

MANUAL 2

PARTICULARS OF ORGANISATION, FUNCTIONS & DUTIES

**ORGANISATION CHART OF PUBLIC HEALTH DEPARTMENT
MUNICIPAL COMMISSIONER**

ADDLI. MUNICIPAL COMMISSIONER (W.S.) Health Department

Executive Health Officer

Jt.Exe.Health Officer (1 post) ↓	Insecticide Officer (1 post) ↓	Ch.Medical Superintendent (Pheripheral Hospital 16) ↓	Specialised Hosp. (5 Hosp.) ↓	Sr. Medical Officer Medical Officer (29 Maternity Homes) ↓	Medical Officer Sr. Medical Officer (28 Maternity Homes) ↓	Ch . M. O. ST D Clinic	M.O . Drug de-addiction Centre	Mun. Analyst Lab oratory At G/N Dad ar	Cat tle Po un d Offi cer Mal ad	Dog Con trol Offi cer
Dy. Exe. Health Officer (1 to 7 zones & RNTCP & (FW & MCH Programmes) (Total 7 posts) ↓ Asst. Health Officer / Special.Officer (Total 14 posts) (FW & MCH) (Zones and programmes Surveillance /EPI / TB	Dy. I.O.(3 post) ↓ Asst.I.O. (7 posts) ↓ Pest Control Officer (24 Posts)	1. Bandra Bhabha Hosp. 2. Cooper Hospital 3. V.N. Desai H.Santacruz 4. M.W. Desai H. Malad 5. S.K. Patil H., Malad 6. Babasaheb Ambedkar Hosp.,Kandivali 7. Bhagwati Hospital,Borivali 8. Siddharth	1. Kasturba Hosp. 2. G.T. B. Hosp. 3. Acworth Leprosy Hospital 4. ENT Hosp. 5. Eye Hospital	1. Zaobawadi Mat. H. 2. Naigaon M. H. 3. Raoli Camp M.H. 4.Prabhadevi M.H. 5. Mahim M.H. 6. Kherwadi M.H 7.V.N. Shirodkar M.H. 8. Squatters M.H 9. Marol M.H. 10. Oshiwara M.H 11. Goregaon M. H.	1. Akurli Rd. Mat.Home 2. Zaobawadi Mat. H. 3.Prabhadevi M.H. 4. Rawli Camp M.H. 5. Naigaon M. H. 6. Reay Rd. M.H. 7. Goregaon M. H. 8. Ramabai Thakre M H 9. Deonar M.H. 10.Mahim M.H. 11. Choksi M.H.					

<p>EPDT / Training / IEC, Bureau ICDS,RCH etc.)</p> <p>Sr.Medical Officer Medical</p> <p>Officer of Health</p> <p>Posts – for MO i/c Disp. ward offices) (24 ↓ 24</p> <p>Health Posts</p>		<p>H.Goregaon 9. Kurla Bhabha Hospital 10.Shatabdi Hosp. Govandi 11.Barve Nagar Hosp. Ghatkopar 12. Rajawadi Hosp., Ghatkopar 13. Kannamwar Nagar, Vikhroli 14. Mulund (E) Hosp. 15. Mulund (W) Hosp. 16. Maa Hosp. Chembur</p>		<p>12. Choksi M.H. 13. Malvani M.H. 14. Riddhi Garden Mat.Home 15. Akurli Rd. Mat.Home. 16. . Charkop M.H. 17. Borivali M.H. 18 Kasturba Cross Rd. 19. .Mother & Child Hospital, Magathane 20. Maa Saheb Meenatai Thakre Bhandup M.H. 21. Dr. Anandi bai Joshi M.H. 22. Cheeta Camp.M.H. 23. Deonar M.H. Mulund M.H.’ 24. Matoshree Ramabai Ambedkar M.H. 25. Matoshree Ramabai Thakare. 26. Dr. Babasaheb Ambedkar M.H. 27. Savitri bai Jyotiba Phule M.H 28 Lal Bahadur Shastri Marg. Mat.Home</p>	<p>12. Borivali M.H. 13. Oshiwara M.H. 14. Shirodkar M.H. 15. Squatters M.H. 16. Marol M.H. 17. Kasturba Cross Rd. 18. Charkop M.H. 19. Chunabhati M.H. 20. Bhandup M.H. 21. Cheeta Camp.M.H. 22. Malvani M.H. 23. Mulund M.H.’ 24. Tagore Nagar M.H. 25. Kherwadi M.H. 26. Ramabai Ambedkar M.H. 27.Ridhi Garden Mat.Home 28.Mother & Child Hospital, Magathane</p>	
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Functions & Departmental activities :-

The following functions are performed by the staff of Public Health Department, under the supervision and guidance of the Executive Health Officer (EHO), Joint Executive Health Officer (Jt. EHO), 7 Deputy Executive Health Officers (DEHOs), 14 Assistant Health Officers (AHOs) (some of them work for implementing National Health Programmes as well as Zonal Health Administration), 1 Insecticide Officer, 1 AHO (Schools) and 1 Special Officer (Family Planning), Ch. Medical Superintendent, Sr. Medical Superintendent, Medical Superintendent, Chief Medical Officer of the Hospitals and M.S., C.M.O. of specialized Hosp..

Following are the functions and activities of Public Health Department

1. Maintenance of vital statistics regarding births, deaths and occurrence of diseases.
2. Prevention and control over communicable diseases.
3. Regulations & provision of places for disposal of dead.
4. Transportation of dead bodies outside Mumbai & vice versa. Permission is granted by Officers of the level of Exe. Health Officer, D.E.H.O's, A.H.O's and Medical Officers of Health and after office hours by Medical.Supdt.. – Kasturba Hosp. & 18 Pheripheral Hospitals,
5. Implementation of various National Health Programmes (TB, Malaria Control, Leprosy, Immunisation, Family Welfare & Maternal Child Health, School Health Blindness Control, AIDS etc).
6. Maternity and child welfare services including Post Partum Centres, Health Posts, Out Reach Services, Hospitals, Clinics, Dispensaries
7. Medical relief through dispensaries including Mobile Health Unit.
8. Prevention of adulteration and misbranding of articles of food.
9. Licensing and controlling trades dealing in food and coming under the purview of sections 394 and 412A of the Mumbai Municipal Corporation Act and under the Maharashtra Prevention of Food Adulteration Rules, 1962.
10. Licensing and controlling trades (Other than food establishments) involving nuisance or danger to public health.
11. Controlling places of public amusement from public health point of view, namely, cinema houses, drama theatres, fairs and festivals etc.

12. Registration and inspection of Nursing Homes.
13. Licensing of Nurses Establishments.
14. Other miscellaneous functions, such as, enquiries about lunatic cases, control on Sexually Transmitted Disease, Clinic and Laboratory, lifeguard services at various beaches, seizure and impounding of stray cattle, dog control etc.
15. Vector & Pest Control
16. Maintenance of Specialised Hospitals i.e. Kasturba Hosp. for Infectious Diseases, Group of T.B. Hosps., & TB Clinics, Mun. Ackworth Mun. Leprosy Hosp., Wadala, Eye Hosp. ENT Hosp.
17. Conducting population census after every ten years.
18. Analysis of Water samples and food samples in Municipal Laboratory at G/N ward Dadar.
19. PNDT Act, Bio Medical Waste

For the efficient discharge of these functions, Greater Mumbai has been divided into 24 Wards, which have been grouped into six zones, with one Zonal Dy. Exe. Health Officer and Assistant Health Officers, having proper hierarchy.

There are in all 24 wards. Being in charge of the ward Medical Officer of Health is also the Sub Registrar of Births & Deaths as provided under Registration of Births & Deaths Act 1969 and Rules 2000. The Medical Officers of Health work under the directions of their respective Zonal Asstt. Health Officer. He is also answerable to the Assistant Municipal Commissioner of his ward. Supervision over the staff at the ward level is done by Assistant Municipal Commissioner under whom they work. Funds for expenditure, establishment of staff, dispensaries, cemeteries, etc. are proposed by the Medical Officer of Health. This information is compiled by the Office of the Executive Health Officer and funds are allotted for budgetary works.

