *Healthy City Project*
- ◆ *Health Scheme for Employees of Delhi Government*
- ◆ *Compulsory Testing of Blood by Blood banks for Hepatitis – B and C.*

B. Schemes under the National Health Programme

- ◆ *AIDS Control Programme*
- ◆ *Revised National Tuberculosis Programme*
- ◆ *Blindness Control Programme*
- ◆ *National Leprosy Control Programme*
- ◆ *Cardio Vascular Control Programme*
- ◆ *National Iodine Deficiency Disease Control Programme*
- ◆ *Cancer Control Programme.*

**Directorate of Health Services** is the main organisation under Department of Health and Family Welfare, which is also the nodal agency among the health care providers of Govt. of NCT of Delhi in the matter of establishment of hospitals and dispensaries, implementation of various National and State programmes related to Medical and Public Health for health care and prevention, control and eradication of major diseases.

**Directorate of Health Services** is one of the governments that not only actively participates in delivery of health care facilities but also coordinates with other government and non-government organisations in their health related activities for the improvement of health of citizens of Delhi. In addition to it, this directorate coordinates and monitors health services being provided by other agencies like NGO's and Private Nursing Homes.

The Directorate of Health Services is committed to provide logistic supply as per practical need matching with the availability of infrastructure and manpower in Dispensary, Health Centres,

Hospitals, etc. The Directorate evaluates various schemes and takes necessary corrective measures if needed.

There are two types of hospitals run directly under the Directorate of Health Services:

- I. *Peripheral Hospitals, and*
- II. *Colony Hospitals.*

Directorate of Health Services also provides health care facilities through:

- ◆ *Dispensaries/Health Centres*
- ◆ *Family Welfare Centres*
- ◆ *School Health Centres*
- ◆ *Referral Centres*
- ◆ *Special Clinics*
- ◆ *Mobile Dispensaries*

Among the above health centres and dispensaries, **mobile dispensaries** are specially designed for those people who reside in the slums and unauthorized colonies. As it is already mentioned above, Delhi attracts a whole lot of rural people for livelihood. Consequently, Delhi has a huge migrated population. Prevailing high disparity between rich and poor has forced this migrant population to settle in the small groups in unauthorised colonies called J.J. clusters. Poverty, sub human conditions, poor quality of life and lack of medical facilities has resulted in higher incidence of diseases of poverty and thus high mortality, morbidity and birth rate pattern can be seen in this group of population. Today, about 35% of Delhi population is living in these J.J. clusters and unauthorised colonies. Civic bodies are not able to do provide required civic amenities as they are all settled in the area labelled as unauthorised by civic authorities themselves. Directorate of Health Services of Delhi strengthened the **mobile health scheme** to provide primary health care to the residents of these slum clusters at their door steps. Due to lack of enough funds, the scheme started with only 20 mobile dispensaries. Later Delhi government invited NGO sector to participate in the scheme and as a result of some NGO's joining in scheme, a fleet of 68 mobile dispensaries started providing health care to the JJ clusters.

Along with providing treatment and medicine to the people of the slum, the mobile health scheme also provide following services for the people:

- ◆ *Participate in pulse polio programme, special measles vaccination programme, Matri Suiraksha Abhiyan, National Blindness Control Programme*
- ◆ *Provide health care facilities to large crowd at religious and social get together.*
- ◆ *Give health education*
- ◆ *Undertake sanitation surveys and take steps to improve sanitary conditions in JJ clusters.*
- ◆ *Send drinking water sample from JJ clusters to Public Health Laboratory for testing.*

### **Role of MCD in providing Health Care facilities in Delhi:**

The **Municipal Corporation of Delhi** provides civic services to more than estimated population of 13.78 million citizens in the capital city. It provides civic services to rural and urban villages,

resettlement colonies, regularised unauthorised colonies, JJ squatter settlements, slum 'basties', private 'katras' etc. The entire MCD area is divided into 12 zones.

The objective of the Health Department of Municipal Corporation of Delhi is to provide health care for the population residing in the territory of MCD in holistic manner i.e. preventive, curative, rehabilitative, training and research.

Though a large number of agencies are involved in medical & health care programmes of Delhi, the health department of MCD is the main agency for carrying out preventive health care services in its jurisdiction. The preventive programmes are water borne and vector borne disease control programmes. There are six major hospitals managed by MCD. The MCD also organizes primary health care through dispensaries (allopathy, homeopathy and Ayurveda), poly clinics, health centres, MCH centres, maternity homes and sub centres among others.

