



Report on
The STATE of HEALTH of
MUMBAI
July 2015

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I. Foreword

The average Mumbai household spends Rs 48,321 per annum on medical costs! This was revealed to us in our current year's Citizen Survey of 22,850 households in Mumbai, where people intimated that annually the average spent on medical costs was 8.6% of their income, which when juxtaposed against the per capita income of Mumbai (as per the Economic Survey of Maharashtra, 2014-15) and adjusted by 35%, for savings and taxation, translates into Rs.13,675 Crores spent on hospital/medical costs. No doubt, then, as per the NRHM (National Rural Health Mission), 52% of households fall below poverty lines due to high medical costs. Of this, the lowest income group of SEC E (Socio Economic Classification) is worst affected, with the annual expenditure on medical costs being 9.3% of the annual income in 2015. Mumbaikars have borne these expenses despite MCGM's (Municipal Corporation of Greater Mumbai) public health budget, which is 10%, i.e. Rs 3359.78 Crores, of the total budget (of Rs. 33,514.15 Crores).

However, does such a gargantuan amount spent on health services ensure efficient and effective healthcare and a good quality of life for Mumbaikars?

As per MCGM's cause of death data 6496 people succumbed to Tuberculosis (TB) in 2014-15. Every day at least 21 people died of TB in Mumbai over the last five years (April 2010-March 2015)! In 2014-15, there have been 10,299 cases of dengue over the last five years (April 2010-March 2015). 101 people have died due to dengue in 2014-15 as compared to 79 in 2010-11. Last year (April 2014-March 2015), 1,16,757 cases of Diarrhoea were treated in government dispensaries/hospitals.

So, on what is the money being spent? Why is it that despite all the expenditure on healthcare services, the state of health of the city is so poor?

Central, State and Local governments run several programs and schemes to provide healthcare to our citizens. However, claims that the schemes have had wide-reaching effects remain questionable. Data plays a pivotal role in effective policy making decisions, however, our authorities and political leadership tend to neglect it the most. For e.g., the number of Malaria deaths in 2014 as per the Surveillance Department is 18. However, the same public health department has classified 112 deaths as caused by Malaria in the Cause of Death certificates as per the Registration of Birth and Death Act, 1969.

If the data shows discrepancy, it is nearly impossible to figure out how effective the programme really is since the government uses the lower figure. For more authenticity, Cause of Death data needs to be refined through tools like Verbal Autopsy. A Verbal autopsy involves conducting household interviews of the deceased and recording events that preceded the death, including key symptoms, medical treatment received etc. to determine, more accurately, the cause of death. Post Praja's report on Health last year, the MCGM had, in public forum, stated their interest to conduct a verbal autopsy of TB deaths. However, it has not been undertaken as yet and therefore, no verbal autopsy report has been generated.

Moreover, health indicators for the private sector are hardly collated and available with the authorities, when as per our surveys, only 32% use only government health facilities, 52% of people use only private facilities, while the rest (16%) use a combination of public and private health services. The data for private sector is not even collated by the government.

How, then, will the government know whether their own policies/schemes are being effectively implemented?

Our (elected) representatives, who ought to (sic) to be ensuring a good quality of life for the citizens, including affordable, efficient and effective healthcare and health schemes/policies appear UNCONCERNED. Out of 227 Councillors, 61 have not asked single question on health since being elected in the last three years from March 2012 to March 2015, while two councillors who have consistently been members of the Public Health Committee have not asked a single question on health.

Although the health crisis in Mumbai looks like a mammoth problem, the city's ample resources, in both, public and private sectors, mean that Mumbai is best placed to implement changes. The Public Health Surveillance System needs to be immediately augmented to regularly collect health data from private and charitable health facilities along with (robust) data from public health facilities. The government needs to focus on primary healthcare and extend its reach and efficiency to cater towards fulfilling needs of lowest strata of socio-economic (SEC D and E) households. A master plan, involving working in sync to solve the issues, combined with a robust health surveillance system, micro health insurance and emphasis on primary healthcare will ensure restoration of health in Mumbai.

Nitai Mehta

Managing Trustee, Praja Foundation

II. Acknowledgements

Praja has obtained much of the data used in compiling this report card through Right to Information Act, 2005. Hence it is very important to acknowledge the RTI Act and everyone involved, especially from the civil society, in bringing such a strong legislation. Further, we would like to thank the Public Health officials who have helped us in obtaining and understanding the data.

We are also most grateful to our stakeholders – our Elected Representatives, the Civil Society Organisations (CSOs) and journalists who utilise and publicise our data and, by doing so, ensure that awareness regarding the various issues we discuss is distributed to a wide ranging population. We would also like to extend our gratitude to all government officials, particularly of the Public Health Department for their cooperation and support.

This White Paper has been made possible by the support provided to us by our supporters and we would like to take this opportunity to express our sincere gratitude to them. We would like to thank the Narotam Sekhsaria Foundation, Friedrich Naumann Stiftung Für Die Freiheit, Ford Foundation and the Madhu Mehta Foundation for all the support they have accorded us, without which our research would not have been possible.

Lastly, we would like to acknowledge the contributions of the entire Praja Foundation team and thank them for their support and cooperation.

Narotam Sekhsaria Foundation Friedrich Naumann STIFTUNG FÜR DIE FREIHEIT Ford Foundation

Madhu Mehta Foundation

Part A – Data¹ on Diseases/Ailments & Health Personnel in Mumbai (Data got through RTI)

RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. Also RTI Data from(9) Other Government Hospitals [which include Central Railway, Bombay Port Trust Hospital, Western Railway Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015. *Kindly refer Annexure 1 for list of Hospitals and dispensaries.* This data relates only to IPD (In Patient Department).

It must be noted that the data in this section includes only government dispensaries/hospitals and does not include data on occurrences of various diseases/ailments treated in private and charitable dispensaries/hospitals. **According to our survey (details of which are in Part B of this report) 32% households in Mumbai use only government dispensaries/hospitals.** The data on cases of diseases/ailments treated in private and charitable dispensaries/hospitals was not available under RTI and hence we have conducted the survey to estimate certain parameters to monitor status of health of Mumbai (*refer to Part B for details*).

¹ Otherwise stated all the data tables henceforth are in Financial Years i.e. April to March.

Table 1: Malaria number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Malaria Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	75992	38616	18296	15987	13865
State hospitals	2457	1212	1280	1052	854
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		2363	1359	964
Total Cases	78449	39828	21939	18398	15683
Population /Total Cases	159	312	567	676	793
Number of Deaths due to Malaria in Mumbai					
Total Deaths²	1222	392	238	202	103
Total Cases/Total Deaths	64	102	92	91	152

In 2014-15, 15,683 cases of malaria were reported in government institutions only while, 103 people died due to Malaria in the city.

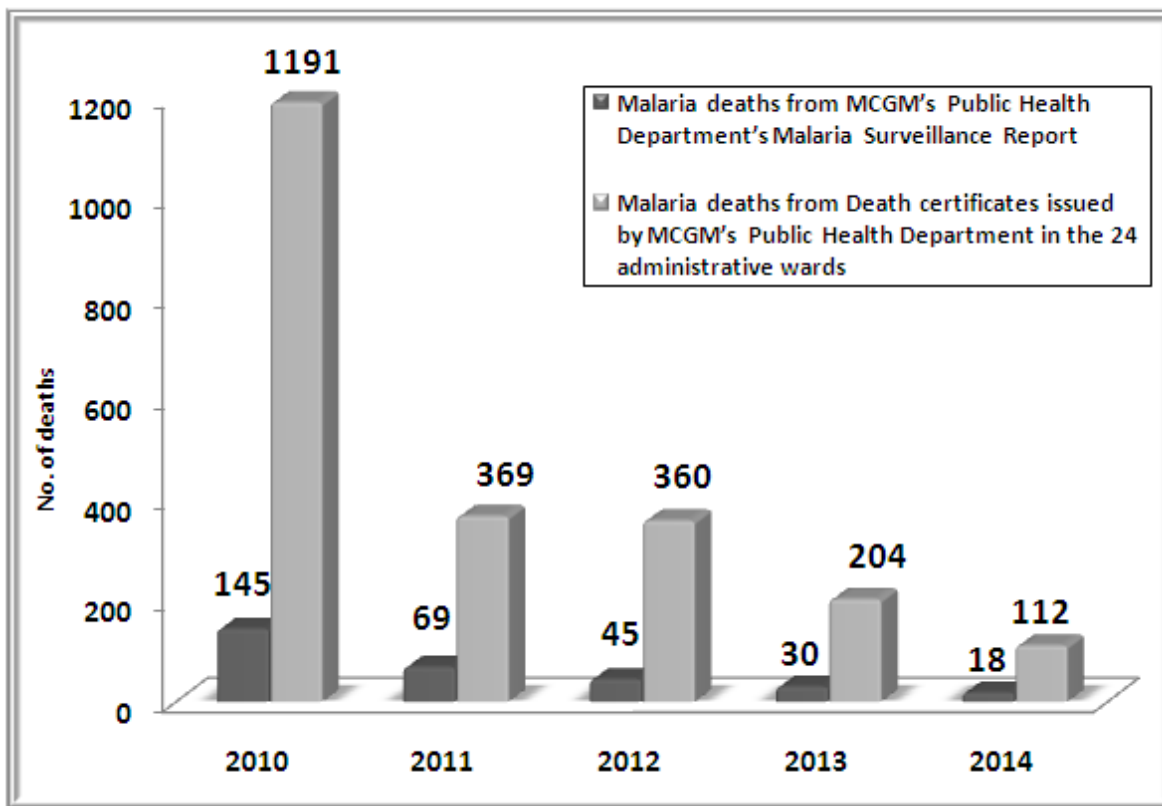
Table 2: Dengue number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Dengue Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	1097	1759	4447	6052	8372
State hospitals	307	120	289	732	1523
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		131	477	404
Total Cases	1404	1879	4867	7261	10299
Population /Total Cases	8862	6622	2556	1714	1208
Number of Deaths due to Dengue in Mumbai					
Total Deaths	79	55	77	111	101
Total Cases/Total Deaths	18	34	63	65	102

In the last five (2010-2015) years the increase in the number of cases of Dengue is almost 5 times, currently the total number of cases are 10,299. The number of people dying because of Dengue has also increased every year from **79 deaths in 2010-11 to 101 deaths in 2014-15.**

²Kindly refer to Annexure 2 on the Registration of Birth and Death Act 1969

Graph 1: Discrepancy in reporting system of Malaria death



According to Surveillance department in 2014 only 18 people have died because of malaria but the same public health department had issued death certificates to 112 with the mentioned cause of death as Malaria.

Note: Civil Registration System is a continuous, Permanent and Systematic recording of births and deaths obtained under the RBD (Registration of Births & Deaths) Act, 1969 is called the Civil Registration System. The responsibilities for reporting the events have been prescribed separately for domiciliary events as well as Institutional events.

USES OF REGISTRATION

Legal and Protective Uses for Individuals:

- Birth registration records provide legal proof of place of birth and date of birth.
- Death registration record required for settlement of inheritance, insurance claims etc. Have evidentiary value under Indian Evidence Act, 1872.

Administrative Uses:

- A legal register of locality wise births and deaths.
- Main source of information on mortality, causes of death, to facilitate health planning, etc.

Statistical Uses:

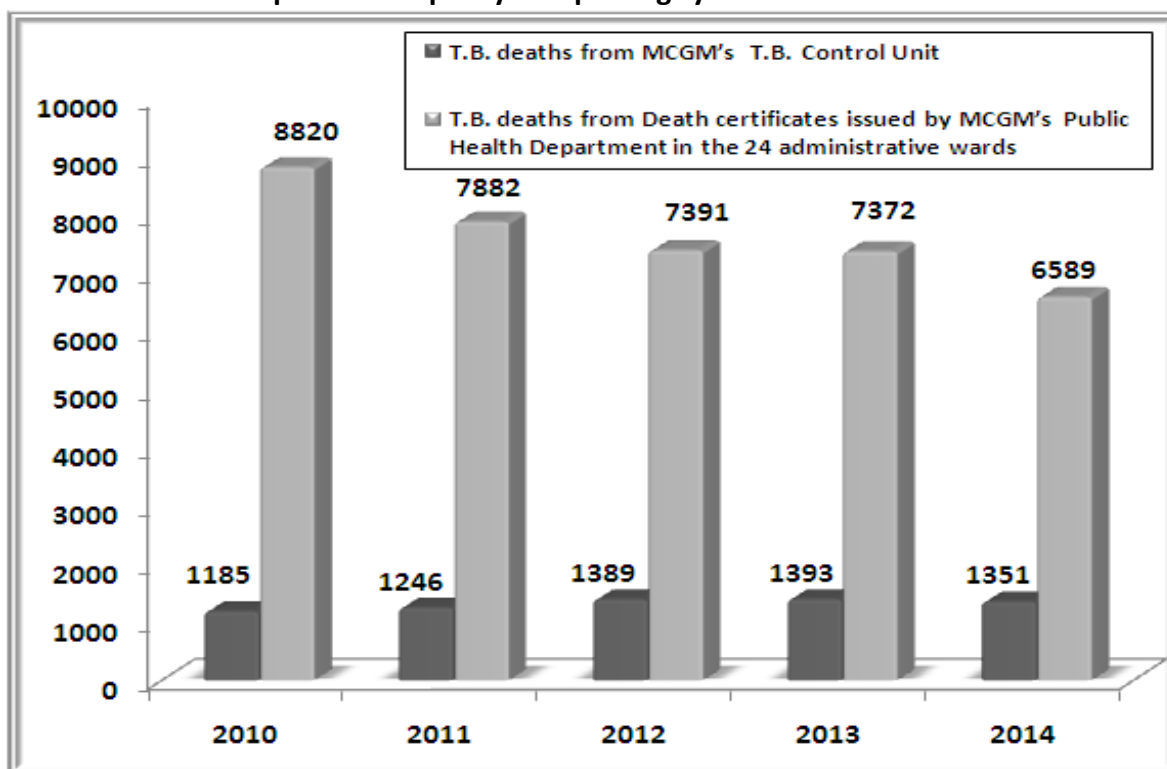
- Source of demographic data for socio-economic planning, development of health systems and population control
- Data on fertility and mortality is essential in understanding the trends in population growth and is used for population projections.

