WHITE PAPER

The State of Health in Mumbai

July 2022

Table of Contents

Table of Contents

I. Foreword

Primary healthcare provides a decentralised approach which acts as a first level of public healthcare services and in turn can reduce pressure on government hospitals. This has been emphasised by global organisations such as the World Health Organisation (WHO) as well as in India's healthcare policies like the National Urban Health Mission (NUHM). In addition, the central government has created standards such as the National Building Code (NBC) and Urban Design Plan Formulation and Implementation (UDPFI) which provide benchmarks to assess primary healthcare services in cities.

The NBC and UDPFI norms prescribes one dispensary per 15,000 population and moreover, the BMC dispensaries are largely accessed by the slum population. According to said norms, BMC needs 133 more dispensaries in city region which has 27% slum population; western suburbs needs 315 more dispensaries with a 43% slum population; and 211 more dispensaries in eastern suburbs with 51% slum population. In all, there is a shortage of 659 dispensaries in BMC's healthcare system as per the norms. In addition to this, vacancy in BMC dispensaries personnel has risen from 10% 2012 to 34% 2021. Moreover, only 6% (12 out of 187) of BMC dispensaries are accessible for 14 hours i.e. from 9:00 AM to 11:00 PM.

Due to such deficiencies, citizens are forced to access private healthcare services resulting in increase in Out-Of-Pocket (OOP) cost, which further leads to poverty. It was emphasised in Praja's 2019 survey, commissioned to a reputed market research agency, that 31% of people belonging to the lowest Socio – Economic Classes (SEC E) access private healthcare services and 76% of SEC E respondents spend more than 10% of their household expenses on medical expenses.

This analysis is further supported by World Health Organisation (WHO) report published on 30th March 2022 stating; "household Out-Of-Pocket (OOP) expenses on health services, continues to push over 5.5 crore people in India into poverty every year, with over 17% of Indian households incurring catastrophic levels of health expenditures annually".

There arises a question whether BMC is falling short of resources to overcome these deficiencies. An analysis of BMC's health budget shows an increase by 196% from 2012-13 to 2022-23. Which means BMC has an adequate budget however, the issue lies in prioritising its allocation. Out of the total 2022-23 BMC health budget, 73% are allocated to hospitals whereas, 27% on primary healthcare facilities. Although hospitals bear the load of secondary and tertiary healthcare and need significant budgetary allocation yet, there is a need to lower the burden of citizens' Out-Of-Pocket expenditure on medical expenses by allocating a reasonable budget towards strengthening BMC's primary healthcare services.

In addition to improving primary healthcare, Mumbai needs to put in extra effort to meet its Sustainable Development Goals (SDG) 2030. Since the SDGs were adopted by India in 2015, we only have eight more years to achieve these targets. The target for communicable diseases like tuberculosis is 0 TB cases / 1 lakh population. However, there were 248 TB cases / 1 lakh population reported in 2021. Similarly, despite SDG Goals' target to reduce one-third of mortality due to non-communicable diseases, deaths due to diabetes and hypertension have increased by 530% and 33% respectively from 2015 to 2020.

Effective deliberations can help to bring about an improvement in BMC's health systems. However, out of the total questions asked in all committees from 2012 to 2021, only 2% was on BMC dispensaries/hospitals. Moreover, only 3% of questions were related to diseases like diabetes, hypertension, TB from 2012 to 2021, which have led to some of the highest deaths in the city. While, 5% of overall deliberations were on naming and renaming hospitals/PHCs/etc.

During COVID-19, BMC proved its efficiency when they introduced decentralised COVID-19 war rooms in all 24 wards, with real-time ward-wise data management. However, BMC should now in the same manner utilise the learnings from the recent past to strengthen its overall primary healthcare services which are closest to the citizens.

If Mumbai wishes to successfully achieve the SDG health targets, it is important health data on deaths and diseases are maintained effectively and in real-time. This can enable data driven interventions in framing and implementation of health schemes and policies. Moreover, with effective citizen centric deliberations and resourceful utilisation of the budget, appropriate allotment of infrastructure and human resources need to be ensured, especially in wards catering to a larger population and low socio-economic classes. This can effectively strengthen BMC's primary healthcare services and in turn encourage citizens to trust these facilities to provide them with proper care and treatment.

NITAI MEHTA
Founder Trustee, Praja Foundation

II. Acknowledgement

Praja has obtained the data used in compiling this white paper through Right to Information Act, 2005. Hence it is very important to acknowledge the RTI Act and everyone involved, especially the officials who have provided us this information diligently.

We would like to appreciate our stakeholders; particularly, our Elected Representatives & government officials, the Civil Society Organisations (CSOs) and the journalists who utilise and publicise our data and, by doing so, ensure that awareness regarding various issues that we discuss is distributed to a wide-ranging population. We would like to take this opportunity to specifically extend our gratitude to all government officials for their continuous cooperation and support.

Praja Foundation appreciates the support given by our supporters and donors, namely Friedrich Naumann Foundation, A.T.E Chandra Foundation, Lal Family Foundation, Madhu Mehta Foundation, Rohini Nilekani Philanthropies, Unichem Laboratories Ltd., Bellwether Capital Pvt Ltd. and numerous other individual supporters. Their support has made it possible for us to conduct our study & publish this white paper.

We would also like to thank our group of Advisors & Trustees and lastly but not the least, we would like to acknowledge the contributions of all members of Praja's team as well as Interns, who worked to make this white paper a reality.

Note: Due to the COVID-19 pandemic and the subsequent difficulty in receiving complete data from the related BMC departments the paper suffers from the limitation of not including certain data points. Attempt is however made to portray the holistic situation of Mumbai using published data from online sources and to suggest changes in strengthening civic services in the city.

III. Sources of Data

The sources of information for this study have been collected by filing RTIs (Right to Information) to the relevant departments and through Government Websites:

Data Points	Year	Source
Cause of Death	2012 to 2020	State Bureau of Health Intelligence and Vital Statistics (SBHIVS), Maharashtra State through RTI
Covid-19 Death	March 2020 to December 2021	Stop Coronavirus Website & EPID Cell, Public Health Department (BMC) through RTI
Aapli Chikitsa		
Diagnostic Tests in Maternity Homes & Municipal Dispensaries	July 2019 to March 2020	Public Health Department (BMC) through RTI
Diagnostic Samples in Maternity Homes & Municipal Dispensaries	July 2019 to December 2021	Public Health Department (BMC) through RTI
Health Facilities		
Density of Dispensary per population	2020	BMC ESR Report 2020-21
Dispensary Timings	As on 31st December 2021	Public Health Department (BMC) through RTI
Human Resource		
Municipal Health Department and Hospitals	2018, 2020 & 2021	BMC HR module through RTI
State Hospitals	2018, 2020 & 2021	Through RTI filed in State Hospitals
Health Budget	2018-19 to 2022-23	BMC Budget Books (BMC Portal)
ER Deliberations		
Councillor Questions	2012 to 2021	MS Department (BMC) through RTI
MLA Questions	2012 to 2021	Vidhan Bhavan through RTI
Government Health Programmes & Schemes		
RNTCP	2018 to 2021	Nikshay Portal as on 20.05.2022 and Mumbai TB cell (RTI)

Note: Due to the COVID-19 pandemic and the subsequent difficulty in receiving complete data from the related BMC and state departments, the paper suffers from the limitation of not including certain data points and/or different data points reported of varying periods. An attempt is however made to portray the holistic situation of Mumbai using published data from online sources and to suggest changes in strengthening health services in the city.

Section A: Health Status of Mumbai

1. Status of SDG Goal 3 in Mumbai from 2015 to 2021

Diseases	Target for 2030	2015	% change	2021
Tuberculosis	0 TB cases/1 lakh population	325 cases	Decrease by 24%	248 cases
HIV	Incidence of 0/per 1,000 uninfected population	0.11%	Incidence Increase by 84%	0.21%
Malaria	End the epidemics of malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	14,977	Decrease by 34%	9,959
Dengue		15,341	Decrease by 50%	7,683
Typhoid		5,209	Decrease by 9%	4746
Diarrhoea		118,446	Decrease by 51%	58,108
Hepatitis A		1582	Decrease by 72%	446
Hepatitis B		542	Increase by 39%	754
Hepatitis C		62	Increase by 458%	346
Diabetes	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	2,544 deaths	Increase by 530%	16,021 deaths (in 2020)
Hypertension		4,486 deaths	Increase by 33%	5,965 deaths (in 2020)
Neo-natal Mortality Rate	12 per 1,000 live births	16	Decrease by 6%	15
Under 5 Mortality Rate	25 per 1,000 live births	32	Decrease by 9%	29
Maternal Mortality Rate	70 deaths per 1,00,000 live births	180	Decrease by 54%	83

2. Total Deaths, Causes of Death and Occurrences of Diseases in Mumbai

Table 1: Total Deaths registered in Mumbai from 2014 to 2021[1]

Type	2014	2015	2016	2017	2018	2019	2020	2021
Total Death	93,254	94,706	86,642	89,037	88,852	91,223	112,906	108,113
Covid -19 Death	-	-	-	-	-	-	14,137	7,007
Overall Death in Mumbai	**93,254**	**94,706**	**86,642**	**89,037**	**88,852**	**91,223**	**127,043**	**115,120**

Inference:

Total deaths in BMC (excluding covid-19 death) increased by 16% from 93,254 in 2014 to 1,08,113 in 2021.

Table 2: Major Causes of Death in Mumbai from 2012 to 2020[2]

Cause of Death	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
Malaria (B50 TO B54)	271	204	112	92	125	100	69	69	121	1,163
Dengue (A97)	82	107	104	129	7	348	239	281	57	1,354
Diarrhoea (A09)	246	265	262	169	340	225	251	203	228	2,189
Cholera (A00)	15	8	1	5	1	0	0	1	0	31
Typhoid (A01)	8	11	3	8	8	8	6	11	42	105
Tuberculosis (A-15,16,17,18,19,)	8,247	7,372	6,589	5,693	6,660	5,449	4,940	4,899	3,720	53,569
Diabetes (E10-E14)	2,553	2,460	2,428	2,544	9,088	9,525	10,458	11,491	16,021	66,568
Hypertension (I10-I15)	4,063	4,449	5,030	4,486	3,557	3,693	3,731	4,066	5,965	39,040
HIV / AIDS (B20 to B24)	698	509	379	346	852	881	822	685	581	5,753
Other Cause of deaths	79,295	75,042	74,663	68,501	70,857	68,608	69,652	70,731	69,640	6,46,989
COVID-19	-	-	-	-	-	-	-	-	14,137	14,137
Total Deaths	**95,478**	**90,427**	**89,571**	**81,973**	**91,495**	**88,837**	**90,168**	**92,437**	**110,512**	**8,30,898**

*** COD data is provided year wise.**

Inference:

- Data on COD has increased by 23% from 89,571 deaths in 2014 to 110,512 deaths in 2020.
- There is a discrepancy in the number of deaths registered as the COD data does not match the total deaths registered in Mumbai.
- From 2012 to 2020, maximum deaths in Mumbai were related to Diabetes (66,568), Tuberculosis (53,569) and Hypertension (39,040).
- Moreover, deaths due to Typhoid have increased by 425% from 8 deaths in 2012 to 42 deaths in 2020, while deaths due to Diarrhoea has decreased by 7% from 246 deaths in 2012 to 228 deaths in 2020.

[1] Data as per RTI in BMC

[2] Data Received from State Bureau of Health Intelligence and Vital Statistics (SBHIVS)

Table 3: Major Occurrences of Diseases from 2012 to 2021 in Government Hospitals and Dispensary

Disease	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Malaria	22,499	18,600	16,117	14,977	11,827	11,320	11,799	8,921	8,503	9,959	**1,34,522**
Dengue	4,421	7,083	10,421	15,341	17,523	14,585	19,516	21,769	2,543	7,683	**1,20,885**
Diarrhoea	97,087	113,685	119,248	118,446	104,923	96,200	99,444	93,671	64,189	58,108	**9,65,001**
Cholera	61	225	38	198	112	27	19	11	8	9	**708**
Typhoid	4,966	7,445	4,785	5,209	4,640	4,487	5,206	6,879	3,905	4,746	**52,268**
Tuberculosis	34,335	40,069	42,585	41,825	46,422	55,145	49,234	38,943	28,136	31,874	**4,08,568**
Diabetes	26,688	36,822	45,657	35,098	32,866	31,305	31,480	35,275	28,858	36,616	**3,40,665**
Hypertension	28,595	33,762	36,361	36,273	37,918	34,673	33,970	33,341	26,478	30,011	**3,31,382**
HIV/ AIDS	1,793	1,961	2,898	1,462	2,901	4,472	5,905	8,765	5,130	2,696	**37,983**
Hepatitis A	2,055	2,098	1,974	1,582	1,043	1,235	1,240	1,346	464	446	**13,483**
Hepatitis B	736	649	624	542	567	627	718	793	513	754	**6,523**
Hepatitis C	36	120	66	62	81	114	142	148	223	346	**1,338**
Total	**2,23,272**	**2,62,519**	**2,80,774**	**2,71,015**	**2,60,823**	**2,54,190**	**2,58,673**	**2,49,862**	**1,68,950**	**1,83,248**	**24,13,326**
COVID-19	-	-	-	-	-	-	-	-	80,351	92,048	**1,72,399**
Total major diseases	**2,23,272**	**2,62,519**	**2,80,774**	**2,71,015**	**2,60,823**	**2,54,190**	**2,58,673**	**2,49,862**	**2,49,301**	**2,75,296**	**25,85,725**

Inferences:

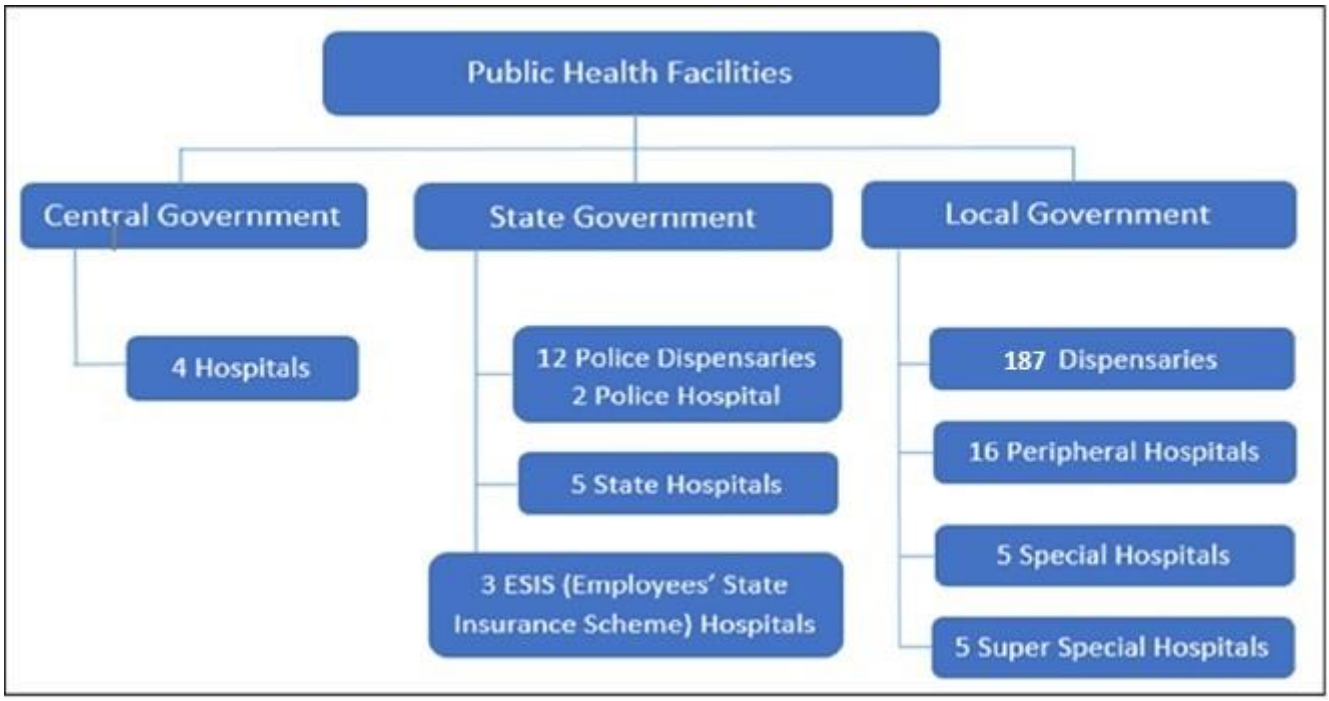
- From 2012 to 2021, the highest number of diseases registered were for Diarrhoea (9,65,001), Tuberculosis (408,568), Diabetes (3,40,665), Hypertension (3,31,382), Malaria (1,34,522) and Dengue (1,20,885).
- From 2019 to 2021, during the COVID years, the number of registered diseases decreased from 2,49,862 in 2019 to 1,68,950 and 1,83,248 in 2020 and 2021 respectively (excluding COVID 19 cases).
- Moreover, from 2012 to 2021, the year-on-year trend (with baseline 2012) showed that communicable diseases like Malaria, Diarrhoea and Cholera decreased by 56%, 40% and 85% respectively.
- However, from 2012 to 2021, the trend showed that Dengue, Diabetes and HIV increased by 74%, 37% and 50% respectively.
- Hepatitis C increased by a large proportion of 311% from 2012 to 2019 and further increased by 861% in 2021.

3. Facilities, Human and Financial Resources for Healthcare Systems in Mumbai

An imperative aspect of a strong, well-functioning healthcare system is the strength and adequacy of its budget, infrastructure, and personnel.

3.1. Health Facilities

Figure 1: Number of Government Hospitals and Dispensaries in Mumbai[3]



National Building Code (NBC) contains regulations which can be adopted or enacted for use by various departments municipal administrations and public bodies. The NBC code has also been incorporated in the Greater Mumbai Report on Draft Development Plan 2034 (May 2016), BMC. **As per the norms it is recommended there should be 1 dispensary for every 15,000 population.**

The Urban Design Plan Formulation and Implementation (UDPFI) by the Ministry of Housing and Urban Affairs also recommends this norm for cities. Furthermore, in the BMC Budget 2022-23, ₹400 crores have been allocated to developing **200 Hinduhridayasamrat Balasaheb Thackeray primary health centres (PHC)** closer to a citizen's residence.

[3] Refer Annexure 1 for complete list of dispensaries and hospitals

Table 4: Availability of Government Health Facilities in Mumbai in 2021

Ward	Mid-Year election list of population 2020	Slum Population (in %)[4]	No. of Government Hospitals	Available Government Dispensaries	Density of government dispensaries to population	Dispensary (1 for 50,000)[5] - RC*	Dispensary (1 For 15,000)[6] - NBC/UDPFI*
A	1,91,450	34%	4	7	27,350	4	13
B	1,31,718	11%	0	5	26,344	3	9
C	1,71,941	-	0	5	34,388	3	11
D	3,58,933	10%	0	8	44,867	7	24
E	4,06,967	20%	6	12	33,914	8	27
F/N	5,47,438	58%	2	8	68,430	11	36
F/S	3,73,529	26%	5	10	37,353	7	25
G/N	6,19,878	32%	0	10	61,988	12	41
G/S	3,90,890	21%	1	14	27,921	8	26
H/E	5,76,624	42%	1	8	72,078	12	38
H/W	3,18,281	39%	1	5	63,656	6	21
K/E	8,52,546	49%	2	13	65,580	17	57
K/W	7,74,733	15%	1	7	1,10,676	15	52
L	9,33,611	54%	1	16	58,351	19	62
M/E	8,35,819	30%	1	11	75,984	17	56
M/W	4,26,222	53%	1	6	71,037	9	28
N	6,44,521	62%	2	9	71,613	13	43
P/N	9,74,114	54%	3	12	81,176	19	65
P/S	4,79,631	57%	1	3	1,59,877	10	32
R/C	5,81,718	19%	2	7	83,103	12	39
R/N	4,46,374	51%	0	5	89,275	9	30
R/S	7,15,275	58%	2	7	1,02,182	14	48
S	7,69,657	72%	1	8	96,207	15	51
T	3,53,343	33%	3	3	1,17,781	7	24
Total	**1,28,75,213**	**42%**	**40**	**199**	**64,700**	**258**	**858**

*RC: Rindani Committee; NBC: National Building Code; UDPFI: Urban Design Plan Formulation and Implementation

Inference:

- Based on the NBC and UDPFI norm (one dispensary for 15,000 population), Mumbai requires 858 dispensaries, while in 2021, had only 199 public/government dispensaries.
- In 2021, not a single ward in Mumbai met the criteria of 1 dispensary for 15,000 population (NBC) criteria.
- Wards like S (8 dispensaries) and N (9 dispensaries) with more than 60% of slum population have a r number lesser of dispensaries in the area.
- Wards K/W, P/S, R/S and T have only 1 dispensary for more than one lakh population.