### **The main services provided by MCD are:**

#### **Public Health**

Food Hygiene, Licensing of Food establishments, Health Education, Public Health Laboratory, Cremation grounds, Registration of Births and Deaths

#### **Medical Care**

Curative, Preventive, Rehabilitative, Teaching, Training, Research

### **The Role of New Delhi Municipal Council (NDMC) in Providing Health Services**

NDMC is providing preventive, promotive and curative services to all the residents of NDMC area. NDMC runs a 150 bedded Charak Palika Hospital, 50 bedded Palika Maternity hospital 23 dispensaries within an area of 42.76 sq. kms.

### **Social Welfare and Nutrition**

**Delhi Finance Accounts** (from 1995-96 to 2000-01) provide expenditure of the state government on various social and economic services like nutrition (i.e. Special Nutrition Programmes, mid-day meal programmes), water supply and sanitation etc., which helps us to know the government's priority area for socio-economic development. (*The Total Expenditure which is mentioned in our analysis means Revenue Expenditure and Capital Expenditure*). Let us look into the Social Services Expenditure (in the Revenue Account) and Total Revenue Expenditure on Nutrition (2236) (since the Capital Account counterpart is not given in the Finance Accounts), for the period 1995-96 to 2000-01.

#### ***Special Nutrition Programmes***

The share of Social Services Expenditure (in the Revenue Account) on Special Nutrition Programmes (02-101) has shown a decline from 2.27% in 1997-98 to 0.74% in 1999-2000 and

rose to 0.95% in 2000-01. The share of total Revenue Expenditure on Special Nutrition Programmes has shown a decline from 1.48% in 1997-98 to 0.43% in 1999-2000 and then a fall to 0.54% in 1995-96 as shown in the Chart-2.

### ***Mid-Day Meals***

The share of Social Services Expenditure (in the Revenue Account) on Mid-Day Meals (02-102) has remained constant at 0.01% from 1995-96 to 1998-99, and then rose to 0.06% in 1999-2000 and 0.61% in 2000-01. The share of Revenue Expenditure on Mid-Day Meals has remained constant at 0.01% between 1995-96 and 1998-99, followed by a rise to 0.03% in 1999-2000 and 0.35% in 2000-01 as shown in the Chart-2.

### ***Distribution of Nutritious Food and Beverages***

The share of Social Services Expenditure (in the Revenue Account) on Distribution of Nutritious Food and Beverages (02) has shown a fall from 2.28% in 1997-98 to 0.80% in 1999-2000. The share of Revenue Expenditure on Distribution of Nutritious Food and Beverages has shown a decline from 1.49% in 1997-98 to 0.47% in 1999-2000.

### ***Nutrition***

The share of Social Services Expenditure (in the Revenue Account) on Nutrition (2236) has shown a fall from 2.28% in 1997-98 to 0.80% in 1999-2000. The share of Revenue Expenditure on Nutrition has shown a decline from 1.49% in 1997-98 to 0.47% in 1999-2000.

