

-: INDEX :-

Sr. No.	Particulars	Page No.
1.	NRHM	4
2.	Introduction	5
3.	Objectives	7
4.	Layout of RHTC	8
5.	Activities of RHTC	16
6.	Special Health Camps	23
7.	Research activities	63
8.	Administrative Sanction of RHTC	67



DEAN'S ADDRESS

As per the Medical Council of India (MCI) every medical college shall have a rural health training centre for training of students in community oriented primary health care and rural based health education for the rural community attached to it. This centre shall be under the full administrative jurisdiction of the medical college. Up till now the Lokmanya Tilak Municipal Medical College and General Hospital (LTMMC & GH) had adopted the Primary Health Centres on an ad hoc basis in collaboration with Government of Maharashtra. Medical Council of India had pointed out this deficiency. On the guidelines of MCI the LTMMC & GH has become the first municipal hospital to have its own RHTC with complete jurisdiction.

The idea was conceived by Dr. R. M. Chaturvedi, Prof. & Head, Department of Community Medicine. A partially functioning municipal dispensary in a tribal village of Vaitarna, which was established primarily for the Hydraulic Engineering Department Employees of MCGM, was identified by him. The tedious process of taking the sanction has been meticulously dealt with. The centre is now in process of becoming a full-fledged RHTC. The centre is based on the principle of **Zero budgeting**, hence it is one of its kind to be developed first among the three municipal medical colleges under MCGM. This brochure is a journey through the inception and the activities carried out in the period of one year since inception on 19th January 2009.

The objective of the institute to lay a foundation and create advanced academic and research environment in rural areas was fulfilled by establishment of the RHTC. This training centre will successfully implement a comprehensive rural health care package.

I am very glad to introduce this brochure and I welcome and appreciate the initiative taken by Dr. R. M. Chaturvedi and his team of Community Medicine Department.



Dr. Sandhya Kamath

Dated – 11th Dec. 2009

RHTC, VALTAPRIMA

NRHM

The National Rural Health Mission (NRHM) was launched on 12th April, 2005 for a period of seven years (2005 -2012).

NRHM aims at:

- Effective integration of health concerns through decentralized management at district, with determinants of health like sanitation and hygiene, nutrition, safe drinking water, gender and social concerns, especially to the poor and vulnerable sections of the society.
- To improve access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

To achieve these goals NRHM:

- ✚ Facilitates increased access and utilization of quality health services by all.
- ✚ Forge a partnership between the Central, State and the Local governments.
- ✚ Set up a platform for involving the Panchayati Raj institutions and community in the management of primary health programmes and infrastructure.
- ✚ Provide an opportunity for promoting equity and social justice.
- ✚ Develop a framework for promoting inter-sectoral convergence, promote local initiatives, to provide promotive and preventive health care.
- ✚ It aims at establishing fully functional, community owned, decentralized health delivery system such as RHTC with inter-sectoral convergence at all levels, to provide Comprehensive Health Care to the Community.

INTRODUCTION

✓ Vaitarna, situated at a radial distance of 95 Km from Lokmanya Tilak Municipal Medical College and General Hospital, Sion and about 17 Km from Khardi Railway Station, is a full of scenic beauty. The Dam at Vaitarna supplies potable water to Mumbai city.



✓ Vaitarna has approx 40 families with a municipal health unit. This health unit caters to the population of approx. 5000 in and around Vaitarna. There is one more health unit at Tansa which is located 22 km from Vaitarna & 8 km away from Atgaon Railway Station.

✓ 19th January 2009, Department of Community Medicine, Lokmanya Tilak Municipal Medical College in collaboration with Hydraulic Engineers division, Vaitarna, started Rural Health Training Centre (RHTC) at Vaitarna, Vaitarna, Taluka- Shahpur, District - Thane, with the aim of providing routine and emergency 24 X 7 healthcare services to employees and their family members and also to the villagers nearby.

✓ RHTC was established under the guidelines of Medical council of India (MCI) as one of the mandatory requirement of Medical College.

RHTC, VAITARNA

OBJECTIVES

PURPOSE OF RHTC:

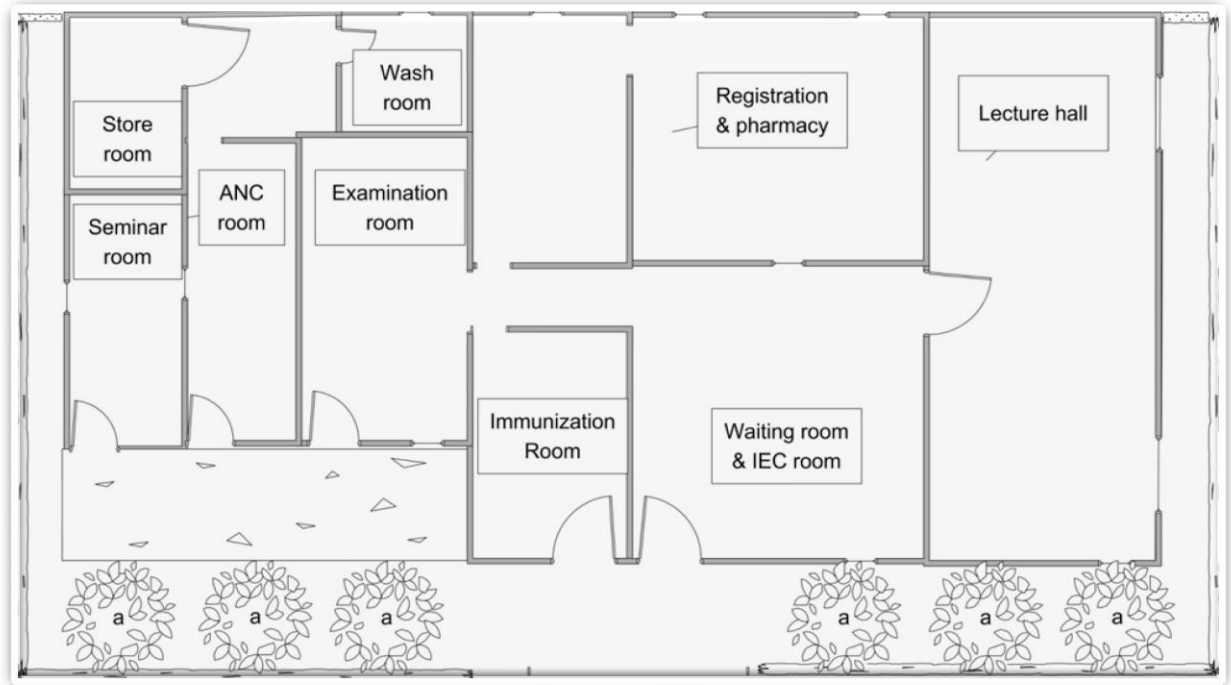
Vaitarna though gifted with all the beauty of nature, had lacunae in healthcare delivery. Hence, LTMMC & GH, Sion, Mumbai, took the lead by adopting the municipal health unit at Vaitarna with an aim of providing routine and emergency 24 X 7 healthcare services, training to undergraduate and postgraduate students along with the tribal research.

FUNCTIONS OF RHTC:

1. **Training** of post-graduate students (MD & DPH).
2. **Training** of under-graduate students and interns.
3. Training the paramedical staff in Community Medicine.
4. To provide basic health care services to tribal and rural population in & around Vaitarna.
5. To provide **Preventive & Promotive** health care services
6. **Curative health care services** by giving routine OPD services & conducting medical camps.
7. **Referral services** to FRU & tertiary care centres as and when required.
8. Implementation of **National health programmes** relevant to the local situation.
9. **Behaviour Change Communication (BCC)** for healthy lifestyle, diseases and their prevention.
10. To provide **School health services**.
11. Creating innovative **Public health models**.
12. Carrying out **research activities** and planning various interventional programmes.
13. Collection and reporting of **vital statistics**.

LAYOUT OF RHTC

RHTC Layout



RHTC Unit



Residential facilities

1. Quarter no. 40 A – Resident Doctors (Male) - 2
2. Quarter no. 40 B – Resident Doctors and Interns (Female), at a given time 2 each
3. Quarter no. 41 A – Interns (Male) - 2
4. Quarter no. 41 B – Visiting Faculty



Residential Quarters



Guest house



Mess facility



Community Health Centre



Multi-purpose Community Hall / Lecture Hall: Available in the premises, with the seating capacity of nearly 500 people.



Staff Bus: A staff bus owned by MCGM having a capacity of 50 seats, for transport facility.



Ambulance Services: Available 24 X 7, owned by MCGM.

LOCAL HEALTH COMMITTEE

Chair Person		
Dr. Sandhaya Kamath	-	Dean
Vice Chair Person		
Dr. R. M. Chaturvedi	-	Prof. & Head, Dept of PSM
Member Secretary		
Dr. B. B. Adsul	-	Asso. Prof., Incharge RHTC
Members		
Mr. R. C. Malaveya	-	Exc. Engineer, Hydraulic Engineering Dept.
Mr. Prakash Limaye	-	Asst. Engineer, Hydraulic Engineering Dept.
Mr. Kiran Suryavanshi	-	Asst. Security Officer, Vaitarna
Mr. Kisan Padwal	-	Member of Panchayat Samiti, Shahapur
Mr. Raghunath Pathare	-	Union leader, Vaitarna

Setting up of a local health committee is mandatory under NRHM.

Visiting Faculty

- | | | |
|----|---------------------|-------------------|
| a) | Dr. N. D. Maulick | (Physician) |
| b) | Dr. Y. S. Nandanwar | (Gynaecologist) |
| c) | Dr. M. V. Manglani | (Paediatrician) |
| d) | Dr. H. R. Jerajani | (Skin) |
| e) | Dr. Chhaya Shinde | (Ophthalmologist) |
| f) | Dr. R. A. Bradoo | (ENT) |
| g) | Dr. H. L. Dhusia | (Dentist) |
| h) | Dr. Rajshree Naik | (Physiotherapy) |

Working

- ✓ On rotation basis, 3 Community Medicine residents are posted for a period of 6 months and 4 interns are posted for 1 month.
- ✓ OPD timings - 9:00 am to 4.00 pm daily except on Sundays.
- ✓ Patients are given OPD services and the serious patients receive first aid services.
- ✓ Referral to the Khardi PHC, Shahpur Subdistrict Hospital , Thane Civil and Sion hospital as per the need.
- ✓ Ambulance services are available at RHTC for referral services.
- ✓ Surveys are carried out routinely by the RMO's and Interns, in the catchment area.
- ✓ School health check-ups and Special Health Camps like Ophthalmic, Dental, Skin, ENT, Gynecology, etc. are organized.
- ✓ Home visits are carried out by the RMOs and interns.
- ✓ From time to time following activities are carried out :
 - Special Health Education sessions, Street plays and Role plays,
 - BCC for Healthy Lifestyles & Nutrition in Under 5,
 - Kitchen Gardening,
 - 'Swastha Naari Abhiyaan',
 - Youth Group training sessions.