Table 3: Tuberculosis number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Tuberculosis Cases in government dispensaries/hospitals					
MCGM dispensaries/hospitals	34431	30016	34873	39644	40525
State hospitals	1090	659	946	1216	1829
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		598	619	483
Total Cases	35521	30675	36417	41479	42837
Population /Total Cases	350	406	342	300	290
Number of Deaths due to Tuberculosis in Mumbai					
Total Deaths	9150	7366	7170	7319	6496
Total Cases/Total Deaths	4	4	5	6	7

In last five years TB took life of 37,501 Mumbaikars. **This means every day at least 21 people are dying because of a curable disease like TB.** In 2014-15 6,496 people have died due to TB.

Graph 2: Discrepancy in reporting system of TB deaths³



From year 2010 to 2014 MCGM's Tuberculosis Control Unit shows Tuberculosis deaths below 1,400 but according to the deaths certificates, issued by MCGM Public Health Department in, the number of people dying because of TB is always above 6,000 for all years, which is around **4 time higher than the deaths reported by TB cell.**

³The data shown is for calendar year.

Verbal Autopsy – A Reliable method to ascertain the cause of a death

Since 2013 Praja is highlighting the gaps in the system when it comes to ascertaining the cause of deaths in Mumbai. As a result of our relentless effort towards efficient system of death recording, last year the whole government machinery came in for shock due to high level of discrepancies prevalent in recoding of TB deaths. The issue was widely covered by media back then and through media we came to know that government is planning to do an audit for TB deaths.

Verbal Autopsy (VA) is a most widely used tool to gather information about the cause of death. VA is a method of obtaining as much information as possible about a deceased person by asking questions of family and others who can describe the mode of death and circumstances preceding death.

In order to follow-up on the promises made by the department last year, Praja has filed an RTI for details of Survey conducted on Verbal Autopsy by MCGM. The reply of the Public Information Officer (PIO) is captured in the picture below⁴:-

Ref. : Your Application dt. 02/06/2015 Under RTI Act. 2005.

With reference to your application under RTI Act 2005 dt.02/06/2015 which is received to this office on 16/05/2015. The information is as under.

Period to which the information relates		Till date
Sr. No.	Information	Answer
1	Please Provide us the details on the Survey conducted by Verbal Autopsy method on the TB deaths by MCGM Health Department please give a copy of the Same if the report has been generated, and if the report is not be generated, please give the status of the same.	It was decided to conduct verbal autopsy of TB death. However it is not undertaken as of now hence no report has been generated yet.

Despite of the fact that the department took decision on conducting verbal autopsy survey nothing has been initiated yet. The accuracy in ascertaining the cause of the death is highly significant because on this number all the policy and interventions are decided by the government. The gaps in the reporting of two different departments of a single Public health Unit poses a serious threat to the wellbeing of the general public in the city.

⁴Complete RTI can be accessed in Annexure 3

Table 4: Diarrhoea number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Diarrhoea Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	125350	99100	97563	114666	113236
State hospitals	981	739	785	1561	1129
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		1479	1953	2392
Total Cases	126331	99839	99827	118180	116757
Population /Total Cases	98	125	125	105	107
Number of Deaths due to Diarrhoea in Mumbai					
Total Deaths	597	306	250	260	260
Total Cases/Total Deaths	212	326	399	455	449

In 2014-15 there is slight dip in the cases with 1,16,757 cases of diarrhoea registered this year. One in 107 people suffered from diarrhoea this year. Also in 2014-15 the number of registered complaints regarding contaminated water supply have increased by 19%.⁵

Table 5: Cholera number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Cholera Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	224	168	187	89	19
State hospitals	12	10	11	7	11
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		0	0	1
Total Cases	236	178	198	96	31
Population /Total Cases	52722	69901	62840	129608	401367
Number of Deaths due to Cholera in Mumbai					
Total Deaths	3	4	10	7	3
Total Cases/Total Deaths	79	45	20	14	10

In comparison with the year 2010-11 and 2014-15, there has been a dip in the number of cases registered for cholera from 236 to 31 cases.
In 2014-15, there have been three deaths due to cholera.

⁵Praja's Civic White paper 2015, Table no-17

Table 6: Typhoid number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Typhoid Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	6455	7298	4160	6492	4355
State hospitals	186	263	200	232	193
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		261	607	390
Total Cases	6641	7561	4621	7331	4938
Population /Total Cases	1874	1646	2693	1697	2520
Number of Deaths due to Typhoid in Mumbai					
Total Deaths	28	7	9	10	3
Total Cases/Total Deaths	237	1080	513	733	1646

In 2014-15, total number of cases registered in government institutions are 4,938. One in every 2,520 persons had suffered from typhoid this year. Three people out of 1,646 diagnosed cases died due to typhoid.

Table 7: Diabetes number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Diabetes Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	25907	20674	19423	35118	43265
State hospitals	561	590	728	742	1135
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		4794	4981	4310
Total Cases	26468	21264	24945	40841	48710
Population /Total Cases	470	585	499	305	255
Number of Deaths due to Diabetes in Mumbai					
Total Deaths	2949	2171	2575	2421	2472
Total Cases/Total Deaths	9	10	10	17	20

In last five years Mumbai has witnessed 12,588 deaths due to diabetes. A close look into the data shows that the number of deaths has remained same over last five years despite of the fact that MCGM is running a special programme for diabetes.

Table 8: Hypertension number of cases and deaths from April'2010-March'15

Years	2010-11	2011-12	2012-13	2013-14	2014-15
Number of Hypertension Cases in government dispensaries/hospitals in Mumbai					
MCGM dispensaries/hospitals	37750	24866	21005	26901	31960
State hospitals	638	652	921	821	1039
Other government dispensaries/hospitals	<i>Data not collected for the period 2010-2012</i>		6798	7915	5671
Total Cases	38388	25518	28724	35637	38670
Population /Total Cases	324	488	433	349	322
Number of Deaths due to Hypertension in Mumbai					
Total Deaths	4643	3843	4034	4618	5055
Total Cases/Total Deaths	8	7	7	8	8

There has been a 9% rise in Hypertension cases in the MCGM dispensaries/hospital, state hospitals and other government dispensaries/hospital compare from 2013-2014 to 2014-15. In 2014-15, the percentage of people died because of hypertension has increase almost by 9% as compare to the deaths last year

Table 9: Comparison of number of IPD and OPD patients in the year 2014-15⁶

Diseases	IPD	OPD	Total
Malaria	7217	20525	27742
Dengue	7581	3460	11041
Tuberculosis	5489	14336	19825
Diarrhoea	20346	31317	51663
Cholera	11	0	11
Typhoid	2773	21212	23985
Diabetes	19393	52545	71938
Hypertension	8990	44058	53048

Note: When we filed RTIs to know incidences of diseases treated by dispensaries/hospitals, the number given has always consisted of only the IPD figures. However, several patients are also treated in OPD. The OPD data is not classified disease-wise and not provided when we file the RTIs. There are some hospitals who do not maintain this disease-wise classification at all. For e.g. there have been 15,683 Malaria cases in 2014-15 (Refer to Table No. 1) according to RTI data. Once we obtained the IPD and OPD data the total Malaria figure comes to 27,742. This clearly states that there is a gap in data maintained in government facilities. All (unique) cases should be classified disease-wise in IPD as well as OPD in order to know the accurate data. This calls for building a robust health surveillance system.

⁶Further details are available in Annexure 4

Table 10: Causes of death in Mumbai (data from MCGM's Public Health Department Death certificates) from April'2010-March'2015

Cause of Death	2010-11		2011-12		2012-13		2013-14		2014-15	
	In no.	In %	In no.	In %	In no.	In %	In no.	In %	In no.	In %
Malaria	1222	1.2	392	0.4	238	0.3	202	0.2	103	0.1
Dengue	79	0.1	55	0.1	77	0.1	111	0.1	101	0.1
Tuberculosis	9150	9.0	7366	7.9	7170	8.1	7319	8.2	6496	7.2
Diarrhoea	597	0.6	306	0.3	250	0.3	260	0.3	260	0.3
Cholera	3	0.0	4	0.0	10	0.0	7	0.0	3	0.0
Typhoid	28	0.0	7	0.0	9	0.0	10	0.0	3	0.0
Diabetes	2949	2.9	2171	2.3	2575	2.9	2421	2.7	2472	2.7
Hypertension	4643	4.6	3843	4.1	4034	4.6	4618	5.1	5055	5.6
HIV/AIDS	776	0.8	583	0.6	577	0.7	464	0.5	393	0.4
Other Cause of deaths	82015	80.8	79037	84.3	73576	83.1	74261	82.8	75666	83.6
Total Deaths	101462	100	93764	100	88516	100	89673	100	90552	100

During the last five years (2010-15) every year Tuberculosis has killed 8.08% Mumbaikars. 37,501 people have died due to TB over the last five years in Mumbai. **This means every day at least 21 people are dying because of a curable disease like TB.**

22,193 people died due to Hypertension and 12,588 due to Diabetes in last five years (2010-15)

Table 11: Age-wise causes of death in the year 2014-15

Cause of death		< 4 Years	5-19 Years	20-39 Years	40-59 Years	60 - Above	Not Stated	Total
Malaria	In (no)	4	15	36	28	20	0	103
	In (%)	3.9	14.6	35.0	27.2	19.4	0.0	
Dengue	In (no)	15	13	38	17	18	0	101
	In (%)	14.9	12.9	37.6	16.8	17.8	0.0	
Tuberculosis	In (no)	192	405	1961	2347	1581	10	6496
	In (%)	3.0	6.2	30.2	36.1	24.3	0.2	
Diarrhoea	In (no)	94	9	32	46	78	1	260
	In (%)	36.2	3.5	12.3	17.7	30.0	0.4	
Diabetes	In (no)	47	7	31	527	1852	8	2472
	In (%)	1.9	0.3	1.3	21.3	74.9	0.3	
Hypertension	In (no)	173	12	105	800	3954	11	5055
	In (%)	3.4	0.2	2.1	15.8	78.2	0.2	
Other Cause of deaths	In (no)	6702	2265	8831	16944	40966	357	76065
	In (%)	8.8	3.0	11.6	22.3	53.9	0.5	100.0
Total Deaths		7227	2726	11034	20709	48469	387	90552

A significant number of citizens have died in the productive age of 20-39 due to causes which can be easily treated, such as Malaria (35%), TB (30.2%) and Dengue (37.6%). Out of the total deaths due to Diarrhoea, children below the age of four account for 36.2% of the deaths.

Table 12: Gender-wise causes of death 2014-15

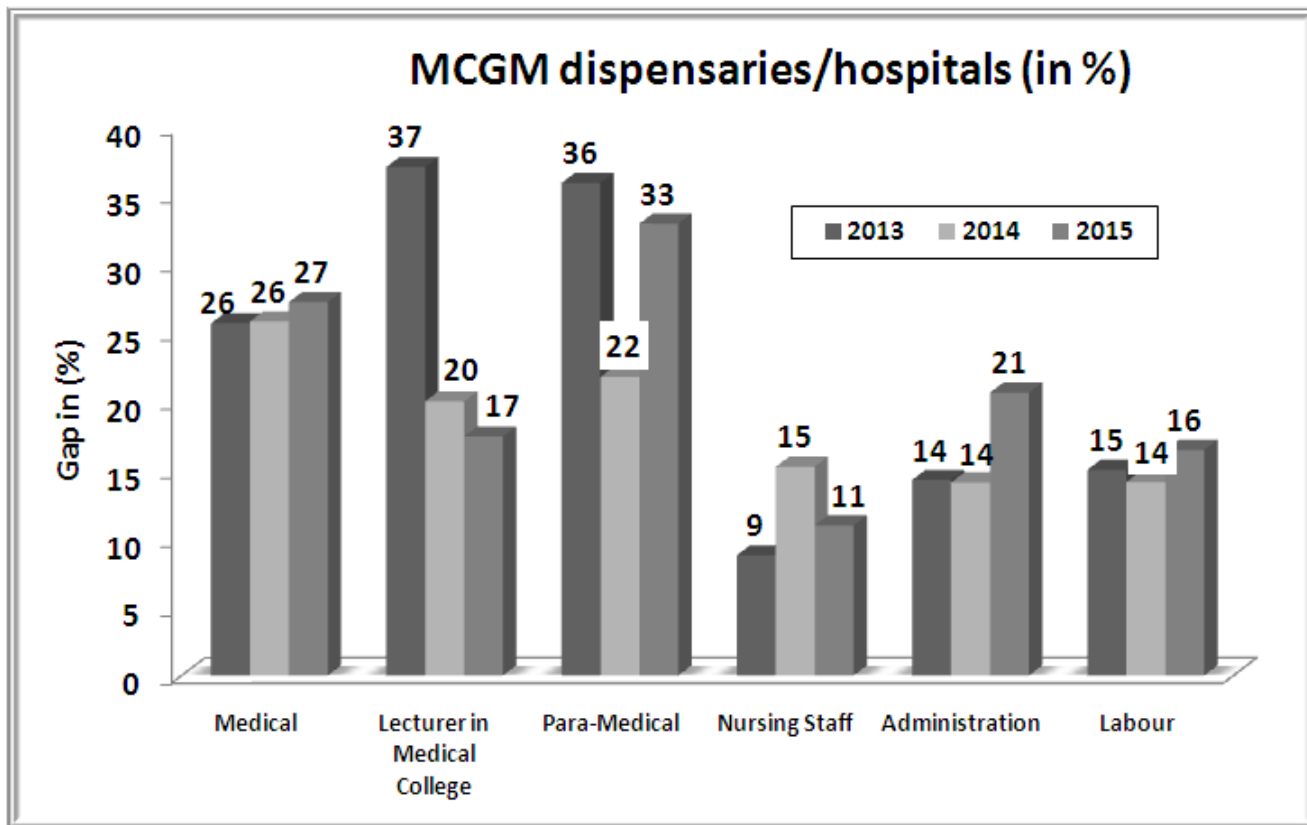
Cause of death	Male		Female		Not Stated	Total
	No.	(%)	No.	(%)		
Malaria	75	73	28	27	0	103
Dengue	51	50	50	50	10	101
Tuberculosis	4315	66	2171	33	0	6496
Diarrhoea	132	51	128	49	4	260
Diabetes	1303	53	1165	47	0	2472
Hypertension	2560	51	2488	49	7	5055
Other Cause of deaths	44364	58	31617	42	84	76065
Total Deaths	52800	58	37647	42	105	90552

The gap between male and female deaths due to TB has more than doubled with 2,171 Female deaths in 2014-15 as compared to 4,315 Male deaths for the same year.