Main Public Health Services of the Brihanmumbai Mahanagarपालिका are as follows: -

School Health Services:

In 1913 Education Committee of MCGM started periodic health checkup of school children and this responsibility was taken over by Public Health Department in 1938. The aim of School Health Services is to provide the all round development of the child by making available diagnostic and therapeutic services. In today's Global scenario, prevention has gained prime importance. Thus a positive attitude towards health education is imparted in the schools.

Main objective of School Health Services are –

- 1) Promotion of positive health
- 2) Prevention of diseases
- 3) Early diagnosis, treatment and follow up
- 4) Providing conducive environment

Objective :-

Regular Medical Examination of the municipal school children is conducted so that early diagnosis and treatment of diseases can be done.

These objectives are achieved through 37 Medical Inspection units, each comprising of one Medical Officer, one Health Visitor and one Peon. There is a well planned programme for each academic year with set objectives. The teams visit 1030 primary schools, 49 old secondary schools, 96 new secondary schools & 17 Municipal Schools for Mentally Challenged children and carry out medical inspection of children of Ist to Vth and VIth & IXth standards.

During routine medical inspection, the Medical Officers carry out a detailed checkup of students and screen them for minor and major ailments. During the course of the examination, minor ailments detected such as skin problems, conjunctivitis, vitamin deficiencies, worms, Upper Respiratory Tract, fever Infections, Anemia, fever and Diarrhea etc. are referred to nearby Municipal dispensaries for further treatment. Children with signs of major diseases like Heart problems, TB, Leprosy, handicaps and those who need institutional treatment are referred to School Clinics located at Sion, KEM, Nair, Nair Dental, Rajawadi, Cooper & Bhagwati Hospital. In the school clinics children are examined and treated by expert doctors.

School Clinic Organisers take the children from schools by school buses to hospitals for expert's opinion, investigation, operative treatment and rehabilitation aids. Parents and children are advised on proper treatment, preventive measures, and steps to maintain the Health of the child. Whenever necessary first aid facility is being provided to school children. Diphtheria (D.P.T.) or Tetanus Toxoid (T.T.) for 1st Std. and Tetanus Toxoid (T.T.) Immunization for Vth and Xth Stds. is carried out in all schools through health post staff. Besides detailed check up, a lot of emphasis is laid on Health Education which is carried out through daily health talks to students. Health awareness is spread to teachers and community by arranging parents-teachers meetings. Sanitary inspection of school building is a routine task of medical team members, which has helped, immensely for promoting clean environment.

Child to child programme is carried out by each Medical inspection team with aim of educating VIth Std. students in subjects like Anemia, monsoon illnesses & ill effects of Tobacco etc. Current topics based on WHO day slogan are also included. Here Health Education is imparted to the children through fun & games activities and is effective in educating the children of Std.VIth and their parents as well as other children in the slums. Taking into consideration the competitive spirit and to promote positive health, Healthy child competition is held annually for age group of 7 years (Std II. students). Prizes in the form of bedsheets & pillow cover are awarded to 8 to 10 students per ward. Teachers and parents are given certificates.

Services :-

- 1) Preventive services – Diphtheria Pertusis or Tetanus (DPT) and Tetanus Toxide immunization to children of Std.I Tetanus Toxide immunization to children of Std.V & X
- 2) Curative Services - Free dispensary services for minor ailments Free hospital services in special school clinics. Hospitalization and operative services. Rehabilitation services like provision of special boots, calipers, spectacles etc.
- 3) Educational Services Health talks Parents interviews Parents teachers' meetings.
- 4) Statistical Services Data analysis

Expanded Programme of Immunization:

Under the Universal Immunization Programme all children under one year of age are immunized for vaccine preventable diseases namely Polio, Diphtheria, Pertussis, Tetanus, Tuberculosis, Measles, Hepatitis-B, Haemophilous Influenza type B. Since 2006 MMR vaccine is given to all children to prevent Measles, Mumps & Rubella diseases. This vaccine is available in all M.C.G.M. Dispensaries, Health Posts, Peripheral Hospitals and Maternity Homes free of cost. Since 1995-1996, Pulse Polio Immunization programme is launched in Mumbai and results are excellent. Since 2008 there is no Polio Case found in Mumbai. Anti Rabies vaccination is given "Free" to all dog bite patients in 80 Dispensaries, 17 Peripheral Hospitals and 4 Medical College Hospitals of M.C.G.M.

Control of Communicable Diseases:

Dangerous diseases viz. Small Pox, Cholera, Plague etc. are required to be notified by every medical practitioner, who treats or becomes cognizant of the existence of the diseases. Awareness about the precautions for the control of these diseases is created through Health Posts, ward level staff or IEC Dept.

The other departments of the Corporation, private practitioners, media through PRO are coordinated. Water samples are taken at various spots along with samples from Hydraulic Engineer (H.E.)'s Dept. to detect potability of the water & accordingly corrective action is taken by HE's Dept. Every day 10 samples are drawn from each ward and analysis.

Medical Relief through Peripheral, General Hospitals & Specialized Hospitals:

There are 17 Peripheral Hospitals & 5 Specialized Hospitals i.e (Kasturba Hospital for infectious disease, GTB Hospital, Eye Hospital, ENT Hospital, Acworth Leprosy Hospital). These hospitals provide curative services for various faculties (Medicine / surgery / gynecology / orthopedic etc.). Peripheral hospitals work under administrative control of Ch. Medical Superintendent (Ch. M.S.) and 5 Specialized Hospital work under the control of Sr. M.S. (Specialised Hospital)

Sexually Transmitted Diseases: (STD Clinic)

The Municipal Clinic for Sexually Transmitted Diseases (Male O.P.D.) is working since more than 75 years, situated at 254, Jahangir Boman Behram Marg, Nagpada, Mumbai : 400 008. Female O.P.D. also known as Comprehensive Health Care Unit (CHCU) and S.T.D. Reference Laboratory is situated at Kamathipura Maternity Hospital, Ground floor, 13th Lane, Kamathipura, Mumbai : 400 008..

Clinical Work :

Diagnosis, Treatment. Counselling, Follow-up, contact tracing, VDRL & HIV screening for S.T.D. patients are undertaken in this clinic. Specialized laboratory tests for Sexually Transmitted Diseases with ELISA Testing for HIV are carried at our S.T.D. Reference Laboratory. Also samples from Eastern Suburbs Maternity Homes, Kherwadi Maternity Home are processed for VDRL etc.

Voluntary Counselling and Testing Center (VCTC) for HIV Testing is situated at Male STD Clinic.

Sentinel Surveillance Site : STD Clinic is one of the important Sentinel Surveillance Site for NACO.

Drug –de- Addiction Centre

This centre is started on 2nd Sept. 1992. This is 20 bedded centre where Detox treatment is given to the different drug Addicts.

Following Types / Categories of Drug Addicts treated here.

- I. Narcotics & Synthetic Opium Derivatives
 - Opium, Morphine, Heroin, Brown sugar
 - A. Codeine Derivatives - Phensedyl, Corex
 - B. Synthetic Opiates - Relipen, Spasmoproxyvon, Tidigesic, Fortwin, Other pain killers
- II. Depressants, Sedatives & Tranquilisers
 - A. Benzodiazepines - Diazepam (Valium, Calmpose)
 - B. Methaqualone - Mandrax, Tranquilisers, Motravet, Trika, Other sleeping pills
- III. Stimulants
 - A. Cocaine
 - B. Amphetamines - Dexedrine (Dexamphetamine), Speed / Ice 9 methamphetamine)

Ecstasy





- IV. Hallucinogen, LSD
- V. Cannabis
 - A. Marijuana - Ganja, Grass
 - B. Hashish - Charas, Bhang
- VI Inhalane Chemical (This is very commonly drug found among the children)
Glue, Adhesive Solution, Acetone
- VII Nicotine (Smoked)
 - Tobacco (chewed) ,Gutka

Above types of drug addicts are treated for 10 days in this centre. After completion of treatment patient referred to different Re-habilitation treatment, Day care treatment, Narcotics Anonymous / Alcoholic Anonymous meetings.