[4] Source: Greater Mumbai Report on Draft Development Plan 2034 (May 2016), BMC

[5] Rindani committee in 1977

[6] Urban Design Plan Formulation and Implementation (UDPFI) and the National Building Code (NBC)

Table 5: Ward wise Dispensary timings as on 31st December 21

Ward	Slum Population (in %)	10:00 am to 3:00 pm (5 hrs)	9:00 am to 4:00 pm (7 hrs)	8.30 am to 4.30 pm (8 hrs)	10:00 am to 6:00 pm (8 hrs)	9:00 am to 4:00 pm & 7:00pm to 11:00 pm (11hrs)	9:00 am to 11:00 pm (14 hrs)	Total BMC Dispensaries	Norms for Dispensary (1 For 15,000)[7] - NBC/UDPFI*
A	34%		3		2		1	6	13
B	11%		4				1	5	9
C	-		5					5	11
D	10%		5				1	6	24
E	20%		12					12	27
FN	58%		5				2	7	36
FS	26%		10					10	25
GN	32%		9					9	41
GS	21%		12				1	13	26
HE	42%		6				1	7	38
HW	39%		4				1	5	21
KE	49%		11					**11**	**57**
KW	15%		6				1	**7**	**52**
L	54%		14				1	**15**	**62**
ME	30%		11					**11**	**56**
MW	53%		6					6	28
N	62%			8				8	43
PN	54%	1	10				1	**12**	**65**
PS	57%		3					3	32
RC	19%		6			1		7	39
RN	51%		5					5	30
RS	58%		6					6	48
S	72%		7				1	**8**	**51**
T	33%		3					3	24
Total	**42%**	**1**	**163**	**8**	**2**	**1**	**12**	**187**	**858**

Inference:

- Out of the 187 public BMC dispensaries, only 12 dispensaries are accessible for 14 hours, 1 for 11 hours, while 174 dispensaries are open for only 5 to 8 hrs.
- In 2020, 15 dispensaries[8] were open for 14 hours and in 2021, it reduced to only 12.
- The wards S, N, F/N, R/S, P/S, L, P/N, M/W and R/N have more than 50% slum population, however these wards do not have sufficient dispensaries according to the norm.
- K/E and M/E require 57 and 56 dispensaries according to the NBC norms, however, in these wards not even 1 dispensary is open for more than 7 hours.
- Timings of dispensaries should be decided according to the requirement of the wards population and standards set by the government.

[7] Urban Design Plan Formulation and Implementation (UDPFI) and the National Building Code (NBC)

[8] Refer to Praja Health White Paper 2021

3.2. Human Resources

Table 6: Sanctioned and Available Personnel in State Hospitals in Mumbai in 2018, 2020 and 2021[9]

Post	2018			2020			2021		
	S	A	% of Vacant Post	S	A	% of Vacant Post	S	A	% of Vacant Post
Medical	150	67	55%	132	73	45%	153	32	79%
Lecturer	236	80	66%	73	15	79%	396	212	46%
Para- Medical	436	320	27%	418	292	30%	431	290	33%
Nursing Staff	2,654	2,189	18%	2,577	1,980	23%	3,082	1,985	36%
Total Medical Personnel	**3,476**	**2,656**	**24%**	**3,200**	**2,360**	**26%**	**4,062**	**2,519**	**38%**
Administration	341	239	30%	324	223	31%	317	209	34%
Labour	2,307	1,832	21%	1,572	1,135	28%	1,536	1,081	30%
Total	**2,648**	**2,071**	**22%**	**1,896**	**1,358**	**28%**	**1,853**	**1,290**	**30%**
Grand Total	**6,124**	**4,727**	**23%**	**5,096**	**3,718**	**27%**	**5,915**	**3,809**	**36%**

*2019 data was not acquired in 2020, during COVID time; Note: S-Sanctioned, A-Available

Inferences:

- HR vacancy in state hospitals increased from 23% in 2019 to 36% in 2021.
- HR vacancy in medical post increased from 55% in 2018 to 79% in 2021, while vacancy in para medical increased from 27% in 2018 to 33% in 2021 and nursing staff increased from 18% in 2018 to 36% in 2021.
- The overall vacant posts in the medical personnel staff increased from 24% in 2018 to 38% in 2021.

Table 7: Sanctioned and Available Personnel in Municipal Hospitals in Mumbai in 2018,2020 and 2021

Post	2018			2020			2021		
	S	A	% of Vacant Post	S	A	% of Vacant Post	S	A	% of Vacant Post
Medical	2,194	1,259	43%	2,149	1,232	43%	2,451	1,510	38%
Lecturer	1,431	893	38%	1,431	893	38%	998	511	49%
Para- Medical	2,121	1,421	33%	2,121	1,421	33%	2,109	1,197	43%
Nursing Staff	6,296	5,483	13%	6,283	5,464	13%	6,709	5,765	14%
Total	**12,042**	**9,056**	**25%**	**11,984**	**9,010**	**25%**	**12,267**	**8,983**	**27%**
Administration	1,407	1,002	29%	1,414	1,003	29%	1,439	923	36%
Labour	10,077	7,253	28%	10,039	7,234	28%	9,967	5,351	46%
Total	**11,484**	**8,255**	**28%**	**11,453**	**8,237**	**28%**	**11,406**	**6,274**	**45%**
Grand Total	**23,526**	**17,311**	**26%**	**23,437**	**17,247**	**26%**	**23,673**	**15,257**	**36%**

*2019 data was not acquired in 2020, during COVID time; Note: S-Sanctioned, A-Available

Inference:

- Proportion of vacant posts in the overall BMC Health facilities increased from 26% in 2018 to 36% in 2021.

[9] J. J Hospital's personnel data of one establishment is in appeal, hence not included in the above table.

- Of which, 38% vacant post are in medical staff (directly treating patients) and a 43% and 14% vacant post are in para-medical and nursing staff respectively as on 2021.
- The vacancy in labour staff in BMC health facilities increased from 28% in 2018 to 45% in 2021, which can impact the cleanliness and hygiene of BMC's facilities.

Table 8: Sanctioned and Available Personnel in BMC Dispensaries as on 31st Dec 2021

Ward	Medical			Para Medical			Labour			Overall		
	S	A	% of Vacant Post	S	A	% of Vacant Post	S	A	% of Vacant Post	S	A	% of Vacant Post
A	12	10	17	9	5	44	12	6	50	35	21	40
B	8	6	25	9	6	33	15	11	27	32	23	28
C	16	11	31	8	3	63	21	9	57	45	23	49
D	12	6	50	11	7	36	18	11	39	41	24	41
E	20	16	20	23	15	35	37	21	43	82	52	37
F/N	9	7	22	12	8	33	28	19	32	49	34	31
F/S	15	11	27	13	7	46	24	17	29	53	36	32
G/N	17	11	35	16	10	38	34	24	29	67	45	33
G/S	15	9	40	18	13	28	33	23	30	66	45	32
H/E	9	9	0	10	7	30	15	12	20	34	28	18
H/W	12	10	17	11	3	73	20	13	35	43	26	40
K/E	12	7	42	15	8	47	25	12	52	52	27	48
K/W	13	12	8	22	7	68	32	13	59	71	32	55
L	14	13	7	16	14	13	36	29	19	66	56	15
M/E	1	1	0	9	9	0	23	19	17	33	29	12
M/W	8	6	25	8	5	38	11	6	45	27	17	37
N	11	9	18	11	9	18	16	10	38	38	28	26
P/N	12	11	8	14	7	50	28	12	57	54	30	44
P/S	3	2	33	3	1	67	6	1	83	13	5	62
R/C	13	9	31	9	6	33	17	10	41	39	25	36
R/N	5	5	0	5	4	20	7	4	43	17	13	24
R/S	6	6	0	8	9	-13	13	10	23	28	26	7
S	9	8	11	11	8	27	19	14	26	39	30	23
T	7	7	0	4	3	25	11	8	27	22	18	18
Total	**259**	**202**	**22**	**275**	**174**	**37**	**501**	**314**	**37**	**1046**	**693**	**34**

Inference:

- There is a 22% vacancy on medical personnel and 37% vacancy in para-medical staff in BMC dispensaries as on Dec 2021.
- D, K/E and G/S ward dispensaries have a 50%, 42% and 40% vacancy in medical staff as of Dec 2021.

Table 9: Sanctioned and Available Personnel in Maternity Homes under BMC as on 31st Dec 2021

Post	Sanctioned	Available	Gap %
Medical	181	69	62%
Para-Medical	50	29	42%
Nursing Staff	438	343	22%
Administration	71	60	15%
Labour	700	464	34%
Total	**1440**	**965**	**33%**

Inference:

- Proportion of vacant posts in the overall BMC maternity homes facilities was 33% in 2021.
- Of which 62% vacant posts are in medical staff (directly treating patients) and a 42% and 22% vacant posts are in para-medical and nursing staff respectively as on 2021.

3.3. Aapli Chikitsa

Background: The Standing Committee of the Brihanmumbai Municipal Corporation (BMC) approved the 'Aapli Chikitsa' scheme on 16th January 2019. Under this scheme, Mumbaikars can avail pathology/diagnostic facilities at a low cost. Experts are considering it as a milestone in the field of health. After much deliberations, it has been approved.

Objective: In the new system, along with dispensaries, 16 hospitals in the suburbs (where facilities are not available now) will have the facility of blood tests. This service will be available 24 hours in these hospitals. There are 139 types of tests included in the scheme; comprising of 101 basic tests and 38 advance tests. Patients from low-income groups can avail this facility free of cost and while the rest would have to pay a minimum cost (refer to Annexure 6 for rates). This reduced the burden and overcrowding in hospitals as well.

The time taken for each test varies accordingly; the test report is received in 6 hours to 5 weeks. **Under the Aapli Chikitsa scheme, Thyrocare and Metropolis have been given contracts as service providers**, of which Thyrocare caters to the Central and Western suburban areas of Mumbai city, while Eastern suburban areas are managed by Metropolis.

Inferences:

- In July 2019 to March 2020, under the Aapli Chikitsa scheme for Municipal Dispensaries, a total of 6,57,055 tests were conducted for a total of 1,08,974 samples collected.
- Number of blood samples collected increased from 70,508 in 2019 to 2,03,867 in 2021.
- Data on tests are not being maintained after 2019-20 and moreover, BMC does not maintain the type of tests taken by the citizens, which can help in identifying the rising cases or disease in an area.

3.4. Health Budgets[10]

Table 10: Total Budget Estimates and Actuals[11] of BMC Health Budget from 2018-19 to 2022-23 (in crores)

Heads	2018-19			2019-20			2020-21			2021-22	2022-23
	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Budget Estimates
BMC Health Department[12]											
Revenue Expenditure	717	598	83%	837	691	83%	808	1,811	224%	940	1,164
Municipal Hospitals											
Revenue Expenditure	2,180	1,889	87%	2,499	2,163	87%	2,396	2,380	99%	2,574	3,100
Other[13]											
Revenue Expenditure	8	5	60%	9	7	76%	8	7	90%	9	8
Total Revenue Expenditure	**2,905**	**2,492**	**86%**	**3,345**	**2,861**	**86%**	**3,211**	**4,198**	**131%**	**3,522**	**4,273**
Total Capital Expenditure	**732**	**339**	**46%**	**806**	**395**	**49%**	**1,049**	**599**	**57%**	**1,206**	**2,661**
Total Health	**3,637**	**2,832**	**78%**	**4,151**	**3,256**	**78%**	**4,260**	**4,797**	**113%**	**4,729**	**6,934**

Inference:

- Out of the total budget estimates of 2022-23, (Rs. 45,940 crores), 15% (Rs. 6,934 crores) has been allocated for the BMC health budget.
- The budget trend shows that revenue expenditure on primary healthcare (dispensaries and programmes that falls under the BMC Health department) is considerably lesser than the revenue expenditure on hospitals.
- Total Capital Expenditure Budget Estimates increased by 264% from 732 crores 2018-19 to 2,661 crores in 2022-23.
- However, the utilisation of these funds has remained low from 46% in 2018-19 to 57% in 2020-21.

[10] https://portal.mcgm.gov.in/irj/portal/anonymous/qlBudgetapp
[11] Actuals are from Budget Estimate Books of the BMC of subsequent years.
[12] Includes preventive and primary public healthcare, dispensaries, burials and cremation.
[13] Includes other departments to which health budget allocated for certain related services, for example, environment dept.

Table 11: Revenue Budget Estimates and Actuals[14] of BMC Health Department from 2018-19 to 2022-23 (in crores)

Heads	2018-19			2019-20			2020-21			2021-22	2022-23
	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Budget Estimates
BMC Health Department											
Establishment expenses	454	437	96%	577	506	88%	510	498	98%	557	592
Administrative expenses	56	36	65%	65	34	52%	107	101	95%	103	135
Operation and maintenance	106	75	71%	127	86	67%	117	1,050	901%	112	265
Interest and Finance charges	0.8	0.8	100%	0.7	1.1	145%	0.7	0	0%	0	0
Programme expenses	7	1	16%	8	2	28%	8	3	34%	6	10
Revenue grants contribution and subsidies	92	36	39%	57	55	97%	65	135	207%	161	162
Transfer to reserve funds	1	1	100%	1	9	1,064%	1	0	0%	0	0
Total Revenue Expenditure	**717**	**598**	**83%**	**837**	**691**	**83%**	**808**	**1,811**	**224%**	**940**	**1,164**

Inference:

- Budget estimates of the Total Revenue Expenditure for 2022-23 has increased by 62% from 2018-19.
- Budget estimates of Administration expenses increased by 141% while Operations & maintenance increased by 150% from 2018-19 to 2022-23 in BMC Health Department.
- The utilisation of programme expenses of the health department is consistently low, at 16% in 2018-19 to 34% in 2020-21.

[14] Actuals are from Budget Estimate Books of the BMC of subsequent years.

Table 12: Revenue Budget Estimates and Actuals[15] of BMC Hospitals from 2018-19 to 2022-23 (in crores)

Heads	2018-19			2019-20			2020-21			2021-22	2022-23
	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Actuals	Utilisation (%)	Budget Estimates	Budget Estimates
BMC Hospitals											
Establishment expenses	1,527	1,353	89%	1,771	1,604	91%	1,658	1,710	103%	1,943	2,259
Administrative expenses	146	78	53%	166	112	68%	183	100	54%	154	313
Operation and maintenance	495	362	73%	551	341	62%	543	442	81%	469	519
Interest and Finance charges	0	0	0%	0	0	0%	0	0	0%	0	0
Programme expenses	11	4	33%	11	4	34%	11	4	33%	8	9
Revenue grants contribution and subsidies	0.7	0.36	52%	0.7	0.34	49%	0.7	0.43	61%	0.42	1.20
Transfer to reserve funds	0	0	0%	0	0	0%	0	0	0%	0	0
Total Revenue Expenditure	**2,180**	**1,889**	**87%**	**2,499**	**2,163**	**87%**	**2,396**	**2,380**	**99%**	**2,574**	**3,100**

Inference:

- Utilisation of Programme expenses has remained almost the same, 33% in 2018-19 to 33% in 2020-21. Establishment expenses was over utilised - 103% in 2020-21.
- Total Revenue Expenditure utilisation increased from 87% in 2018-19 to 99% in 2020-21.

[15] Actuals are from Budget Estimate Books of the BMC of subsequent years.

4. Deliberations by Elected Representatives on Health in Mumbai

Table 13: Total of Meetings, Attendance and Questions from 2012 to 2021 of Councillors in BMC Public Health Committee

Year	Total Meetings	Attendance (%)	Total Questions Asked
2012	16	62%	48
2013	19	70%	133
2014	19	58%	95
2015	23	65%	153
2016	14	64%	141
2017	13	60%	137
2018	14	71%	176
2019	24	70%	118
2020	9	70%	49
2021	17	71%	111

Inference:

- The meetings of BMC health committees have almost remained the same from 16 in 2012 to 17 in 2021.
- From 2019 to 2021, number of meetings decreased from 24 to 17.
- The attendance of councillors in the health committee increased from 62% in 2012 to 71% in 2021.

Table 14: Health issues raised by Public Health Committee Councillors from 2012 to 2021

Issues	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Questions Asked	**48**	**133**	**95**	**153**	**141**	**137**	**176**	**118**	**49**	**111**
Budget	0	0	0	0	0	2	0	1	0	1
Bio Medical Waste	0	0	0	0	0	0	1	1	0	0
Cemeteries / Crematorium related	5	2	3	2	3	2	8	4	1	1
Compensation/Rehabilitation	0	0	0	0	0	0	0	0	0	0
Epidemic/Sensitive Diseases	0	2	7	3	10	5	3	2	2	3
Malaria/Dengue	*3*	*6*	*7*	*14*	*6*	*1*	*1*	*2*	*0*	*1*
Diabetic/Hypertension	*0*	*3*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*1*
Diarrhoea/Typhoid/Cholera	*1*	*1*	*2*	*0*	*2*	*0*	*1*	*1*	*0*	*0*
Tuberculosis	*0*	*2*	*2*	*0*	*2*	*3*	*4*	*4*	*0*	*0*
Dispensary/Municipal Hospital/State Hospital	0	0	0	1	5	4	0	16	0	0
Equipment's	5	5	8	8	10	11	2	6	4	4
Eradication programme	0	1	0	0	2	0	0	0	0	0
Fogging	0	1	3	2	1	1	1	0	0	0
Health Related	0	1	5	4	2	1	5	6	2	5
Human Resource	5	33	10	27	23	23	31	15	6	10
Health Service Related	4	5	1	0	11	3	19	16	9	26
Health Education/Institute Related	0	0	1	3	2	3	0	0	0	2
Infrastructure	2	11	9	33	28	37	39	11	4	16
Issue of Birth/Death certificates	1	1	1	1	1	1	0	0	0	0
License Related	1	2	0	1	3	3	4	0	0	0
Medical Examination Report	0	0	0	2	0	0	0	0	0	0
Maternity homes / Primary Health Centre(PHC)	3	8	1	6	6	11	15	6	5	2
BMC related	0	2	2	5	6	1	3	1	0	0
Mortality rate	0	1	0	0	0	0	0	0	0	3
Naming/ Renaming Hospital/Health Centre/Cemeteries	7	9	5	5	6	7	21	18	10	22
Nuisance due to Pest Rodents, stray dogs, monkeys etc.	1	0	1	0	0	1	2	0	1	0
Negligence of officers	0	0	0	0	0	0	0	0	0	0
Private health services	0	1	0	3	1	1	1	0	1	1
Quacks	0	1	0	1	1	0	0	0	0	0
Reforms in health policies	0	0	0	0	0	0	0	0	0	0
Schemes / Policies in Health	9	39	32	33	12	5	11	5	2	6
Vaccination	1	2	3	0	0	0	0	1	0	0
Treatment/Medicines	4	6	3	13	8	15	10	9	2	9

(Note: One question/issue may be related to multiple sub-issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

- Out of the total issues in Public Health Committee from 2012 to 2021, 2% was on BMC dispensaries/hospitals, and only 5% were raised on Maternity homes / Primary Health Centre(PHC).
- Only 5% of questions were related to diseases like Malaria, Dengue, Diabetes, hypertension, Tuberculosis from 2012 to 2021, which have led to some of the highest deaths in the city.