12% more Males have died due to Diabetes (1,303 deaths) in Mumbai as compared to Females (1,165 deaths) in 2014-15.

75 Male deaths occurred due to Malaria as compared to 28 Female deaths in 2014-15

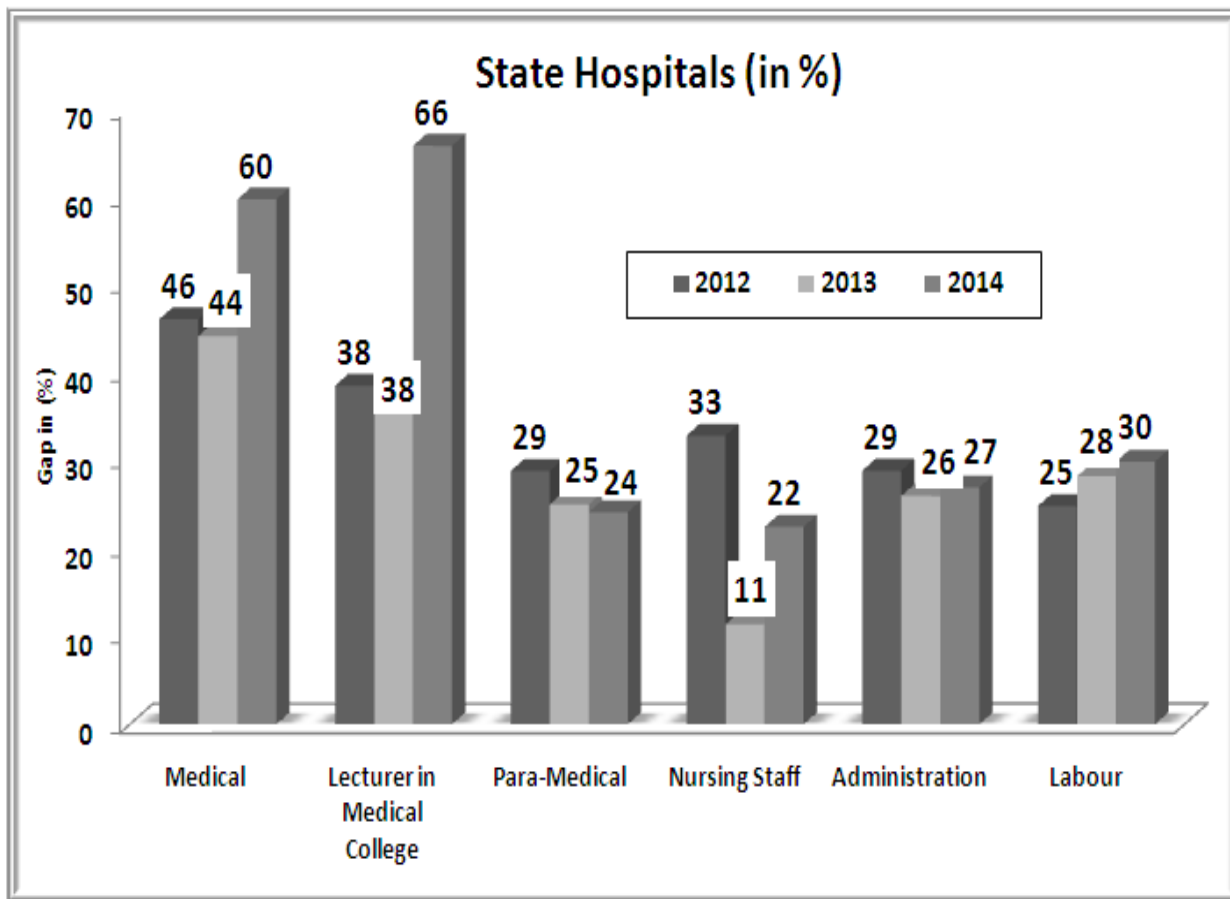
Graph 3: Shortage of staff in MCGM's dispensaries/hospitals⁷



The overall shortage of staff in MCGM dispensaries/hospitals is **18%**, with the most significant gaps seen in the Paramedical Department (33%) and the Medical Department (27%) in the year 2015

⁷The data shown as of March of the year.

Graph 4: Shortage of staff in State hospitals⁸



The overall shortage of staff in State hospitals is **28%**, with the most significant gaps seen in the Medical Department (60%) and in Lecturers in Medical College (66%) in the year 2015

⁸The data shown as of March of the year.

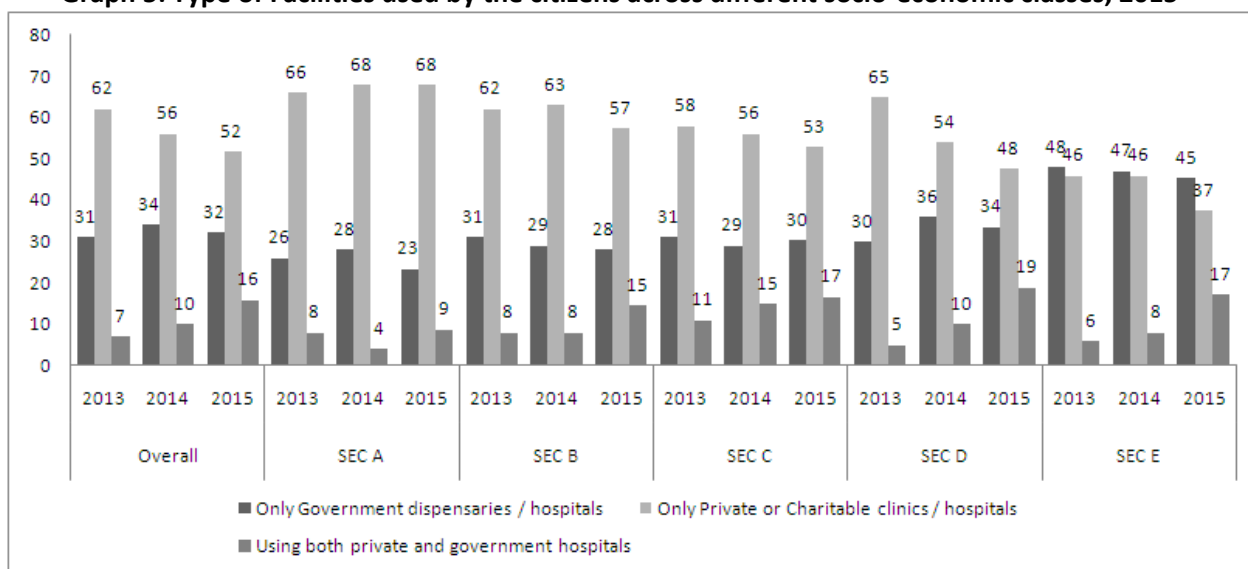
Part B – Citizen Survey Data

Survey Methodology

Praja Foundation had commissioned the household survey to Hansa Research and the survey methodology followed is as below:

- In order to meet the desired objectives of the study, we represented the city by covering a sample from each of its 227 wards. Target Group for the study was :
 - ✓ Both Males & Females
 - ✓ 18 years and above
 - ✓ Belonging to that particular ward.
- Sample quotas were set for representing gender and age groups on the basis of their split available through Indian Readership Study (Large scale baseline study conducted nationally by Media Research Users Council (MRUC) for Mumbai Municipal Corporation Region.
- The required information was collected through face to face interviews with the help of structured questionnaire.
- In order to meet the respondent within a ward, following sampling process was followed:
 - ✓ 5 prominent areas in the ward were identified as the starting point
 - ✓ In each starting point about 20 individuals were selected randomly and the questionnaire was administered with them.
- Once the survey was completed, sample composition of age & gender was corrected to match the population profile using the baseline data from IRS. This helped us to make the survey findings more representatives in nature and ensured complete coverage.
- **The total study sample was 22,850.**

Graph 5: Type of Facilities used by the citizens across different socio-economic classes, 2015⁹

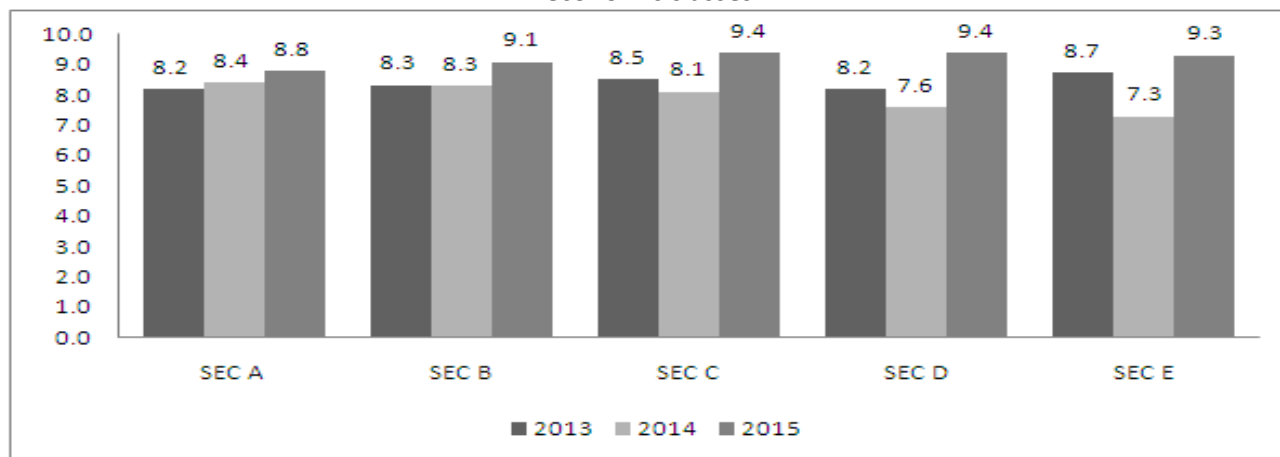


People choosing only Government or only private hospitals have gone down from 34% to 32% and 56% to 52% from 2014 to 2015 respectively. However, percentage of people using both private and government hospital has gone up from 10% to 16%.

Across almost all SEC people may preferring to visit private hospitals for their day-to-day medical needs however for the major disease they are visiting government hospitals as the charges of private hospitals are always on rise.

The major shift towards using both private and government hospitals is in SEC D and SEC E (which belongs to lower socio-economic strata). In these section we can notice the percentage of people using both private and government hospital has become double as compared to the percentage last year.

Graph 6: Estimated percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes

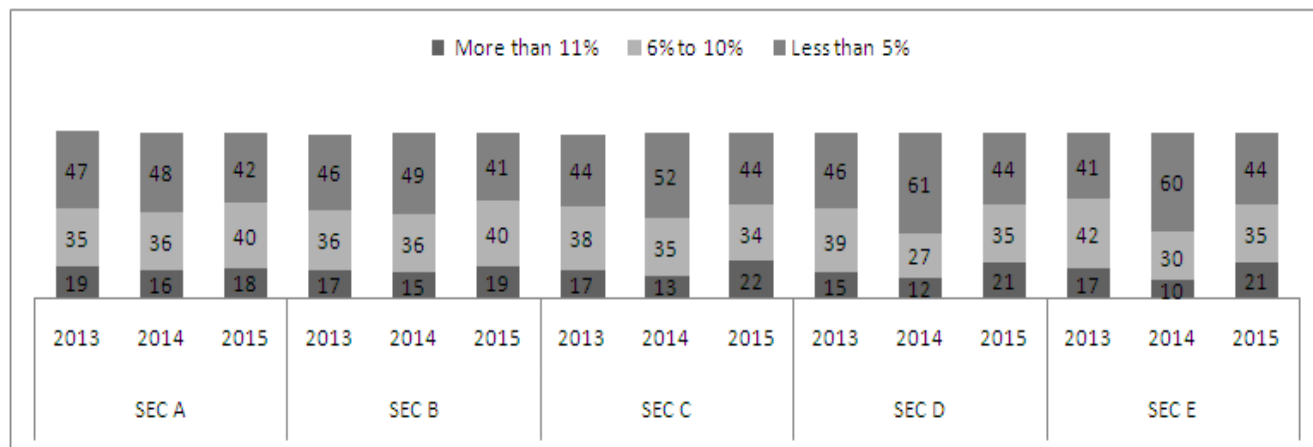


On an average, percentage of annual family income spent by respondents to avail health services has increased by 1.3% in 2015 in comparison to 2014.