MUMBAI DISTRICT TUBERCULOSIS CONTROL SOCIETY

The Pilot Project under Revised National Tuberculosis Control Programme (RNTCP) was started in city of Mumbai in October 1993 in H/W ward of Mumbai Municipal Corporation. It was extended to H/East and K/East wards in 1995. In Feb 1999 RNTCP was introduced all over Mumbai.

The objectives of RNTCP are: -

-  To achieve and maintain more than 85% cure rate among the New Sputum smear-positive TB cases registered
-  To achieve and maintain detection of at least 70% of the estimated New Sputum smear-positive cases
-  To provide Short-Course Chemotherapy (SCC) to all TB Diagnosed patients for the recommended duration of treatment to ensure that they are free of disease.
-  To ensure the implementation of DOTS(Directly Observed Treatment, Short-Course) for treatment of all TB cases registered in the RNTCP For Smooth functioning and implementation of RNTCP “**Mumbai District Tuberculosis Control Society (MDTCS)**” is formed in July 1998 under the Chairmanship of Addl. Municipal Commis-

sioner. The Funds from Central Govt are directly received by the society through the State.

The Facilities for Diagnosis & Treatment under RNTCP are as follows:

- 116 Microscopic Centers have been established in Municipal dispensaries, TB Clinics, Peripheral Hospital and Medical Colleges for the examination of sputum of Chest symptomatic.
- 327 DOTS Centers have been established all over Mumbai in health posts, dispensaries and hospitals where TB patients are called on alternate days for first 2-4 months and then once a week for next 4-6 months where observed treatment is rendered by the paramedical staff.
- Other sectors like State Govt., Central Govt., Railways, Police, Mumbai Port Trust, ESIS Hospital and CGHS are also involved under RNTCP-Mumbai.
- 20 Non Govt. Organizations (NGOs) and 1132 Private Practitioners (PPs) are involved under RNTCP with various schemes.

MCGM has undertaken massive expansion & strengthening of TB control programme in Mumbai from Jan 2012. The activities undertaken are:

- Earlier there were 6 DTO's each for One Zone, now 24 fulltime DTO's are appointed (each one per ward) for smooth working of RNTCP programme.
- Earlier there was 1 DOTS Plus Site (KEM) of Sewree TB Hospital, 2 additional DOTS Plus Site (Nair & Sion) have been started (Total 3 DOTS Plus Site are functional) at Sewree TB Hospital.
- Mumbai included in C category for MDR TB suspects criteria to have maximum benefits to the patients.
- Capacity of detection of MDR patients has been increased from 10 to 60 daily at JJ hospital Lab.
- The Medical Officer from Medical College & Sewree Hospital has been trained in Drug Resistant TB Management.
- Total 1928 PMP's are trained in D.R. TB.
- House hold survey was carried out in March/June in all slum pockets of Mumbai & total 458 symptomatic patients (two weeks cough, low grade fever) were identified & put on treatment.

- Total Bed Capacity for MDR TB patient at GTB Hospital has been increased from 20 to 150.
- Separate O.T is operational from March 2012 for MDR TB patients at GTB Hospital with more than 25 surgeries undertaken till date.
- Laboratory for detecting MDR patients has been proposed at GTB Hospital.
- 200 bedded separate ward for MDR patients was proposed at Bahadur G. Block at GTB Hospital & work has already started.
- Awareness Campaign is being done in community by TB staff & Health Post staff. PMP's are being motivated for active participation in the programme. School Awareness programme is started from Aug. 12 in Municipal Schools for students & parents.
- IEC material e.g. Posters, Banners are exhibited at prominent Sites.

Dog Licensing Establishment

Dog licensing establishment's main function is to control the nuisance created by stray dogs for the control of Rabies disease.

The control of dog population is being achieved by sterilization & immunization of stray dogs. Initially this department was under the control of conservancy department. Stray dogs were caught and killed by electrocution till 26th January 1994. From this day onwards killing of stray dogs for the purpose of control of their population is totally stopped.

To receive complaints of dog nuisance from general public and others, to catch such dogs as well as to catch the dog even without complaints and provide such dogs to the Non Governmental Organisations for sterilization and vaccination. Such sterilized dogs are later released in the same place from where they were caught.

To issue new licenses and to renew them to the owners of pet dogs.

There are four offices under dog licensing establishment namely at Mahalaxmi, Bandra, Malad & Mulund. Complaints of stray dog nuisance is received by these offices and the complaints are attended to, wherein these stray dogs are caught and handed over to Non Governmental Organisations (NGO) for the purpose of sterilization & vaccination. Ill or diseased dogs are also caught and given to these NGOs who treat them in their kennels and the dogs are released after they are fully cured. All the kennels which were within the possession of Dog Licensing Establishment of Municipal Corporation of Greater Mumbai have been handed over to the NGOs involved in the Animal Birth Control Programme.

Dogs within the area of Mumbai Air Port are caught on a regular basis and given to NGOs for adoption.

Rabies dogs after being caught are observed in an isolation ward of the NGOs and only after confirmation are either released or put to death after a certification by a committee specially appointed for the purpose.

Facilities for New Licences & renewal of licenses for Pet dogs are now available in all CFC centres of the 24 ward offices.

Anti-Rabies treatment is given at the 18 Municipal Peripheral Hospitals, and 31 Municipal Dispensaries. Dogs are licensed by the Dog Licensing Establishment and it deals with the abatement of nuisance caused due to stray dogs.

Name of Anti Rabies Ward wise Hosp. & Dispensary

I	A	1	Colaba Dispensary	III	H/E	32	V.N. Desai Hospital		
		2	Paltan Road Dispensary			33	Kherwadi Dispensary		
		3	Head Office Dispensary			34	Bharat Nagar Dispensary		
	C	4	Chandanwadi Dispensary		H/W	35	K.B. Bhabha Hospital, Bandra		
		5	Ghogari Mohalla Dispensary			36	Gurunanak Stn. Road Dispensary		
		6	Thakurdwar Dispensary			37	Ambedkar Road Dispensary		
	D	7	Bane Compound Dispensary		K/E	38	Gundivali Dispensary		
		8	R. S. Nimkar Marg. Dispensary			39	Squatters' Colony Dispensary		
		9	Nana Chowk Dispensary			40	Balasaheb Thackery Hosp		
	E	10	Tank Square Dispensary			41	Marol Dispensary		
		11	Nair Hospital			42	Paranjape Dispensary		
		12	Nawab Tank Dispensary			43	Sundar Nagar Dispensary		
	I		13		N. M. Joshi Marg Dispensary	IV	K/W	44	N.J. Wadia Dispensary
			14		D. P. Wadi Dispensary			45	R.N.Cooper Hospital
			15		Gaurabai Dispensary			46	Varsova Dispensary
II	F/S	16	Abhudaya Nagar Dispensary	47	Oshiwara Dispensary				
		17	K.E.M. Hospital	48	Juhu Dispensary				
		18	Kidwai Marg Dispensary	49	Municipal Market Dispensary				
		19	Gautam Nagar Dispensary	P/S	50		Siddharth Hospital		
		20	Siwari Cross Road Dispensary		51		Topiwala Municipal Dispensary		
F/N	21	L.T.M.G. Hospital (Sion)	P/N	52	Chincholi Squatter' Col. Dispensary				
	22	Raoli Camp Dispensary		53	M.W. Desai Hospital				
	23	Korba Mithagar Dispensary		54	Choksey Municipal Dispensary				
G/S		24	Jijamata Nagar Dispensary	55	S.K. Patil Hospital				
		25	Senapati Bapat Marg Dispensary	56	Malwani Dispensary				
		26	M. H. Compound Dispensary	57	Riddhi Garden Dispensary				
		27	Worli Koliwada Dispensary	58	Pathanwadi Dispensary				
G/N		28	Bai Gulbai Dispensary	VII	R/S	59	School Road Dispensary		
		29	Main Road Dispensary			60	Dahanukar Wadi Dispensary		
		30	Matunga Labour Camp Dispensary			61	Akurli Road Dispensary		
		31	Velkarwadi Dispensary			62	Charkop Dispensary		