Residents and interns are evaluated at the end of their postings.

Staff at RHTC



Staff	Number
Professor & Head of Dept.	1
Associate Professor I/C, RHTC.	1
Assistant Professor	1
Medical Officer in charge	1
Nurse	2
Pharmacist	2
Ambulance driver	1
Auxiliary staffs	4
Residents	3
Interns	4
Medical social worker	1

ACTIVITIES AT RHTC :

(SINCE ITS INCEPTION IN JAN - 2009)

1. **Renovation** of the RHTC & Residents' quarters.
2. Baseline family **Morbidity Survey** of **Municipal Staff** workers residing in Vaitarna.
3. **School Health Check-ups.**
4. **NSS camp** - 16th Feb. to 22nd Feb. 2009.
5. Baseline **Morbidity Survey** of catchment area.
6. **Mega Medical camp** at Tembha village.
7. Baseline **Nutritional Survey** of Tembha village.
8. **Health education sessions** on nutrition & kitchen garden.
9. Interventions like **Yoga sessions.**
10. **Youth group** health awareness and training.
11. Baseline **Morbidity Pattern** of Ashram school & their health check up.
12. Curriculum for **Health education sessions** for standard V to IX based on their academic syllabus.
13. **Eye camp** on 8th of Sept. 2009.
14. **Gynaecology health check-up camp** on 24th November, 2009.
15. **Observation of World's AIDS Day** 2009.
16. In near future, a pathology laboratory is planned for carrying out the basic routine investigations like Hb, CBC, ESR, PS for MP, BSL, Urine Examination, Sputum for AFB, etc.

HOUSEHOLD SURVEY:

- ✓ Vaitarna has approx. 40 families with a Health Unit which caters to the population of approx. 5000 in & around Vaitarna.
- ✓ A household survey was carried out in these families wherein data was asked regarding MCH, Under 5 diseases, etc.
- ✓ On analysis, surprisingly the prevalence of Non-Communicable Diseases like Hypertension & Diabetes was found to be high.

Baseline Household Survey



MCH Data

Variables	Percentage
ANC women registered in 1 st trimester	55.8 %
Women completing 3 ANC visits	73.0%
ANC women consuming 100 IFA tablets	75.0%
Two doses of TT injections	77.0%
Institutional deliveries (Govt. \ Pvt.)	66.7%
LBW babies (wt < 2.5kg)	42.8%
Babies who were exclusively breast fed	44.0%
Babies who were completely immunized	93.8%

The household survey conducted in the campus of Vaitarna revealed that nearly half of the women had done the ANC registration in their first trimester. Less than 3/4th had completed required three visits of ANC. About 3/4th had taken IFA tablets and Tetanus Toxoid injections. Institutional deliveries took place in 2/3rd of the women.

Every two out of five babies were having Low Birth Weight. Nearly half of the babies were exclusively breast fed. Over 90 % of children were completely immunized.

Under 5 morbidity Data

Diseases	Percent
Worms in stools	17.7%
Diarrhea	24.9 %
LRTI	03.1 %
Measles	04.2 %
Malaria	02.1 %
Night blindness	01.0 %
Others	12.5 %

The morbidity survey in the under five children showed that every fifth child had either worms in stools or had episodes of diarrhea. Respiratory infection, Measles, Malaria, Night Blindness were other morbidities of significance.

SCHOOL HEALTH CHECK-UP

- ✓ A health check-up camp was organized in Primary Municipal School at Vaitarna to find out the health problems faced by these students, most of them being from tribal communities.
- ✓ Total 189 students (112 boys & 77 girls) were examined.

School health check up being conducted at Vaitarna



❖ Nutritional status as seen after analysis of the school data:

- Under-weight (Wt /Age)
 - ◆ There were 24.9 % children in Grade I,
 - ◆ About 13.8 % were in Grade II &
 - ◆ 1.1 % fell in Grade III of Malnutrition.

Sr. no.	Disease	Percent
1	Dental Caries	21.7 %
2	ARI	21.7 %
3	Lice infestation	19.6 %
4	Worm infestation	19.0 %
5	Anaemia	12.2 %
6	Wax in ear	10.1 %
7	Vit. C deficiency	07.9 %
8	Fever	06.3 %
9	Vit. A deficiency	04.2 %
10	Fungal infection	02.6 %
11	Diarrhea	03.7 %
12	Congenital anomaly	01.1 %
13	White patch	01.1 %
14	Others	14.8 %

Every fifth child was suffering from Dental carries, Respiratory infections, Lice and Worm infestation. Other significant health problems were Anaemia, Vitamin deficiency and Diarrhea.