Table 15: Health issues raised by Municipal Councillors in All Committees from 2012 to 2021

Issues	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Questions Asked	**157**	**331**	**374**	**468**	**362**	**392**	**460**	**363**	**152**	**318**
Budget	0	1	0	1	0	2	0	1	1	1
Bio Medical Waste	0	0	0	2	9	5	2	1	0	0
Cemeteries / Crematorium related	20	14	22	11	8	9	24	13	6	6
Compensation/Rehabilitation	0	0	0	2	1	0	0	1	0	1
Epidemic/Sensitive Diseases	17	42	68	89	74	60	55	56	23	35
Malaria/Dengue	*23*	*37*	*46*	*48*	*33*	*25*	*14*	*20*	*4*	*15*
Tuberculosis	*1*	*6*	*14*	*5*	*5*	*5*	*24*	*16*	*5*	*0*
Diarrhoea/Typhoid/Cholera	*3*	*2*	*3*	*4*	*2*	*4*	*1*	*5*	*0*	*0*
Diabetic/Hypertension	*0*	*5*	*0*	*6*	*1*	*5*	*3*	*1*	*2*	*4*
Dispensary/Municipal Hospital/State Hospital	0	0	0	1	5	10	10	28	0	2
Equipment	7	12	17	12	15	14	5	6	4	4
Eradication programme	0	2	1	1	4	2	0	0	0	2
Fogging	8	13	29	17	11	17	16	28	4	17
Health Related	7	7	34	43	27	69	47	40	29	56
Human Resource	14	59	32	53	40	30	60	28	15	27
Health Service Related	11	6	7	13	22	12	38	38	13	42
Health Education/Institute Related	0	3	2	6	8	4	1	0	1	3
Infrastructure	7	23	23	66	48	51	64	26	14	27
Issue of Birth/Death certificates	3	4	7	4	4	1	3	2	3	0
License Related	1	4	6	14	6	14	9	13	3	3
Medical Examination Report	0	0	0	3	0	0	0	0	0	0
Maternity homes / Primary Health Centre(PHC)	6	26	8	13	16	28	34	12	8	12
BMC related	0	5	4	7	6	1	3	3	0	0
Mortality rate	1	1	1	0	0	3	0	0	0	3
Naming/ Renaming Hospital/Health Centre/Cemeteries	8	17	18	14	9	7	31	22	11	34
Nuisance due to Pest Rodents, stray dogs, monkeys etc.	1	0	4	1	0	3	8	2	1	0
Negligence of officers	0	0	0	2	1	0	0	0	0	0
Private health services	2	4	3	4	4	1	1	1	3	4
Quacks	0	1	0	1	1	0	0	0	0	0
Reforms in health policies	0	0	0	0	0	1	3	0	0	0
Schemes / Policies in Health	34	75	77	66	31	22	25	24	9	10
Vaccination	2	3	3	2	1	0	0	1	0	2
Treatment/Medicines	8	9	8	20	11	26	21	17	4	27

(**Note:** One question/issue may be related to multiple sub-issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

- Issues on Epidemic/Sensitive Diseases and infrastructure-related were raised in other committees than the public health committee in 2021.

Table 16: Health issues raised by MLAs from 2012 to 2021

Issues	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Bio Medical Waste	4	0	0	0	0	0	0	0	0	0
Budget	0	0	0	1	0	1	0	0	0	0
Cemeteries/Crematorium related	1	4	2	13	13	4	9	1	0	0
Epidemic/Sensitive Diseases	35	48	9	70	61	27	67	50	12	0
Diabetic/Hypertension	*0*	*9*	*0*	*2*	*0*	*1*	*1*	*0*	*1*	*0*
Malaria/Dengue	*2*	*17*	*6*	*9*	*6*	*9*	*14*	*2*	*1*	*0*
Diarrhoea/Typhoid/Cholera	*0*	*3*	*0*	*0*	*7*	*0*	*0*	*0*	*0*	*0*
Tuberculosis	*2*	*2*	*0*	*14*	*7*	*3*	*18*	*1*	*7*	*0*
Compensation/Rehabilitation	0	0	0	0	1	0	0	1	0	0
Dispensary/Municipal Hospital/State Hospital	9	0	0	6	1	1	0	15	0	0
Equipment	13	9	4	6	4	23	12	0	8	0
Fogging	0	3	0	0	0	1	2	0	0	0
Food Poison	0	0	0	0	3	0	2	0	0	0
Health Education/Institute	0	0	0	3	6	4	1	1	1	0
Health Insurance	0	0	0	0	0	0	2	0	0	0
Health Related Issues	48	42	15	27	45	28	58	18	9	0
Health Service Related	5	14	0	10	10	27	16	3	41	0
Human Resource	7	57	9	20	24	12	19	20	4	1
Infrastructure	25	42	22	45	14	35	67	4	15	6
License Related	0	1	7	2	5	4	16	0	0	0
Maternity homes / Primary Health Centre(PHC)	0	2	0	5	0	1	2	0	2	0
Malnutrition	4	2	0	1	0	0	0	0	0	0
Medical Examination of Students	0	0	0	0	1	0	0	0	0	0
Mortality Rate	6	8	1	1	6	1	3	4	0	0
Pollution	0	0	0	0	1	1	0	0	0	0
Private Health Services	1	1	1	2	16	13	5	2	0	1
Quacks	0	1	0	0	0	0	3	2	10	0
Reforms in health policies	0	0	0	0	0	0	1	0	0	0
Schemes / Policies in Health	109	57	6	2	5	3	2	13	0	0
Scams/Corruption	35	18	0	7	1	0	0	2	2	3
Treatment/Medicines	6	5	8	15	11	6	22	5	10	1
Total (related to Mumbai)	308	314	84	236	228	192	309	141	114	12
Health Questions (State)	723	664	237	526	487	571	641	172	175	107
Total Questions Asked	**1,031**	**978**	**321**	**762**	**715**	**763**	**950**	**313**	**289**	**119**

(**Note:** One question/issue may be related to multiple sub-issues in health and is counted issue wise, hence total questions raised does not equal issue wise total)

Inference:

- From 2012 to 2021, a total of 379 questions were raised by MLAs on Epidemic/Sensitive Diseases, which was only 20% of the overall 10-year deliberation, while only 2% (32) of questions were related to BMC Hospitals, State Hospitals and dispensaries, etc.
- Only 10% and 5% of MLA deliberations were on health policies and treatment medicines respectively from 2012 to 2021.

5. Recommendations

Data Management

- There is a need for a robust and open Health Management Information System (HMIS) that maintains data on various diseases, patients registered and other health related services and indicators.
- Cause of Death data should be maintained on a real-time basis. Furthermore, data should also be accessible to all tiers of the government.
- Duplication of data through various agencies within the BMC (such as TB cell, EPID cell, ward wise Medical Officer of Health, etc.) needs to be streamlined to ensure that uniform data for a particular disease is made available across agencies.
- Additionally, all health data that is maintained, must be effectively utilised by various health policy & planning agencies.

Improve Access to Healthcare Facilities in Mumbai

- While Aapli Chitksa is being implemented at the Municipal dispensaries, there is a need to further improve primary healthcare facilities in the city.
- The norms recommended by the NBC and UDPFI should be followed to ensure that there is an adequate number of dispensaries available for the public.
- To ensure dispensaries are accessible to the working population, they should be open before and after office hours, from 8 am to 11 pm.
- There is a need to understand the actual requirement of healthcare services in all wards so that an adequate number of medical personnel are available in all of BMCs Healthcare Departments. This will further increase access to primary healthcare services in the city.

Budget Allocation and Spending:

- An outcome-based budget should be incorporated to ensure a targeted development in the overall healthcare sector of the city.
- The budget must focus on allocating sufficient funds to improve the primary and preventive healthcare services by increasing the number of dispensaries, the timings, as well as the available medical personnel.
- The capital budget should also be utilised effectively to create efficient and adequate health infrastructure in the city**.**

Deliberations

- Elected Representatives (ERs) must carry out citizen-centric deliberations in the public health committee meetings that target the existing major issues related to health in the city.
- Deliberations should also include data-centric discussion on the diseases that lead to the highest deaths in Mumbai, such as diabetes, malaria, tuberculosis, etc.
- ERs must advocate for better primary healthcare infrastructure and the adequate number of medical personnel while also ensuring that these services are accessible to the citizens for longer hours, to increase access for the working populace.

Section B. Status of Registered Diseases/Ailments in Govt. Hospitals and Dispensaries[16] in Mumbai

A. Communicable Diseases[17]

1. Malaria

Table 17: Number of Malaria cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	7,239	4,224	4,131	3,453	2,997	3,223	3,222	2,576	3,681	3,609
BMC hospitals	12,591	12,092	10,082	9,526	6,802	6,529	6,670	4,770	3,091	4,072
State hospitals	1,306	1,095	861	1,179	1,309	927	1,347	1,112	940	1,579
Other government dispensaries/hospitals	1,363	1,189	1,043	819	719	641	560	463	791	699
Total Cases	**22,499**	**18,600**	**16,117**	**14,977**	**11,827**	**11,320**	**11,799**	**8,921**	**8,503**	**9,959**

Inference:

- Total malaria cases have decreased by 56% from 22,499 in 2012 to 9,959 in 2021.
- The proportion of cases registered in BMC dispensaries increased from 32% (7,239) in 2012 to 36% (3,609) in 2021.
- However, proportion of malaria cases registered in BMC hospitals remained high; from 56% (12,591) in 2012 to 41% (4,072) in 2021.

[16] B ward, M/W ward and T ward data was received via RTI from Epid cell and MIS cell, while other ward data was received via individual RTIs.

[17] Communicable diseases are infectious diseases transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means (as by a vector).

Table 18: Ward Wise Malaria Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Average Cases*/ 1,00,000 Population[18]
A	642	334	199	160	134	248	430	372	383	309	**3,211**	167.7
B	102	50	31	26	31	27	80	20	28	24	**419**	31.8
C	159	110	119	86	84	168	137	87	159	77	**1,186**	69.0
D	138	108	88	103	60	46	33	22	45	91	**734**	20.4
E	278	151	118	43	93	107	148	210	398	368	**1,914**	47.0
F/N	423	222	190	168	147	113	84	71	116	123	**1,657**	30.3
F/S	914	565	986	842	481	838	679	421	710	528	**6,964**	186.4
G/N	352	304	284	165	170	121	117	119	180	277	**2,089**	33.7
G/S	277	127	66	74	152	83	416	312	940	655	**3,102**	79.4
H/E	246	151	199	138	146	103	90	44	33	46	**1,196**	20.7
H/W	196	196	193	123	120	100	114	76	48	42	**1,208**	38.0
K/E	711	330	322	325	142	156	130	95	70	99	**2,380**	27.9
K/W	421	225	139	139	165	268	235	198	106	64	**1,960**	25.3
L	435	336	271	213	130	119	78	43	14	24	**1,663**	17.8
M/E	570	119	155	87	204	62	70	72	52	60	**1,451**	17.4
M/W	155	81	62	55	36	45	33	42	25	42	**576**	13.5
N	245	212	162	149	97	89	56	44	36	39	**1,129**	17.5
P/N	141	78	88	87	166	170	90	56	67	66	**1,009**	10.4
P/S	69	41	50	52	26	34	24	135	153	528	**1,112**	23.2
R/C	131	83	105	95	90	54	34	30	45	32	**699**	12.0
R/N	107	67	74	84	69	45	28	18	1	14	**507**	11.4
R/S	164	82	70	79	70	87	32	20	22	32	**658**	9.2
S	207	148	122	121	132	90	50	44	39	38	**991**	12.9
T	156	104	38	39	52	50	34	25	11	31	**540**	15.3

*Calculated as per capita ward population

Inferences:

- The ward wise malaria cases stated that F/S (6,964), A (3,211) and G/S (3,102) wards have registered some of the highest malaria cases to the ward's population.
- Furthermore, in wards P/S, G/S and E malaria cases have increased by 665%, 136% and 32% from 2012 to 2021.

[18] Mid Year Election Population 2020

Table 19: Age-wise deaths due to Malaria in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Malaria (B50-B54)	2012	1	25	97	74	74	0	271
	2013	155	3	3	9	8	26	204
	2014	17	13	36	28	18	0	112
	2015	4	8	27	31	22	0	92
	2016	3	11	33	42	36	0	125
	2017	1	9	23	25	42	0	100
	2018	5	3	16	16	29	0	69
	2019	1	3	20	18	27	0	69
	2020	0	4	21	38	58	0	121

Inferences:

- Total deaths due to malaria decreased by 55% from 271 in 2012 to 121 in 2020.
- The proportion of malaria deaths between the ages of 20 to 59 years was the highest at 49% in 2020.

2. Dengue

Table 20: Number of Dengue cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	6	96	651	1,371	941	732	1,085	2,544	332	1,200
BMC hospitals	4,013	5,941	7,847	11,592	13,039	11,276	15,926	17,361	1,465	4,908
State hospitals	278	707	1,515	1,788	2,541	1,674	1,471	1,141	454	1,019
Other government dispensaries/hospitals	124	339	408	590	1,002	903	1,034	723	292	556
Total Cases	**4,421**	**7,083**	**10,421**	**15,341**	**17,523**	**14,585**	**19,516**	**21,769**	**2,543**	**7,683**

Inference:

- Total dengue cases increased by 74% from 4,421 in 2012 to 7,683 in 2021.
- The proportion of dengue cases registered in BMC dispensaries increased from 0.14% (6) in 2012 to 16% (1,200) in 2021.
- However, the proportion of dengue cases registered in BMC hospitals remained high; from 91% (4,013) in 2012 to 64% (4,908) in 2021.

Table 21: Ward Wise Dengue Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Average Cases*/ 1,00,000 Population[19]
A	0	0	47	137	42	36	19	71	3	4	**359**	23.4
B	0	26	52	42	25	25	27	21	1	15	**234**	19.7
C	0	2	18	14	26	45	52	25	5	14	**201**	13.0
D	0	0	33	53	89	32	25	61	1	0	**294**	11.7
E	0	1	25	42	3	6	11	31	21	62	**202**	5.5
F/N	3	2	53	28	35	45	45	72	18	93	**394**	7.2
F/S	0	0	34	22	11	20	7	31	3	89	**217**	7.3
G/N	0	10	64	32	9	17	19	112	28	92	**383**	6.9
G/S	0	0	0	1	9	13	46	120	12	22	**223**	8.1
H/E	0	0	22	67	0	21	59	90	24	30	**313**	7.8
H/W	0	2	12	13	16	73	30	45	3	5	**199**	6.9
K/E	0	12	52	164	193	144	180	233	6	130	**1,114**	14.5
K/W	0	3	34	11	2	0	0	8	4	2	**64**	1.2
L	0	2	9	31	125	14	15	253	9	11	**469**	5.6
M/E	0	0	24	2	0	21	23	311	35	30	**446**	7.6
M/W	1	14	3	3	27	0	6	5	1	6	**66**	1.7
N	0	2	26	155	64	6	56	267	10	91	**677**	11.7
P/N	0	0	12	56	3	12	62	201	22	82	**450**	5.8
P/S	1	11	2	15	3	2	0	46	67	84	**231**	5.4
R/C	0	0	19	31	53	37	33	68	2	17	**260**	5.6
R/N	0	0	23	131	111	106	154	222	11	140	**898**	25.1
R/S	0	3	58	9	0	0	75	191	6	60	**402**	8.0
S	1	0	28	308	95	52	115	56	39	103	**797**	11.5
T	0	6	1	4	0	5	26	4	1	18	**65**	2.3

*Calculated as per capita ward population

Inferences:

- The ward wise dengue cases registered in BMC dispensaries stated that R/N (898), A (359) and B (234) wards have registered some of the highest dengue cases as per the ward's population.

[19] Mid Year Election Population 2020

Table 22: Age-wise deaths due to Dengue in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Dengue (A97)	**2012**	7	12	31	17	15	0	82
	2013	93	5	0	3	0	6	107
	2014	20	12	38	16	17	1	104
	2015	7	25	47	27	23	0	129
	2016	0	1	2	4	0	0	7
	2017	48	61	86	73	80	0	348
	2018	13	50	74	43	59	0	239
	2019	34	44	78	62	63	0	281
	2020	5	12	17	9	14	0	57

Inference:

- Total deaths due to dengue decreased by 30% from 82 in 2012 to 57 in 2020.
- The proportion of dengue deaths between the ages of 5 to 39 years was quite high at 43% in 2019 and 51% in 2020.

3. Tuberculosis

Table 23: Number of Tuberculosis cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	9,377	7,976	8,191	7,828	6,961	5,881	6,236	6,997	5,718	8,071
BMC hospitals	23,933	30,171	32,454	31,614	37,170	45,963	40,274	30,470	21,526	22,465
State hospitals	760	1,388	1,445	1,935	1,841	2,727	2,220	1,363	777	1,180
Other government dispensaries/hospitals	265	534	495	448	450	574	504	113	115	158
Total Cases	**34,335**	**40,069**	**42,585**	**41,825**	**46,422**	**55,145**	**49,234**	**38,943**	**28,136**	**31,874**

Inferences:

- Total tuberculosis cases decreased by 7% from 34,335 in 2012 to 31,874 in 2021.
- The proportion of tuberculosis cases registered in BMC hospitals increased from 70% (23,933) in 2012 to 70% (22,465) in 2021.

RNCTP programme adopted World Health Organisation's (WHO) guidelines and implemented the DOTS strategy as the efficient and cost-effective approach for controlling TB. DOTS since its inception is trying to shift the TB cure from the patient to the healthcare system. This is done through strategies of DOTS developed by WHO: sustained political and financial commitment; diagnosis by quality ensured sputum-smear microscopy; Standardised short-course anti-TB treatment (SCC) given under direct and supportive observation (DOT); helps to ensure the right drugs are taken at the right time for the full duration of treatment; a regular, uninterrupted supply of high-quality anti-TB drugs; standardised recording and reporting; helps to keep track of each patient and to monitor overall programme performance.

Table 24: Implementation Status of RNTCP programme in Mumbai from 2018 to 2021

Years (year in which case registered)	2018	2019	2020	2021
No. of notified cases under Nikshay (Public and Private) diagnosis[20] *(from Nikshay Portal)*	56,894	60,477	43,298	59,124
No. of notified cases under Nikshay (Public and Private) resident [21] **(***from TB cell through RTI)*	46,788	49,628	38,305	40,776
Total Cases registered and provided DOTS treatment (a) (New and Retreatment Cases) *(from TB cell through RTI)*	24,293	22,703	16,683	22,099
MDR Cases registered under RNTCP *(from BMC website)*[22]	4,593	4,212	2,589	5,208
XDR Cases registered under RNTCP *(from BMC website)*	429	315	51	134
% of TB Drug Resistance (MDR and XDR) cases	21%	20%	16%	24%
Defaulters from DOTS Programme *(from TB cell through RTI)* ***(b)***	1,769	1,285	543	557
Defaulter cases in % (b*100/a)	7%	6%	3%	3%
Number of deaths under BMC's TB Control Unit(RNTCP) *(from TB cell through RTI)*	1,481	1,674	1,352	1,770
Number of deaths under BMC's Registration of Births and Deaths. *(from BMC and state government through RTI)*	4,940	4,899	3,720	NA

NA: Data was not available from the respective sources for that year.

Inference:

- From 2018 to 2021, the average of total notified resident cases under Nikshay portal (Public and Private) from Mumbai TB cell was 43,874. However, from 2018 to 2021, on average only 49% (21,445) of 43,874 were registered under RNTCP for DOTS treatment.
- Of the total cases registered, the percentage of drug-resistant TB cases (MDR and XDR) increased from 21% in 2018 to 24% in 2021, as a result of the total cases rising. The percentage of defaulter cases decreased from 7% in 2018 to 3% in 2021.

[20] Total notified cases on the Nikshay portal (public and private) are referred to as 'diagnosed' cases, which are total diagnosed cases in the city's facilities, available on the Nikshay portal for the years 2018 and 2021.