VII	R/S	63	Babrekar Nagar Dispensary	V	M/E	83	Deonar Dispensary
		64	Hanuman Nagar Dispensary		MW	84	Maa Hospital
	R/N	65	Bhagwati Hospital	VI	N	85	Labour Camp Dispensary
		66	Y. R. Tawde Dispensary			86	Rajawadi Hospital
		67	L. T. Road Dispensary			87	Pantnagar Dispensary
	R/C	68	M.H.B. Colony Dispensary			88	Sant Muktabai Hospital
		69	Kasturba Hospital (Borivali- W)			89	Park Site Dispensary
		70	B.D.B. Ambedkar Hospital			90	Sarvodaya Nagar Dispensary
		71	Charkop Sector- 5 Dispensary			91	Kirol Dispensary
		72	Eksar Road Dispensary			S	92
V	L	73	K.B. Bhabha Hospital, Kurla				93
		74	Bailbazar Mun. Dispensary		94		Tagore Nagar Dispensary
		75	Chunabhatti Mun. Dispensary	95	M.V.R.Shinde Dispensary		
		76	Chandivali Dispensary	96	Tirandaz Village Dispensary		
		77	Asalfa Villge Dispensary	97	Shivaji Talao Dispensary		
		78	Qureshi Nagar Dispensary	T	98		M.T. Agarwal Hospital
		79	Tilak Nagar Dispensary		99	Veer Savarkar Hospital	
		M/E	80		Centenary Hospital, Govandi	100	Mulund Colony Dispensary
81	Trombay Dispensary		101		Dumping Road Dispensary		
82	Gavanpada Dispensary						

Registration of Births and Deaths:

The Registration of Births & Deaths in the Jurisdiction of the Municipal Corporation of Brihanmumbai is done as per the provision laid down under the "Registration of Births & Deaths Act, 1969" , and the "Maharashtra Birth & Death Rules 2000 " there under by the Government of Maharashtra. According to the Act, the system of registration of births and deaths has been uniformly implemented throughout the country. Reporting and registration of live births and still births as well as deaths have been made compulsory. The Act lays down that information about births and deaths should be given to the Registrar in the prescribed proforma for the purpose within 21 days from the date of occurrence of the event.

Erroneous entries are corrected or cancelled on production of declaration made by two credible persons with two documentary evidences. Cause of death is not mentioned in the certificate of death or in extract of report as per provision of Section 17 of the Act. It is the duty of the Medical Officers Incharge of Medical institutions (Municipal Corporation, Government & Private practioners) to report this event to the Registrar in the prescribed form about the birth that takes place in their institution. Delay in reporting involves payment of late fees & compounding charges for registration in addition to production of documentary evidence such as affidavit or order from the Metropolitan Magistrate. The name of a newly born child is entered free of charge within 12 months from the date of registration of the birth of the child. Otherwise it can be entered on payment of late insertion charges & compounding charges upto 15 years of age.

As now the Municipal Wards are computerized once the details of birth & death are registered at respective wards, citizens can obtained the computerized birth and death certificates from any ward of Municipal Corporation of Greater Mumbai.

Regulation of the places for the disposal of the dead:

Cemeteries:

There are in all 172 cemeteries in use, .out of which 51 are Municipal Cemeteries and 121 private cemeteries.

Electric Crematorium:

There are 11 Electric Crematorium viz. at Chandanwadi C-Ward, Vaikunthadham E-Ward, Bhoiwada F/S-Ward, Sion F/N-Ward, , Shivaji Park G/N-Ward, Hains Road G/S Ward Oshiwara at Jogeshwari K/W-Ward, Dahanukar Wadi R/South Ward, Daulat Nagar R/N-Ward, Charai M/W-Ward, Tagore Nagar at Vikhroli, S ward

Permission for removal of dead bodies outside city limits :

Permission for removal of dead bodies outside Greater Mumbai limits is issued at the office of the Executive Health Officer between 10.30 a.m. to 5.30 p.m. on working days and also in the office of Medical Officer of health between 8.30 a.m. to 11.30 a.m. and 3.00 p.m. to 5.30 p.m. on week days (except Saturday afternoon and Public Holidays). In case of removal of dead bodies by Road /Rail/ Air to the places which can be reached within 24 hours after death, permission is issued at the Municipal Hospitals of Greater Mumbai, if the death is reported thereat. Such permission is also issued during non working hours and on Sundays and holidays by the Medical Officer of health, Chief Medical Officers / Medical Supdt. of the 16 Pheripheral Municipal Hospitals namely viz. Kasturba hospital for infectious diseases, Arthor Road, Bhabha Hospital, Bandra (W), Kurla Bhabha Hosp., MAA Hospital, Chembur, Rajawadi, Ghatkopar Barve Nagar, Ghatkopar (W), Kannamwar Nagar, Vikhroli (E), Mulund (East), Mulund(West), S.K.Patil, Malad, V.N. Desai Hosp. Santacruz (E), Cooper Hosp., Vile-parle (W), Kandivali Centenary, Govindi Centenary and Bhagwati Hosp., Borivali.. Permission for re-opening of family graves for fresh burials is granted by Medical Officer of Health of all the Wards

Population Census:

Census is carried out every 10 years by the M.C.G.M with the help of M.C.G.M , Govt. and Semi – Govt. Staff.

The Union Govt. of India decided to create a National population Register (NPR) of all the usual residents in the country as a first step towards creation of (NRIC) National Register of Indian Citizens under the citizenship Act 1955 and Citizenship Rules 2003. The NPR is a comprehensive electronic database of usual residents in the country containing 15 fields of demographic data. State of Maharashtra was assigned the work of Unique Identification Authority of Indian (UIDAI) & to capture of biometrics enrolment. In Mumbai work of NPR upgradation was assigned to Municipal Corporation of Greater Mumbai viz. Hon. Municipal Commissioner & was carried out by Public Health Dept.

The objective of updating of National Population Register was as below.

1. Updating the existing NPR database by verifying the details of usual residents.
2. Seeding of Aadhar/Enrolment Identification (EID) number in the NPR data-base.
3. For New Members/Households fill up the blank NPR Schedules.

The methodology adopted was by conducting a house to house enumeration by designated enumerators

Important Steps of NPR were as below :-

- a) Publication of notification by Central Govt. & State Govt.
- b) Time schedule starting from 10.10.2016 to dt. 31.11.2016
- c) Training –
 1. Training of master trainers at Central level
 2. Appointment of 24 MOsH as charge officer
 3. Appointment of enumerators at 24 wards
 4. Training of enumerators at ward level
 5. Printing of NPR booklets at ward level
 6. Printing of instruction manual & other stationary

As per Census 2011 total EBs were 28042 & work was completed. The EBs uploaded by NIC were 26244 whose Data entry has been completed. Follow-up for uploading of other blocks on NIC website & procuring pending honorarium with State Govt. is in process.

Other Services:

Municipal Laboratory: The Municipal Laboratory was established in 1903 primarily with a view to examine clinical samples viz. samples of blood, urine, sputum, stools, etc. Later on, analysis of water samples both chemically and bacteriologically was started. Now only food samples and water samples and other miscellaneous items are received and analysed. In Municipal Laboratory, various food samples from private parties, samples collected by food inspectors of Mumbai Municipal Corporation and Food & Drug Administration, samples from Port Health Organisation and Railway Authorities and Air Port Health Officers are analysed-both chemically and bacteriologically.