- ✓ Similar health check-up camp was organized in Khardi Vibhag Education Society's Secondary and Higher Secondary School at Khardi.
- ✓ Total 783 students (419 boys & 364 girls) were examined.

Sr. no.	Disease	Percent
1	ARI	24.9 %
2	Worm infestation	22.4 %
3	Refractive error	20.5 %
4	Dental caries	18.0 %
5	Fever	06.9 %
6	Vit. A deficiency	03.6 %
7	Lice infestation	01.9 %
8	Scabies	01.3 %
9	Vit. B deficiency	00.3 %

Every fourth child suffered from Respiratory Infections. One in five students suffered from Worm infestation, Refractive error and Dental carries.



SPECIAL HEALTH CAMPS

The NSS Special Camp Activities:

Under the able guidance of Dr. R. M. Chaturvedi (Prof. & Head of PSM) & Dr. B. B. Adsul (Asso. Prof. & NSS Programme Officer), plan of conducting a one week NSS special camp was formulated.

NSS special camp was 16th Feb. to 22nd Feb. 2009.

For this, backing was granted to the team by:

- Dr. Sandhya Kamath, Dean, LTMMC & GH , Sion.
- Dr. S D Mane, Asst. Programme Officer.
- Dr. Laxmi Patel, Asst. Programme Officer.
- Mr. Ram Meghere (Medical Social Worker , Dept. of PSM).
- The Sarpanch & his Associates, Gram Panchayat, Vaitarna.
- NSS students.

Following activities were carried out in this camp:

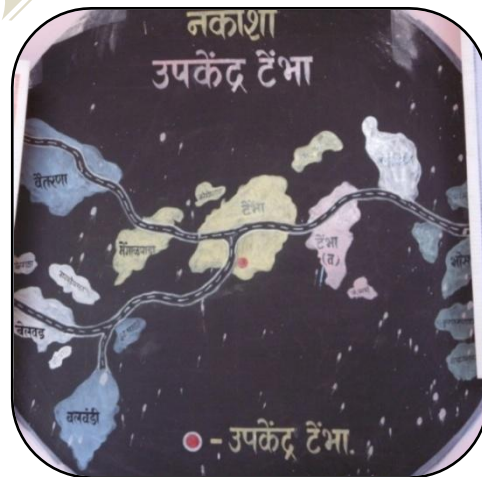
NSS special camp chief guest Mr. Yashodar Phanse (Municipal Councillor)



A Statistical Data of 125 families was collected by the NSS team from the catchment areas, which included:

- Personal,
- Social,
- Occupational,
- Medical,
- Nutritional data,
- Social & Health problems,
- Information of Pregnant Women,
- Under 5 Children & Adolescent Boys-Girls.

A Medico-Social Survey of Families in the Adopted Villages

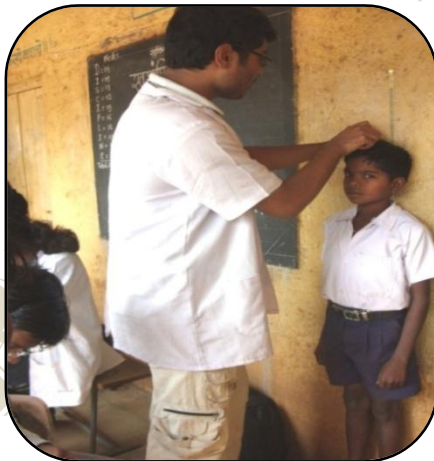


Health Check-up Camp in Village



A Mega Health Check-up camp was conducted at Tembha on 19th Feb 2009. There were 195 patients from Adult, Paediatrics & Gediatric age group. The Department of Gynecology, Medicine, Ophthalmology & Paediatrics participated in the camp.

Health Check-up Camp in School at Tembha



Cleanliness Drive for Elimination of Plastics



- ✓ Plastic causes serious damage to environment. Plastic is one of the major toxic pollutants of present time. Being a non-biodegradable substance, composed of toxic chemicals, plastic pollutes earth, air and water. The major chemicals that go into the making of plastic are highly toxic and pose serious threat to living beings of all species on earth.
- ✓ A cleanliness drive was undertaken to eliminate the plastic from the environment.
- ✓ The only way out of the deadly and lasting danger of plastic is to cut down the use of plastic, if not avoid it altogether.

Imparting Health Education in School



- ✓ Education regarding Cleanliness, Personal Hygiene and Healthy Habits was imparted to the Primary section.

Organising Prabhat Pheri for Villagers



- ✓ Prabhat Pheri was carried out in the wee hours of morning.
- ✓ It touched upon various topics of social interest such as –
 1. Importance of Education
 2. Equality to Girl Child
 3. Avoidance of Addictions and
 4. Management of dehydration in Infants.

Street Plays



- ✓ A Street Play being enacted by the NSS Volunteers based on Hazardous effects of Alcoholism.
- ✓ Charts & Slogans also stressed upon ill effects of Mishri - a form of tobacco addiction.