At SEC level, SEC E is worse affected with annual expenditure on health increasing from 7.3% to 9.3% and the least affected SEC Group was the SEC A with only 0.4% increase in their medical bills.

⁹ As of March 2015

Graph 7: Estimated percentage of Annual Family Income spent on hospital/medical costs across socio-economic classes



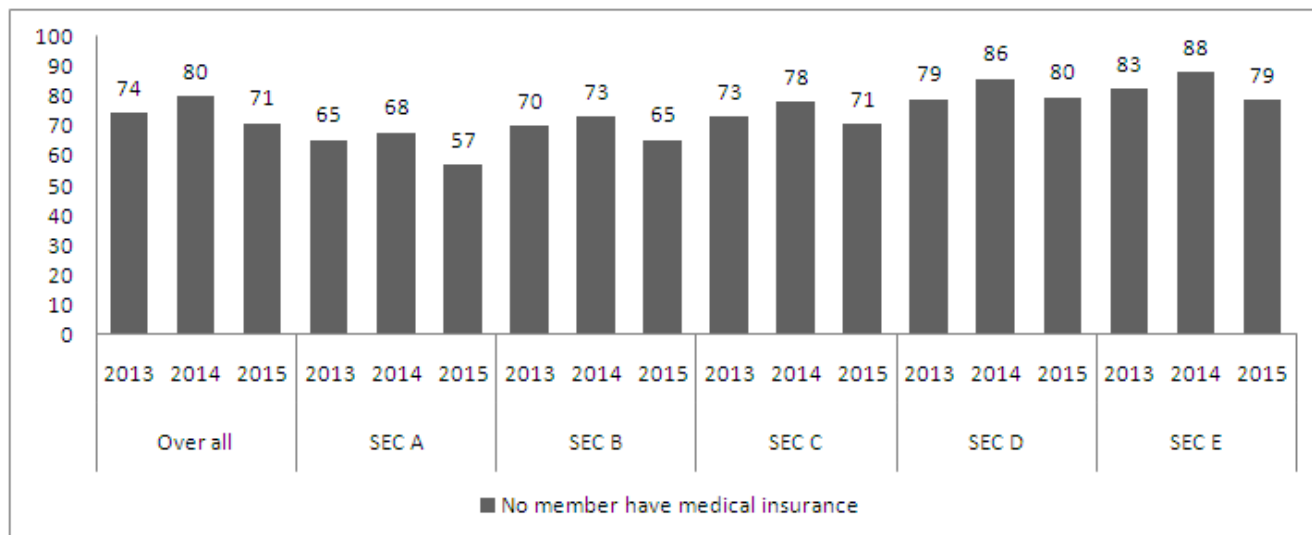
The percentage of people spending more than 11% of their annual income on health expenditure have gone up, from 13% to 21% from 2014 to 2015 respectively, at an overall level.

However the lowest strata of the society, SEC E, have been worst affected by the rising health bills in 2015. This year 21% respondents from SEC E reported to have spent more than 11% of their annual income on hospital/medical costs. The corresponding percentage for 2014 was merely 10%.

Note: In the survey, people intimated that annually the average spent on medical costs was 8.6% of their income, which when juxtaposed against the per capita income of Mumbai (as per the Economic Survey of Maharashtra, 2014-15) and adjusted by 35%, for savings and taxation, translates into Rs 13,675 Crores spent on hospital/medical costs

Annual Per Capita Income in Mumbai (as per the Economic Survey of Maharashtra, 2014-15)	Rs. 188,739
Less 35% (accounting for savings and taxation)	Rs. 122,680
Annual Income per household = Per Capita X 4.58 (Average size of a household)	Rs. 561,876
Annual Expenditure on Health per household = 8.6%	Rs. 48,321
Overall Household Annual Expenditure on Health = Rs. 48,321/- X 2,830,000 (households)	Rs. 13,675 Crores

Graph 8: Medical Insurance across socio-economic class's family with no Medical Insurance



71% families in Mumbai do not have a medical insurance in year 2015; it was 80% in year 2014. Lower strata from SEC D and SEC E number has gone down 86% in 2014 to 80% in 2015 and 88% in 2014 to 79% in 2015 respectively.

Table 13: Estimated cases per 1000 households of Diseases and Ailments across different socio-economic classes

Diseases and Ailments	Malaria			Dengue			Diabetes			Cancer		
	2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
Overall	80	61	55	16	25	14	49	42	67	6	7	5
SEC A	139	56	48	20	19	8	67	34	64	9	3	2
SEC B	74	53	44	22	24	13	45	51	64	11	5	2
SEC C	62	51	44	9	24	17	43	37	61	2	10	5
SEC D	79	69	65	17	29	14	49	41	72	6	8	5
SEC E	44	77	75	10	22	14	45	55	72	7	4	12

Overall, 67 households out of every 1,000 had a member suffering from diabetes in 2015.

Overall, 61 households out of every 1,000 had a member suffering of malaria in 2014. This fell to 55 in 2015. This decline is reflected across the socio-economic classes. However, the SEC D and SEC E continue to witness higher incidence of malaria.

Across all socio-economic groups the number of households having members suffering from malaria has gown down. 25 out every 1,000 household reports to suffer from dengue in 2014 but this year only 14 households reported to have dengue.

Cancer continues to witness decline in all Sectors except for SEC E, where the incidence increased threefold, from 4 households out of every 1,000 in 2014 to 12 households out every 1,000 in 2015.

Table 14: Gender and Age-wise estimated cases per 1000 households of Diseases and Ailments across different socio-economic classes year 2015

Diseases and Ailments	Total Estimated Cases					
	Overall	Males	Females	18 - 25 years	26 - 40 years	40+ years
Malaria	55	59	50	61	56	45
Diabetes	67	64	70	61	47	88
Hypertension	26	22	30	15	19	39
TB	12	11	12	10	10	14
Diarrhoea	5	6	5	5	6	5
Cancer	5	6	3	5	3	7
Dengue	14	13	14	13	13	14

Data reveals that except for malaria and Cancer the percentage of Female affected by disease is more as compare to that of Male.

Diabetes (88), Hypertension (39), Tuberculosis (14), Cancer (7) and dengue (14): highest number of cases reported in 40+ age bracket. However, Malaria has affected people in age group 18-25 more than the other age groups.

Table 15: Type of Facilities used by the citizens by diseases per 1000 households

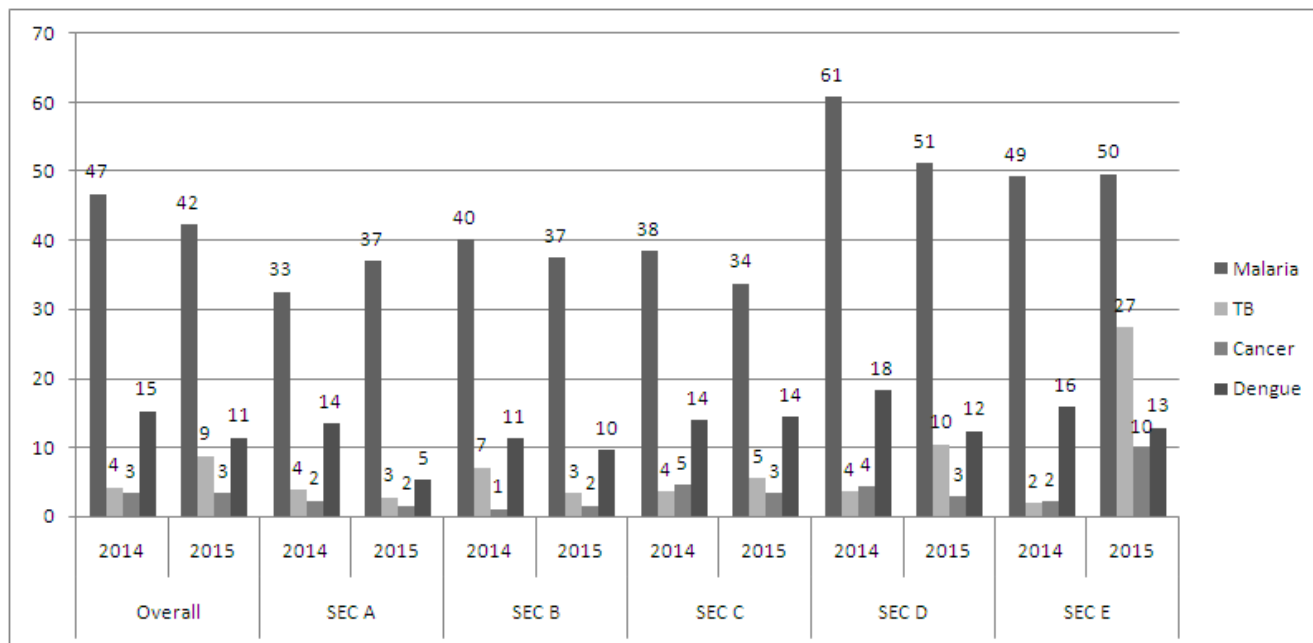
	Year	Malaria	Dengue	Diabetes	Cancer	T.B.
Only Government dispensaries/ hospitals	2013	36	31	23	13	25
	2014	34	18	35	35	46
	2015	40	24	34	27	49
Only Private or Charitable clinics/ hospitals	2013	56	52	71	78	69
	2014	61	41	56	22	16
	2015	47	63	56	36	31
Using both private and government hospitals	2013	9	18	6	9	6
	2014	5	41	9	43	38
	2015	13	13	11	37	21

This year (2015) 40 households visited only government dispensaries/hospitals for malaria and 47 visited private clinics. Dengue and Malaria both are mosquito borne diseases but people of Mumbai are showing different trends while choosing the treatment centre for these diseases. Despite this, only 24 households visited government hospitals/dispensaries for Dengue, whereas 63 visited private clinics/hospitals.

The people prefer government dispensaries/hospitals when it comes to TB treatment, with 49 households visiting government healthcare facilities as opposed to only 31 utilising private clinics.

For serious diseases such as Cancer and Diabetes, people prefer private clinics with 36 and 56 households visiting them in 2015 respectively.

Graph 9: Whether undertaken any tests for the disease per 1000 households



The Number of people took test for diseases like Malaria, TB, Cancer, Dengue was 70 in 2014 but it has come to 66 in 2015. However in SEC E this year the number of people taking test for above mentioned disease have increased from 69 to 100.

Part C – Deliberations by Municipal Councillors and MLAs on Health Issues

MCGMs Public Health Committee

a) The Corporation under Section 38A (1) of the M.M.C. (Mumbai Municipal Corporation) Act, appoint the Public Health Committee out of their own body consisting of 36 members in their meeting after general elections and delegate any of their power and duties to such Committee and also define the sphere of business of Committee so appointed and direct that all matters and questions included in any such sphere shall be submitted to the Corporation with such Committee’s recommendation.

b) Sphere of Business

"Sphere of Business of Special Committees defined by the Corporation vide Corporation Resolution No.46, dated 11th May 1999 in exercise of the powers vested in them by Sub-Section (1) of Section 38A of the Mumbai Municipal Corporation Act, 1888, as amended up to date.

i) All questions relating to the King Edward VII Memorial Hospital and Seth Gordhandas Sunderdas Medical College, Kasturba Hospital for infectious diseases, Medical Relief in the Municipal outdoor dispensaries, Medical and Nursing assistance to the poor in their homes, Venereal Diseases Dispensaries, Anti Tuberculosis League and any Medical Institution to which monetary assistance is given by the Corporation.

ii) Health Department (including Street Cleaning, Conservancy, etc.) with the exception of questions pertaining to the Mechanical Branch so far as they fall within the province of the Works Committee.

At present, there are 36 members (out of which 3 are nominated) in the Public Health Committee (kindly find list as Annexure 6)

Table 16: Total numbers of Meeting, Attendance and Questions from March’12 to March’15

Public Health Committee	Total Meetings	Attendance (%)	Total Questions Asked
March 2012 to March 2013	16	68%	56
April 2013 to March 2014	17	68%	122
April 2014 to March 2015	24	61%	123

The number of Public Health Committee meetings has increased by 41%, while attendance of members in those meetings has gone down by 7%. A total of 123 questions were asked by the Public Health Committee in the year 2014-15.

Table 17: Health issues raised by Public Health Committee Councillors from March'12 to March'15

Issues	Question asked		
	March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
Cemeteries /Crematorium related	3	1	4
Epidemic/Sensitive Diseases	2	2	7
<i>Malaria/Dengue</i>	3	7	6
<i>Diabetic/Hypertension</i>	0	2	0
<i>Diarrhoea/Typhoid/Cholera</i>	1	0	0
<i>Tuberculosis</i>	00	1	2
Equipments	8	2	11
Eradication programme	0	1	0
Fogging	0	0	1
Health Education/institute	0	1	1
Health related issues	5	0	0
Health Service Related	7	32	14
Human Resource	10	31	17
Infrastructure	2	11	18
Issue of Birth/Death certificates	2	0	1
License	1	2	1
Maternity homes / Primary Health Centre(PHC)	2	6	4
MCGM Related	1	1	2
Mortality rate	0	1	
Naming/ Renaming Hospital/Health Centre/Cemeteries	2	4	4
Nuisance due to stray dogs/monkeys/pest rodents etc.	1	0	1
Pest Control Related	0	0	3
Quacks	0	1	0
Reforms in health policies	0	1	0
Schemes / Policies in Health Related	4	16	20
Social Cultural Concerns Related	0	0	6
Treatment/Medicines	6	9	8
Total	56	122	123

Overall, in 2014-15, the number of health issues raised by the Public Health Committee Councillors has increased by 120% from 2012-13.

The number of questions on issues related to Epidemic/Sensitive diseases in 2014-15 is seven, as compared to two in 2013-14. However, the number of questions on issues related to Malaria/Dengue in 2014-15 has reduced from seven in 2013-14 to six in 2014-15. No questions have been asked on issues related to Diarrhoea/Typhoid and Cholera in 2014-15.