Analysis of samples from private parties is undertaken on payment of prescribed charges and Health certificate for export samples is also given thereat.

Epidemiology Cell

Epid Cell of Health Department is established on 25th April 2007 at Epidemiology Cell, Kasturba Hospital campus, Ward No. 11.

The basic objective is to decrease the mortality and morbidity due to communicable diseases. Epid cell function is to compile and analyze data about communicable diseases like Dengue, Lepto, Malaria, Gastro, H1N1 received from public and private sector hospital of Mumbai and give feedback to concerned authorities for taking appropriate action.

Key activities of Epidemiology cell

1. Regular Disease Surveillance in Mumbai.
 - To provide information about new and changing trends of the diseases, early Detection of cases, identifying high risk groups and areas and to Provide timely warning and feed-back for mobilizing interventions in the city.
 - Information of the patients of Communicable diseases is collected from MCGM Hospitals, Government hospitals and select private hospitals and is is complied, analyzed and recorded on daily and weekly basis.
 - Feedback is given regarding the detailed line list of the suspected patients of vector borne and water borne diseases to concerned MOH to take necessary steps to prevent further spread of disease.
 - In addition, line list of vector borne diseases is also informed to Insecticide department to take necessary action for the control of vectors like mosquitoes, flies etc.
2. To monitor the trend of diseases.
3. Confirmation of a particular disease outbreak by conducting appropriate investigations and sending samples of the reported cases to the various Reference Laboratories wherever necessary.
4. Generate the outbreak response immediately by informing the local health authorities (MOH) and assist them in bringing the outbreak under control such as Gastroenteritis, Hepatitis, Dengue, Leptospirosis.
5. Time to time prepare and distribute Guidelines related to communicable diseases for Diagnosis & Management for Medical Institutions.
6. Continuous liaison with other departments like IEC, Training and MIS as well as State & National authorities.
7. Continuous co-ordination with IO & Municipal Analyst for carrying out measures for control of the diseases such as follow up of water samples for water borne disease, informing IO about occurrence of Malaria, Dengue & Lepto cases immediately for control of these diseases .
8. Capacity building and training of the Health Staff working under MCGM and Private Sector in co-ordination with training cell.
9. Give Inputs to IEC cell for preparations of IEC materials for awareness among the citizens about communicable diseases.
10. Ensure community participation in prevention and control of outbreaks.

DESIGNATION ASSISTANT HEALTH OFFICER (EPIDEMIOLOGY) DUTIES

1. To Assist DEHO in replying to questions regarding communicable diseases raised by Parliament, Assembly and Corporation.
2. To assist DEHO, EHO about the trend of communicable diseases.
3. To assist DEHO to prepare statistical reports of communicable disease fortnightly
4. To supervise M.O. staff of M.H.U. office
5. To assist DEHO to prepare press notes, circulars regarding the new diseases
6. To assist training cell in conducting training programmes for communicable diseases.
7. To co-ordinate with IEC Dept. to prepare IEC Material according to need.
8. To coordinate with other dept. like I.O., PRO, Engineering department (Road, SWM, SWD, Animal Husbandary)
9. To take necessary action in case of outbreaks of diseases.
10. To assist DEHO in preparing the budgetary provision.

Fund code: 12

Epidemics

2009-10	2010-11	2011-2012	2012-13	2013-14	2014-2015
116251	152532	133097	221099	219433	2500000

NCD Cell

The Municipal Corporation of Greater Mumbai started treatment services for diabetes & hypertension in November 2011 in 28 MCGM dispensaries considering the rising number of cases of these non communicable diseases. Non Communicable disease cell was established at ward 11, Kasturba hospital under Deputy Executive Health officer (NCD). Since 2015, services for diagnosis, treatment & referral for diabetes & hypertension are made available at all MCGM dispensaries. MCGM has thus become the first corporation to provide lifelong diabetes treatment through primary health care to its patients.

In addition to this, to ensure early diagnosis of diabetes, screening camps are conducted in the community. Semiautoanalysers are made available at some dispensaries for early detection of complications due to these diseases. Also, Eye testing, HbA1c testing & such other services are made available on pilot basis in some dispensaries through public private partnerships for the same.

As these are lifestyle diseases, special campaigns are organised on world diabetes day to create awareness amongst general public to adopt healthy lifestyles. Under this initiative, various activities are conducted phase wise like documentary & animation film, street play, radio jingles, booklets, posters, piano folders, display of messages on trains & buses.

Procedure of Licensing

Food sanitation comprises of control and supervision over the premises, where articles of food are manufactured, stored and kept for sale. This control is exercised by imposing a license under the provisions of Section 394 & 412A of M.M.C. Act.

Certain trades like Eating House, Lodging House, Bakery, Sweetmeat Shop, Flour Mill, Hair-Dressings Saloon, Pan Shop, Laundry etc. are controlled from public health point of view by imposing a license.

Provision of the Mumbai Municipal Corporation Act 1888 relating to grant of license.

The following is the gist of provision of the Bombay Municipal Corporation Act relating to the grant of Licences issued by the Public Health Department for certain specified articles and trades, etc. the power to withhold or revoke a licence, inspection of trade premises, the penalty for breach of the provisions, etc. A gist of the other relevant provisions of the Act is also given.

SECTION	GIST
394 (1) (a)(ii)	A licence is necessary for any article specified in Part II of Schedule M, in excess of the maximum quantity specified.
394 (1) (c)	A licence is necessary for keeping, etc. in or upon any premises horse, cattle or other four footed animals for sale, for letting out on hire, for the sale of any produce thereof, etc,
394 (1) (e)(i)	A licence is necessary for any trade or process or operation connected with the trades given in Part IV. of Schedule M.
394 (d) and (e)(ii)	A licence is necessary for keeping any article or for carrying on any trade, process or operation, in or upon any premises, which is dangerous to life, helath or property or is likely to create nuisance.
394 (3)	A notice is served to make a person known that keeping of a certain article or carrying on of a certain trade process or operation is or upon any premises, is dangerous or likely to create nuisance.
394 (4)	<p>If keeping of any article or carrying on of any trade, process or operation in or upon any premises is dangerous or likely to create a nuisance a notice is served requiring the person concerned to take measures (including discont. inuance of use of the premises for the purpose) specified in the notice.</p> <p>On failure to take the measures, the article or machinery or device used in the trade etc. can be seized and carried away or sealed.</p> <p>The materials seized or sealed are redeemable within a period of one month from the date of seizure, on payment of the penalty and subject to such conditions as will be prescribed.</p> <p>If the materials are not redeemed they can be sold by auction.</p>
394 (5)	<p>The commissioner has the discretion to grant or withhold a licence. The reasons fro withholding must be furnished in writing to the person concerned.</p> <p>The person aggrieved by the Commissioner's order may appeal to the Chief Judge of the Small Cause Court, whose decision shall be final.</p>
394 (6)	<p>The licensee must</p> <ol style="list-style-type: none"> a) Keep the licence on the premises to which it relates. b) display conspicuously outside such premises a board

	<p>showing the nature of the article kept or trade, etc., carried on, the licence number and the name and address of the owner or conductor, etc.</p> <p>c) put label on the packing or container of the licensable article showing its name, contents, etc.</p>
396 (1)	The Commissioner may at any time, without notice, inspect any premises used or likely to be used for purposes mentioned under Section 394 to satisfy himself as to whether any provisions of the Act or the conditions of the licence, has been or is being contravened.
396 (2)	The licensee or a person in charge of the premises must keep the premises open for inspection whenever called upon to do so.
396 (3)	No compensation is admissible for damage in good faith and necessarily caused during the inspection done as required under Section 396(1).
412 A	A licence is necessary for the trade or business of a dealer or importer or hawker of milk, butter, ghee or other milk products.
471	This Section states the fine imposed for the breach of the provisions of the Act.
472	This Section gives the fine imposed for continuing an offence, after having been convicted.