[21] Whereas total notified cases under Nikshay (public and private) categorised as 'resident' cases, got from the TB cell, Mumbai are those cases followed up by the cell for treatment, for all patients who are resident in the city, available for the year 2018 and 2021.

[22]MDR and XDR data from BMC website: https://portal.mcgm.gov.in/irj/go/km/docs/documents/MCGM%20Department%20List/Public%20Health%20Department/Docs/Tuberculosis%20Department/Updated%20RNTCP%20Website%20Data.pdf

Table 25: Ward Wise Tuberculosis Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Average Cases*/ 1,00,000 Population[23]
A	343	440	366	340	201	280	268	179	113	158	**2,688**	140.4
B	120	113	117	104	249	73	106	-	-	-	**882**	95.7
C	131	106	141	146	86	77	96	154	70	139	**1,146**	66.7
D	246	239	245	221	188	186	177	161	111	166	**1,940**	54.0
E	793	586	589	425	412	280	200	156	135	193	**3,769**	92.6
F/N	814	243	304	418	171	154	191	276	168	285	**3,024**	55.2
F/S	138	148	359	280	180	196	200	392	287	356	**2,536**	67.9
G/N	536	500	412	385	485	427	521	529	448	726	**4,969**	80.2
G/S	189	186	194	389	231	242	258	314	209	503	**2,715**	69.5
H/E	576	475	522	544	638	625	558	714	663	829	**6,144**	106.6
H/W	604	376	246	224	216	187	187	155	100	164	**2,459**	77.3
K/E	1202	678	679	538	351	264	246	317	254	292	**4,821**	56.5
K/W	355	339	271	252	176	206	169	177	124	164	**2,233**	28.8
L	1088	991	1188	1338	1406	819	768	981	734	1013	**10,326**	110.6
M/E	156	221	113	93	146	156	212	216	196	220	**1,729**	20.7
M/W	128	208	146	206	129	113	199	-	-	-	**1,129**	37.8
N	148	120	206	178	116	96	139	192	142	235	**1,572**	24.4
P/N	121	179	231	228	265	236	607	843	623	752	**4,085**	41.9
P/S	50	84	69	46	22	11	16	112	108	196	**714**	14.9
R/C	168	202	206	175	196	192	221	237	239	353	**2,189**	37.6
R/N	244	90	109	157	177	179	247	179	210	228	**1,820**	40.8
R/S	579	606	555	418	475	264	78	415	488	830	**4,708**	65.8
S	404	621	557	494	327	483	425	298	296	269	**4,174**	54.2
T	244	225	366	229	118	135	147	-	-	-	**1,464**	59.2

*Calculated as per capita ward population

Note: (-) the data was not provided

Inferences:

- The ward wise tuberculosis cases registered in BMC dispensaries stated that A (2,688), L (10,326) and H/E (6,144) wards have registered some of the highest tuberculosis cases as per the ward's population.
- Furthermore, in wards P/N, P/S and G/S tuberculosis cases have increased by 521%, 292% and 166% from 2012 to 2021.

[23] Mid Year Election Population 2020

Table 26: Age-wise deaths due to Tuberculosis in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Tuberculosis (A15-A16, A17, A18-A19)	**2012**	78	501	2,672	3,154	1,842	0	8,247
	2013	4,753	128	613	741	485	652	7,372
	2014	1,602	313	1,511	1,773	1,191	199	6,589
	2015	50	338	1,710	2,166	1,429	0	5,693
	2016	56	428	2,051	2,251	1,874	0	6,660
	2017	57	380	1,673	1,881	1,458	0	5,449
	2018	39	346	1,404	1,753	1,398	0	4,940
	2019	37	340	1,436	1,737	1,349	0	4,899
	2020	27	325	1,126	1,280	962	0	3,720

Inferences:

- Total deaths due to TB decreased by 55% from 8,247 in 2012 to 3,720 in 2020.
- The proportion of TB deaths between the ages of 20 to 59 years was high at 65% in 2019 and 2020.

4. HIV

Table 27: Number of HIV/AIDS cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	163	126	133	80	121	215	228	1,301	730	1,314
BMC hospitals	1,250	1,443	2,330	1,010	2,478	3,814	4,376	6,198	3,923	530
State hospitals	305	309	295	220	218	242	1,169	1,138	391	696
Other government dispensaries/hospitals	75	83	140	152	84	201	132	128	86	156
Total Cases	**1,793**	**1,961**	**2,898**	**1,462**	**2,901**	**4,472**	**5,905**	**8,765**	**5,130**	**2,696**

Inferences:

- Total HIV cases increased by 50% from 1,793 in 2012 to 2,696 in 2021.
- The proportion of HIV cases registered in BMC hospitals decreased from 70% (1,250) in 2012 to 20% (530) in 2021.
- The proportion of HIV cases registered in BMC dispensaries increased from 9% (163) in 2012 to 49% (1,314) in 2021.

Table 28: Ward Wise HIV Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Average Cases*/ 1,00,000 Population[24]
A	69	46	40	27	10	9	10	0	0	4	**215**	14.0
B	0	0	1	0	0	0	1	0	0		**2**	0.8
C	0	0	0	1	0	0	0	0	0	3	**4**	1.2
D	0	0	0	1	0	1	7	3	2	3	**17**	0.8
E	4	6	0	0	1	1	2	1	0	1	**16**	0.6
F/N	47	25	22	12	12	16	31	56	25	33	**279**	5.1
F/S	4	7	0	2	6	9	3	5	4	10	**50**	1.5
G/N	0	0	0	0	3	5	8	9	5	4	**34**	0.9
G/S	3	2	13	3	2	5	4	3	2	1	**38**	1.0
H/E	5	8	20	4	4	5	9	237	94	225	**611**	10.6
H/W	0	0	0	0	0	0	0	12	1	2	**15**	1.6
K/E	0	0	3	0	0	3	9	8	6	26	**55**	1.1
K/W	2	1	0	0	0	1	26	11	12	8	**61**	1.1
L	0	0	0	0	5	18	17	25	11	353	**429**	7.7
M/E	0	0	2	0	0	93	15	781	446	451	**1,788**	35.7
M/W	4	1	5	4	4	3	4	0	0	0	**25**	0.8
N	0	0	0	0	2	2	2	8	7	12	**33**	0.9
P/N	0	0	0	0	1	5	21	20	3	4	**54**	0.9
P/S	0	0	0	0	0	0	0	77	74	144	**295**	20.5
R/C	0	1	7	1	8	12	11	13	8	12	**73**	1.4
R/N	0	0	0	0	5	9	16	10	15	7	**62**	2.3
R/S	6	12	0	6	23	2	5	12	8	5	**79**	1.2
S	19	17	20	19	35	12	22	10	7	6	**167**	2.2
T	0	0	0	0	0	4	5	0	0	0	**9**	1.3

*Calculated as per capita ward population

Inferences:

- The ward wise HIV cases registered in BMC dispensaries stated that M/E (1,788), P/S (295) and A (215) wards have registered some of the highest HIV cases as per the ward's population.

[24] Mid Year Election Population 2020

Table 29: Age-wise deaths due to HIV in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Human Immunodeficiency Virus (HIV) (B20-B24)	2012	10	20	273	343	52	0	698
	2013	319	5	51	89	14	31	509
	2014	98	14	99	132	31	5	379
	2015	1	10	103	207	25	0	346
	2016	3	36	273	463	77	0	852
	2017	6	26	269	513	67	0	881
	2018	2	32	231	486	71	0	822
	2019	1	29	195	373	87	0	685
	2020	2	19	160	334	66	0	581

Inference:

- Total deaths due to HIV decreased by 17% from 698 in 2012 to 581 in 2020.
- The proportion of HIV deaths between the ages of 20 to 59 years was quite high at 83% in 2019 and 85% in 2020.

5. Diarrhoea

Table 30: Number of Diarrhoea cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	79,798	80,049	89,237	105,502	93,416	85,524	87,217	85,862	61,377	54,606
BMC hospitals	15,465	30,524	26,608	9,573	7,798	6,747	8,318	5,743	1,838	2,244
State hospitals	717	1,489	1,158	1,325	1,691	1,985	2,064	1,644	800	1,066
Other government dispensaries/hospitals	1,107	1,623	2,245	2,046	2,018	1,944	1,845	422	174	192
Total Cases	**97,087**	**113,685**	**119,248**	**118,446**	**104,923**	**96,200**	**99,444**	**93,671**	**64,189**	**58,108**

Inference:

- Total Diarrhoea cases decreased by 40% from 97,087 in 2012 to 58,108 in 2021.
- The proportion of Diarrhoea cases registered in BMC dispensaries increased from 82% (79,798) in 2012 to 94% (54,606) in 2021.
- Proportion of Diarrhoea cases registered in BMC hospitals decreased from 16% (15,465) in 2012 to 4% (2,244) in 2021.

Table 31: Ward Wise Diarrhoea Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Avg. 2012 to 2021	Average Cases*/ 1,00,000 Population[25]
A	1,362	1,576	1,858	1,442	1,123	1,496	1,995	1,526	976	1,136	**14,490**	**1,449**	756.9
B	1,143	1,343	1,901	1,610	1,173	1,176	1,369	1,132	696	651	**12,194**	**1,219**	925.8
C	2,068	2,333	2,924	2,842	2,789	2,837	3,110	2,318	1,612	2,010	**24,843**	**2,484**	1,444.9
D	4,886	4,685	5,048	6,262	6,795	2,521	469	99	91	141	**30,997**	**3,100**	863.6
E	2,584	2,336	2,586	3,245	2,931	3,755	3,806	5,561	4,087	5,118	**36,009**	**3,601**	884.8
F/N	1,743	1,606	1,596	1,704	2,186	2,889	2,894	2,012	1,240	1,874	**19,744**	**1,974**	360.7
F/S	4,423	3,941	3,682	4,016	4,967	4,337	4,088	3,391	2,323	1,717	**36,885**	**3,689**	987.5
G/N	3,624	2,768	2,837	3,258	5,452	6,715	5,680	5,856	3,843	3,250	**43,283**	**4,328**	698.3
G/S	4,089	4,330	4,792	5,215	5,567	5,540	7,842	8,529	6,370	5,017	**57,291**	**5,729**	1,465.7
H/E	3,740	5,665	6,938	7,433	6,371	6,462	5,039	2,797	1,613	1,572	**47,630**	**4,763**	826.0
H/W	1,808	1,987	1,963	2,303	1,741	1,422	1,481	934	787	880	**15,306**	**1,531**	480.9
K/E	6,830	5,588	9,928	8,734	5,617	5,289	5,703	3,951	2,988	2,700	**57,328**	**5,733**	672.4
K/W	2,839	3,822	3,048	2,504	1,876	2,312	2,216	2,492	2,431	2,365	**25,905**	**2,591**	334.4
L	11,755	9,894	9,832	12,046	12,009	12,026	11,505	10,915	7,530	6,125	**103,637**	**10,364**	1,110.1
M/E	2,719	3,064	4,462	11,562	6,396	4,561	5,758	5,806	4,466	3,967	**52,761**	**5,276**	631.2
M/W	2,812	2,291	1,931	1,961	1,792	1,253	1,594	1,203	970	571	**16,378**	**1,638**	384.3
N	5,756	6,592	8,211	9,891	8,383	4,567	4,901	7,374	5,293	4,444	**65,412**	**6,541**	1,014.9
P/N	3,001	3,279	3,016	3,303	3,393	1,946	3,225	4,305	4,135	3,888	**33,491**	**3,349**	343.8
P/S	920	1,052	1,046	688	676	688	688	1,160	897	799	**8,614**	**861**	179.6
R/C	2,446	3,114	3,849	3,959	2,591	3,512	3,926	4,093	2,892	2,340	**32,722**	**3,272**	562.5
R/N	548	812	746	2,078	1,868	2,164	1,826	1,253	777	548	**12,620**	**1,262**	282.7
R/S	1,855	1,366	1,244	1,458	1,389	1,001	15	2,189	948	963	**12,428**	**1,243**	173.8
S	3,954	3,626	3,750	5,091	4,192	5,543	6,328	5,638	3,434	1,685	**43,241**	**4,324**	561.8
T	2,893	2,979	2,049	2,897	2,139	1,512	1,759	1,328	978	845	**19,379**	**1,938**	548.4

*Calculated as per capita ward population

Inferences:

- The ward wise Diarrhoea cases registered in BMC dispensaries stated that G/S (57,291), C (24,843) and L (103,637) wards have registered some of the highest Diarrhoea cases as per the ward's population.
- Furthermore, in wards E, P/N and G/S, Diarrhoea cases have increased by 98%, 30% and 23% from 2012 to 2021.

[25] Mid Year Election Population 2020

Table 32: Age-wise deaths due to Diarrhoea in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Diarrhoea (A09)	2012	97	13	22	33	81	0	246
	2013	177	19	9	9	28	23	265
	2014	114	10	25	40	69	4	262
	2015	52	5	18	33	61	0	169
	2016	77	14	28	59	162	0	340
	2017	54	8	18	34	111	0	225
	2018	62	10	19	43	117	0	251
	2019	48	5	15	26	109	0	203
	2020	39	9	11	43	126	0	228

Inference:

- Total deaths due to Diarrhoea decreased by 7% from 246 in 2012 to 228 in 2020.
- The proportion of Diarrhoea deaths in children from 0 to 4 years was 24% in 2019 and 17% in 2020. The deaths above 60 years and above were highest at 54% in 2019 and 55% in 2020.

6. Cholera

Table 33: Number of Cholera cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	0	16	0	0	82	19	2	3	8	3
BMC hospitals	48	204	27	188	22	7	15	6	0	6
State hospitals	13	5	11	4	8	1	1	0	0	0
Other government dispensaries/hospitals	0	0	0	6	0	0	1	2	0	0
Total Cases	**61**	**225**	**38**	**198**	**112**	**27**	**19**	**11**	**8**	**9**

Table 34: Age-wise deaths due to Cholera in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Cholera (A00)	2012	0	0	4	7	4	0	15
	2013	7	0	0	1	0	0	8
	2014	0	0	0	1	0	0	1
	2015	0	1	1	2	1	0	5
	2016	0	0	0	1	0	0	1
	2017	0	0	0	0	0	0	0
	2018	0	0	0	0	0	0	0
	2019	0	1	0	0	0	0	1
	2020	0	0	0	0	0	0	0

Inference:

- Total Cholera cases decreased by 85% from 61 in 2012 to 9 in 2021.
- The proportion of Cholera cases registered in BMC dispensaries increased from 0% in 2012 to 33% (3) in 2021.
- Total deaths due to Cholera decreased by 100% from 15 in 2012 to 0 in 2020.

7. Typhoid

Table 35: Number of Typhoid cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	398	435	478	513	495	301	414	1,132	1,727	2,328
BMC hospitals	4,137	6,201	3,718	4,114	3,033	2,500	2,748	3,694	1,490	1,264
State hospitals	216	244	183	273	634	820	861	1,632	435	889
Other government dispensaries/hospitals	215	565	406	309	478	866	1,183	421	253	265
Total Cases	**4,966**	**7,445**	**4,785**	**5,209**	**4,640**	**4,487**	**5,206**	**6,879**	**3,905**	**4,746**

Inference:

- Total Typhoid cases decreased by 4% from 4,966 in 2012 to 4,746 in 2021.
- The proportion of Typhoid cases registered in BMC dispensaries increased from 8% (398) in 2012 to 49% (2,328) in 2021.
- Furthermore, the proportion of Typhoid cases registered in BMC hospitals decreased from 83% (4,137) in 2012 to 27% (1,264) in 2021.

Table 36: Ward Wise Typhoid Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Average Cases*/ 1,00,000 Population[26]
A	0	0	3	1	3	0	1	67	18	28	**121**	9.0
B	21	23	7	0	0	0	0	0	5	5	**61**	9.3
C	5	1	8	4	1	7	3	15	93	184	**321**	18.7
D	0	0	1	0	0	0	0	0	0	0	**1**	0.3
E	32	32	16	27	5	3	6	60	222	434	**837**	20.6
F/N	97	109	95	77	39	1	1	8	12	75	**514**	9.4
F/S	0	0	0	0	0	0	0	45	43	137	**225**	20.1
G/N	0	0	0	1	22	52	99	152	311	323	**960**	22.1
G/S	0	0	0	0	0	0	0	19	33	76	**128**	10.9
H/E	98	99	113	120	95	78	57	213	113	102	**1,088**	18.9
H/W	1	4	0	3	1	0	0	4	2	0	**15**	0.8
K/E	0	0	0	0	0	0	0	56	175	133	**364**	14.2
K/W	12	21	33	24	21	2	7	103	99	73	**395**	5.1
L	0	3	18	34	30	52	103	44	2	27	**313**	3.7
M/E	0	4	5	23	4	1	9	8	10	18	**82**	1.1
M/W	25	39	67	86	204	59	93	0	36	92	**701**	18.3
N	24	3	9	8	3	4	0	10	10	3	**74**	1.3
P/N	16	12	6	0	1	1	0	17	47	41	**141**	1.8
P/S	35	26	22	19	11	8	3	120	156	146	**546**	11.4
R/C	11	22	17	27	32	17	28	47	234	234	**669**	11.5
R/N	0	25	43	38	22	14	2	1	41	63	**249**	6.2
R/S	1	5	0	0	0	2	2	143	51	32	**236**	4.7
S	20	4	14	19	1	0	0	0	0	6	**64**	1.4
T	0	3	1	2	0	0	0	0	14	96	**116**	6.6

*Calculated as per capita ward population

Inference:

- The ward wise Typhoid cases registered in BMC dispensaries stated that G/N (960), E (837) and F/S (225) wards have registered some of the highest Typhoid cases as per the ward's population.

[26] Mid Year Election Population 2020

Table 37: Age-wise deaths due to Typhoid in Mumbai for the years 2012 to 2020

	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Typhoid Fever (A01)	2012	1	0	3	2	2	0	8
	2013	8	0	0	0	3	0	11
	2014	2	0	1	0	0	0	3
	2015	2	0	3	2	1	0	8
	2016	0	1	3	2	2	0	8
	2017	1	3	2	1	1	0	8
	2018	0	3	1	0	2	0	6
	2019	0	1	3	1	6	0	11
	2020	1	1	9	15	16	0	42

Inference:

- Total deaths due to Typhoid increased by 425% from 8 in 2012 to 42 in 2020.
- The proportion of Typhoid deaths in adults from 40 to 60 years and above was 74% in 2020. The deaths due to Typhoid increased greatly from 2019 to 2020 (11 deaths to 42 deaths).

B. Non-Communicable Diseases[27]

Table 38: Number of Diabetes cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	11,036	15,697	15,492	16,001	17,635	14,652	14,132	19,803	17,848	22,681
BMC hospitals	11,303	15,010	25,454	10,885	4,412	4,494	5,260	8,390	5,934	5,862
State hospitals	697	782	1,063	846	907	2,918	3,654	3,301	1,852	3,042
Other government dispensaries/hospitals	3,652	5,333	3,648	7,366	9,912	9,241	8,434	3,781	3,224	5,031
Total Cases	**26,688**	**36,822**	**45,657**	**35,098**	**32,866**	**31,305**	**31,480**	**35,275**	**28,858**	**36,616**

Inferences:

- Total Diabetes cases increased by 37% from 26,688 in 2012 to 36,616 in 2021.
- The proportion of Diabetes cases registered in BMC dispensaries increased from 41% (11,036) in 2012 to 62% (22,681) in 2021.

[27] Non-communicable diseases, are those which cannot be transmitted from one person to another, these tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.