Table 18: Number of questions asked on Health by Municipal Councillors ward-wise in All Committees

Ward	No. of Councillors	March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
A	4	0	1	2
B	3	0	1	1
C	4	0	3	5
D	7	3	8	9
E	8	6	11	13
F/N	10	5	6	14
F/S	7	9	4	8
G/N	11	8	4	7
G/S	9	18	14	8
H/E	11	8	10	10
H/W	6	1	2	2
K/E	15	11	10	11
K/W	13	13	12	11
L	15	50	100	122
M/E	13	5	26	26
M/W	8	6	13	13
N	12	6	8	15
P/N	16	11	35	48
P/S	8	4	7	8
R/C	10	8	11	8
R/N	7	5	29	26
R/S	11	14	34	30
S	13	8	12	9
T	6	1	4	11
Total	227	200	365	417

During April 2014 to March 2015, councillors from Wards A, B and H/W asked less than 5 questions on health in the meetings of the corporation.

Overall, the corporation witnessed a significant 14.25% increase in questions on health from April 2013-March 2014 to April 2014- March 2015. Maximum 122 questions were asked by councillors of L ward in 2014-15.

Table 19: Health issues raised by Municipal Councillors from March'12 to March'15

Issues	Question asked		
	March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
Budget	0	1	0
Bio medical Waste	0	0	1
Cemeteries / Crematorium related	21	17	22
Epidemic/Sensitive Diseases	28	51	84
<i>Malaria/Dengue</i>	16	20	46
<i>Tuberculosis</i>	0	6	22
<i>Diarrhoea/Typhoid/Cholera</i>	1	1	0
<i>Diabetes/Hypertension</i>	0	1	2
Equipments	12	10	17
Fogging	10	17	23
Health related issues	7	13	37
Human Resource	23	61	40
Infrastructure	9	22	37
Issue of Birth/Death certificates	4	7	4
License	1	1	4
Maternity homes / Primary Health Centre(PHC)	9	26	11
Medicines	0	0	2
MCGM related	1	5	3
Mortality rate	1	1	1
Health Education/Institute Related	0	4	3
Naming/ Renaming Hospital/Health Centre/Cemeteries	11	16	21
Nuisance due to Pest Rodents, stray dogs, monkeys etc	1	0	5
Private health services	2	7	2
Quacks	0	1	0
Eradication programme	1	1	1
Health Services	23	47	36
Reforms in health policies	1	1	2
Schemes / Policies in Health	22	45	48
Treatment/Medicines	13	11	13
Total	200	365	417

In 2014-15 Issues raised by Municipal Councillors on Epidemic/Sensitive diseases have increased from 51 (2013-14) to 84; on Malaria/Dengue from 20 (2013-14) to 46; on Tuberculosis from 6 (2013-14) to 22 and on Infrastructure from 22 (2013-14) to 37.

Table 20: Health issues raised by MLAs from following sessions: Winter sessions 2014

Issues	Que. related to Mumbai & Schemes/Policies	Other Health Questions
Epidemic/Sensitive Diseases	8	5
<i>Malaria/Dengue</i>	9	7
<i>Tuberculosis</i>	0	0
Health Education/Institute	0	1
Health Service Related	4	0
Health Related Issues	3	7
Human Resource	9	5
Infrastructure	4	15
Mortality Rate	0	7
Maternity homes / Primary Health Centre(PHC)	2	0
Schemes / Policies in Health	3	0
Treatment/Medicine	5	13
Total	38	53

In 2014 winter session MLAs from Mumbai raised 38 questions related to Mumbai & Schemes/Polices and 53 questions were raised on other health related issues.

Note: Mumbai is represented by 36 MLAs out of which, four are ministers.

Table 21: Questions asked on health by councillors during the year March 2012 to March 2015

Ward	Councillor Name	Political Party	Health question		
			March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
A	Makarand Narvekar	IND	0	1	0
A	Sushama Salunkhe*	INC	0	0	2
B	Waqarunnisa Ansari	INC	0	1	0
B	Dnyanraj Nikam	INC	0	0	1
C	Sampat Thakur	SS	0	3	0
C	Veena Jain	BJP	0	0	2
C	Yaqoob Memon	SP	0	0	2
C	Yugandara Salekar	SS	0	0	1
D	Anil Singh	SS	0	1	0
D	Arvind Dudhwadkar	SS	0	1	6
D	Noshir Mehta	INC	2	3	0
D	Jyotshna Mehta	BJP	0	1	0
D	Sarita Patil	BJP	1	2	2
D	Surendra Bagalkar	SS	0	0	1
E	Faiyaz Khan	INC	0	0	1
E	Geeta Gawli	ABS	1	6	1
E	Manoj Jamsutkar	INC	1	1	7
E	Ramakant Rahate	SS	1	3	2
E	Samita Naik	MNS	2	0	1
E	Shahana Khan	INC	1	0	0
E	Yamini Jadhav	SS	0	1	1
F/N	Alka Doke	SS	0	0	1
F/N	Lalita Yadav*	INC	0	3	1
F/N	Manojkumar Sansare	IND	1	0	0
F/N	Nayna Sheth	INC	1	1	4
F/N	Pranita Waghdhare	SS	0	1	3
F/N	Shradha Jadhav	SS	0	1	0
F/N	Trushna Vishwasrao	SS	3	0	5
F/S	Hemangi Chemburkar	SS	1	1	2
F/S	Sanjay Ambole	SS	4	0	0
F/S	Sunil More	INC	2	2	2
F/S	Nandkishor Vichare	SS	1	0	1
F/S	Vaibhavi Chavan	SS	1	1	3
G/N	Jyotsna Parmar	SP	0	0	1
G/N	Rajendra Suryavanshi	SS	1	1	1
G/N	Sandeep Deshpande	MNS	1	1	1
G/N	Sudhir Jadhav	MNS	3	1	3

Ward	Councillor Name	Political Party	Health question		
			March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
G/N	Vakil Shaikh	INC	1	0	0
G/N	Vishnu Gaikwad*	IND	2	1	1
G/S	Hemangi Worlikar	SS	2	4	0
G/S	Kishori Pednekar	SS	0	1	2
G/S	Mansi Dalvi*	SS	1	1	3
G/S	Ratna Mahale	NCP	2	1	2
G/S	Santosh Dhuri*	MNS	7	3	0
G/S	Snehal Ambekar	SS	1	0	0
G/S	Sunil Ahir	NCP	5	4	1
H/E	Anil Trimbakkar	SS	0	2	1
H/E	Deepak Bhutkar	SS	1	2	2
H/E	Gulistan Shaikh*	INC	1	2	1
H/E	Krishna Parkar	BJP	2	1	0
H/E	Priyatama Sawant	INC	1	2	5
H/E	Pooja Mahadeshwar	SS	3	1	1
H/W	Karen D'mello Allen*	INC	1	0	1
H/W	Geeta Chavan	MNS	0	1	0
H/W	Asif Zakaria	INC	0	1	0
H/W	Sunita Wavekar	INC	0	0	1
K/E	Anant Nar	SS	3	2	3
K/E	Bhalchandra Aambure	MNS	1	0	0
K/E	Jyoti Alavani	IND	0	1	0
K/E	Manisha Panchal*	SS	3	3	3
K/E	Pramod Sawant*	SS	1	3	2
K/E	Sandhya Yadav*	SS	1	0	1
K/E	Sushma Rai	INC	1	0	0
K/E	Smita Sawant	SS	0	1	1
K/E	Shubhada Patkar	SS	0	0	1
K/W	Ameet Satam	BJP	1	0	0
K/W	Bhavna Mangela	IND	1	1	0
K/W	Binita Vora	INC	1	0	0
K/W	Dilip Patel	BJP	0	1	0
K/W	Devendra Amberkar	INC	0	0	5
K/W	Jyotsna Dighe	INC	3	0	1
K/W	Jyoti Sutar	SS	0	1	0
K/W	Mohsin Haji Haider	INC	0	3	2
K/W	Raju Pednekar	SS	2	1	0
K/W	Sanjay Pawar	SS	1	3	1
K/W	Vanita Marucha	INC	1	1	1

Ward	Councillor Name	Political Party	Health question		
			March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
K/W	Yashodhar Phanse	SS	3	1	1
L	Anuradha Pednekar*	SS	13	26	46
L	Ashraf Ansari	SP	0	1	3
L	Dilip Lande	MNS	3	1	3
L	Dilshad Azmi*	SP	0	0	1
L	Komal Jamsandekar	SS	1	0	0
L	Manali Tulaskar	SS	0	0	3
L	Mohd. Ishak Shaikh	SP	0	0	1
L	Saeeda Khan*	NCP	31	66	57
L	Sanjana Mungekar	SS	1	6	7
L	Vijay Tandel	IND	1	0	1
M/E	Arun Kamble	Bharip	0	1	1
M/E	Dinesh Panchal	SS	0	2	0
M/E	Mohd. Siraj Shaikh	IND	0	0	1
M/E	Rahul Shevale	SS	1	1	0
M/E	Reshma Nevrekar*	SP	4	8	9
M/E	Rais Shaikh	SP	1	12	6
M/E	Shantaram Patil	SP	0	1	0
M/E	Sunanda Lokare	INC	0	0	3
M/E	Usha Kamble	INC	0	0	5
M/E	Vitthal Kharatmol	BJP	0	1	1
M/W	Anil Patankar	INC	0	3	7
M/W	Rajshree Palande	BJP	0	7	3
M/W	Seema Mahulkar	INC	1	0	0
M/W	Suprada Phaterpekar*	SS	1	0	1
M/W	Vandana Sable	INC	4	3	2
N	Ashwini Mate	SS	0	0	2
N	Bharti Bawadane*	SS	2	2	1
N	Deepak Hande	IND	3	1	0
N	Falguni Dave*	BJP	0	2	3
N	Harun Khan	NCP	0	0	6
N	Pravin Cheda	INC	1	0	1
N	Pratiksha Ghuge	NCP	0	1	0
N	Ritu Tawade	BJP	0	2	2
P/N	Anagha Mhatre	SS	2	0	1
P/N	Cyril D'souza	IND	2	0	0
P/N	Deepak Pawar	MNS	0	16	30
P/N	Gyanmurti Sharma	BJP	3	4	1
P/N	Manisha Patil	SS	0	1	0

Ward	Councillor Name	Political Party	Health question		
			March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
P/N	Parminder Bhamra*	INC	0	1	10
P/N	Prashant Kadam*	SS	0	0	1
P/N	Quamarjahan Siddiqi	INC	1	2	1
P/N	Ramnarayan Barot*	BJP	1	6	2
P/N	Rupali Raorane	NCP	0	3	0
P/N	Siraj Shaikh	INC	0	2	0
P/N	Sunil Gujar	SS	0	0	1
P/N	Vinod Shelar	BJP	2	0	1
P/S	Jitendra Valvi	SS	0	0	1
P/S	Kiran Patel	INC	1	0	0
P/S	Lochana Chavan	SS	0	0	1
P/S	Pramila Shinde*	SS	3	6	6
P/S	Rajan Padhye	SS	0	1	0
R/C	Asavari Patil	BJP	0	2	3
R/C	Bina Doshi	BJP	1	2	0
R/C	Chetan Kadam	MNS	2	0	0
R/C	Manisha Chaudhari	BJP	1	3	1
R/C	Mohan Mithbaokar	BJP	1	1	0
R/C	Riddhi Khursange	INC	0	1	1
R/C	Sandhya Doshi	SP	0	0	1
R/C	Shivanand Shetty	INC	3	1	1
R/C	Shilpa Chogle	MNS	0	1	1
R/N	Abhishek Ghosalkar	SS	0	0	11
R/N	Sheetal M Mhatre*	SS	3	8	6
R/N	Shubha Raul*	SS	2	20	8
R/N	Prakash Darekar	MNS	0	1	1
R/S	Ajanta Yadav*	INC	4	14	11
R/S	Geeta Yadav	INC	1	1	0
R/S	Mukesh Kumar Mistry	BJP	0	0	1
R/S	Prajakta Vishwasrao	SS	0	0	1
R/S	Ramashish Gupta	INC	1	7	8
R/S	Shailaja Girkar*	BJP	2	3	2
R/S	Sunita Yadav	BJP	4	5	4
R/S	Shrikant Kavathankar	SS	1	2	2
R/S	Yogesh Bhoir*	MNS	1	2	1
S	Anisha Majgaonkar	MNS	3	7	1
S	Ashok Patil	SS	0	0	1
S	Dhananjay Pisal	NCP	2	1	1
S	Mangesh Pawar	IND	0	2	0

Ward	Councillor Name	Political Party	Health question		
			March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
S	Ramesh Korgaonkar	SS	1	1	1
S	Rupesh Waingankar*	MNS	0	0	2
S	Suresh Koparkar	INC	1	0	0
S	Tavaji Gorule*	SS	1	0	0
S	Vaishnavi Sarfare	MNS	0	1	2
S	Vishwas Shinde	SS	0	0	1
T	Bhavna Jobanputra	BJP	0	1	0
T	Manoj Kotak	BJP	0	0	3
T	Nandakumar Vaity*	NCP	0	0	3
T	Prakash Gangadhare	BJP	1	1	2
T	Samita Kamble	BJP	0	1	2
T	Sujata Pathak*	MNS	0	1	1
City	Councillors have not asked a single question on health		138	121	108
Total			200	365	417

Note - (*) Councillors are members in Public Health Committee for 2014-15. Kindly refer to Annexure 6 for a Public Health Committee Elected (Councillors) Members for 2014-15.