PROCEDURE FOR ISSUE OF 'NO OBJECTION' CERTIFICATE IN RESPECT OF CINEMA AND DRAMA THEATRES AND OTHER PLACES OF PUBLIC AMUSEMENT.

Cinema Theatres in Greater Bombay are licensed by the Commissioner of Police under the provisions of the Bombay Cinemas (Regulation) Act, 1953 and The Maharashtra Cinemas (Regulation) Rules 1966. The Licences are renewed every year. The issue or renewal of a licence is, however, subject to the production of a "No Objection Certificate" by the Management of the Cinema Theatres from the Executive Health Officer of the Bombay Municipal Corporation as provided under Rule 100(5) of the Maharashtra Cinemas (Regulation) Rules 1966. An "N.O.C." is issued subject to compliance with the requirements of health and sanitation, provided in the Rules. These requirements are as under :

Drama theatres and other places of public amusement are licensed by the Commissioner of Police under the provisions of the Rules for licensing and Controlling Places of Public Amusement (other than cinemas) and Performances for Public Amusement, including Melas and Tamashas, 1960. The issue or renewal of the licence is done by the Commissioner of Police subject to production of a "No Objection Certificate" from the Executive Health Officer, as provided under Rule 108(5) of the Rules. An 'N.O.C.' is granted on compliance in the Rules, which are almost the same as those prescribed for a cinema theatre, except those about screen and distance between screen and the front row of seats.

As regards provision of sanitary conveniences, it is necessary to provide separate W.C.s and urinals for the use of actors and others who take part in dramatic performance, in addition to those to be provided for the audience in the theatre. (City Engineer's circular No.CE/18924/Gen dated 10-07-1964 circulated under H.O.'s office circular No.H/54207 of 11-07-1964).

Performances of public amusement are also held for a short period in temporary structures for which also a 'No Objection Certificate' from the Executive Health Officer is necessary. Such a certificate is issued subject to compliance with the following conditions.

1. Provision of sanitary conveniences at the rate of 1 W.C. and 2 urinals for 200 persons or part thereof.
2. Conservancy charges for the sanitary conveniences are paid in the Head Supervisor's Office.
3. Insecticidal charges are paid for the performance exceeding 4 days.
4. Theatre tax is paid to the Assessor & Collector's Department or letter of exemption from payment of theatre tax or an acknowledgement of an application for such exemption is produced.
5. Permission from the Engineering Department is obtained for the construction of the pendal and sanitary conveniences.
6. No nuisance of any sort is caused during the period of the performance.
7. General cleanliness is maintained at all times during the period of the performance.

Destruction of Unwholesome Food:

Under Section 415,416 of MMC Act destruction of unwholesome, stale exposed etc., food articles kept for sale by shop keepers and hawkers including those near schools and markets is done daily along with the ward staff of Sr. Inspector of License.

Registration of Nursing Homes / Hospital :

Private Nursing Homes / Hospitals are required to be registered with the Corporation, as per the Bombay Nursing Home Registration Act, 1949 and the Rules framed thereunder.

Insecticide Branch: (Vector Control Dept.)

The Insecticide Branch of Public Health Department is a derivative of the original Malaria Department, established in the then Bombay Municipal Corporation as per recommendations of Dr. C.A Bentley, who took over the investigation in process regarding Malaria by his military predecessor Capt. F.V. Mackie, I.M.S. (1908) & Capt A.G. Mc Kendrick, IMS (1909) & Others.

As originated from the Malaria problem of Mumbai and also as a present need, Malaria eradication remained the soul behind the functioning of the department. At present, however, the department is functioning in a very diversified manner, but retaining its original identity by keeping Malaria as the top and constant priority.

1. FUNCTIONING :

The task of Malaria vector control is directly undertaken by the governments of states, whereas mosquito nuisance control is an obligatory duty of the local self government bodies. In case of Mumbai both the problems are dealt with by the Brihanmumbai Mahanagarpalika.

Priority-wise various functions of the insecticide branch are as follows:-

- (1) Mosquito Control
 - A. Malaria vector control.
 - B. Dengue vector control.
 - C. Mosquito nuisance control (Filaria vector)
- (2) Fly control.
- (3) Rodent control.

(1) MOSQUITO CONTROL

1. (A) MALARIA VECTOR CONTROL :

Malaria is a communicable disease caused by certain parasites of the Genus – Plasmodium. It is caused by the bite of an infected female Anopheline mosquito.

The statement of Major G. Covell in his report “ Malaria in Bombay, 1928 “ is equally true even today with all the great changes in the area, population, living habits, standard of living and development with fast urbanization of the city of Mumbai.

“There is no natural Malaria in Bombay. The chief reason being the absence of natural streams. Anopheles stephensi is the only species of mosquito which plays an appreciable part in the transmission of the disease in the island, and its breeding places are exclusively man made. This mosquito is one of the Malaria carrying Anopheline in India which is able to adapt itself to life in a large city. In the case of other carriers facilities for breeding suitable to their needs are not produced in urban areas. But A. stephensi is the great well and cistern breeder of India, and unless this breeding places and others of a similar nature are rendered permanently mosquito proof it will continue to flourish even in the heart of the city. “

Based on the above facts and also that A. stephensi requires fresh water, preferably constantly reviving, to breed in, mosquito vector control is sequentially designed as below :

- (1) Reduction of breeding sources
- (2) Engineering methods – Major and minor for total elimination of breeding potentialities
- (3) Biological methods – zoological & botanical
- (4) Chemical Methods
- (5) Legal methods

Community participation is an indispensable factor in any Public Health program. In metropolis like Mumbai no administration can depend on community participation based only on public education especially when it comes to Malaria. Considering the scientific facts involved in vector mosquito biology, mandatory participation of community is achieved by adopting legislative measures. The then State of Bombay was the first government to adopt and implement Legislative measures for the control of the vector mosquito.

(B) DENGUE HAEMORRHAGIC FEVER VECTOR CONTROL :

There are 3 species (*Aedes aegypti*, *Aedes albopictus* and *Aedes vittatus*) of *Aedes* mosquito detected in Mumbai. *Aedes aegypti* play a role of vector in dengue (Dengue Hemorrhagic fever virus transmission from an infected person to a healthy person). Fortunately the habit and habitat of these species of mosquito are such that, mere reduction of temporary breeding places along with confined thermal fumigation can work as a method of total relief during monsoon or focal outbreak.

(C) MOSQUITO NUISANCE CONTROL (FILARIA VECTOR)

In case of nuisance causing mosquitoes, the major role is played by *Culex quinquefasciatus* which is also a vector species for *Filaria*. This species is a typical breeder of polluted water. The breeding sources are open channel drains, Nullahs, Septic tanks, low lands, grass plots, Aqua Privies, Storm water entrances etc. The selection of method for the control of this mosquito more or less remains the same as those of Malaria vector but differs with the size and nature of breeding sources.

(2) FLY CONTROL:

Flies are the commonest and most familiar of all insects which live in close association with man and occur throughout the year abundantly. Flies should be regarded as a sign of insanitation and their numbers as an index of that insanitation.

The fly *Musca domestica* found in Mumbai is called as 'Housefly'. Its breeding places varies from fresh horse manure, garbage to decaying foods and vegetables. They are prevalent near dwelling houses, restaurants, hospitals, cattle shades, slaughter houses, dumping grounds, markets etc. The span of metamorphosis of fly is variable as per the environmental conditions and nature of breeding grounds.

The flies transmit diseases like Typhoid, Diarrhoea, Dysentery, Cholera, Gastro-enteritis, conjunctivitis, etc. The control of flies can be achieved by spraying various types of insecticides. However, constant control can be achieved by eliminating their breeding places and by bringing an overall improvement in the environmental sanitation.