**Chart-1: Share of Revenue Expenditure on Special Nutrition Programmes and Mid-Day Meals Programmes**

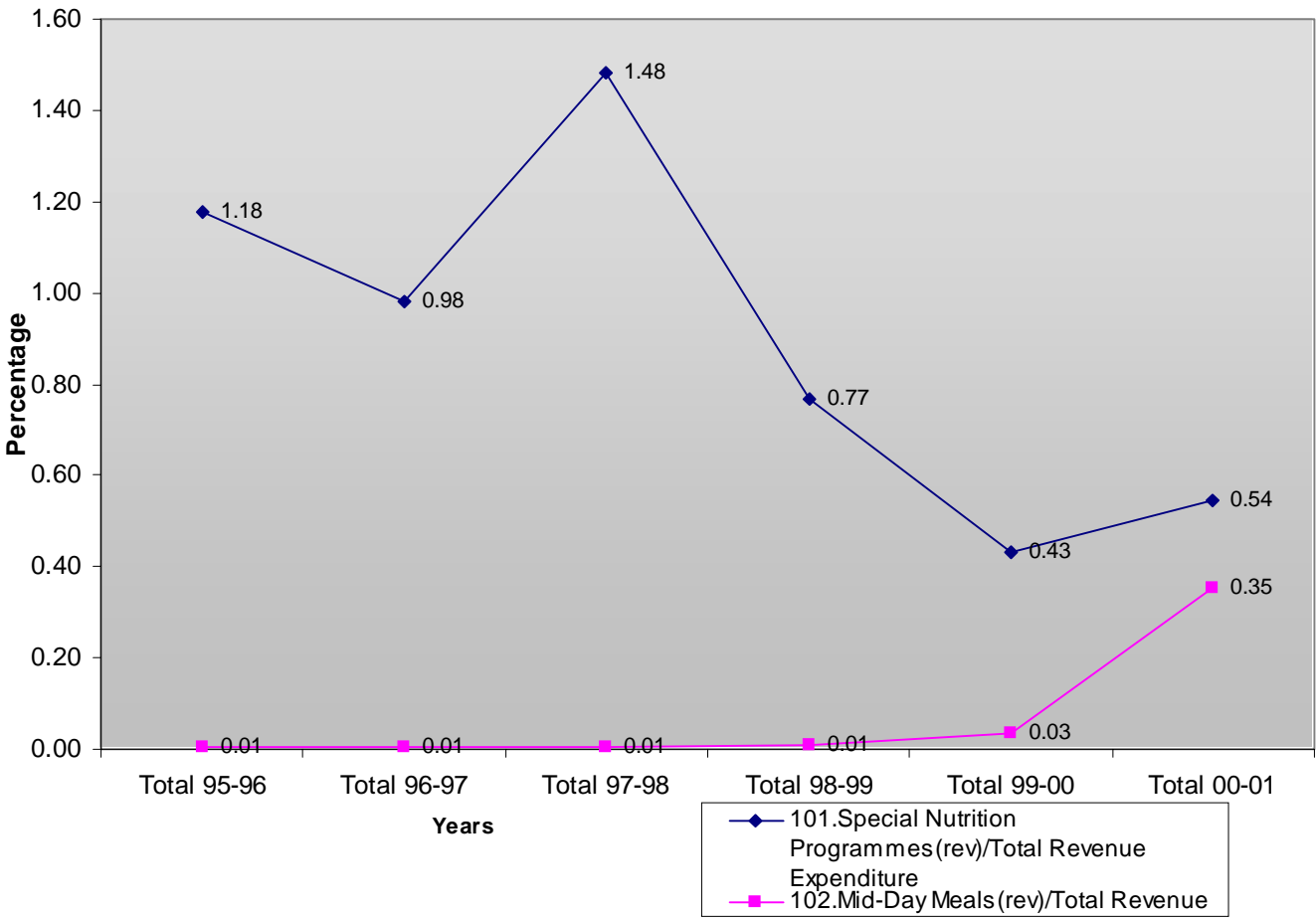


Table 1 provided below gives breakup of the expenditure on social welfare and nutrition.

**Table 1: Breakup of Expenditure on Social Welfare and Nutrition (in Rs.)**

	Total 95-96	Total 96-97	Total 97-98	Total 98-99	Total 99-00	Total 00-01
<b>Social Welfare and Nutrition</b>						
<b>2236. Nutrition--</b>						
02. Distribution of Nutritious Food and Beverages--						
101.Special Nutrition Programmes	221098	198975	344098	217706	151874	201081
101.Special Nutrition Programmes (rev)/Social Services Expenditure(rev)	2.19	1.62	2.27	1.19	0.74	0.95
101.Special Nutrition Programmes (rev)/Total Revenue Expenditure	1.18	0.98	1.48	0.77	0.43	0.54
102.Mid-Day Meals	990	1048	1170	2474	12146	130074
102.Mid-Day Meals(rev)/Social Services Expenditure(rev)	0.01	0.01	0.01	0.01	0.06	0.61
102.Mid-Day Meals(rev)/Total Revenue Expenditure	0.01	0.01	0.01	0.01	0.03	0.35
Total—02. Distribution of Nutritious Food and Beverages	222088	200023	345268	220180	164020	331155
Total—02. Distribution of Nutritious Food and Beverages(rev)/Social Services Expenditure(rev)	2.20	1.63	2.28	1.20	0.80	1.56
Total—02. Distribution of Nutritious Food and Beverages(rev)/Total Revenue Expenditure	1.18	0.98	1.49	0.78	0.47	0.90
<b>Total. Nutrition</b>	222088	200023	345268	220180	164020	331155
Total. Nutrition/Social Services Expenditure(rev)	2.20	1.63	2.28	1.20	0.80	1.56
Total. Nutrition/Total Revenue Expenditure	1.18	0.98	1.49	0.78	0.47	0.90
<b>Total B. Social Services (rev)</b>	10101054	12303347	15138339	18340531	20414119	21205942
<b>Grand Total Expenditure (revenue A/C)(rev)</b>	18771582	20318091	23220043	28401241	35230025	36964964

*Source: Finance Accounts of Delhi, various issues*