Table 39: Ward Wise Diabetes Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Avg. 2012 to 2021	Average Cases*/ 1,00,000 Population
A	156	136	120	143	104	115	169	1,692	2,489	2,504	**7,628**	**763**	398
B	921	518	374	711	750	832	544	514	443	360	**5,967**	**597**	453
C	66	123	117	116	367	426	863	1,076	819	3,169	**7,142**	**714**	415
D	194	130	65	55	164	156	96	161	127	158	**1,306**	**131**	36
E	542	379	555	726	735	907	765	254	262	315	**5,440**	**544**	134
F/N	223	221	560	387	421	515	446	1,350	602	1,106	**5,831**	**583**	107
F/S	249	77	61	110	303	220	166	159	216	400	**1,961**	**196**	52
G/N	676	1,189	1,695	2,638	1,417	852	582	699	500	904	**11,152**	**1,115**	180
G/S	320	48	24	59	313	190	303	981	824	1,155	**4,217**	**422**	108
H/E	121	302	286	481	1,017	1,014	1,211	376	215	444	**5,467**	**547**	95
H/W	168	255	104	194	157	176	179	121	227	283	**1,864**	**186**	59
K/E	1,297	1,538	657	531	777	494	560	2,450	1,914	2,161	**12,379**	**1,238**	145
K/W	797	2,130	1,012	570	1,391	1,436	776	728	645	926	**10,411**	**1,041**	134
L	882	1,020	1,036	1,190	1,261	1,219	1,607	1,929	1,690	1,880	**13,714**	**1,371**	147
M/E	591	412	419	1,487	1,979	1,259	1,243	1,421	1,645	1,192	**11,648**	**1,165**	139
M/W	320	312	150	217	253	220	265	205	201	220	**2,363**	**236**	55
N	234	584	418	471	2,014	702	385	1,777	2,008	2,134	**10,727**	**1,073**	166
P/N	179	183	105	506	472	567	730	997	1,032	974	**5,745**	**575**	59
P/S	312	278	118	158	125	80	81	84	138	222	**1,596**	**160**	33
R/C	389	380	187	393	1,160	1,089	1,179	599	320	313	**6,009**	**601**	103
R/N	175	110	134	1,093	400	380	337	331	348	273	**3,581**	**358**	80
R/S	1,409	4,230	6,764	2,154	732	878	963	1,037	532	687	**19,386**	**1,939**	271
S	611	850	287	1,475	1,192	792	590	653	525	657	**7,632**	**763**	99
T	204	292	244	136	131	133	92	209	126	244	**1,811**	**181**	51

*Calculated as per capita ward population

Inference:

- The ward wise Diabetes cases registered in BMC dispensaries stated that B (5,967), C (7,142) and A (7,628) wards have registered some of the highest Diabetes cases as per the ward's population.

Table 40: Age-wise deaths due to Diabetes in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Diabetes Mellitus (E10-E14)	**2012**	3	6	44	591	1,908	1	2,553
	2013	1,612	6	12	154	530	146	2,460
	2014	556	7	24	383	1,393	65	2,428
	2015	2	4	59	594	1,885	0	2,544
	2016	3	6	96	1,772	7,211	0	9,088
	2017	5	11	112	1,884	7,513	0	9,525
	2018	8	7	122	2,109	8,212	0	10,458
	2019	3	11	121	2,325	9,029	2	11,491
	2020	5	19	193	3,555	12,249	0	16,021

Inference:

- Total deaths due to Diabetes increased by 528% from 2,553 in 2012 to 16,021 in 2020.
- The proportion of Diabetes deaths in adults from 40 to 60 years and above was 99% in 2020.
- The deaths due to Diabetes increased greatly by 257% from 2015 to 2016 (2,544 deaths to 9,088 deaths).

Table 41: Number of Hypertension cases registered in government dispensaries and hospitals in Mumbai from 2012 to 2021

Years	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
BMC dispensaries	15,338	14,449	13,914	16,903	19,921	15,546	15,052	18,619	14,969	17,689
BMC hospitals	7,501	10,015	16,462	8,114	4,534	5,152	5,919	9,480	7,435	6,727
State hospitals	890	922	889	949	1,087	3,055	3,734	3,499	2,051	3,432
Other government dispensaries/hospitals	4,866	8,376	5,096	10,307	12,376	10,920	9,265	1,743	2,023	2,163
Total Cases	**28,595**	**33,762**	**36,361**	**36,273**	**37,918**	**34,673**	**33,970**	**33,341**	**26,478**	**30,011**

Inference:

- Total Hypertension cases increased by 5% from 28,595 in 2012 to 30,011 in 2021.
- The proportion of Hypertension cases registered in BMC dispensaries increased from 54% (15,338) in 2012 to 59% (17,689) in 2021.

Table 42: Ward Wise Hypertension Cases Registered in BMC dispensaries for the years 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total	Avg. 2012 to 2021	Average Cases*/ 1,00,000 Population
A	610	881	782	555	445	231	155	1,709	1,202	1,068	**7,638**	**764**	399
B	740	540	295	223	465	313	505	555	374	344	**4,354**	**435**	331
C	70	119	425	517	530	618	1,100	1,228	1,044	2,995	**8,646**	**865**	503
D	61	72	91	190	220	360	199	192	151	143	**1,679**	**168**	47
E	1,420	734	545	1,480	1,621	597	810	320	298	404	**8,229**	**823**	202
F/N	428	397	397	554	1,045	721	576	594	583	743	**6,038**	**604**	110
F/S	740	224	167	245	585	324	247	253	215	302	**3,302**	**330**	88
G/N	785	1,184	1,266	1,843	1,342	1,018	936	2,136	1,611	2,234	**14,355**	**1,436**	232
G/S	1,073	185	80	96	269	276	390	1,343	961	867	**5,540**	**554**	142
H/E	445	405	378	1,017	1,192	982	955	432	338	418	**6,562**	**656**	114
H/W	267	237	136	158	145	165	157	99	168	205	**1,737**	**174**	55
K/E	1,550	1,068	629	1,015	1,058	661	654	1,306	923	1,147	**10,011**	**1,001**	117
K/W	699	1,497	1,196	1,258	2,260	2,154	1,126	919	650	924	**12,683**	**1,268**	164
L	975	1,066	1,953	1,750	1,489	1,278	1,554	2,212	2,349	2,096	**16,722**	**1,672**	179
M/E	1,018	656	681	1,216	2,113	1,527	1,499	1,059	1,206	803	**11,778**	**1,178**	141
M/W	707	657	239	271	278	177	298	208	175	132	**3,142**	**314**	74
N	176	436	541	480	671	745	304	782	548	576	**5,259**	**526**	82
P/N	201	265	113	238	418	543	543	831	672	690	**4,514**	**451**	46
P/S	265	233	154	134	104	76	76	49	84	104	**1,279**	**128**	27
R/C	1,264	828	601	737	1,217	1,060	1,151	687	358	272	**8,175**	**818**	141
R/N	180	200	105	540	237	230	237	140	165	181	**2,215**	**222**	50
R/S	856	1,892	2,378	1,150	597	662	838	713	439	600	**10,125**	**1,013**	142
S	467	460	536	995	1,350	646	574	687	348	328	**6,391**	**639**	83
T	341	213	226	241	270	182	168	165	107	113	**2,026**	**203**	57

*Calculated as per capita ward population

Inference:

- The ward wise Hypertension cases registered in BMC dispensaries stated that C (8,646), A (7,638) and B (4,354) wards have registered some of the highest Hypertension cases as per the ward's population.

Table 43: Age-wise deaths due to Hypertension in Mumbai for the years 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Hypertension (I10-I15)	2012	19	5	89	694	3,256	0	4,063
	2013	3,041	4	18	173	953	260	4,449
	2014	1,276	14	81	597	2,942	120	5,030
	2015	15	4	77	776	3,614	0	4,486
	2016	2	9	124	540	2,882	0	3,557
	2017	4	6	97	585	3,001	0	3,693
	2018	1	4	106	554	3,066	0	3,731
	2019	2	10	90	649	3,315	0	4,066
	2020	4	5	146	1,098	4,712	0	5,965

Inference:

- Total deaths due to Hypertension increased by 47% from 4,063 in 2012 to 5,965 in 2020.
- The proportion of Hypertension deaths in adults from 40 to 60 years and above was 97% in 2020. The deaths due to Hypertension increased greatly from 2019 to 2020 (4,066 deaths to 5,965 deaths).

C. Diseases Causing Infant and Children Deaths

Table 44: Total deaths from Age 0 to 19 in Mumbai from 2012 to 2020

Year	Up to 1 year	1-4 years	5 - 9 years	10 -14 years	15 -19 years	Total 0-19 years
2012	5,487	863	647	821	1,784	9,602
2013	24,097	36,444	601	360	535	62,037
2014	11,221	13,147	554	566	1,220	26,708
2015	4,109	753	496	580	1,338	7,276
2016	4,025	929	540	690	1,578	7,762
2017	3,838	969	510	658	1,614	7,589
2018	3,564	806	521	636	1,549	7,076
2019	3,262	799	464	694	1,403	6,622
2020	2,508	478	344	460	1,137	4,927

Inference:

- Total deaths in age 0 to 19 decreased from 6,796 in 2012 to 4,927 in 2020.
- The proportion of total deaths in infants up to 1 year was 49% in 2019 and 51% in 2020.

Table 45: Some Causes of deaths from Age 0 to 19 from 2012 to 2020

Causes of Death	Year	Up to 1 year	1-4 years	5 - 9 years	10 -14 years	15 -19 years	Total 0-19 years
Hypoxia, Birth Asphyxia and Other Respiratory Conditions (P20-P28)	**2012**	716	8	2	1	0	727
	2013	561	34	15	3	0	613
	2014	587	17	5	5	0	614
	2015	517	0	0	0	0	517
	2016	972	0	0	0	0	972
	2017	1072	0	0	0	0	1072
	2018	923	0	0	0	0	923
	2019	964	0	0	0	0	964
	2020	733	1	0	0	0	734
All Other Conditions Originating in the Perinatal Period (P00-P04, P29-P54, P56-P57, P60-P96)	**2012**	215	7	5	2	2	231
	2013	240	79	7	5	0	331
	2014	172	17	3	2	0	194
	2015	178	0	0	0	0	178
	2016	641	0	0	0	0	641
	2017	758	0	0	0	0	758
	2018	698	0	0	0	0	698
	2019	667	2	0	0	0	669
	2020	623	0	0	0	0	623

Pneumonia (J12-J18)	**2012**	610	143	61	46	63	923
	2013	895	1,132	108	42	37	2,214
	2014	632	489	58	38	67	1,284
	2015	528	140	57	39	61	826
	2016	459	95	31	36	48	669
	2017	199	94	38	24	33	388
	2018	273	84	26	28	26	437
	2019	151	75	26	19	33	304
	2020	80	28	18	20	22	168
Dengue Fever (A90)	**2012**	6	1	3	3	6	19
	2013	38	55	3	0	2	98
	2014	10	10	5	4	3	32
	2015	2	5	6	7	12	32
	2016	0	0	0	0	1	1
	2017	21	27	20	21	20	109
	2018	2	11	18	15	17	63
	2019	19	15	12	11	21	78
	2020	2	3	5	4	3	17
Other protein-energy malnutrition (E42-E46)	**2012**	0	1	1	0	0	2
	2013	0	5	0	1	0	6
	2014	6	1	0	1	0	8
	2015	1	2	1	0	0	4
	2016	18	16	4	1	0	39
	2017	17	9	0	3	0	29
	2018	11	14	3	1	2	31
	2019	5	11	5	3	0	24
	2020	5	10	3	0	1	19
Other Anaemias (D50-D55, D57-D64)	**2012**	32	17	2	13	14	78
	2013	163	261	5	3	3	435
	2014	66	113	7	11	8	205
	2015	18	12	4	8	5	47
	2016	35	21	11	12	21	100
	2017	23	19	11	12	25	90
	2018	19	15	12	11	23	80
	2019	7	15	11	13	12	58
	2020	15	5	12	15	15	62

Inferences:

- COD data shows an increase in protein-energy malnutrition in children (0 to 19 years) by 850% from 2 deaths in 2012 to 19 deaths in 2020.
- Furthermore, deaths condition originating in the perinatal period increased by 170% from 231 in 2012 to 623 in 2020.
- Deaths due to Hypoxia, Birth Asphyxia and Other Respiratory Conditions remained almost the same with a 1% increase from 727 in 2012 to 734 in 2021.

D. Key Mortality Rates

Table 46: Births and Deaths Rate in Mumbai from 2017 to 2021

Indicators	2017	2018	2019	2020	2021
M.Y.E.P Population[28]	1,27,36,036	1,27,82,429	1,28,28,821	1,28,75,213	1,29,21,605
Live Births	1,55,386	1,51,187	1,48,898	1,20,188	1,13,778
Birth Rate (Births per 1000 population)	12.20	11.83	11.61	9.33	8.81
Still Births	1,684	1,396	904	1,131	1,072
Total Deaths	89,037	88,852	91,223	1,11,942	1,08,113
Death Rate (Deaths per 1000 population)	6.99	6.95	7.11	8.69	8.37

Table 47: Mother and Child Death Indicators in Mumbai from 2017 to 2021[29]

Indicators	2017	2018	2019	2020	2021
Neo-Natal Deaths (less than 28 days)	2,563	2,239	2,186	1,858	1,675
Neo-Natal Mortality Rate (deaths per 1000 live births)	16.49	14.81	14.68	15.46	14.72
Infant Deaths (Less than 1 year)	4,079	3,723	3,430	2,649	2.601
Infant Mortality Rate (deaths per 1000 live births)	26.25	24.63	23.04	22.04	22.86
Under 5 Mortality/Child Deaths (less than 5 years)	5,020	4,529	4,221	3,123	3,280
Under 5 Morality rate (deaths per 1000 live births)	32.31	29.96	28.35	25.98	28.82
Maternal Deaths	236	218	257	197	95
Maternal Mortality Rate (per 1,00,000 live births)	152	144	173	164	83

Inference:

- In 2021, the number of still births reported decreased by 36% from 1,684 in 2017 to 1,072 in 2021.
- Similarly, Sustainable Development Goal's (SDG) National MMR target for 2030 is 70 and Mumbai can achieve this target soon as the MMR has decreased from 152 in 2017 to 83 in 2021.
- Similarly, the Under- 5 mortality rate (U5MR) National target under SDGs is 25 as adopted, however, the U5MR increased from 26 in 2020 to 29 in 2021.

[28] MYEP Population – Mid Year Election List of Population

[29] Neo-natal mortality rate, Infant Mortality Rate, and Under 5 Mortality Rates are calculated based on number of deaths of a calendar year by number of live births in that year.

E. Recommendations

1. **Data Management at Ward Level**

   Ward level data on occurrences of diseases, COD and facilities provided under various schemes should be maintained wards wise. This will allow the BMC to decentralise health management and make targeted interventions to handle health issues of the citizens at the ward level.

2. **Achieving the SDG Goals**

   As we move closer to 2030, stringent measures need to be taken to meet the SDG targets adopted by the country. BMC needs to regularly monitor its performance on the SDG indicators to meet the targets by 2030. Data driven decisions, effective framing and utilisation of the budget, and appropriate allotment of infrastructure and human resources need to be ensured to strengthen the primary and preventive healthcare systems and meet the healthcare requirements of the city.

3. **Strengthen and Equip Dispensaries and Maternity Homes**

   There is a need to improve dispensary facilities for preventive and primary care by including beds and equipment to provide proper care to patients. Primary health care should be able to provide integrated primary care with specialist services for diseases including mental health and nutrition counselling and diagnostic services. Additionally, primary health care units (dispensaries) can act as local level agencies to monitor health in the community/locality.

IV. Ward Wise Factsheet

The factsheet provides health data information on all 24 BMC wards from 2012 to 2021 which was collected through RTIs.

The data includes;

- The population of the ward is according to the Mid Year Election Population 2020 (MYEP).
- Occurrences of sensitive diseases were collected from BMC dispensaries from the year 2012 to 2021.
- Ward-wise data of vacancies within BMC dispensaries personnel from 2015 to 2021. The data for personnel vacancy was not collected for the year 2019, due to COVID.
- Data of Aapli Chikitsa scheme initiated in municipal dispensaries by BMC in the year 2017.
- The Deliberations by BMC councillors in all committees from 2012 to 2021.

The factsheet shows the trend of sensitive diseases that occurred in each ward over the past 10 years. It also analyses how the trend of ward-wise vacancies within BMC dispensaries personnel has changed over the year. Moreover, the deliberations on specific diseases can be correlated with the trend in cases to understand the need to carry out citizen-centric deliberations and precautionary measures can be taken to improve the health system.

1. A Ward

Population: 1,91,450
Area: Colaba
Average timing of the Dispensaries: 8.5 Hours
Summary: Overall sensitive diseases registered in A ward increased by 71% from 3,182 in 2012 to 5,450 in 2021. In 2021, the highest disease registered were Diabetes (2,504), Diarrhoea (1,136) and Hypertension (1,068). The personnel vacancy in BMC dispensaries in A ward increased from 11% in 2015 to 40% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 5,310 diagnostic tests were conducted in A ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension and Tuberculosis, which contribute to some of the maximum deaths in Mumbai city.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	642	334	199	160	134	248	430	372	383	309
Dengue	-	-	47	137	42	36	19	71	3	4
Tuberculosis	343	440	366	340	201	280	268	179	113	158
HIV	69	46	40	27	10	9	10	-	-	4
Diarrhoea	1,362	1,576	1,858	1,442	1,123	1,496	1,995	1,526	976	1,136
Cholera	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	3	1	3	-	1	67	18	28
Diabetes	156	136	120	143	104	115	169	1,692	2,489	2,504
Hypertension	610	881	782	555	445	231	155	1,709	1,202	1,068
Other Sensitive Diseases	-	-	25	-	2	-	-	6	122	239
Total Sensitive Diseases	**3,182**	**3,413**	**3,440**	**2,805**	**2,064**	**2,415**	**3,047**	**5,622**	**5,306**	**5,450**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	14%	14%	0%	0%	-	22%	17%
Para-Medical	-	-	-	11%	11%	22%	22%	-	56%	44%
Labour	-	-	-	9%	9%	42%	50%	-	42%	50%
Overall	**-**	**-**	**-**	**11%**	**11%**	**27%**	**29%**	**-**	**44%**	**40%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	1,958	2,647	5,309
Councillor Deliberation (All Committees)*										
Total Questions	**0**	**1**	**1**	**9**	**18**	**4**	**2**	**5**	**0**	**1**
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	*2*	-	-	-	-	-
Malaria/Dengue	-	-	-	*1*	*3*	-	-	*1*	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-

*(-) No questions were asked on the subject.

2. B Ward

Population: 1,31,718
Area: Sandhurst Road
Average timing of the Dispensaries: 8.4 hours
Summary: Overall sensitive diseases registered in B ward increased by 14% from 3,050 in 2012 to 3,464 in 2021. In 2021, the highest disease registered were Diarrhoea (651), Diabetes (360), Hypertension (344) and. The personnel vacancy in BMC dispensaries in B ward increased from 19% in 2015 to 28% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 3,410 diagnostic tests were conducted in B ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diarrhoea, Diabetes and Hypertension which contribute to some of the maximum cases registered in the ward.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	102	50	31	26	31	27	80	20	28	24
Dengue	0	26	52	42	25	25	27	21	1	15
Tuberculosis	120	113	117	104	249	73	106	0	0	0
HIV	0	0	1	0	0	0	1	0	0	0
Diarrhoea	1,143	1,343	1,901	1,610	1,173	1,176	1,369	1,132	696	651
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	21	23	7	0	0	0	0	0	5	5
Diabetes	921	518	374	711	750	832	544	514	443	360
Hypertension	740	540	295	223	465	313	505	555	374	344
Other Sensitive Diseases	3	2	4	1	4	0	0	6	2168	2065
Total Sensitive Diseases	**3,050**	**2,615**	**2,782**	**2,717**	**2,697**	**2,446**	**2,632**	**2,248**	**3,715**	**3,464**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	20%	20%	20%	20%	-	20%	25%
Para-Medical	-	-	-	33%	33%	40%	30%	-	40%	33%
Labour	-	-	-	8%	0%	7%	20%	-	27%	27%
Overall	-	-	-	**19%**	**15%**	**20%**	**23%**	**-**	**30%**	**28%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	920	1,754	3,410
Councillor Deliberation (All Committees)*										
Total Questions	**0**	**0**	**2**	**3**	**2**	**0**	**0**	**0**	**0**	**2**
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	-	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-

*(-) No questions were asked on the subject.