(3) RODENT CONTROL :

Rats are a part of man's environment and because of its close association, they are not only a hazard to health but also cause great damage to buildings, food and other commodities. Apart from its nuisance value, rat is responsible for diseases like Plague, Rat-bite fever, Salmonellosis (Food poisoning), etc. Mumbai has remained an active port since historical times and hence is in constant danger of Plague epidemics. During the Plague threat of 1994 in Mumbai, this Branch has played a very important role in preventing the probable entry of Plague incidence in Mumbai. The invention of

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anti-plague vaccine was done at the Municipal Rat Destruction Unit at Parel. Regular dissection of various rat species is carried out to assess the susceptibility to plague bacilli.

The common species of rats in Mumbai are:-

1) *Rattus rattus* :- House Rat

2) *Rattus norvegicus*:- Sewer Rat

3) *Bandicota bengalensis* & *Bandicota indica* :- Field Rat

4) Mus musculus :- Mice.

The common methods of rat destruction are Physical and Chemical.

Additionally Night Rat Killing is an unique method of rat control used only in Mumbai.

Family Welfare and Mother & Child Health Programme

The Municipal Corporation of Greater Mumbai established 56 Health Posts in the low income area in 1985. Though the Health Posts were started within dispensaries, Maternity Homes or General Hospital, they were supposed to adopt out reach approach to Health care making it a community based approach.

India Population Project – V was launched under Public Health Department by the Mumbai Mahanagarपालिका with the financial assistance from the World Bank from November 1988. The objective of the said project was the strengthening and expansion of the preventive and promotive Health Care Services with special emphasis on Family Welfare and Maternity and Child Health with effective out reach Services to the door step of urban slums and shanties through scientific & organizational system.

The Health infrastructure of Mumbai consists of the 18 Peripheral Hospitals, 28 Maternity Homes, 23 Post Partum Centres, 183 Health Posts (of which 61 combined dispensaries and health posts under one structure have been upgraded to provide laboratory facilities), 21 new urban primary health centers (UPHCS) have been started since January 2016 and 169 Dispensaries and 169 Dispensaries. These Health Posts are divided in to three Bureaus for administrative purposes.

Please see Annexure 3 on page No. 135 to 146 for list of Post Partum Centres, Health Post & Dispensaries.

Health Post/Post Partum Centre under I.P.P.-V , O.R.S.

Sr.No.		H.P. attached Hosp.	H.P. attached Mat.Home	H.P. attached Disp.	Individual	RCH HP	U.P.H. C	P.P.C.
1.	City	2	6	29	9	1	4	6
2.	E/Sub.	7	8	17	22	7	9	10
3.	W/Sub.	5	9	28	26	7	8	7
Total		14	23	74	57	15		
183 Health Posts							21	23

Health Posts and Dispensaries staff are involved in preventive, promotive and curative work predominantly and no indoor hospital work is attended by these categories. Post Partum Centre staff are mainly involved in family planning work including operative work pertaining to family welfare. Health Posts were established to provide preventive, Out Reach Health Services for Family Planning Maternal Child Health.

The principle goal of the IPPV was to assist the Government of India in the implementation of the policy of revamping the Urban Health Care Delivery System, especially those in the urban slums and other congested areas of Greater Mumbai.

The broad objectives of the project are as follows: -

- ① Expansion of the Family Welfare Services with special emphasis on maternal and child health and promotion of temporary methods of contraception.
- ② Improvement of the quality of Family Welfare Services.
- ③ Strengthening of the capacity to plan, manage and implement Family welfare programme.
- ④ Increasing the participation of Private Voluntary Organisations (PVOs) and Private Medical Practitioners (PMPs) in the Family Welfare Programme.

The specific objective of Apparel

- Population control by reducing child births
- To increase the acceptance level of different family planning methods
- To improve the quality of MCH programme
- To improve the immunization status
- To reduce the IMR and child morbidity
- To reduce MMR and maternal morbidity
- To improve the health status of slum population
- Environmental sanitation
- Disease surveillance (Communicable – eg.Malaria, Dengue, TB & Non-communicable – diabetes)
- To improve women's literacy

The functions of Health Posts are as follows: -

- a) Conducting baseline surveys of the community (of about 65,000 population) residing within the given geographical area.
- b) Enlisting the eligible couples, motivating them for adoption of small family norms and providing them with Out Reach Services for contraception.
- c) Immunizing children against the vaccine preventable diseases viz. childhood tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Influenza Haemophilus and measles, mumps and rubella through, fixed centre based and camp approaches.
- d) Preventing and treating case of nutritional anemia in mothers and children by distributing Iron-Folic acid tablets.
- e) Vitamin A syrup to all children as prophylactic doses for Vitamin A deficiency
- f) Deworming Drive for treatment of worm infestation
- g) Oral Rehydration packets to children of under-five age group suffering from diarrhea.
- h) Conducting Growth Monitoring Programme for children of under-five age group.
- i) Giving health education to pregnant women and looking after their nutritional needs.

- j) Detection and treatment of cases of leprosy, tuberculosis and malaria.
- k) Detection and notification of certain infectious diseases..
- l) Proper record keeping and timely reporting.
- m) Involvement and participation of PVOs and PMPs.
- n) Creating awareness in the community regarding Family Welfare & Maternal Child Health Activities.
- o) Encouraging the male participation in permanent method of family welfare programme i.e. vasectomies.
- p) Inclusion of Reproductive Child health components like. Adolescent Girls initiative, diagnosis & treatment of Reproductive track infections, sexually transmitted diseases, geriatric care, gender sensitivity etc.
 - 1) Quality improvement of health post services is achieved by imparting training on various subject to staff through training cell.
 - 2) Induction and in-service training.
 - 3) Referral system training to medical officers of public health department.
 - 4) Training on new project and its implementation such as RCH integrated skill development training.
 - 5) To arrange training for private medical practitioners as per Govt. of India's guidelines (with collaboration of medical organisation).
 - 6) Arrange various workshops for senior officers of Public Health Department. Deputation of staff for specialized training. Training on update knowledge of preventive and control measures of epidemic diseases.

Information, Education & Communication Cell

To implement various programme of Public Health Department creating awareness through Information Education and Communication.

- **Objectives :**

To create awareness and educate the community on various health issues of public health significance through use of appropriate IEC material.

To promote behavioral change in the community through interpersonal communication for adoption of healthy lifestyles.

To create awareness about six vaccine preventable diseases and to achieve maximum coverage for immunization through the use of mass media, interpersonal and group communication.

To create awareness about various communicable and non communicable preventable diseases through the use of mass media, interpersonal and group communication.

To observe various days such as World Health Day on 7th April, World Population Day on 11th July etc. where awareness is created among people by arranging various activities of the concerned days & as per the themes.

To prepare creatives (designs) of educative material on various health issues such as monsoon related diseases, family welfare, TB, immunization, communicable and non communicable diseases etc.

To educate people regarding family welfare and MCH activities like – need for small family, acceptance of girl child, PNMT Act and age of girl at marriage, family planning methods, importance of ANC and PNC, Child care, Breast Feeding etc.

To prepare reading material to update the knowledge of staff, public and Private Medical Practitioners regarding any disease which re-surges like H1N1, anthrax etc., or any other new programme or strategy adopted by Public Health Department. e.g. Bio Medical Waste Management.

To print or produce material for education of public, to take preventive measures to remain healthy, like Do's and Don'ts to be followed during Monsoon or otherwise. Steps to be taken to maintain healthy habits; to keep environment clean.

IEC activities are carried by way of using print media like hoardings, banners, posters, pamphlets, flip-charts, newspaper advertisements and press notes, arranging film shows video shows, audio cassettes, health exhibition and health talks, health camps etc.

Objectives of the Project are (1)Expansion of Family Welfare with emphasis on Maternal and Child Health through various methods, (2) Improving the quality of service, (3) Strengthening the capacity to plan, manage and implement Family Welfare Programme in urban areas, (4) Participation by CHV (5) Control of communicable diseases.

These objectives are achieved through 183 Health Posts & 23 PPCs, which is the outreach system providing preventive care. In addition, there are training, IEC (Information, Education & Communication) & MIS (Management & Information System), Cells, which assists to achieve fulfillment of the objectives.