Medical Camp at Tembha Village

Diseases	No. of people suffering
Hypertension	18
Joint Diseases	18
Asthma	13
TB	6
Anemia	5
Diabetes	5
Cong. Malformation	7
Others	49
Total	121

(Others: Abdominal Pain, Abdominal Surgery, Abdominal Lump, Acidity, Eye Problems, Chest Pain, Headache, Tetanus, Liver Diseases, Malignancy, Kidney Diseases, Stuttering, Deafness, Epilepsy, Gangrene, Gastric Ulcer, Lymphadenopathy, CNS Diseases, Skin Diseases, Typhoid & Dental Illnesses)

At least 2/5th patients had Hypertension, Joint Diseases and Asthma. TB, Anaemia, Diabetes and Cong. Malformation were among the other significant health problems.

Nutritional survey of Tembha village

- ✓ A map of Khalcha Tembha village was plotted with the help of local leaders.
- ✓ 3 teams were formed comprising of one male and one female doctor.
- ✓ The village was divided in 3 parts and each part was surveyed one by one.
- ✓ House to house survey was conducted wherein each member of the family was subjected to interview and clinical examination.
- ✓ Particulars such as demographic details, social details, economic condition, eating patterns, medical history, clinical examination and anthropometry were recorded.

Family interview



Taking anthropometric measurements for nutritional survey



Collecting baseline data on nutrition

Clinical examination of female respondent



Socio- demographic profile

Socio-demographic variables	Percentage
Religion of Maximum Household	Hindu (95.8%)
Households With Nuclear Families	61%
Below Poverty Line Families	32%
Households With Kaccha House	59.7%
Castes of Majority Households	Kunbi
Magnitude of Illiteracy	20.4%

Maximum households were belonging to Hindu religion and Kunbi caste. $\frac{3}{5}$ th of the families were nuclear. $\frac{1}{3}$ rd families were lying below poverty line. Every $\frac{3}{5}$ th out of 5 houses were Kaccha. Nearly $\frac{1}{5}$ th were illiterate.

Sanitary facilities

- Tap Water used for domestic & cooking purposes.
- 62% of the households practice open air defecation.
- 33% have latrine facility in their house.



Farming and Food pattern

- 50% of the households have their own land.
- 43.9% of the population grows their own food.
- 48% of the households cultivated rice in their farms.
- 2.4% cultivate Rice and Nachni.
- Majority of households have mixed diet i.e. 88%.
- Only 34.1% of households consumed iodized salt while 39% consumed non-iodized salt & rest consumed both.



Eating pattern of various food stuff



Type of Food	Meat (%)	Fish (%)	Egg (%)	Milk (%)	Green Leafy Vegetables (%)	Fruits (%)
Never	10.0	14.8	20.0	26.0	08.0	19.2
Once Monthly	07.2	13.2	07.2	00.0	00.4	04.0
> Once Monthly	09.6	13.6	11.2	01.2	00.4	04.8
Once Weekly	30.4	28.8	27.6	10.0	12.4	36.0
> Once Weekly	42.8	29.6	34.6	14.4	47.6	36.0
Daily	00.0	00.0	00.0	48.4	31.2	00.0
	100.0	100.0	100.0	100.0	100.0	100.0

Addiction Pattern

- 80 % of the males consumed alcohol in various forms.
- 67% of the households consumed tobacco in various forms like



Masheri application – 60%



Chewable tobacco – 30%



Smoking (Beedi) – 10%

Health Education Session

➤ **Main topics covered were**

1. Importance of kitchen gardening,
2. Local dietary habits,
3. Nutrition of infants & young children,
4. Importance of timely & complete immunization, and
5. Personal hygiene.

Health education session for Gram Sabha members



MSW introducing the concept of kitchen gardening



Resident Doctors giving health education session on nutrition



One of the kitchen garden in the initial stages



Youth Group formation

- ❖ Inauguration of YOUTH group was done on 15th June 2009.
- ❖ A group of boys, age between 17- 19 years, was formed at Lower Tembha.
- ❖ The purpose of creating Youth Group was to create awareness regarding
 1. Various health aspects,
 2. Food and hygiene in the tribal population and
 3. Need of community participation in improving tribal health.



Inauguration of youth group



One of the member of youth group introducing himself

➤ **Youth group awareness sessions were conducted and health related points were covered:**

- ✓ Locally endemic diseases.
- ✓ Local problem faced by people
- ✓ Felt needs of villagers
- ✓ Awareness about HIV/AIDS

➤ **Yoga Sessions**

- ✓ A session of Pranayam (Yoga) was conducted at village Tembha.
- ✓ Session consisted of demonstration of 4 basic types Pranayam i.e.
 - *Anulom-vilom*
 - *Bhrastrika*
 - *Kapalbhaati*
 - *Bhraamari*
- ✓ Each type was explained in detail regarding how it is to be done, when to be done, what precautions to be taken and what are the advantages & health effects.

➤ **This was followed by demonstration. All the participants were made to practice it under supervision.**



**Demonstrating
Anulom-Vilom Pranayam**



**Demonstrating
Bhrastika Pranayam**

Health check up of Hostel children (Ashram shala) Tembha village

- Health-check up of 48 school going children who reside at hostel
- Clinical examination followed by eye check up and anthropometry was done.
- Morbidity pattern and grades of malnutrition were evaluated
- Appropriate medicines were dispensed
- Health education sessions were conducted

RHTC, VALTARVA

Clinical Examination of the School Children



Doctors Dispensing Appropriate Medicines to the Children



Morbidity pattern in children

Ailments	Frequency	Percentage
Resp. Tract Inf.	25	60.9
Vit. Def.	08	19.5
Worms In Stools	13	31.7
Pallor	20	48.8
Skin	17	41.5
Refractive Error	04	09.8
Dental Caries	15	36.6
Ear Diseases	09	22.0
Diarrhoea	03	07.3
Others	03	07.3

3/5th of the children had Respiratory infections. Nearly half of them had pallor. 1/3rd had worms in stools. Vitamin deficiency, Skin problems, Refractive error, Dental caries, Ear diseases and Diarrhoea were the major health problems detected.