3. C Ward

Population: 1,71,941
Area: Marine Line
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in C ward increased by 251% from 2,499 in 2012 to 8,773 in 2021. In 2021, the highest disease registered were Diabetes (3,169), Hypertension (2,995) and Diarrhoea (2,010). The personnel vacancy in BMC dispensaries in C ward increased from 26% in 2015 to 49% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 4,639 diagnostic tests were conducted in C ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diarrhoea, Typhoid. Only one question was raised on Diabetes which contributes to some of the maximum cases registered in the ward.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	159	110	119	86	84	168	137	87	159	77
Dengue	0	2	18	14	26	45	52	25	5	14
Tuberculosis	131	106	141	146	86	77	96	154	70	139
HIV	0	0	0	1	0	0	0	0	0	3
Diarrhoea	2,068	2,333	2,924	2,842	2,789	2,837	3,110	2,318	1,612	2,010
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	5	1	8	4	1	7	3	15	93	184
Diabetes	66	123	117	116	367	426	863	1,076	819	3,169
Hypertension	70	119	425	517	530	618	1,100	1,228	1,044	2,995
Other Sensitive Diseases	0	0	6	4	3	1	0	3	213	182
Total Sensitive Diseases	**2,499**	**2,794**	**3,758**	**3,730**	**3,886**	**4,179**	**5,361**	**4,906**	**4,015**	**8,773**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	14%	0%	0%	0%	-	0%	31%
Para-Medical	-	-	-	38%	25%	25%	29%	-	13%	63%
Labour	-	-	-	25%	20%	20%	30%	-	10%	57%
Overall	-	-	-	**26%**	**15%**	**15%**	**19%**	**-**	**7%**	**49%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,160	3,142	4,639
Councillor Deliberation (All Committees)*										
Total Questions	**0**	**3**	**3**	**2**	**1**	**1**	**3**	**3**	**2**	**1**
Diabetic/Hypertension	-	-	-	-	-	-	1	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	-	-	-	-	-	-	1	1	-
Tuberculosis	-	-	-	-	-	-	-	1	-	-

*(-) No questions were asked on the subject.

4. D Ward

Population: 3,58,933
Area: Grant Road
Average timing of the Dispensaries: 8.2 hours
Summary: Summary: Overall sensitive diseases registered in D ward decreased by 50% from 5,525 in 2012 to 2,758 in 2021. Hypertension cases in D ward increased by 134% from 61 in 2012 to 143 in 2021. The personnel vacancy in BMC dispensaries in D ward increased from 19% in 2015 to 41% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 7,644 diagnostic tests were conducted in D ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only one question was raised on Diabetes, Hypertension, and no question was raised on Tuberculosis, Diarrhoea which contributes to some of the maximum cases registered in the ward.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	138	108	88	103	60	46	33	22	45	91
Dengue	0	0	33	53	89	32	25	61	1	0
Tuberculosis	246	239	245	221	188	186	177	161	111	166
HIV	0	0	0	1	0	1	7	3	2	3
Diarrhoea	4,886	4,685	5,048	6,262	6,795	2,521	469	99	91	141
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	0	1	0	0	0	0	0	0	0
Diabetes	194	130	65	55	164	156	96	161	127	158
Hypertension	61	72	91	190	220	360	199	192	151	143
Other Sensitive Diseases	0	0	1	0	0	0	0	7	227	2,056
Total Sensitive Diseases	**5,525**	**5,234**	**5,572**	**6,885**	**7,516**	**3,302**	**1,006**	**706**	**755**	**2,758**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	22%	33%	25%	20%	-	44%	50%
Para-Medical	-	-	-	27%	0%	30%	36%	-	20%	36%
Labour	-	-	-	13%	45%	21%	31%	-	17%	39%
Overall	-	-	-	**19%**	**32%**	**25%**	**30%**	**-**	**28%**	**41%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,217	5,446	7,644
Councillor Deliberation (All Committees)*										
Total Questions	2	7	9	9	4	5	1	10	2	1
Diabetic/Hypertension	-	-	-	-	-	1	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	1	1	5	2	2	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-

*(-) No questions were asked on the subject.

5. E Ward

Population: 4,06,967
Area: Byculla
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in E ward increased by 34% from 5,687 in 2012 to 7,637 in 2021. Diarrhoea cases in E ward increased by 98% from 2,584 in 2012 to 5,118 in 2021. The personnel vacancy in BMC dispensaries in E ward increased from 4% in 2015 to 37% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 13,323 diagnostic tests were conducted in E ward in 2021. From 2012 to 2021, councillor deliberations on health data showed 3 questions were raised on Diabetes, Hypertension, and 2 questions was raised on tuberculosis, which contributes to some of the maximum deaths in Mumbai city.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	278	151	118	43	93	107	148	210	398	368
Dengue	0	1	25	42	3	6	11	31	21	62
Tuberculosis	793	586	589	425	412	280	200	156	135	193
HIV	4	6	0	0	1	1	2	1	0	1
Diarrhoea	2,584	2,336	2,586	3,245	2,931	3,755	3,806	5,561	4,087	5,118
Cholera	0	2	0	0	79	19	2	0	0	3
Typhoid	32	32	16	27	5	3	6	60	222	434
Diabetes	542	379	555	726	735	907	765	254	262	315
Hypertension	1,420	734	545	1,480	1,621	597	810	320	298	404
Other Sensitive Diseases	34	61	11	14	1	0	0	5	125	739
Total Sensitive Diseases	**5,687**	**4,288**	**4,445**	**6,002**	**5,881**	**5,675**	**5,750**	**6,598**	**5,548**	**7,637**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	27%	0%	-	60%	33%
Para-Medical	-	-	-	6%	27%	27%	30%	-	36%	35%
Labour	-	-	-	4%	23%	19%	29%	-	50%	43%
Overall	-	-	-	**4%**	**19%**	**23%**	**25%**	**-**	**49%**	**37%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	4,107	7,879	13,323
Councillor Deliberation (All Committees)*										
Total Questions	5	8	14	11	4	18	19	3	7	10
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	3
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	
Malaria/Dengue	-	-	2	-	1	3	2	-	-	-
Tuberculosis	-	1	-	-	-	1	-	-	-	-

*(-) No questions were asked on the subject.

6. F/N Ward

Population: 5,47,438
Area: Matunga
Average timing of the Dispensaries: 9 hours
Summary: Overall sensitive diseases registered in F/N ward increased by 40% from 3,806 in 2012 to 5,335 in 2021. Diabetes cases in F/N ward increased by 396% from 223 in 2012 to 1,106 in 2021. The personnel vacancy in BMC dispensaries in F/N ward increased from 7% in 2015 to 31% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 10,266 diagnostic tests were conducted in F/N ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	423	222	190	168	147	113	84	71	116	123
Dengue	3	2	53	28	35	45	45	72	18	93
Tuberculosis	814	243	304	418	171	154	191	276	168	285
HIV	47	25	22	12	12	16	31	56	25	33
Diarrhoea	1,743	1,606	1,596	1,704	2,186	2,889	2,894	2,012	1,240	1,874
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	97	109	95	77	39	1	1	8	12	75
Diabetes	223	221	560	387	421	515	446	1,350	602	1,106
Hypertension	428	397	397	554	1,045	721	576	594	583	743
Other Sensitive Diseases	28	17	14	13	1	2		7	324	1,003
Total Sensitive Diseases	**3,806**	**2,842**	**3,231**	**3,361**	**4,057**	**4,456**	**4,268**	**4,446**	**3,088**	**5,335**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	17%	0%	0%	0%	-	0%	22%
Para-Medical	-	-	-	0%	0%	0%	20%	-	0%	33%
Labour	-	-	-	7%	7%	0%	13%	-	0%	32%
Overall	-	-	-	**7%**	**3%**	**0%**	**13%**	**-**	**0%**	**31%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	5,062	4,851	10,266
Councillor Deliberation (All Committees)*										
Total Questions	4	6	12	14	10	10	22	30	4	16
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	1	1	-	-	-	1	-	-
Malaria/Dengue	2	2	5	2	2	-	1	1	-	-
Tuberculosis	-	-	-	-	1	-	2	5	-	-

*(-) No questions were asked on the subject.

7. F/S Ward

Population: 3,73,529
Area: Parel
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in F/S ward decreased by 31% from 6,471 in 2012 to 4,491 in 2021. Tuberculosis cases in F/S ward increased by 158% from 138 in 2012 to 356 in 2021. The personnel vacancy in BMC dispensaries in F/S ward increased from 20% in 2015 to no vacancy (32%) in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 6,895 diagnostic tests were conducted in F/S ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension, which contributes to some of the maximum cases in this ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	914	565	986	842	481	838	679	421	710	528
Dengue	0	0	34	22	11	20	7	31	3	89
Tuberculosis	138	148	359	280	180	196	200	392	287	356
HIV	4	7	0	2	6	9	3	5	4	10
Diarrhoea	4,423	3,941	3,682	4,016	4,967	4,337	4,088	3,391	2,323	1,717
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	0	0	0	0	0	0	45	43	137
Diabetes	249	77	61	110	303	220	166	159	216	400
Hypertension	740	224	167	245	585	324	247	253	215	302
Other Sensitive Diseases	3	4	1	0	0	0	0	9	217	952
Total Sensitive Diseases	**6,471**	**4,966**	**5,290**	**5,517**	**6,533**	**5,944**	**5,390**	**4,706**	**4,018**	**4,491**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	8%	0%	0%	7%	-	0%	27%
Para-Medical	-	-	-	31%	15%	40%	27%	-	30%	46%
Labour	-	-	-	20%	14%	27%	24%	-	14%	29%
Overall	-	-	-	**20%**	**11%**	**21%**	**19%**	**-**	**13%**	**32%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,474	4,607	6,895
Councillor Deliberation (All Committees)*										
Total Questions	8	4	6	7	11	11	11	12	4	17
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	2	2	1	-	1	-	-	1	-	-
Tuberculosis	1	1	1	1	-	-	-	1	-	-

*(-) No questions were asked on the subject.

8. G/N Ward

Population: 6,19,878
Area: Dadar
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in G/N ward increased by 42% from 5,973 in 2012 to 8,485 in 2021. Hypertension cases in G/N ward increased by 185% from 785 in 2012 to 2,234 in 2021. The personnel vacancy in BMC dispensaries in G/N ward increased from 9% in 2015 to 33% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 9,657 diagnostic tests were conducted in G/N ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 2 questions were raised on Diabetes, Hypertension, which contribute to some of the maximum cases in this ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	352	304	284	165	170	121	117	119	180	277
Dengue	0	10	64	32	9	17	19	112	28	92
Tuberculosis	536	500	412	385	485	427	521	529	448	726
HIV	0	0	0	0	3	5	8	9	5	4
Diarrhoea	3,624	2,768	2,837	3,258	5,452	6,715	5,680	5,856	3,843	3,250
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	0	0	1	22	52	99	152	311	323
Diabetes	676	1,189	1,695	2,638	1,417	852	582	699	500	904
Hypertension	785	1,184	1,266	1,843	1,342	1,018	936	2,136	1,611	2,234
Other Sensitive Diseases	0	0	0	0	26	16	0	25	167	675
Total Sensitive Diseases	**5,973**	**5,955**	**6,558**	**8,322**	**8,926**	**9,223**	**7,962**	**9,637**	**7,093**	**8,485**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	17%	9%	9%	-	47%	35%
Para-Medical	-	-	-	0%	13%	7%	13%	-	38%	38%
Labour	-	-	-	18%	24%	14%	8%	-	29%	29%
Overall	-	-	-	**9%**	**19%**	**10%**	**10%**	**-**	**36%**	**33%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,810	5,925	9,657
Councillor Deliberation (All Committees)*										
Total Questions	7	5	5	7	11	10	23	16	12	18
Diabetic/Hypertension	-	1	-	-	1	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	1	-	-	-	-	-	-	-	-	-
Malaria/Dengue	2	-	1		2	2	-	1	1	-
Tuberculosis	-	-	-	-	-	-	3	1	2	-

*(-) No questions were asked on the subject.

9. G/S Ward

Population: 3,90,890
Area: Elphinston
Average timing of the Dispensaries: 7.5 hours
Summary: Overall sensitive diseases registered in G/S ward increased by 61% from 5,953 in 2012 to 9,612 in 2021. Diabetes cases in G/S ward increased by 261% from 320 in 2012 to 1,155 in 2021. The personnel vacancy in BMC dispensaries in G/S ward increased from 20% in 2015 to 30% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 10,844 diagnostic tests were conducted in G/S ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 1 question was raised on Diarrhoea, Diabetes, Hypertension, which contribute to some of the maximum cases in this ward.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	277	127	66	74	152	83	416	312	940	655
Dengue	0	0	0	1	9	13	46	120	12	22
Tuberculosis	189	186	194	389	231	242	258	314	209	503
HIV	3	2	13	3	2	5	4	3	2	1
Diarrhoea	4,089	4,330	4,792	5,215	5,567	5,540	7,842	8,529	6,370	5,017
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	0	0	0	0	0	0	19	33	76
Diabetes	320	48	24	59	313	190	303	981	824	1,155
Hypertension	1,073	185	80	96	269	276	390	1,343	961	867
Other Sensitive Diseases	2	0	0	1	0	0	0	5	182	1316
Total Sensitive Diseases	**5,953**	**4,878**	**5,169**	**5,838**	**6,543**	**6,349**	**9,259**	**11,626**	**9,533**	**9,612**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	6%	13%	-	27%	40%
Para-Medical	-	-	-	35%	28%	17%	17%	-	16%	28%
Labour	-	-	-	20%	10%	17%	20%	-	24%	29%
Overall	-	-	-	**20%**	**13%**	**14%**	**17%**	**-**	**22%**	**30%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,442	6,485	10,844
Councillor Deliberation (All Committees)*										
Total Questions	15	11	13	13	8	23	37	25	5	9
Diabetic/Hypertension	-	1	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	1	-	-	-	-	-	-
Malaria/Dengue	2	1	1	3	2	3	2	1	-	1
Tuberculosis	-	-	1	-	-	-	1	-	-	-

*(-) No questions were asked on the subject.

10. H/E Ward

Population: 5,76,624
Area: Khar
Average timing of the Dispensaries: 8 hours
Summary: Overall sensitive diseases registered in H/E ward decreased by 22% from 5,264 in 2012 to 4,118 in 2021. Diabetes cases in H/E ward increased by 267% from 121 in 2012 to 444 in 2021. The personnel vacancy in BMC dispensaries in H/E ward decreased from 24% in 2015 to 18% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 6,940 diagnostic tests were conducted in H/E ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 2 questions were raised on Diabetes, Hypertension, which contribute to some of the maximum cases in this ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	246	151	199	138	146	103	90	44	33	46
Dengue	0	0	22	67	0	21	59	90	24	30
Tuberculosis	576	475	522	544	638	625	558	714	663	829
HIV	5	8	20	4	4	5	9	237	94	225
Diarrhoea	3,740	5,665	6,938	7,433	6,371	6,462	5,039	2,797	1,613	1,572
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	98	99	113	120	95	78	57	213	113	102
Diabetes	121	302	286	481	1,017	1,014	1,211	376	215	444
Hypertension	445	405	378	1,017	1,192	982	955	432	338	418
Other Sensitive Diseases	33	6	20	14	14		6	6	298	452
Total Sensitive Diseases	**5,264**	**7,111**	**8,498**	**9,818**	**9,477**	**9,290**	**7,984**	**4,909**	**3,391**	**4,118**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	0%	0%	-	0%	0%
Para-Medical	-	-	-	20%	27%	27%	13%	-	0%	30%
Labour	-	-	-	38%	37%	39%	25%	-	9%	20%
Overall	-	-	-	**24%**	**26%**	**26%**	**15%**	**-**	**3%**	**18%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	3,138	5,090	6,940
Councillor Deliberation (All Committees)*										
Total Questions	7	10	6	22	15	10	15	15	5	12
Diabetic/Hypertension	-	-	-	2	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	1	-	1	-	3	2	-	2	-	-
Tuberculosis	-	-	-	-	-	-	-	1	-	-

*(-) No questions were asked on the subject.

11. H/W Ward

Population: 3,18,281
Area: Bandra
Average timing of the Dispensaries: 8.4 hours
Summary: Overall sensitive diseases registered in H/W ward decreased by 37% from 3,047 in 2012 to 1,911 in 2021. Diabetes cases in H/W ward increased by 68% from 168 in 2012 to 283 in 2021. The personnel vacancy in BMC dispensaries in H/W ward has increased from 31% in 2015 to 40% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 2,786 diagnostic tests were conducted in H/W ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension and which contributes to some of the maximum deaths in Mumbai.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	196	196	193	123	120	100	114	76	48	42
Dengue	0	2	12	13	16	73	30	45	3	5
Tuberculosis	604	376	246	224	216	187	187	155	100	164
HIV	0	0	0	0	0	0	0	12	1	2
Diarrhoea	1,808	1,987	1,963	2,303	1,741	1,422	1,481	934	787	880
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	1	4	0	3	1	0	0	4	2	0
Diabetes	168	255	104	194	157	176	179	121	227	283
Hypertension	267	237	136	158	145	165	157	99	168	205
Other Sensitive Diseases	3	0	0	0	1	0	0	4	109	330
Total Sensitive Diseases	**3,047**	**3,057**	**2,654**	**3,018**	**2,397**	**2,123**	**2,148**	**1,450**	**1,445**	**1,911**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	25%	22%	22%	-	11%	17%
Para-Medical	-	-	-	33%	55%	55%	55%	-	9%	73%
Labour	-	-	-	43%	53%	33%	33%	-	13%	35%
Overall	-	-	-	**31%**	**47%**	**37%**	**37%**	**-**	**11%**	**40%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	1,858	1,861	2,786
Councillor Deliberation (All Committees)*										
Total Questions	1	1	2	4	3	3	0	4	3	2
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	-	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	-	-	-	-	-	-	-

*(-) No questions were asked on the subject.

12. K/E Ward

Population: 8,52,546
Area: Andheri East
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in K/E ward has remained almost the same, with a slight decrease of 2% from 11,590 in 2012 to 11,310 in 2021. Diabetes cases in K/E Ward increased by 67% from 1,297 in 2012 to 2,161 in 2021. The personnel vacancy in BMC dispensaries in K/E ward has increased from 22% in 2015 to 48% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 20,203 diagnostic tests were conducted in K/E ward in 2021. From 2012 to 2021, Councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension and which contributes to some of the maximum cases in the ward.

Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	711	330	322	325	142	156	130	95	70	99
Dengue	0	12	52	164	193	144	180	233	6	130
Tuberculosis	1,202	678	679	538	351	264	246	317	254	292
HIV	0	0	3	0	0	3	9	8	6	26
Diarrhoea	6,830	5,588	9,928	8,734	5,617	5,289	5,703	3,951	2,988	2,700
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	0	0	0	0	0	0	56	175	133
Diabetes	1,297	1,538	657	531	777	494	560	2,450	1,914	2,161
Hypertension	1,550	1,068	629	1,015	1,058	661	654	1,306	923	1,147
Other Sensitive Diseases	0	0	0	0	0	0	0	21	957	4622
Total Sensitive Diseases	**11,590**	**9,214**	**12,270**	**11,307**	**8,138**	**7,011**	**7,482**	**8,437**	**7,293**	**11,310**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	9%	9%	10%	10%	-	17%	42%
Para-Medical	-	-	-	40%	33%	27%	27%	-	19%	47%
Labour	-	-	-	17%	24%	28%	28%	-	21%	52%
Overall	-	-	-	**22%**	**24%**	**24%**	**24%**	**-**	**21%**	**48%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	4,650	10,181	20,203
Councillor Deliberation (All Committees)*										
Total Questions	5	14	9	14	8	12	16	18	8	19
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	1	-	-
Malaria/Dengue	-	1	-	2	1	1	1	1		1
Tuberculosis	-	-	-	-	1	-	-	-	-	-

*(-) No questions were asked on the subject.