Family Welfare Programme

1) The Family Welfare Programme is a National Programme sponsored by Central Government implemented by BRIHANMUMBAI MAHANAGARPALIKA through the Office of Special Officer, (F.W.& M.C.H). It has 61 Urban Family Welfare Centres all over Mumbai city. Out of these, 61 Urban Family Welfare Centres, 56 were revamped

into Health Posts under OutReach Services Scheme. The Family Welfare activities are mainly for controlling population through small family norm, reduce maternal & infant mortality & morbidity.

- 2) The population control programme is implemented through following 4 indicators.
 - a. Sterilization Operation
 - b. IUD - Intrauterine Contraceptive Devices
 - c. Oral Pills Conventional contraceptives
 - d. Nirodh

The required devices for this programme is supplied by Govt. free of cost

IMPLEMENTATION OF PRECONCEPTION & PRENATAL

DIAGNOSTIC TECHNIQUE ACT

PCPNDT Act 1994 is implemented by MCGM since year 2001 as per instruction of Government of Maharashtra, Government of India initiative to stop female foeticide and improve female sex ratio. Total 0-6 census sex ratio for female child-883/1000 males. Sex ratio at Birth-2014-931/1000 males. For implementation of PCPNDT Act, M.O.H. is appropriate authority and there are 25 appropriate authorities in Mumbai M.O.H. is the appropriate authority in each ward. For Mumbai District PCPNDT Advisory committee is appointed meetings are conducted every 2 months to approve all new application and renewal applications for PCPNDT centre registration. As per Government Resolution even Municipal Commissioner, Asstt.Municipal Commissioner, Addl. Municipal Commissioner's are appointed as additional appropriate authority. M.O.H.'s role is to inspect register, renew the Genetic Counseling Centre/Genetic Laboratory/Genetic Clinic/Ultra Sonography Clinic. Additional appropriate authority are appointed to help the appropriate authority for inspection of PCPNDT Centre and all the centres may be inspected every 3 months, M.O.H. is empowered to take necessary actions against the centre in case of violation of Act & suspend or cancel the registration or file Court cases in such case, so that female foeticide is stopped & improvement in Female sex ratio is achieved under "save the Baby girl child campaign". sex ratio improved since last 5 years gradually from 913 to 931.

Maternal Deaths

Maternal Deaths Review in Mumbai under MCGM.

In order to bring down maternal and neonatal morbidity and mortality, all the maternal deaths occurring in all hospitals should be reported within 24 hours as investigated as Facility Based Survey as per Govt. Resolution.

All Hospital having more than 250 births should have facility based & nodal officer maternal death review committee and nodal officer for their Hospital and monthly review should be conducted and minutes of the meeting to be submitted to Family Welfare Department under Special Officer, Family Welfare.

If no maternal death - NIL reporting to be submitted. Community Based Survey for all the maternal death from to be investigated at M.O.H. and Health Post level to rule out any missed maternal deaths during pregnancy, home births or after delivery. It is mandatory for all Private Hospital should also report maternal deaths.

District Level QAC will investigate all deaths monthly and observation and suggestion are made during guidelines from observations made in the committee meeting accordingly guidelines & suggestions are circulated, so that no negligence is made in care, & quality care is given to ANC Mother & negligence is not repeated in future and also suggest guidelines to improve infrastructure, Quality Care and transport facilities.

Total maternal deaths reported from hospitals – 2015 to 2016 – 274

Janani Surksha Yojana (JSY)

Janani Surksha Yojana (JSY) is a safe motherhood intervention under RCH-II programme being implemented with a objective of reducing maternal and neonatal morbidity and mortality by promoting 100 % institutional deliveries among the pregnant woman. Under this scheme assistance by a cheque of Rs.600/- within a week of delivery is given.

This scheme is implemented in Mumbai from 1st December 2007

Eligibility Criteria –

1. For pregnant woman whose age is 19 and above having institutional delivery in a Government or Municipal hospital or Maternity Home.

Who belongs from the category of SC/ST/BPL, Benefit is given up to all living children.

- b) This Scheme is implemented through 45 institutes-Municipal & Government Institutes Under this scheme in case patient residing in slum area and attending Municipal Maternity Home/ Government Hospitals who cannot produce caste certificate or BPL certificate, in that case, Doctor or Corporator of the area can also certify the patient as BPL.

Total number of patients taken benefit of Janani Surksha

Yojana is – (2015- 2016) - **31370**

No Scalpel Vasectomy (NSV)

The Family Welfare Center situated in F/South Ward Office building, is a Day Care, FW Centre providing services of Medical Termination of Pregnancy and Laparoscopic Tubal ligation (Free Of Cost) and also No-Scalpel Vasectomy (NSV) on everyday. (Monday to Saturday). F/South Family Welfare Centre is accredited as Training Centre for NSV (No Scalpel Vasectomy) Technique & Hands on training is given for all Medical Officer of Maternity Homes, doctors working in Gynaec. & Surgery Department at Peripheral Hospitals.

Faculty members working at Surgery & Gynaec. Department of teaching colleges and residents are also trained for NSV technique as service providers at various institutes. All faculty members are trained under NSV, so that NSV technique is adopted by all teaching hospitals to have maximum male participation in National Family Welfare Programme and then even the undergraduate & PG students are trained by faculty members at their own institute.

Fixed day programme of NSV campaign is started in various hospitals at 45 centres in Mumbai. Various IEC activities are done to promote Maximum male participation, Banners are displayed all over Mumbai, distribution of stickers, wall painting, cinema slide street play and various sensitization programme and camps are organized at various hospital.

No. of doctors trained so far - 69

No. of NSV Operation done(2015 – 2016) - 1239

Reproduction & Child Health (RCH):

RCH -II programme is implemented in MCGM since 2009 by Add. Director of Health services, Family Welfare, Pune with financial assistance from Govt. of India for beginning four years. Project implementation plan and budget is given by National Rural Health Mission (NRHM) department every year depending upon need of services. The programme is implemented to provide integrated and sustainable system for Primary Health Care Services delivery in urban areas. 30 Health post at sanction under this programme out of which 15 are working at present and the staff are appointed on contract basis.

Objectives:- 1) Decrease Maternal Mortality rate

1) Decrease Infant Mortality rate

2) Decrease total fertility rate

Activities:- 1) ANC registration and check up

2) Promoting Institutional deliveries

3) providing proper Newborn care

4) Increasing immunisation coverage

5) Strengthening referral services

6) Reduction in population growth rate via family planning activities.

Cattle Pound Officer

Katchpada, Malad (W)

The work of catching the stray animals within the areas of Greater Mumbai is carried out by the staff of Cattle Pound Office as per the provisions of Sec. 441 C of M.M.C. Act under the supervision of C.P.O. Stray animals are caught and impounded in Mun. Kondwada situated at Katchpada, Malad (W). Stray pigs are also caught as per the provisions of Sec. 384 (2) of the M.M.C. Act and are handed over to Deonar Abattoir for destruction. The work of catching the stray animals is carried out in 2 shifts except holidays and Sundays.

Stray cattles impounded in cattle pound are released to the owner of the cattle after recovering following fees and charges :

Sr.no	Fee / Charges	Big Animals	Small Animals
1	Pound Fee	Rs. 2500/-	Rs. 1500/-

2	Transport charges	Rs. 50/- per km.	Rs. 50/- per km.
3	Feeding charges	Rs. 170/- per day	Rs. 90/- per day

Unclaimed Cattles are handed over to Mumbai Jivdaya Mandali for distributing them to poor farmers in rural areas after recovering Rs.10/- per day per cattle.

The information regarding number of cattle seized and revenue collected during last two years is as under.

Sr.no	Year	No. of Cattles Seized	Revenue	Court Cases Filed	Amount of Fine imposed
1	2014	615	11,07,203/-	250	46,800/-
2	2015	643	11,57,759/-	213	42,600/-

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Executive Health Officer

Public Health Department