Wt/Age (Under-weight) IAP classification

	Sex		Total
	Female	Male	
Grade 1	8	4	12
Grade 2	6	1	7
Grade 3	3	5	8
Grade 4	0	1	1
Normal	5	8	13
Total	22	19	41

Sex wise distribution of stunting (Ht/Wt)

Ht / Wt	Sex		Total
	Female	Male	
Normal	15	13	28
Stunted	7	6	13
Total	22	19	41

Health Education Curriculum for School Children

Rational behind this concept:

- ✓ Main aim behind this was to impart practical knowledge regarding human body and diseases affecting it in a creative manner.

Why school children were chosen?

- ✓ Main intention was to inculcate healthy lifestyle at an early stage so that these well informed children will take charge of their health at an early stage.

Sample of Curriculum for school children - 5th std

Human Body Parts - Brain, Heart, Lungs

Digestion- Parts of GIT

Rules for better digestion : 1) Eat slowly

2) Chew properly

3) Do not be angry while eating

4) Drink adequate water

5) Eat regularly

Diet – Balanced diet, Malnutrition, Vitamin deficiencies (A/B/C/D)

Infectious diseases: Typhoid, Cholera, Loose Motions, Conjunctivitis, Malaria

- How to prevent : 1) Boil water

2) Cover the food

3) Use of nets

4) Immunization

- Good Habits & Personal Hygiene

“Eye Camp”

An Eye Camp was organized by Dept. of Community Medicine (PSM) in collaboration with Dept. of Ophthalmology, LTMMC & GH, under the guidance of Dr. R. M. Chaturvedi (Prof. & Head, Dept. of Community Medicine) and Dr. Chhaya Shinde (Prof. & Head, Dept. of Ophthalmology) at Tembha Village Vaitarna, Tal. Shahpur, Dist. Thane on 8th Sep 2009.



**Lighting of the lamp of Goddess Saraswati
by the hands of Chief Guest
Mr. Kisan Padwal**



**Introductory speech delivered by
Dr. B. B. Adsul**

- ✓ There were total 141 beneficiaries.
- ✓ Out of these 30 were Municipal employees and their relatives.



Eye Camp being conducted



Spectacles being distributed

Morbidity Profile of the Eye Camp

Ailments	Frequency
Cataract	42
Refractive errors	41
Pterygium	9
Pinguecula	1
Corneal opacity	3
Presbyopia	1
Trachoma	1
Watering/ itching/ burning of eyes	14
Headache	7
Microphthalmosis	1
Pseudophakia	9
Aphakia	1
Conjunctival congestion	1
Normal	31
Total	162

- ✓ Cataract and Refractive error were the most common morbidity found.
- ✓ There were corrective glasses given to around 40 patients of refractive error, spectacles being distributed at the subsidized rate.
- ✓ There were nearly 40 patients of Cataract, out of which 20 patients needed operation.
- ✓ Cataract surgeries were planned under the able guidance of Dr. Chhaya Shinde.
- ✓ 13 of the 20 patients got successfully operated for the cataract.

“Gynaecological Health Check-up Camp”

The Department of Community Medicine in collaboration with the Department of Obstetrics & Gynaecology, LTMMC & LTMGH, under the guidance of Dr. R. M. Chaturvedi (Prof. & Head, Dept. of Community Medicine) and Dr. Y. S. Nandanwar (Prof. & Head, Dept. of Obstetrics & Gynaecology), organized a Gynaecological Health Check-up Camp with prime focus on breast & cervical cancer screening at Tembha village, in the field practice area of RHTC, Vaitarna on 24th November, 2009.



Team for the Camp

The team comprised of following members:

Department of Community Medicine	Department of Obstetrics & Gynaecology
Dr. B. B. Adsul, Associate Professor	Dr. Michelle Fonseca, Associate Professor
Dr. Payal Laad, Assistant Professor	Dr. Tahira Abrar Alam, Senior Registrar
Dr. Roshni D'souza, RMO	Dr. Divya K. Kanavia, RMO
Dr. Pritish Raut, RMO	Dr. Ashish Shyamkul, RMO
Dr. Sagar Patil, RMO	
Dr. Sarita Jaiswar, RMO	
Mr. Ram Meghare, MSW	
Interns posted at RHTC	

- ✓ Intensive pre-camp motivational activities which comprised of health talk sessions on breast and cervical cancer at several locations in and around Tembha and Vaitarna village on 5th November 2009.
- ✓ House to house motivation campaign was done to ensure every female in the village would take advantage of the camp.