13. K/W Ward

Population: 7,74,733
Area: Andheri West
Average timing of the Dispensaries: 8 hours
Summary: Overall sensitive diseases registered in K/W ward has increased by 18% from 5,139 in 2012 to 6,049 in 2021. Hypertension cases in K/W ward increased by 32% from 699 in 2012 to 924 in 2021. The personnel vacancy in BMC dispensaries in K/W ward has increased from 18% in 2015 to 55% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 12,809 diagnostic tests were conducted in K/W ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension and which contributes to some of the maximum cases in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	421	225	139	139	165	268	235	198	106	64
Dengue	0	3	34	11	2	0	0	8	4	2
Tuberculosis	355	339	271	252	176	206	169	177	124	164
HIV	2	1	0	0	0	1	26	11	12	8
Diarrhoea	2,839	3,822	3,048	2,504	1,876	2,312	2,216	2,492	2,431	2,365
Cholera	0	12	0	0	3	0	0	3	8	0
Typhoid	12	21	33	24	21	2	7	103	99	73
Diabetes	797	2,130	1,012	570	1,391	1,436	776	728	645	926
Hypertension	699	1,497	1,196	1,258	2,260	2,154	1,126	919	650	924
Other Sensitive Diseases	14	3				4	3	3	942	1523
Total Sensitive Diseases	**5,139**	**8,053**	**5,733**	**4,758**	**5,894**	**6,383**	**4,558**	**4,642**	**5,021**	**6,049**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	10%	20%	20%	0%	-	8%	8%
Para-Medical	-	-	-	25%	67%	70%	0%	-	52%	68%
Labour	-	-	-	19%	22%	48%	0%	-	9%	59%
Overall	-	-	-	**18%**	**37%**	**49%**	**0%**	**-**	**24%**	**55%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	3,842	7,886	12,809
Councillor Deliberation (All Committees)*										
Total Questions	12	9	12	8	12	25	26	28	10	45
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	1	1	-	-	-	-	-	1	-	-
Malaria/Dengue	1	3	1	-	1	-	-	1	-	2
Tuberculosis	-	-	1	1	-	-	-	-	-	-

*(-) No questions were asked on the subject.

14. L Ward

Population: 9,33,611
Area: Kurla
Average timing of the Dispensaries: 7.5 hours
Summary: Overall sensitive diseases registered in L ward have decreased by 7% from 15,145 in 2012 to 14,052 in 2021. Hypertension cases in L ward increased by 115% from 975 in 2012 to 2,096 in 2021. The personnel vacancy in BMC dispensaries in L ward has increased from 7% in 2015 to 15% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 12,626 diagnostic tests were conducted in L ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 7 questions were raised on Diabetes, Hypertension, when the cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	435	336	271	213	130	119	78	43	14	24
Dengue	0	2	9	31	125	14	15	253	9	11
Tuberculosis	1,088	991	1,188	1,338	1,406	819	768	981	734	1,013
HIV	0	0	0	0	5	18	17	25	11	353
Diarrhoea	11,755	9,894	9,832	12,046	12,009	12,026	11,505	10,915	7,530	6,125
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	3	18	34	30	52	103	44	2	27
Diabetes	882	1,020	1,036	1,190	1,261	1,219	1,607	1,929	1,690	1,880
Hypertension	975	1,066	1,953	1,750	1,489	1,278	1,554	2,212	2,349	2,096
Other Sensitive Diseases	10	0	4	7	13	11	6	8	440	2,523
Total Sensitive Diseases	**15,145**	**13,312**	**14,311**	**16,609**	**16,468**	**15,556**	**15,653**	**16,410**	**12,779**	**14,052**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	8%	0%	-	7%	7%
Para-Medical	-	-	-	12%	0%	0%	0%	-	0%	13%
Labour	-	-	-	6%	0%	0%	0%	-	0%	19%
Overall	-	-	-	**7%**	**0%**	**2%**	**0%**	**-**	**3%**	**15%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	5,304	5,306	12,626
Councillor Deliberation (All Committees)*										
Total Questions	34	93	109	117	97	80	90	56	16	42
Diabetic/Hypertension	-	2	-	1	-	-	1	1	2	-
Diarrhoea/Typhoid/Cholera	1	1	2	-	-	1	1	1	-	-
Malaria/Dengue	4	2	9	6	1	1	1	1		2
Tuberculosis	-	2	5	1	2	2	5	-	-	-

*(-) No questions were asked on the subject.

15. M/E Ward

Population: 8,35,819
Area: Chembur East
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in M/E ward has increased by 53% from 5,055 in 2012 to 7,736 in 2021. Diabetes cases in M/E ward increased by 102% from 591 in 2012 to 1,192 in 2021. The personnel vacancy in BMC dispensaries in M/E ward has increased from 3% in 2015 to 12% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 10,327 diagnostic tests were conducted in M/E ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 4 questions were raised on Diabetes, Hypertension, when the cases increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	570	119	155	87	204	62	70	72	52	60
Dengue	0	0	24	2	0	21	23	311	35	30
Tuberculosis	156	221	113	93	146	156	212	216	196	220
HIV	0	0	2	0	0	93	15	781	446	451
Diarrhoea	2,719	3,064	4,462	11,562	6,396	4,561	5,758	5,806	4,466	3,967
Cholera	0	2	0	0	0	0	0	0	0	0
Typhoid	0	4	5	23	4	1	9	8	10	18
Diabetes	591	412	419	1,487	1,979	1,259	1,243	1,421	1,645	1,192
Hypertension	1,018	656	681	1,216	2,113	1,527	1,499	1,059	1,206	803
Other Sensitive Diseases	1	3		4				10	122	995
Total Sensitive Diseases	**5,055**	**4,481**	**5,861**	**14,474**	**10,842**	**7,680**	**8,829**	**9,684**	**8,178**	**7,736**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	0%	0%	-	0%	0%
Para-Medical	-	-	-	0%	0%	20%	0%	-	10%	0%
Labour	-	-	-	8%	7%	7%	7%	-	0%	17%
Overall	-	-	-	**3%**	**3%**	**9%**	**3%**	**-**	**3%**	**12%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	4,046	5,313	10,327
Councillor Deliberation (All Committees)*										
Total Questions	5	21	25	17	8	22	20	19	11	12
Diabetic/Hypertension	-	-	-	-	-	3	1	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	1	3	3	2	4	-	-	2	-	1
Tuberculosis	-	1	2	-	-	2	3	-	-	-

*(-) No questions were asked on the subject.

16. M/W Ward

Population: 4,26,222
Area: Chembur West
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in M/W ward has increased by 330% from 4,158 in 2012 to 17,874 in 2021. The personnel vacancy in BMC dispensaries in M/W ward has increased from 17% in 2015 to 20% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 5,962 diagnostic tests were conducted in M/W ward in 2021. From 2012 to 2021, councillor deliberations on health decreased by 33% from 6 questions in 2012 to 4 in 2021.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	155	81	62	55	36	45	33	42	25	42
Dengue	1	14	3	3	27		6	5	1	6
Tuberculosis	128	208	146	206	129	113	199	0	0	0
HIV	4	1	5	4	4	3	4	0	0	0
Diarrhoea	2,812	2,291	1,931	1,961	1,792	1,253	1,594	1,203	970	571
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	25	39	67	86	204	59	93	0	36	92
Diabetes	320	312	150	217	253	220	265	205	201	220
Hypertension	707	657	239	271	278	177	298	208	175	132
Other Sensitive Diseases	6	9	0	22	11	4	1	27	8,844	16,811
Total Sensitive Diseases	**4,158**	**3,612**	**2,603**	**2,825**	**2,734**	**1,874**	**2,493**	**1,690**	**10,252**	**17,874**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	13%	0%	0%	-	0%	25%
Para-Medical	-	-	-	17%	0%	0%	0%	-	20%	38%
Labour	-	-	-	27%	0%	10%	10%	-	8%	45%
Overall	-	-	-	**17%**	**4%**	**5%**	**5%**	**-**	**20%**	**37%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,096	4,542	5,962
Councillor Deliberation (All Committees)*										
Total Questions	6	11	12	13	8	16	17	15	9	4
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	2	-	-	-	-
Malaria/Dengue	2	3	3	1	2	1	1	1		2
Tuberculosis	-	-	1	-	-	-	1	-	-	-

*(-) No questions were asked on the subject.

17. N Ward

Population: 6,44,521
Area: Ghatkopar
Average timing of the Dispensaries: 8 hours
Summary: Overall sensitive diseases registered in N ward has increased by 34% from 6,592 in 2012 to 8,865 in 2021. Diabetes cases in N ward increased by 812% from 234 in 2012 to 2,134 in 2021. The personnel vacancy in BMC dispensaries in N ward has increased from 13% in 2015 to 26% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 8,408 diagnostic tests were conducted in N ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 1 question were raised on Diabetes, Hypertension, when these cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	245	212	162	149	97	89	56	44	36	39
Dengue	0	2	26	155	64	6	56	267	10	91
Tuberculosis	148	120	206	178	116	96	139	192	142	235
HIV	0	0	0	0	2	2	2	8	7	12
Diarrhoea	5,756	6,592	8,211	9,891	8,383	4,567	4,901	7,374	5,293	4,444
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	24	3	9	8	3	4	0	10	10	3
Diabetes	234	584	418	471	2,014	702	385	1,777	2,008	2,134
Hypertension	176	436	541	480	671	745	304	782	548	576
Other Sensitive Diseases	9	0	0	1	0	0	0	173	141	1,331
Total Sensitive Diseases	**6,592**	**7,949**	**9,573**	**11,333**	**11,350**	**6,211**	**5,843**	**10,627**	**8,195**	**8,865**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	11%	10%	0%	9%	-	0%	18%
Para-Medical	-	-	-	9%	0%	9%	9%	-	0%	18%
Labour	-	-	-	16%	17%	6%	19%	-	0%	38%
Overall	-	-	-	**13%**	**11%**	**6%**	**13%**	**-**	**0%**	**26%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,765	4,575	8,408
Councillor Deliberation (All Committees)*										
Total Questions	5	9	12	20	8	6	16	12	5	11
Diabetic/Hypertension	-	-	-	1	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	1	3	3	1	1	-	1	-	-
Tuberculosis	-	-	-	-	-	-	1	3	-	-

*(-) No questions were asked on the subject.

18. P/N Ward

Population: 9,74,114
Area: Malad
Average timing of the Dispensaries: 7.4 hours
Summary: Overall sensitive diseases registered in P/N ward has increased by 117% from 3,667 in 2012 to 7,971 in 2021. Diabetes cases in P/N ward increased by 444% from 179 in 2012 to 974 in 2021. The personnel vacancy in BMC dispensaries in P/N ward has increased from 23% in 2015 to 44% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 14,766 diagnostic tests were conducted in P/N ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 2 questions were raised on Diabetes, Hypertension, when these cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	141	78	88	87	166	170	90	56	67	66
Dengue	0	0	12	56	3	12	62	201	22	82
Tuberculosis	121	179	231	228	265	236	607	843	623	752
HIV	0	0	0	0	1	5	21	20	3	4
Diarrhoea	3,001	3,279	3,016	3,303	3,393	1,946	3,225	4,305	4,135	3,888
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	16	12	6	0	1	1	0	17	47	41
Diabetes	179	183	105	506	472	567	730	997	1,032	974
Hypertension	201	265	113	238	418	543	543	831	672	690
Other Sensitive Diseases	8	0	0	0	0	0	0	42	524	1,474
Total Sensitive Diseases	**3,667**	**3,996**	**3,571**	**4,418**	**4,719**	**3,480**	**5,278**	**7,312**	**7,125**	**7,971**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	18%	0%	0%	0%	-	17%	8%
Para-Medical	-	-	-	23%	23%	29%	32%	-	50%	50%
Labour	-	-	-	25%	33%	39%	39%	-	57%	57%
Overall	-	-	-	**23%**	**23%**	**28%**	**27%**	**-**	**46%**	**44%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	5,146	11,217	14,766
Councillor Deliberation (All Committees)*										
Total Questions	10	26	48	28	20	32	28	25	6	14
Diabetic/Hypertension	-	1	-	1	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	1	-	-
Malaria/Dengue	1	4	2	2	-	1	-	2	-	2
Tuberculosis	-	-	3	-	-	-	4	-	-	-

*(-) No questions were asked on the subject.

19. P/S Ward

Population: 4,79,631
Area: Goregaon
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in P/S ward has increased by 90% from 1,652 in 2012 to 3,139 in 2021. Typhoid cases in P/S ward increased by 317% from 35 in 2012 to 146 in 2021. The personnel vacancy in BMC dispensaries in P/S ward has decreased from 50% in 2015 to 46% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 4,396 diagnostic tests were conducted in P/S ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 1 question was raised on Typhoid, when its cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	69	41	50	52	26	34	24	135	153	528
Dengue	1	11	2	15	3	2	0	46	67	84
Tuberculosis	50	84	69	46	22	11	16	112	108	196
HIV	0	0	0	0	0	0	0	77	74	144
Diarrhoea	920	1,052	1,046	688	676	688	688	1,160	897	799
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	35	26	22	19	11	8	3	120	156	146
Diabetes	312	278	118	158	125	80	81	84	138	222
Hypertension	265	233	154	134	104	76	76	49	84	104
Other Sensitive Diseases	0	0	0	0	0	0	0	32	776	916
Total Sensitive Diseases	**1,652**	**1,725**	**1,461**	**1,112**	**967**	**899**	**888**	**1,815**	**2,453**	**3,139**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	33%	0%	33%	33%	-	33%	33%
Para-Medical	-	-	-	50%	33%	50%	75%	-	67%	67%
Labour	-	-	-	50%	50%	57%	57%	-	50%	83%
Overall	-	-	-	**50%**	**38%**	**50%**	**57%**	**-**	**46%**	**62%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	1,237	3,379	4,396
Councillor Deliberation (All Committees)*										
Total Questions	3	7	6	19	18	12	10	12	2	12
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	1	-	-	-	-	-	-
Malaria/Dengue	-	1	-	4	1	-	-	-	-	-
Tuberculosis	-	-	-	-	1	-	-	-	-	-

*(-) No questions were asked on the subject.

20. R/C Ward

Population: 5,81,718
Area: Borivali
Average timing of the Dispensaries: 7.6 hours
Summary: Overall sensitive diseases registered in R/C ward has increased by 11% from 4,409 in 2012 to 4,896 in 2021. Tuberculosis cases in R/C ward increased by 110% from 168 in 2012 to 353 in 2021. The personnel vacancy in BMC dispensaries in R/C ward has increased from 22% in 2015 to 36% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 8,011 diagnostic tests were conducted in R/C ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only one question was raised on Tuberculosis, when its cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	131	83	105	95	90	54	34	30	45	32
Dengue	0	0	19	31	53	37	33	68	2	17
Tuberculosis	168	202	206	175	196	192	221	237	239	353
HIV	0	1	7	1	8	12	11	13	8	12
Diarrhoea	2,446	3,114	3,849	3,959	2,591	3,512	3,926	4,093	2,892	2,340
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	11	22	17	27	32	17	28	47	234	234
Diabetes	389	380	187	393	1,160	1,089	1,179	599	320	313
Hypertension	1,264	828	601	737	1,217	1,060	1,151	687	358	272
Other Sensitive Diseases	0	0	0	0	0	0	0	3	868	1,323
Total Sensitive Diseases	**4,409**	**4,630**	**4,991**	**5,418**	**5,347**	**5,973**	**6,583**	**5,777**	**4,966**	**4,896**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	11%	18%	-	0%	31%
Para-Medical	-	-	-	22%	0%	11%	11%	-	0%	33%
Labour	-	-	-	33%	15%	27%	33%	-	27%	41%
Overall	-	-	-	**22%**	**7%**	**18%**	**23%**	**-**	**12%**	**36%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	2,849	5,765	8,011
Councillor Deliberation (All Committees)*										
Total Questions	8	9	7	13	14	14	15	10	6	7
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	2	-	-	2	2	1	2	-	-
Tuberculosis	-	1	-	-	-	-	-	-	-	-

*(-) No questions were asked on the subject.

21. R/N Ward

Population: 4,46,374
Area: Dahisar
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in R/N ward has increased by 102% from 1,254 in 2012 to 2,532 in 2021. Diabetes cases in R/N ward increased by 56% from 175 cases in 2012 to 273 in 2021. The personnel vacancy in BMC dispensaries in R/N ward has increased from 55% in 2015 to 57% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 5,254 diagnostic tests were conducted in R/N ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diabetes, Hypertension, when it's cases have increased in the ward**.**

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	107	67	74	84	69	45	28	18	1	14
Dengue	0	0	23	131	111	106	154	222	11	140
Tuberculosis	244	90	109	157	177	179	247	179	210	228
HIV	0	0	0	0	5	9	16	10	15	7
Diarrhoea	548	812	746	2,078	1,868	2,164	1,826	1,253	777	548
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	25	43	38	22	14	2	1	41	63
Diabetes	175	110	134	1,093	400	380	337	331	348	273
Hypertension	180	200	105	540	237	230	237	140	165	181
Other Sensitive Diseases	0	0	0	0	0	0	0	3	781	1,078
Total Sensitive Diseases	**1,254**	**1,304**	**1,234**	**4,121**	**2,889**	**3,127**	**2,847**	**2,157**	**2,349**	**2,532**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	100%	0%	-	33%	0%
Para-Medical	-	-	-	71%	25%	100%	40%	-	33%	20%
Labour	-	-	-	64%	13%	100%	70%	-	75%	43%
Overall	-	-	-	**55%**	**15%**	**100%**	**45%**	**-**	**57%**	**24%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	3,655	4,802	5,254
Councillor Deliberation (All Committees)*										
Total Questions	4	25	16	43	23	25	24	18	16	21
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	-	2	1	5	-	2	2	-	2	1
Tuberculosis	-	-	-	1	-	-	2	-	-	-

*(-) No questions were asked on the subject.

22. R/S Ward

Population: 7,15,275
Area: Kandivali
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in R/S ward have decreased by 1% from 4,871 in 2012 to 4,834 in 2021. Typhoid cases in R/S ward increased from 1 case in 2012 to 32 in 2021. The personnel vacancy in BMC dispensaries in R/S ward has decreased from 17% in 2015 to 7% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 8,235 diagnostic tests were conducted in R/S ward in 2021. From 2012 to 2021, councillor deliberations on health data showed only 2 questions were raised on Typhoid when its cases have increased in the ward**.**

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	164	82	70	79	70	87	32	20	22	32
Dengue	0	3	58	9	0	0	75	191	6	60
Tuberculosis	579	606	555	418	475	264	78	415	488	830
HIV	6	12	0	6	23	2	5	12	8	5
Diarrhoea	1,855	1,366	1,244	1,458	1,389	1,001	15	2,189	948	963
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	1	5	0	0	0	2	2	143	51	32
Diabetes	1,409	4,230	6,764	2,154	732	878	963	1,037	532	687
Hypertension	856	1,892	2,378	1,150	597	662	838	713	439	600
Other Sensitive Diseases	1	7	0	0	0	1	0	116	1076	1625
Total Sensitive Diseases	**4,871**	**8,203**	**11,069**	**5,274**	**3,286**	**2,897**	**2,008**	**4,836**	**3,570**	**4,834**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	17%	0%	-	0%	0%
Para-Medical	-	-	-	33%	33%	33%	22%	-	29%	-13%
Labour	-	-	-	17%	8%	8%	7%	-	17%	23%
Overall	-	-	-	**17%**	**13%**	**17%**	**10%**	**-**	**15%**	**7%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	3,098	4,658	8,235
Councillor Deliberation (All Committees)*										
Total Questions	9	36	26	43	36	30	33	10	4	15
Diabetic/Hypertension	-	-	-	-	-	-	-	-	-	1
Diarrhoea/Typhoid/Cholera	-	-	-	1	-	1	-	-	-	-
Malaria/Dengue	1	5	2	10	1	4	1	1	-	2
Tuberculosis	-	-	-	1	-	-	-	-	-	-

*(-) No questions were asked on the subject.