In 2014-15:

- Councillor asking highest number of questions on Health: Saeeda Khan (57 questions)
- Number of councillors asking zero questions on Health: 108, out of which 4 councillors are from the Public Health Committee

Between 2012-15:

- Councillor asking highest number of questions on Health: Saeeda Khan (154 questions)
- Number of councillors asking zero questions on Health: 61, out of which 2 councillors are from the Public Health Committee

Table 22: Questions asked on health by MLAs from: Winter Sessions 2014

Constituency No.	Name of MLA	Political Party	Area	Que. related to Mumbai & Schemes/Policies	Other Health Que.	Total Health Que.
153	Manisha Chaudhari	BJP	Dahisar	3	3	6
154	Prakash Surve	SS	Magathane	0	0	0
155	Sardar Tara Singh	BJP	Mulund	1	0	1
156	Sunil Raut	SS	Vikhroli	0	1	1
157	Ashok Patil	SS	Bhandup West	1	0	1
159	Sunil Prabhu	SS	Dindoshi	1	0	1
160	Atul Bhatkhalkar	BJP	Kandivali East	0	2	2
161	Yogesh Sagar	BJP	Charkop	5	2	7
162	Aslam Shaikh	INC	Malad West	6	12	18
164	Bharati Lavekar	BJP	Versova	0	0	0
165	Ameet Satam	BJP	Andheri West	0	0	0
166	Ramesh Latke	SS	Andheri East	0	0	0
167	Parag Alavani	BJP	Vile Parle	0	0	0
168	Arif (Naseem) Khan	INC	Chandivali	0	0	0
169	Ram Kadam	BJP	Ghatkopar West	0	0	0
171	Abu Azmi	SP	Mankhurd shivaji Nagar	2	1	3
172	Tukaram Kate	SS	Anushakti Nagar	0	0	0
173	Prakash Phaterpekar	SS	Chembur	0	1	1
174	Mangesh Kudalkar	SS	Kurla	0	2	2
175	Sanjay Potnis	SS	Kalina	1	0	1
176	Prakash Sawant	SS	Vandre East	0	0	0
177	Ashish Shelar	BJP	Vandre West	3	2	5
178	Varsha Gaikwad	INC	Dharavi	0	8	8
179	Captain R. Tamil Selvan	BJP	Sion Koliwada	0	0	0
180	Kalidas Kolambkar	INC	Wadala	4	4	8
181	Sada Sarvankar	SS	Mahim	0	1	1
182	Sunil Shinde	SS	Worli	0	0	0
183	Ajay Choudhari	SS	Shivadi	0	1	1
184	Waris Pathan	AIMEIM	Byculla	0	0	0
185	Mangal Prabhat Lodha	BJP	Malabar Hill	2	0	2
186	Amin Patel	INC	Mumbadevi	9	13	22
187	Raj K. Purohit	BJP	Colaba	0	0	0
	Total			38	53	91

In the Winter Session 2014, total number of questions raised on health was 91. In this session 13 MLAs have not asked a single question on health.

Mr. Amin Patel has asked maximum number (22) of questions followed by Mr. Aslam Shaikh who have raised (18) questions on health.

Part D– Ward-wise Occurrence of Diseases
Table 23: Estimated proportion of usage of various Dispensaries/Hospitals from April'2014 to March'2015

Ward	Provisional Population 2011	Estimated citizens using <u>only</u> Govt. Dispensary/Hospital (in %)	Estimated citizens using <u>only</u> private or charitable clinics/hospitals (in %)	Estimated citizens using both private and charitable clinics/hospitals (in %)	No. of Government Hospitals	Available Government Dispensaries	Density of government dispensaries to population
A	185,014	3	74	23	4	6	30,836
B	127,290	8	73	19	0	5	25,458
C	166,161	15	67	18	0	5	33,232
D	346,866	57	38	5	0	8	43,358
E	393,286	36	40	24	6	12	32,774
F/N	529,034	35	45	21	3	7	75,576
F/S	360,972	35	48	17	3	9	40,108
G/N	599,039	36	52	12	0	10	59,904
G/S	377,749	36	50	14	1	14	26,982
H/E	557,239	28	57	15	1	8	69,655
H/W	307,581	45	49	6	1	5	61,516
K/E	823,885	51	40	9	1	12	68,657
K/W	748,688	26	65	10	1	7	106,955
L	902,225	44	45	12	1	13	69,402
M/E	807,720	27	45	28	1	10	89,747
M/W	411,893	26	56	18	1	5	82,379
N	622,853	27	52	20	3	8	77,857
P/N	941,366	18	60	23	2	10	94,137
P/S	463,507	24	57	20	2	2	231,754
R/C	562,162	37	55	8	1	6	93,694
R/N	431,368	17	78	5	1	4	107,842
R/S	691,229	21	64	15	2	6	115,205
S	743,783	35	60	5	0	7	106,255
T	341,463	36	55	9	3	3	113,821
	12,442,373	32	52	16	38	182	68,742

Although P/N ward has 10 government dispensaries and two hospitals, only 18% estimated citizen's are using only government facilities using them. Similarly ward B and C has five Municipal dispensaries and no government hospital have witnessed significant reduction in citizens using only government facilities. In 2014 62% and 48% citizens in the respective wards were using only government facilities¹⁰. This reduced to 8% and 15% respectively in 2015.

In the *island city* (A, B, C, D, E, F/N, F/S, G/N, G/S wards) 33.81% households are using only government facilities; while in the western suburbs (H/E, H/W, K/E, K/W, P/N, P/S, R/C, R/N, R/S wards) 29.25%, and in the Eastern Suburbs (L, M/E, M/W, N, S, T) only 33.25% are using only government facilities.

The percentage of households estimated to have been using only government facilities during 2014 in the island city stood at 41.88%.¹¹ However, this fell to 33.81% in 2015.

Further, certain wards witnessed sharp decline in use only government facilities such as Ward B (decline from 62% to 8%, Ward C from 48% to 15%, Ward A: from 25% to 3%.

Wards in the suburbs such as R/N, K/W, P/S, R/S, T, and S have very low density/penetration of government dispensaries. These wards are not only the new residential hubs but are also very populous.

The penetration of government hospitals/dispensaries continue to remain low with in 16 out of 24 wards citizens depend upon private or charitable hospitals/clinics for their hospital/medical needs.

The overall decline of 3% in households using only government facilities doesn't augur well for the provision of affordable healthcare for the citizens of Mumbai. It can further be inferred that the government has not been able to address the issue of penetration of public health services.

¹⁰Praja's Report on State of Health of Mumbai, 2014

¹¹Praja's Report on State of Health of Mumbai, 2014

Table 24: Ward wise Malaria Data¹²

Ward ¹³	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	1221	1141	602	303	183
B	127,290	1147	381	99	33	31
C	166,161	1532	330	162	113	92
D	346,866	1774	277	112	100	90
E	393,286	2945	1255	213	160	89
F/N	529,034	2073	1154	362	238	176
F/S	360,972	4499	1691	846	568	960
G/N	599,039	2088	985	312	310	272
G/S	377,749	3115	1400	201	100	64
H/E	557,239	804	383	223	179	186
H/W	307,581	3360	595	170	205	177
K/E	823,885	3687	1610	831	381	368
K/W	748,688	2524	1080	308	205	132
L	902,225	1718	751	512	386	285
M/E	807,720	192	1761	178	112	149
M/W	411,893	622	346	131	78	53
N	622,853	1909	620	353	228	186
P/N	941,366	385	396	104	83	79
P/S	463,507	251	242	56	43	54
R/C	562,162	334	289	106	84	103
R/N	431,368	83	114	88	73	78
R/S	691,229	418	214	230	130	99
S	743,783	1083	328	162	137	117
T	341,463	242	178	154	79	37
Municipal Hospital		37986	21095	12408	11918	9961
State Hospital		2457	1212	1280	1052	854
Other Government Hospital				1736	1100	808
Total	12,442,373	78449	39828	21939	18398	15683

F/S (960), K/E (368) and L (285) are top three wards worst wards having maximum number of Malaria cases. F/S (376), A (1011) and H/W (1738) are top three worst wards having maximum number of Malaria cases in proportion to their ward population in year 2015.

¹²RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

¹³Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose

Table 25: Ward wise Dengue Data¹⁴

Ward ¹⁵	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	1	6	0	0	47
B	127,290	0	0	0	27	51
C	166,161	0	0	0	3	17
D	346,866	0	0	0	0	35
E	393,286	0	0	0	1	25
F/N	529,034	0	0	3	2	54
F/S	360,972	0	0	0	0	34
G/N	599,039	0	0	0	10	64
G/S	377,749	0	0	0	0	0
H/E	557,239	0	0	1	0	22
H/W	307,581	43	0	0	3	11
K/E	823,885	20	0	16	29	67
K/W	748,688	0	1	0	3	35
L	902,225	4	0	0	12	11
M/E	807,720	0	0	0	0	24
M/W	411,893	0	0	1	14	4
N	622,853	0	0	1	2	38
P/N	941,366	0	0	0	0	12
P/S	463,507	0	3	1	11	2
R/C	562,162	0	0	0	0	19
R/N	431,368	0	0	0	0	26
R/S	691,229	1	0	2	24	81
S	743,783	1	0	1	0	28
T	341,463	0	0	0	6	1
Municipal Hospital		1027	1749	4441	5952	7710
State Hospital		307	120	289	732	1523
Other Government Hospital				111	430	358
Total	12,442,373	1404	1879	4867	7261	10299

R/S (81), K/E (67) and G/N (64) are top three wards worst wards having maximum number of Dengue cases. B (2496), A (3936) and R/S (8534) are top three worst wards having maximum number of Dengue cases in proportion to their ward population in year 2015.

¹⁴RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

¹⁵Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose

Table 26: Ward wise Tuberculosis Data¹⁶

Ward ¹⁷	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	461	348	342	452	369
B	127,290	160	130	117	110	121
C	166,161	131	106	120	115	141
D	346,866	246	259	250	237	233
E	393,286	417	704	748	572	561
F/N	529,034	1332	1581	382	255	307
F/S	360,972	600	116	185	14	438
G/N	599,039	417	561	457	510	396
G/S	377,749	361	235	178	174	198
H/E	557,239	518	594	539	485	549
H/W	307,581	226	365	757	245	237
K/E	823,885	1164	1703	1069	616	663
K/W	748,688	240	360	398	292	264
L	902,225	1118	1037	994	1037	1182
M/E	807,720	147	152	135	228	102
M/W	411,893	218	166	111	282	136
N	622,853	65	133	140	143	203
P/N	941,366	96	135	120	200	238
P/S	463,507	69	31	58	97	48
R/C	562,162	137	167	183	206	180
R/N	431,368	86	281	98	103	118
R/S	691,229	572	472	613	611	532
S	743,783	1551	315	440	675	485
T	341,463	191	236	246	216	386
Municipal Hospital		23908	19829	26198	31782	32439
State Hospital		1090	659	946	1216	1829
Other Government Hospital				593	606	482
Total	12,442,373	35521	30675	36417	41479	42837

L (1182), K/E (663) and E (561) are top three wards worst wards having maximum number of Tuberculosis cases.

A (501), E (701) and L (763) are top three worst wards having maximum number of Tuberculosis cases in proportion to their ward population in year 2015.

Note: For 2013-14, F/S Ward has provided data on T.B. patients diagnosed in F/S Microscopic Centre only. The patients coming for treatment of T.B. in dispensaries other than F/S dispensary in F/S ward are not considered as new T.B. patients. According to the Sr. Medical Officer of F/S ward there are some patients who are diagnosed outside the Centre and hence are not considered as new T.B. patients.

¹⁶RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

¹⁷Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose.

Table 27: Ward wise Diabetes Data¹⁸

Ward ¹⁹	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	46	191	327	493	449
B	127,290	464	818	756	447	439
C	166,161	29	47	47	149	115
D	346,866	-	80	413	293	277
E	393,286	212	669	327	600	411
F/N	529,034	938	136	618	505	1113
F/S	360,972	24	81	216	81	68
G/N	599,039	105	18	1068	1247	1963
G/S	377,749	492	625	168	197	158
H/E	557,239	71	63	220	409	273
H/W	307,581	167	125	168	248	101
K/E	823,885	613	747	1770	1972	1018
K/W	748,688	301	471	1146	1760	1105
L	902,225	189	369	1402	1222	878
M/E	807,720	242	266	592	448	606
M/W	411,893	273	217	303	267	178
N	622,853	24	144	579	715	558
P/N	941,366	21	77	155	176	132
P/S	463,507	98	88	311	272	107
R/C	562,162	127	250	367	324	201
R/N	431,368	11	140	78	135	129
R/S	691,229	50	196	2420	5390	7540
S	743,783	53	184	586	858	329
T	341,463	16	187	177	291	239
Municipal Hospital		21341	14485	7424	18901	27319
State Hospital		561	590	728	742	1135
Other Government Hospital				2579	2699	1869
Total	12,442,373	26468	21264	24945	40841	48710

R/S (7540), G/N (1963) and F/N (1113) are top three wards worst wards having maximum number of Diabetes cases.

A ward (412), B ward (290) and R/S ward (92) are top three worst wards having maximum number of Diabetes cases in proportion to their ward population in year 2014

¹⁸RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

¹⁹Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose.