Health talks sessions at Tembha and Vaitarna



One of the ongoing health talk sessions at Vaitarna Pada

- ✓ A street play based on the risk factors, symptoms, misconceptions and the ill consequences of delayed diagnosis of breast and cervical cancer was enacted by Resident Medical Officers and Interns at Tembha village on *19th November 2009*.



Street play at Tembha



Dr. Michelle Fonseca addressing the women of Tembha village

- ✓ There were total 149 beneficiaries from age ranging from 18 to 70 years.
- ✓ The patients came not only from the nearby villages like Khalcha Tembha, Varcha Tembha, Mengalpada, Vaitarna pada, BMC Colony-Vaitarna, Belwad but also from distant villages like Ambivali, Khardi, Dhasai.



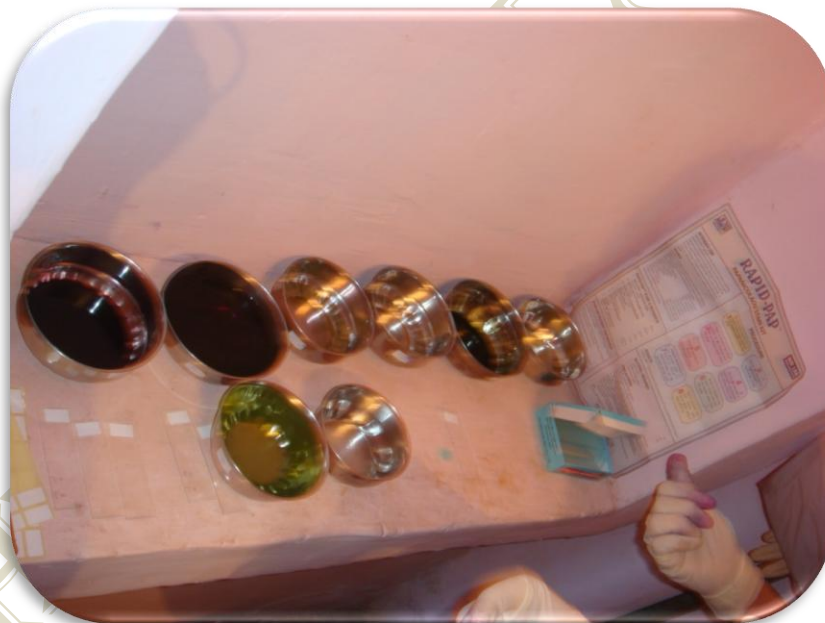
Registration of Patients



Gynaecology Camp being conducted



Cervical examination being done



PAP smear being stained

- ✓ All the patients were screened for cervical cancer by history, general examination, per vaginal and per speculum examination.
- ✓ PAP test was done in suspected cases. 17 PAP smears were collected from consenting females and smears were stained at the camp itself using Rapid PAP Smear kit.
- ✓ Breast examination to screen for breast abnormalities was undertaken. Two females were detected to have breast lump.
- ✓ Breast self examination was taught to the females to be practiced at home.

Morbidity Profile of the Gynaecology Camp

Symptom	Frequency
Menstrual complaints	20
Whitish discharge	12
Uterine prolapse	02
Dyspareunia	01
Urinary tract infection	06
Pain in abdomen	23
Backache	46
Body-ache	26
Sexually transmitted diseases	09
Routine health check-up	15
Others	81
Total	241

- ✓ Out of 149 beneficiaries 110 were found to be anemic & were given Iron-Folic acid tablets and dietary advice to correct anemia.
- ✓ Menstrual complaints like polymenorrhoea, menorrhagia, oligomenorrhoea, dysmenorrhoea and irregular menses along with white discharge were the most common symptoms found among Gynaecological morbidity.
- ✓ Backache, body-ache and pain in abdomen were among other common symptoms found.
- ✓ 9 patients were treated for Sexually Transmitted Diseases.
- ✓ There were 8 patients referred to PHC, Khardi & Sub-District Hospital at Shahapur for certain investigations & treatment & 10 patients referred to L.T.M.G.H, Sion for further evaluation.

World's AIDS Day 2009

The World AIDS Day is observed all over the world in the first week of December. The theme for the year 2009 was “*Universal Access and Human Rights*”. Based on this theme, Rural Health Training Centre (RHTC), Vaitarna, the rural field practice area of Department of Community Medicine, LTMMC & LTMGH, Sion, observed the HIV/AIDS day on the 3rd December 2009.



Rally of Sri B. L. Sadgir High School

- ✓ The programme started with a rally that was organized for Sri B. L. Sadgir High School students from classes 5 to 10.
- ✓ Rally started from Mengalpada, it went through Tembha village where students were joined by villagers.



Rally through Tembha village



Highly educational and interactive talk to the students and villagers

Street play on HIV/AIDS



- ✓ The resident doctors and interns presented a street play on HIV/AIDS, addressing its risk factors; modes of transmission; precaution to be taken to prevent transmission; the discrimination against PLHAs; and the misconceptions prevalent in society.
- ✓ The street play was attentively watched by the students and villagers. The message of Universal Access & Human rights of PLHAs was clearly sent through.



“Oath taking ceremony”

- ✓ The street play concluded with an “Oath taking ceremony” wherein all students, teachers, villagers, doctors participated and took an oath to be sensitive to the needs for people living with HIV/AIDS and take every measure to combat the disease.