23. S Ward

Population: 7,69,657
Area: Bhandup
Average timing of the Dispensaries: 7.9 hours
Summary: Overall sensitive diseases registered in S ward has decreased by 21% from 5,689 in 2012 to 4,507 in 2021. Dengue cases in S ward increased from 1 case in 2012 to 103 in 2021. The personnel vacancy in BMC dispensaries in S ward has increased from 0% in 2015 to 23% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 8,498 diagnostic tests were conducted in S ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Diarrhoea, when its cases contribute to maximum cases registered in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	207	148	122	121	132	90	50	44	39	38
Dengue	1	0	28	308	95	52	115	56	39	103
Tuberculosis	404	621	557	494	327	483	425	298	296	269
HIV	19	17	20	19	35	12	22	10	7	6
Diarrhoea	3,954	3,626	3,750	5,091	4,192	5,543	6,328	5,638	3,434	1,685
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	20	4	14	19	1	0	0	0	0	6
Diabetes	611	850	287	1,475	1,192	792	590	653	525	657
Hypertension	467	460	536	995	1,350	646	574	687	348	328
Other Sensitive Diseases	6	0	2	5	0	0	0	4	318	1,415
Total Sensitive Diseases	**5,689**	**5,726**	**5,316**	**8,527**	**7,324**	**7,618**	**8,104**	**7,390**	**5,006**	**4,507**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	0%	9%	-	27%	11%
Para-Medical	-	-	-	0%	0%	17%	29%	-	47%	27%
Labour	-	-	-	0%	19%	5%	18%	-	24%	26%
Overall	-	-	-	**0%**	**10%**	**8%**	**19%**	**-**	**32%**	**23%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	1,928	2,914	8,498
Councillor Deliberation (All Committees)*										
Total Questions	6	11	11	23	12	11	17	8	14	18
Diabetic/Hypertension	-	-	-	-	-	1	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	2	2	2	3	-	1	1	-	-	-
Tuberculosis	-	-	-	-	-	-	1	4	3	-

*(-) No questions were asked on the subject.

24. T Ward

Population: 3,53,343
Area: Mulund
Average timing of the Dispensaries: 7 hours
Summary: Overall sensitive diseases registered in T ward has increased by 525% from 3,838 in 2012 to 24,002 in 2021. Typhoid cases in T ward increased from 0 cases in 2012 to 96 in 2021. The personnel vacancy in BMC dispensaries in T ward has increased from 0% in 2015 to 18% in 2021. Under, the Aapli Chikitsa scheme that was initiated in 2017, 2,659 diagnostic tests were conducted in T ward in 2021. From 2012 to 2021, councillor deliberations on health data showed no questions were raised on Typhoid, when its cases have increased in the ward.

Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Occurrence of Sensitive Diseases in BMC Dispensary										
Malaria	156	104	38	39	52	50	34	25	11	31
Dengue	0	6	1	4	0	5	26	4	1	18
Tuberculosis	244	225	366	229	118	135	147	0	0	0
HIV	0	0	0	0	0	4	5	0	0	0
Diarrhoea	2,893	2,979	2,049	2,897	2,139	1,512	1,759	1,328	978	845
Cholera	0	0	0	0	0	0	0	0	0	0
Typhoid	0	3	1	2	0	0	0	0	14	96
Diabetes	204	292	244	136	131	133	92	209	126	244
Hypertension	341	213	226	241	270	182	168	165	107	113
Other Sensitive Diseases	0	0	0	1	0	0	0	11	14,574	22,655
Total Sensitive Diseases	**3,838**	**3,822**	**2,925**	**3,549**	**2,710**	**2,021**	**2,231**	**1,742**	**15,811**	**24,002**
Dispensary Personnel (Vacant %)										
Medical	-	-	-	0%	0%	0%	0%	-	0%	0%
Para-Medical	-	-	-	0%	0%	0%	0%	-	0%	25%
Labour	-	-	-	0%	17%	33%	50%	-	33%	27%
Overall	-	-	-	**0%**	**7%**	**14%**	**23%**	**-**	**14%**	**18%**
Aapli Chikitsa_No. of Samples (From July 2019)										
No. of Test Conducted	-	-	-	-	-	-	-	746	814	2,659
Councillor Deliberation (All Committees)*										
Total Questions	1	4	8	9	11	12	15	9	1	9
Diabetic/Hypertension	-	-	-	1	-	-	-	-	-	-
Diarrhoea/Typhoid/Cholera	-	-	-	-	-	-	-	-	-	-
Malaria/Dengue	1	2	4	2	3	1	1	-	-	1
Tuberculosis	-	-	-	-	-	-	1	-	-	-

*(-) No questions were asked on the subject.

V. Annexures

1. List of Government dispensaries/hospitals

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

For list of BMC Municipal dispensaries refer to the link below:

https://portal.mcgm.gov.in/irj/go/km/docs/documents/HomePage%20Data/Whats%20New/NON-%20COVID%20FACILITIES/MUNICIPAL%20DISPENSARIES.pdf

2. Aapli Chikitsa

MUNICIPAL CORPORATION OF GREATER MUMBAI
CENTRAL PURCHASE DEPARTMENT
566, N.M. JOSHI MARG, BYCULLA (WEST), MUMBAI: - 400 011
No.DY.CH. ENG /CPD / 7321 /A.E.-5 DATE: - 08.02.2019

RATE CIRCULAR

Direct Debit

vide Sanction of Standing Committee u/no. SCR No.1540, dated :-16.01.2019 to enter into contract with the following company/vendor for **outsourcing of laboratory investigative services "Aapli chikitsa"for the MCGM hospital, Mumbai** (Bid no. **7100126847**).

The details of Company Name & address of the recommended tenderer and terms and conditions applicable for the supply are as follows:-

CONTRACT PERIOD: 4 years from date of issue of Acceptance Letter (i.e. 08.02.2019)

The Name & Address of the recommended tenderer are as under:-

M/s. Thyrocare Technologies Limited (Vendor Code:28297)
D 37 / 1, TTC, MIDC, Turbhe,
Navi Mumbai-400703
Email: chandrasekarm@thyrocare.com
Tel: +91 – 022 – 30900000 / 41252525

1) Zone- (Western Suburban):-

Sr.No.	Description		Approximate total nos. of Test	Rate quoted by M/s. Thyrocare for 60% Guarantted samples test in Rs.	Total nos. of Guaranteed samples test (60% of total teast)	Total Rates for Guaranteed samples test (60% of total test) in Rs. (1)	Total nos. of Balance samples test (40% of total test)	Total Rates for Balance samples test (40% of total test) in Rs (2)
A)	For 1 year-							
	Western Suburban	Basic Test	2,55,000	223	1,53,000	3,41,19,000.00	1,02,000	1,81,96,800.00
		Advance Test	25,028	892	15,017	1,33,95,164.00	10,011	71,43,849.60
		Total	2,80,028		1,68,017	4,75,14,164.00	1,12,011	2,53,40,649.60
	Total 'A' (1 + 2)							7,28,54,813.60
B)	Total contract for 4 years							29,14,19,254.40
	• As per tender condition, for every increase in total samples per year than guaranteed samples per year the cost/reported sample shall decrease by 20%. Hence rate for basic test is Rs.178.40 and Advance test is Rs.713.60.							
	• As per tender condition, Guarantee of 60% of total samples test i.e. **1,68,017 nos.** per year has given to bidder. If the samples test mentioned for per year is not done, the payment of remaining samples test will be paid as per approved rates to **M/s. Thyrocare Technologies Limited**.							

3. List of Basic and Advanced Tests under Aapli Chikitsa scheme

Sr no	Type	Test	TAT	Sr no	Type	Test	TAT
1	Basic	HB. CBC, Platelet count & ESR	6 Hrs	36	Basic	S. Triglycerides	6 Hrs
2	Basic	PS for MP	6 Hrs	37	Basic	S.HDL	6 Hrs
3	Basic	Blood Grouping	6 Hrs	38	Basic	S.LDL	6 Hrs
4	Basic	Urine Routine & Microscopy	6 hrs	39	Basic	S. VLDL	6 Hrs
5	Basic	Stool routine & Microscopy	6 hrs	40	Basic	S. Amylase	6 Hrs
6	Basic	Stool Hanging drop	6 hrs	41	Basic	U. Micro albumin	6 Hrs
7	Basic	G6PD	36-48 hrs	42	Basic	S. Acid Phosphatase	6 Hrs
8	Basic	Blood Glucose	6 Hrs	43	Basic	T3	6 Hrs
9	Basic	S. Total Bilirubin	6 Hrs	44	Basic	T4	6 Hrs
10	Basic	S. Direct Bilirubin	6 his	45	Basic	TSH	6 Hrs
11	Basic	SGPT/ALT	6 hrs	46	Basic	FT3	6 Hrs
12	Basic	SGOT/AST	6 hrs	47	Basic	FT4	6 Hrs
13	Basic	VDRL	6 hrs	48	Basic	ELISA for IgM to HEV	8 Hrs
14	Basic	WIDAL tube test	24 hrs	49	Basic	ELISA for HBsAg	8 Hrs
15	Basic	Rapid test for Leptospirosis IgM Antibody	6 hrs	50	Basic	TORCH Panel	24 hrs
16	Basic	Rapid test for Dengue NS1 Antigen	6 hrs	51	Basic	ASLO	6 Hrs.
17	Basic	Rapid test for Malaria Antigen	6 hrs	52	Basic	HbA1C	8 hrs
18	Basic	Sputum for AFB	6 hrs	53	Basic	RA qualitative	6 hrs
19	Basic	S. BUN	6 hrs	54	Basic	HCV Rapid	8 hrs
20	Basic	S. Creatinine	6 hrs	55	Basic	HBsAg Rapid	8 hrs
21	Basic	BT.CT	6 Hrs	56	Basic	PT/INR	6 hrs
22	Basic	Cross Matching	6 Hrs	57	Basic	Reticulocyte Count	6 hrs
23	Basic	PAP smear Cytology	24-48 Hrs	58	Basic	Sickling Test	6 hrs
24	Basic	FNAC	24-48 Hrs	59	Basic	Body fluid Routine & Microscopy	6 Hrs
25	Basic	ALP	6 Hrs	60	Basic	Rapid test for Dengue IgM Antibody	6 Hrs
26	Basic	GGT	6 Hrs	61	Basic	ELISA for Dengue IgM Antibody	6 Hrs
27	Basic	S. Total Proteins	6 Hrs	62	Basic	CSF Routine & Microscopy	6 hrs
28	Basic	S. Albumin	6 Hrs	63	Basic	Semen examination	24-48 Hrs
29	Basic	S. Globulins	6 Hrs	64	Basic	APTT	6 hrs

Sr no	Type	Test	TAT	Sr no	Type	Test	TAT
30	Basic	S. A:G Ratio	6 Hrs	65	Basic	Biopsy	24-48 Hrs
31	Basic	S. Urea	6 Hrs	66	Basic	HPE small specimens	24-48 Hrs
32	Basic	S. Total Calcium	6 Hrs	67	Basic	HPE big specimens	3-5 days
33	Basic	S. Phosphorus	6 Hrs	68	Basic	S. Ionic Calcium	6 Hrs
34	Basic	S. Uric acid	6 Hrs	69	Basic	S. Electrolytes	6 Hrs
35	Basic	S. Cholesterol	6Hrs	70	Basic	U. Electrolytes	6 Hrs
71	Basic	Urea Clearance	6 Hrs	5	Advanced	Anti ds DNA	36-48 hrs
72	Basic	Creatinine Clearance	6 Hrs	6	Advanced	Blood Culture & AST	By 6 days
73	Basic	S. Lipase	6 Hrs	7	Advanced	AFB Culture & sensitivity	10-12 weeks
74	Basic	S. Troponin 1	6 Hrs	8	Advanced	Bacterial culture & sensitivity	2-4 days
75	Basic	S. Adenosine Deaminase	6 Hrs	9	Advanced	Liquid (MGIT) & DST for TB	6 days
76	Basic	FSH	6 Hrs	10	Advanced	ELISA for Amoebic liver abscess	8 hrs
77	Basic	LH	6 Hrs	11	Advanced	ELISA for Hydatid Cyst	8 hrs
78	Basic	Prolactin	6 Hrs	12	Advanced	S. C Peptide	4 days
79	Basic	Testosterone	6 Hrs	13	Advanced	Anti phospholipid antibody	4 days
80	Basic	Estragon E2	2 days	14	Advanced	Anti thyroid antibodies	4 days
81	Basic	Beta HCG	2 davs	15	Advanced	D Dimer	6 hrs
82	Basic	Total PSA	2 davs	16	Advanced	S. Insulin	4 days
83	Basic	Total CPK	6 Hrs	17	Advanced	S. Digoxin	2 days
84	Basic	CPK MB	6 Hrs	18	Advanced	S. Carbamazepine	2 days
85	Basic	S. Iron	8 Hrs	19	Advanced	S. Phenytoin Sodium	2 days
86	Basic	S. Ferritin	8 Hrs	20	Advanced	Anti Pro BNP	6 hrs
87	Basic	S. T1BC	8 Hrs	21	Advanced	PTH	4 days
88	Basic	24 Hrs urinary Proteins	6 Hrs	22	Advanced	Blood Acetylcholinesterase	6 hrs
89	Basic	CRP quantitative	6 Hrs	23	Advanced	Blood Ammonia	6 hrs

Sr no	Type	Test	TAT	Sr no	Type	Test	TAT
90	Basic	Vitamin D2	8 Hrs	24	Advanced	S Cortisol	4 days
91	Basic	Vitamin D3	8 Hrs	25	Advanced	CA 125	4 days
92	Basic	Folic acid	4 days	26	Advanced	CA 19-9	4 days
93	Basic	Vitamin BI2	8 Hrs	27	Advanced	CEA	4 days
94	Basic	LDH	6 Hrs	28	Advanced	ACTH	4 days
95	Basic	ELISA for IgM to Leptospirosis	8 Hrs	29	Advanced	AFP	4 days
96	Basic	ELISA for NS1 for Dengue	8 Hrs	30	Advanced	Growth Hormone	4 days
97	Basic	ELISA for IgM lo HCV	8 Hrs	31	Advanced	CCP antibody	36-48 hrs
98	Basic	ELISA for IgM to HAV	8 Hrs	32	Advanced	HLA B 27	2-3 days
99	Basic	Coombs Test	8 Hrs	33	Advanced	FDP	6 hrs
100	Basic	RA quantitative	6 hrs	34	Advanced	CSF latex aggulitimation for Crytococcsis	6 hrs
101	Basic	Chickengunya IgM antibody	8 Hrs	35	Advanced	CSF latex aggulitimation for bacterial pathogens	6 hrs
1	Advanced	S. Ionic Calcium	6 Hrs	36	Advanced	Fungal Culture & AST	14 days
2	Advanced	Hb Variants	24-48 Hrs	37	Advanced	Insulin antibodies	4 days
3	Advanced	HPE with IHC	3-5 days	38	Advanced	17 OHP	5 days
4	Advanced	ANA	36-48 hrs				

4. Deaths Due to Other Non-Communicable Diseases

Table 48: Age-wise Deaths due Other Non-Communicable Diseases in Mumbai from 2012 to 2020

Cause of Death	Year	0-4 Years	5-19 Years	20-39 Years	40-59 Years	60 Years and Above	Not Stated	Total
Disease Of The Circulatory System (I00-I99)	2012	654	382	1,528	7,011	21,222	4	30,801
	2013	20,184	211	391	1,824	5,944	1,838	30,392
	2014	7,929	267	1,252	5,044	16,574	738	31,804
	2015	595	264	1,383	6,214	20,625	0	29,081
	2016	145	129	1,364	5,715	18,714	0	26,067
	2017	110	116	1,008	5,251	18,582	0	25,067
	2018	92	118	1,071	5,346	19,335	0	25,962
	2019	96	103	1,037	5,651	20,185	0	27,072
	2020	49	69	1,031	6,107	22,759	0	30,015
Neoplasms (Cancer) (C00-D48)	2012	60	181	556	2345	3739	1	6882
	2013	4499	50	151	599	936	357	6592
	2014	1568	134	346	1472	2664	136	6320
	2015	57	141	504	2002	3742	0	6446
	2016	112	246	695	2950	5522	0	9525
	2017	126	269	769	3218	5694	0	10076
	2018	116	292	704	3,165	5,796	0	10,073
	2019	116	289	728	3,168	6,002	0	10,303
	2020	84	186	544	2,663	5,345	0	8,822
Diseases Of the Respiratory System (J00-J98)	2012	1437	418	1084	2174	6612	4	11729
	2013	7131	351	247	544	1804	644	10721
	2014	3248	377	803	1480	4945	238	11091
	2015	1168	358	926	1915	5974	1	10342
	2016	915	261	607	1204	5451	0	8438
	2017	478	198	489	1228	5342	0	7735
	2018	488	177	466	1,191	5,632	0	7,954
	2019	360	170	480	1,316	5,591	0	7,917
	2020	195	125	488	1,455	5,253	0	7,516
Diseases of the Nervous system (G00-G98)	2012	118	100	161	252	695	0	1326
	2013	840	45	40	69	217	87	1298
	2014	389	77	128	179	512	26	1311
	2015	107	65	125	222	594	0	1113
	2016	148	167	255	375	1382	0	2327
	2017	165	155	250	432	1424	0	2426
	2018	147	165	249	440	1,536	0	2,537
	2019	134	166	237	396	1,609	0	2,542
	2020	92	126	178	363	1,483	0	2,242

6. Mumbai MLA Deliberations

Table 49: Questions asked on health issues by MLAs from Winter 2019 to Budget 2021

MLA Name	Constituency No.	Winter 2019	Budget 2020	Monsoon 2020	Winter 2019 to Budget 2021
Abu Asim Azmi	171	9	23	4	52
Ajay Vinayak Choudhari	183	1	4	1	10
Ameet Bhaskar Satam	165	1	19	6	35
Amin Amir Ali Patel	186	3	23	3	72
Ashish Babaji Shelar	177	2	22	14	38
Aslam Ramazan Ali Shaikh	162	3	0	0	26
Atul Dattatray Bhatkhalkar	160	2	22	9	49
Bharati Hemant Lavekar	164	0	12	4	22
Dilip Bhausaheb Lande	168	0	8	3	11
Kalidas Nilkanth Kolambkar	180	4	5	4	22
Mangal Prabhat Lodha	185	0	5	0	18
Mangesh Anant Kudalkar	174	0	6	3	15
Manisha Ashok Chaudhari	153	1	14	3	29
Mihir Chandrakant Kotecha	155	2	7	3	12
Parag Kishor Shah	170	0	0	5	5
Parag Madhusudan Alavani	167	4	13	8	33
Prakash Rajaram Surve	154	0	2	1	5
Prakash Vaikunth Phaterpekar	173	1	8	3	19
Rahul Suresh Narwekar	187	1	5	2	8
Ramchandra Shivaji Kadam	169	0	3	4	9
Ramesh Gajanan Korgaonkar	157	0	3	4	7
Ramesh Kondiram Latke	166	0	1	0	1
Ravindra Dattaram Waikar	158	1	0	1	2
Sadanand Shankar Sarvankar	181	0	7	3	12
Sanjay Govind Potnis	175	0	8	4	17
Selvan R Tamil	179	2	9	10	28
Sunil Dattatraya Rane	152	0	3	2	5
Sunil Rajaram Raut	156	0	5	3	11
Sunil Vaman Prabhu	159	6	19	5	43
Vidya Jayprakash Thakur	163	0	0	0	0
Yamini Yashwant Jadhav	184	3	11	3	17
Yogesh Amritlal Sagar	161	4	19	4	27
Zeeshan Ziauddin Siddique	176	1	3	0	4
Total		**51**	**289**	**119**	**721**

7. Note on BMCs Public Health Committee

a) The Corporation under Section 38A (1) of the M.M.C. (Mumbai Municipal Corporation) Act, appoints the Public Health Committee out of its 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.

b. 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.

b. 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 in the Public Health Committee.