Table 28: Ward wise Diarrhoea Data²⁰

Ward ²¹	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	1522	2051	1449	2002	2092
B	127,290	1844	1557	1077	1545	1783
C	166,161	2019	2203	1946	2431	3085
D	346,866	4536	5114	4649	4865	5302
E	393,286	8201	4605	2208	2474	2758
F/N	529,034	5295	2994	1547	1507	1695
F/S	360,972	7261	4753	4259	4120	3634
G/N	599,039	5849	4464	3073	2881	2923
G/S	377,749	7252	4864	4036	4691	4792
H/E	557,239	6041	3949	4224	6006	6884
H/W	307,581	3946	2567	1878	2028	2104
K/E	823,885	7885	7066	6641	7169	10428
K/W	748,688	4023	3354	3011	3792	2774
L	902,225	12588	10592	11967	9659	10143
M/E	807,720	6108	4433	2565	3248	5894
M/W	411,893	5083	3384	2656	2262	1856
N	622,853	7869	6321	5972	7079	8140
P/N	941,366	2741	3373	2790	3582	2911
P/S	463,507	1062	860	949	1073	949
R/C	562,162	1801	1850	2633	3454	3851
R/N	431,368	946	698	580	785	823
R/S	691,229	2657	1569	1925	1375	1606
S	743,783	5242	3686	3822	3507	4108
T	341,463	1976	1845	3252	2534	2067
Municipal Hospital		11603	10948	19358	31718	21857
State Hospital		981	739	785	1561	1129
Other Government Hospital				575	832	1169
Total	12,442,373	126331	99839	99827	118180	116757

K/E (10428), L (10143) and N (8140) are top three wards worst wards having maximum number of Diarrhoea cases.

C ward (54), D ward (65) and B ward (71) are top three worst wards having maximum number of Diarrhoea cases in proportion to their ward population in year 2015.

²⁰RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

²¹Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose.

Table 29: Ward wise Hypertension Data²²

Ward ²³	Population 2011	2010-11	2011-12	2012-13	2013-14	2014-15
A	185,014	1338	1076	1225	1492	1409
B	127,290	1353	913	679	493	245
C	166,161	599	381	57	197	479
D	346,866	686	225	359	306	394
E	393,286	1154	1270	1079	896	447
F/N	529,034	1234	407	1121	1247	1276
F/S	360,972	3586	1305	768	215	161
G/N	599,039	746	548	937	1335	1507
G/S	377,749	2198	1970	469	390	343
H/E	557,239	844	1004	386	562	474
H/W	307,581	496	456	285	226	88
K/E	823,885	2241	1592	2102	1990	1344
K/W	748,688	174	1122	804	1398	1417
L	902,225	580	644	1365	1464	2185
M/E	807,720	392	563	1010	691	688
M/W	411,893	709	611	684	503	244
N	622,853	24	132	596	709	683
P/N	941,366	282	254	199	258	91
P/S	463,507	155	100	274	235	121
R/C	562,162	890	992	1122	735	586
R/N	431,368	249	297	61	203	142
R/S	691,229	201	287	1522	2582	3181
S	743,783	308	316	435	540	509
T	341,463	176	370	207	206	228
Municipal Hospital		17135	8031	6844	12182	17390
State Hospital		638	652	921	821	1039
Other Government Hospital				3213	3761	1999
Total	12,442,373	38388	25518	28724	35637	38670

R/S (3181), L (2185) and G/N (1507) are top three wards worst wards having maximum number of Hypertension cases.

A ward (131), R/S ward (217) and C ward (347) are top three worst wards having maximum number of Hypertension cases in proportion to their ward population in year 2015.

²²RTI (Right to Information Act) Data in this section has been collected from (170) Municipal Dispensaries, (26) Municipal Hospitals and (4) State Hospitals for the period April'2010 to March'2015. RTI Data from (9) Other Government Hospitals [which include Central Railway, Western Railway, Bombay Port Trust Hospital, Police Hospital (Nagpada and Naigaon), ESIS – Worli, Mulund, Kandivali, Marol) and (12) Police Dispensaries] has been collected for the period of April'2012 to March'2015.

²³Data from dispensaries only is attributed to a particular ward and data from hospitals is showed separately as it is assumed that the patients coming to dispensaries may largely belong to the ward while in hospitals patients may come from across the city. The data representation is for directional purpose

Annexure 1 –List of Government dispensaries/hospitals

Sr. No.	Municipal Hospitals
	Municipal Medical College Hospitals
1	B.Y. L. Nair Charitable Hospital
2	King Edward Memorial Hospital
3	Lokmanya Tilak Hospital
4	Kasturba Hospital
	Municipal Hospitals
5	Acworth Municipal Hospital
6	Municipal Group of T.B. Hospital
7	Eye Hospital
8	K. B. Bhabha Hospital, Bandra
9	V. N. Desai Hospital
10	Dr. R.N. Cooper Hospital
11	K.B. Bhabha Hospital
12	Maa Hospital, Diwalabai Mohanlal Mehta Hospital
13	Centenary Hospital, Govandi
14	Seth V.C. Gandhi & M. A. Vora Rajawadi Hospital
15	Sant Muktabai Hospital
16	Mahatma Jyotiba Phule Hospital
17	M.W. Desai Hospital
18	S.K Patil Hospital
19	Shri Harilal Bhagwati Hospital
20	Dr. Babasaheb Ambedkar Hospital Kandivali (W) (Centenary Hospital)
21	Smt. Mansadevi T. Agarwal Hospital
22	S. V. D. Sawarkar Hospital
23	Siddarth Hospital
24	E.N.T Hospital
25	Trauma Care Hospital Jogeshwari East
26	Kasturba X (Cross) Road Hospital (Borivali)
Sr. No.	State Hospitals
1	Gokuldas Tejpal Hospital
2	Cama and Albless Hospital
3	Sir J.J. Group of Hospitals
4	St. George's Hospital
5	General Hospital (Malwani)
Sr. No.	Government Hospitals
1	Central Railway Hospital
2	Port Trust Hospital, Wadala
3	Nagpada Police Hospital
4	Naigaon Police Hospital
5	E.S.I.S. Hospital, Worli

6	E.S.I.S. Hospital, Mulund				
7	E.S.I.S. Hospital, Kandivali				
8	ESIC Model Hospital, Marol				
Sr. No.	Ward	Municipal Dispensaries	Sr. No.	Ward	Municipal Dispensaries
1	A	Colaba Municipal Dispensary	86	K/E	Koldongari Dispensary
2	A	Head Office (H.O.) Dispensary	87	K/E	Marol Dispensary
3	A	Maruti Lane Dispensary	88	K/E	Natwar Nagar Dispensary
4	A	Saboo Siddhique Road Dispensary, Paltan Road (S.S. Road)	89	K/E	Paranjape Dispensary
5	A	Shahid Bhagat Singh Road Dispensary	90	K/E	Sambhaji Nagar Dispensary
6	B	Jail Road municipal Dispensary	91	K/E	Sambhaji Nagar Ayurvedic Dispensary
7	B	Jail Road Unani Dispensary	92	K/E	Sunder Nagar Dispensary
8	B	Kolsa Mohalla Unani Dispensary	93	K/W	Banana Leaf Dispensary
9	B	S.V.P. Road Municipal Dispensary	94	K/W	Juhu Dispensary
10	B	Walpakhadi Muncipal Dispensary	95	K/W	Millat Nagar Dispensary
11	C	Chandanwadi Dispensary	96	K/W	N.J. Wadiya Dispensary
12	C	Duncan Road Dispensary	97	K/W	Oshivara Dispensary
13	C	Ghogar Mohalla Dispensary	98	K/W	Vileparle Market Dispensary
14	C	Panjarapol Mun. Dispensary	99	K/W	Versova Dispensary
15	C	Thakurdwar Dispensary	100	L	Asalpha Village Dispensary
16	D	Banganga Municipal Dispensary	101	L	Bail Bazar Mun. Dispensary
17	D	Nana Chowk Dispensary	102	L	Budda Colony Dispensary
18	D	R.S. Nimkar Marg Dispensary	103	L	Chandivali M.N.P. Dispensary
19	D	Raja Rammohan Roy Marg Dispensary	104	L	Christain Municipal Dispensary
20	D	Tardeo Flat Municipal Dispensary	105	L	Chunnabhatti Dispensary
21	D	Tulsiwadi Dispensary (Bane Compound)	106	L	Kajupada Muncipal Dispensary
22	E	D. P. Wadi Municipal Dispensary	107	L	Mohill Village Dispensary
23	E	ES Pathanwala Municipal Dispensary	108	L	Nehru Nagar Dispensary
24	E	Gaurabhai Dispensary	109	L	Qureshi Nagar Dispensary
25	E	Huzaria Street Dispensary	110	L	Safad Pool Dispensary
26	E	Motishah Dispensary	111	M/E	Anik Nagar Dispensary
27	E	N.M. Joshi Marg Dispensary	112	M/E	Ayodhya Nagar Dispensary
28	E	Nawab Tank Municipal Dispensary	113	M/E	Cheeta Camp Dispensary
29	E	R.J. Compound Dispensary	114	M/E	Deonar Colony Dispensary
30	E	Siddarth Nagar Dispensary	115	M/E	Gavanpada Dispensary
31	E	Souter Street Dispensary	116	M/E	Kamala Raman Nagar Municipal Dispensary
32	E	Tadwadi Municipal Dispensary	117	M/E	Lallubhai Compound Municipal Dispensary

Sr. No.	Ward	Municipal Dispensaries	Sr. No.	Ward	Municipal Dispensaries
33	E	Tank Square Garden Dispensary	118	M/E	Trombay Municipal Dispensary
34	F/N	Antop Hill Municipal Dispensary	119	M/E	Maharashtra Nagar Municipal Dispensary
35	F/N	Korba Mithagar Dispensary	120	M/E	R.B.K. International Municipal Dispensary
36	F/N	L. B. Shastri Dispensary	121	M/W	Chembur Colony Dispensary
37	F/N	Raoli Camp Dispensary	122	M/W	Chembur Naka Municipal Dispensary
38	F/N	Transit Camp Dispensary	123	M/W	Labour Camp Dispensary
39	F/N	Wadala Dispensary	124	M/W	Lal Dongar Dispensary
40	F/S	A.D. Marg Dispensary	125	M/W	Mahul Dispensary
41	F/S	Abhyday Nagar Dispensary	126	M/W	Tilak Nagar Municipal Dispensary (till March 2013)
42	F/S	Ambewadi Dispensary	127	N	Kirol Dispensary
43	F/S	Gautam Nagar Dispensary	128	N	Pant Nagar Dispensary
44	F/S	Kidwai Nagar Dispensary	129	N	Parksite Dispensary
45	F/S	Naigaon Dispensary	130	N	Parshiwadi Dispensary
46	F/S	Parel Dispensary	131	N	Ramabai Colony Dispensary
47	F/S	Sewree Cross Road Dispensary	132	N	Sainath Nagar Dispensary
48	F/S	Triveni Sadan Dispensary	133	N	Sarvodaya Pantnagar Dispensary
49	G/N	Dharavi Main Road Dispensary	134	P/N	Choksey Municipal Dispensary
50	G/N	Dharavi Transit Camp Dispensary	135	P/N	Goshala Municipal Dispensary
51	G/N	Gulbai Dispensary	136	P/N	Kurar Village Municipal Dispensary
52	G/N	Kumbharwada Dispensary	137	P/N	Malvani Municipal Dispensary
53	G/N	Matunga Labour camp Dispensary	138	P/N	Manori Dispensary
54	G/N	Pilla Bunglow Dispensary	139	P/N	Nimani Municipal Dispensary
55	G/N	Shahu Nagar Dispensary	140	P/N	Pathanwadi Dispensary
56	G/N	Welfare Camp (Shri Cinema) Dispensary	141	P/N	Riddhi Garden Municipal Dispensary
57	G/N	Welkarwadi Dispensary	142	P/N	School Road Municipal Dispensary
58	G/S	B.D.D. Chawl Dispensary	143	P/N	Valnai Municipal Dispensary
59	G/S	Beggar Home Dispensary	144	P/S	Chincholi Square Garden Dispensary
60	G/S	Curry Road Dispensary	145	P/S	Topiwala Lane Dispensary
61	G/S	Fergusson Road Dispensary	146	R/C	Charkop Sector 5 Dispensary
62	G/S	Jijamata Nagar K. Moses Dispensary	147	R/C	Eksar Road Dispensary
63	G/S	Maharashtra High school Compound Dispensary	148	R/C	Gorai MHADA Dispensary
64	G/S	Prabhadevi Dispensary	149	R/C	Gorai Village Dispensary
65	G/S	Prbhadevi Ayurvedic Municipal Dispensary	150	R/C	K.K. Municipal Dispensary
66	G/S	Sasmira Dispensary	151	R/C	M.H.B. Dispensary

Sr. No.	Ward	Municipal Dispensaries	Sr. No.	Ward	Municipal Dispensaries
67	G/S	Senapati Bapat Marg, Hilly Cross, 633 Dispensary	152	R/N	Anand Nagar Municipal Dispensary
68	G/S	Welfare Center Dispensary	153	R/N	L.T. Road Dispensary
69	G/S	Worli Koliwada Dispensary	154	R/N	Shastri Nagar Municipal Dispensary
70	G/S	Zandu Ayurvedic Mun. Dispensary	155	R/N	Y.R. Tawade Nagar Dispensary
71	H/E	Bharat Nagar Dispensary	156	R/S	Akurli Road Municipal Dispensary
72	H/E	Jawahar Nagar Dispensary	157	R/S	Babrekar Nagar Municipal Dispensary
73	H/E	Kalina Dispensary	158	R/S	Charcop Sector- I Municipal Dispensary
74	H/E	Kherwadi Dispensary	159	R/S	Dahanuwadi Municipal Dispensary
75	H/E	Kolekalyan Dispensary	160	R/S	Hanuman Nagar Dispensary
76	H/E	Prabhat Colony Municipal Dispensary	161	S	Kanjur Village Dispensary
77	H/E	S.V. Nagar Dispensary	162	S	M.V. R Shinde Dispensary
78	H/W	G.N. Station Road Dispensary	163	S	ShivajiTalav Mumbai Dispensary
79	H/W	Guru Nanak (Dr. Ambedkar Road) Dispensary	164	S	Tagor Nagar Dispensary
80	H/W	Khar-Danda Dispensary	165	S	Tebhipada Shivaji Nagar Dispensary
81	H/W	Old Khar Dispensary	166	S	Tirandaz Village Dispensary
82	H/W	Shastri Nagar Linking Road Dispensary	167	S	Tulshetpada Dispensary
83	K/E	Caves Road Dispensary	168	T	Dindayal Upadhyay (DDU) Dispensary
84	K/E	Gundawali Dispensary	169	T	Mulund Colony Dispensary
85	K/E	Hari Nagar Dispensary	170	T	P.J.K. Dispensary
Sr. No.		Police Dispensaries			
1		Police Headquarters Awar Dispensary			
2		Police Dispensary, Tardeo			
3		Dr. D.B. Marg Police Dispensary			
4		Dadar Police Dispensary			
5		LA-II (HQ) Police Dispensary, Worli			
6		Mahim Police Dispensary			
7		Santacruz Police Dispensary			
8		Andheri Police Dispensary			
9		Marol Police Dispensary			
10		Kandivali Police Dispensary			
11		Police Dispensary, Neharu Nagar			
12		Pant Nagar Dispensary			

Annexure 2 – Registration of Birth and Death Act 1969

- Provides for registration of births and deaths and for matters connected.
- ‘Source of demographic data for socio-economic planning, development of health systems and population control’ (as per 2012 Training Manual for Civil Registration Functionaries in India, Office of Register General of India, Ministry of Home Affairs, Government of India).

Medical Certification of Causes of Death (MCCD)

In Maharashtra, on every 10th of the month monthly reports are received at state office of Deputy Chief Registrar of Birth and Death at Pune. The strategy they follow:

- It is the duty of Registrar (in the case of Mumbai it is Executive Health Officer of MCGM), to ask about form No.4 & 4A according to occurrence of death, while entering the death event.
- Deputy Director is responsible for compilation, coding & analysis of data received through MCCD according to ICD (International Cause of Death) – 10 (<http://www.who.int/whosis/icd10/>).

Source: <http://www.maha-arogya.gov.in/programs/other/sbhivs/strategy.htm>

FORM NO. 4
(See Rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital In-patients. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.

on at AM/PM

NAME OF DECEASED					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between onset and death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		(a)			
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last		(b)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

Manner of Death How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri

R/O was admitted to this hospital on

and expired on

Doctor

(Medical Supdt.
Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease – Describe the condition specifically, if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically. Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

Annexure 3 - RTI response to Verbal Autopsy

BRIHANMUMBAI MAHANAGARPALIKA



**Dy. Executive Health Officer
(TB & Zone - VII)**
Bawlawadi Municipal Bldg.
1st Floor, Dr. B. Ambedkar Road,
Opp. Voltas House, Chinchpokli,
Mumbai – 400 012.
Tel No. : 022 - 2372 6229
No. HO/601/ TB
Date: 02/07/2015

In Person

To,
Mr. Balwant Kirar
Praj Foundation ,
Room No. 5, 2nd Floor ,
Botawala Building, 11/13 Honiman Circle,
Fort, Mumbai -400 023.

**Sub: Details of Survey conducted by Verbal Autopsy by
MCGM**

Ref. : Your Application dt. 02/06/2015 Under RTI Act. 2005.

With reference to your application under RTI Act 2005 dt.02/06/2015 which is received to this office on 16/05/2015. The information is as under.

Period to which the information relates	Till date	
Sr. No.	Information	Answer
1	Please Provide us the details on the Survey conducted by Verbal Autopsy method on the TB deaths by MCGM Health Department please give a copy of the Same if the report has been generated, and if the report is not be generated, please give the status of the same.	It was decided to conduct verbal autopsy of TB death. However it is not undertaken as of now hence no report has been generated yet.

This disposes off you RTI application. If you are not satisfied with the answer you can appeal to first applicant authority whose Designation and address is as under.

Executive Health Officer
Public Health Department
F/South Ward Office,
3rd Floor, Dr. Ambedkar Road,
Parel, Mumbai – 400 012.



**Dy. Executive Health Officer
(T.B. & Zone - VII)**

Annexure 4 –Hospital-wise number of IPD and OPD patients in the year 2014-15

Hospitals	Malaria		Tuberculosis		Diarrhoea			Hypertension	
	IPD	OPD	IPD	OPD	IPD	OPD	Total	IPD	OPD
King Edward Memorial	522	555	0	3094	78	341	419	598	0
K. B. Bhabha, Bandra	837	58	37	239	690	313	1003	443	245
V. N. Desai	837	247	37	169	690	433	1123	443	9073
Dr. R.N. Cooper	436	918	1190	3414	610	2931	3541	544	1265
K.B.H.K. Bhabha, Kurla	436	155	76	1209	443	0	443	3	73
Maa (Diwalabai Mohanlal Mehta)	348	348	965	787	191	191	382	56	49
Rajawadi	401	109	218	3436	642	0	642	147	170
Sant Muktabai	227	9	141	199	14359	14548	28907	80	159
Mahatma Jyotiba Phule	146	146	32	32	182	174	356	195	211
M.W. Desai	193	228	58	67	98	145	243	429	383
S.K. Patil	64	94	36	31	0	0	0	14	6
Shri Harilal Bhagwati	582	582	562	562	174	174	348	518	518
Smt. Mansadevi T. Agarwal	490	490	262	262	186	349	535	608	608
S.V.D. Savarkar	95	216	29	29	487	1266	1753	47	89
Siddarth	565	412	22	0	387	143	530	123	3843
Trauma Care	202	220	0	0	0	0	0	3703	3913
Sir J.J.	283	15042	1075	0	446	10304	10750	112	22871
G.T	237	601	557	481	273	0	273	363	0
St. George	316	95	192	325	410	5	415	564	582
Total	7217	20525	5489	14336	20346	31317	51663	8990	44058

Hospitals	Diabetes		Cholera		Typhoid		Dengue	
	IPD	OPD	IPD	OPD	IPD	OPD	IPD	OPD
King Edward Memorial	5008	1592	0	0	42	53	644	2
K. B. Bhabha, Bandra	352	118	0	0	232	60	798	149
V. N. Desai	352	5085	0	0	232	220	798	171
Dr. R.N. Cooper	637	1265	0	0	146	132	446	446
K.B.H.K. Bhabha, Kurla	2	257	0	0	150	0	284	0
Maa (Diwalabai Mohanlal Mehta)	154	118	0	0	434	434	86	62
Rajawadi	138	284	0	0	436	1389	521	251
Sant Muktabai	56	114	0	0	260	0	280	6
Mahatma Jyotiba Phule	161	148	0	0	90	90	191	193
M.W. Desai	391	366	0	0	101	91	82	101
S.K. Patil	17	4	0	0	55	45	104	154
Shri Harilal Bhagwati	7224	7184	0	0	38	38	916	916
Smt. Mansadevi T. Agarwal	268	203	0	0	76	129	310	50
S.V.D. Savarkar	2	179	0	0	103	369	180	180
Siddarth	43	4263	0	0	188	242	360	192
Trauma Care	3453	3661	0	0	18	0	72	157
Sir J.J.	348	27292	0	0	38	17905	721	282
G.T	295	0	11	0	59	8	254	19
St. George	492	412	0	0	75	7	534	129
Total	19393	52545	11	0	2773	21212	7581	3460

Annexure 5 – Socio Economic Classification (SEC) Note

SEC is used to measure the affluence level of the sample, and to differentiate people on this basis and study their behaviour / attitude on other variables.

While income (either monthly household or personal income) appears to be an obvious choice for such a purpose, it comes with some limitations:

- Respondents are not always comfortable revealing sensitive information such as income.
- The response to the income question can be either over-claimed (when posturing for an interview) or under-claimed (to avoid attention). Since there is no way to know which of these it is and the extent of over-claim or under-claim, income has a poor ability to discriminate people within a sample.
- Moreover, affluence may well be a function of the attitude a person has towards consumption rather than his (or his household's) absolute income level.

Attitude to consumption is empirically proven to be well defined by the education level of the Chief Wage Earner (CWE*) of the household as well as his occupation. The more educated the CWE, the higher is the likely affluence level of the household. Similarly, depending on the occupation that the CWE is engaged in, the affluence level of the household is likely to differ – so a skilled worker will be lower down on the affluence hierarchy as compared to a CWE who is businessman.

Socio Economic Classification or SEC is thus a way of classifying households into groups' basis the education and occupation of the CWE. The classification runs from A1 on the uppermost end thru E2 at the lower most end of the affluence hierarchy. The SEC grid used for classification in market research studies is given below:

OCCUPATION \ EDUCATION		Illiterate	literate but no formal schooling / School up to 4 th	School 5 th – 9 th	SSC/ HSC	Some College but not Grad	Grad/ Post-Grad Gen.	Grad/ Post-Grad Prof.
Unskilled Workers		E2	E2	E1	D	D	D	D
Skilled Workers		E2	E1	D	C	C	B2	B2
Petty Traders		E2	D	D	C	C	B2	B2
Shop Owners		D	D	C	B2	B1	A2	A2
Businessmen/ Industrialists with no. of employees	None	D	C	B2	B1	A2	A2	A1
	1 – 9	C	B2	B2	B1	A2	A1	A1
	10 +	B1	B1	A2	A2	A1	A1	A1
Self employed Professional		D	D	D	B2	B1	A2	A1

Clerical / Salesman	D	D	D	C	B2	B1	B1
Supervisory level	D	D	C	C	B2	B1	A2
Officers/ Executives Junior	C	C	C	B2	B1	A2	A2
Officers/Executives Middle/ Senior	B1	B1	B1	B1	A2	A1	A1

**CWE is defined as the person who takes the main responsibility of the household expenses*

Annexure 6 – Public Health Committee Elected (Councillors) Members for 2012-16

Ward	Party	2012-13	2013-14	2014-15	2015-16
A	INC	Sushama Salunkhe	Sushama Salunkhe	Sushama Salunkhe	Sushama Salunkhe
E	ABS	Geeta Gawli	Geeta Gawli	Geeta Gawli	Geeta Gawli
F/N	INC	Lalita Yadav	Lalita Yadav	Lalita Yadav	Lalita Yadav
G/N	IND	Vishnu Gaikwad	Vishnu Gaikwad	Vishnu Gaikwad	Vishnu Gaikwad
G/S	SS	Mansi Dalvi	Mansi Dalvi	Mansi Dalvi	Mansi Dalvi
G/S	MNS	Santosh Dhuri	Santosh Dhuri	Santosh Dhuri	Santosh Dhuri
H/E	MNS	Snehal Shinde	Snehal Shinde	Snehal Shinde	Snehal Shinde
H/E	INC	Gulistan Shaikh	Gulistan Shaikh	Gulistan Shaikh	Gulistan Shaikh
H/W	INC	Karen D'mello Allen	Karen D'mello Allen	Karen D'mello Allen	Karen Allen D'mello
K/E	SS	Manisha Panchal	Manisha Panchal	Manisha Panchal	Manisha Panchal
K/E	SS	Sandhya Yadav	Sandhya Yadav	Sandhya Yadav	Sandhya Yadav
K/E	BJP	Ujjwala Modak	Ujjwala Modak		
K/E	SS	Pramod Sawant	Pramod Sawant	Pramod Sawant	Pramod Sawant
L	SP	Dilshad Azmi	Dilshad Azmi	Dilshad Azmi	Dilshad Azmi
L	NCP	Saeeda Khan	Saeeda Khan	Saeeda Khan	Saeeda Khan
L	SS	Anuradha Pednekar	Anuradha Pednekar	Anuradha Pednekar	Anuradha Pednekar
M/E	SP	Reshma Nevrekar	Reshma Nevrekar	Reshma Nevrekar	Reshma Nevrekar
M/W	SS	Suprada Phaterpekar	Suprada Phaterpekar	Suprada Phaterpekar	Suprada Phaterpekar
N	SS	Bharti Bawadane	Bharti Bawadane	Bharti Bawadane	Bharti Bawadane
N	BJP			Falguni Dave	Falguni Dave
P/N	SS	Prashant Kadam	Prashant Kadam	Prashant Kadam	Prashant Kadam
P/N	BJP	Ramnarayan Barot	Ramnarayan Barot	Ramnarayan Barot	Ramnarayan Barot
P/N	INC	Parminder Bhamra	Parminder Bhamra	Parminder Bhamra	Parminder Bhamra
P/S	SS	Pramila Shinde	Pramila Shinde	Pramila Shinde	Pramila Shinde
R/N	SS	Sheetal Mhatre	Sheetal Mhatre	Sheetal Mhatre	Sheetal Mhatre
R/N	SS	Shubha Raul	Shubha Raul	Shubha Raul	Shubha Raul
R/S	BJP	Sunita Yadav	Sunita Yadav	Sunita Yadav	Sunita Yadav
R/S	BJP	Shailaja Girkar	Shailaja Girkar	Shailaja Girkar	Shailaja Girkar
R/S	INC	Yogesh Bhoir	Yogesh Bhoir	Yogesh Bhoir	Yogesh Bhoir
R/S	INC	Ajanta Yadav	Ajanta Yadav	Ajanta Yadav	Ajanta Yadav
S	SS	Tavaji Gorule	Tavaji Gorule	Tavaji Gorule	Tavaji Gorule
S	MNS	Rupesh Waingankar	Rupesh Waingankar	Rupesh Waingankar	Rupesh Waingankar
S	MNS	Avinash Sawant	Avinash Sawant	Avinash Sawant	
T	MNS	Sujata Pathak	Sujata Pathak	Sujata Pathak	Sujata Pathak
T	NCP	Nandakumar Vaity	Nandakumar Vaity	Nandakumar Vaity	Nandakumar Vaity