Prize distribution ceremony

- An essay competition with the following topics was conducted:
 - a) AIDS, *Ek mahabhayankar Shap* (AIDS, a dangerous curse)
 - b) AIDS *Grastachi atma katha*, (Autobiography of an AIDS patient)

- The distribution function was held wherein the following prize winners were felicitated
 - 1st Prize : Miss Prajakta Balu Dubhele (Std. 8)
 - 2nd Prize : Miss Sneha Bharat Ghodvinde (Std. 8)
 - 3rd Prize : Miss Pooja Patkar (Std. 10)
 - Consolation Prizes : 1) Miss Suvarna Jayant Shinde (Std.10)
2) Miss. Yasmin Azam Shaikh (Std. 8)

“Report of RCH (Phase II) – Camp at Birwadi, Tal. Shahapur, Dist. Thane”

The Department of Community Medicine in collaboration with the Department of Obstetrics & Gynaecology, LTMMC & LTMGH, under the guidance of Dr. R. M. Chaturvedi (Prof. & Head, Dept. of Community Medicine) and Dr. Y. S. Nandanwar (Prof. & Head, Dept. of Obstetrics & Gynaecology), and Primary Health Centre, Khardi, Dr. R. N. Rathod, Medical Officer In-charge, organized a Reproductive And Child Health (RCH) Phase - II Camp at Birwadi village, Tal. Shahapur, Dist. Thane on *15th December, 2009*.

Guests of this Programme were:



Chief Guest: Mr. Kisan Padwal, Upa-Sabhapati, Tal. Shahapur, Dist. Thane
Mr. Khade, Member Zilla parishad, Thane

Guest of Honour:

Dr. R. M. Chaturvedi, Prof. & Head, Dept. of Community Medicine, LTMMC & GH
Dr. B. B. Adsul, Asso. Prof. Dept. of Community Medicine, LTMMC & GH
Dr. R. N. Rathod, Medical Officer In-charge, Primary Health Centre, Khardi

The team comprised of following doctors:

Department of Community Medicine	Department of Obstetrics & Gynaecology
Dr. Vyankat Jambhale, R.M.O.	Dr. Rupali Shelke, R.M.O.
Dr. Prashant Howal, R.M.O.	Dr. Asmita Patil, R.M.O.
Dr. Roshni D'souza, R.M.O.	
Dr. Pritish Raut, R.M.O.	
Dr. Minty Jambhore, R.M.O.	
Dr. Priyanka Darade, Interns	
Dr. Bharati Chavan, Interns	
Mr. Ram Meghare, M.S.W.	



Health Check Up

- ✓ Total beneficiaries of the camp were 131 males and 238 females.
- ✓ Age of the beneficiaries ranged from 5 months to 80 years which included 139 children and 230 adults.
- ✓ There were 103 females of reproductive age group, 11 adolescent and 26 geriatric patients.



Drug dispensing being conducted

- ✓ A total of 13 ANC patients attended the camp, out of which 02 patients were found to be high risk and referred further.
- ✓ There were 17 patients diagnosed with anaemia which were treated with iron and folic acid tablets.
- ✓ 10 cases of RTI/STI cases were diagnosed, 07 were treated while 03 cases were referred further. 106 cases of Acute Respiratory Infection and 07 cases of Diarrhoea were treated in the camp.
- ✓ Basic laboratory services were provided like Haemoglobin estimation, Blood group, Urine examination for albumin and sugar, Random Blood Sugar level and Sickle cell solubility test.

RESEARCH ACTIVITIES

Academic Activities

Residents & Interns training

- ✓ Residents through various departmental projects get the opportunity to learn the tact of right communication and practical implications of various programmes in rural set up.
- ✓ Residents supervise the interns in the OPD as well as in all the activities that they undertake in the village. They help them learn to interact effectively with village people during the surveys.
- ✓ It is an opportunity for the interns to learn rural health care face to face.

Current & Future Projects at Vaitarna

➤ Epidemiological study of Diabetes

Aim: To test the effectiveness of low cost practical behavioural intervention in reducing modifiable risk factors among at risk population and glycemic control among diabetics in a tribal community.

Objectives:

- To know the prevalence of DM- type 2
- To assess the awareness about diabetes
- To assess the effect of intervention

➤ An Epidemiological Study of HIV-AIDS Awareness among Local Transport Drivers of Vaitarna

Aim: To assess the existing awareness about HIV/AIDS in local transport drivers in a tribal community and to see the impact of health education on their awareness.

Objectives:

- To study the existing awareness regarding HIV/AIDS
- To assess the impact of health education intervention

➤ **An Epidemiological Study of Hypertension**

Aim: To test the effectiveness of low cost practical behavioural intervention in reducing modifiable risk factors among at risk population and blood pressure control among hypertensives in a tribal community.

Objectives:

- To know the prevalence of hypertension
- To assess the awareness about hypertension
- To assess the effect of intervention

➤ **An epidemiological study for Cataract**

Aim: To study prevalence of age- related cataract in tribal population.

Objective :

- To identify magnitude of age related cataract in study population
- To study relation between various socio-demographic factors with cataract.

➤ **Nutritional Intervention Study**

Aim: To study the effect of Behaviour Change Communication (BCC) on the nutritional status of a tribal community.

Objectives:

- To reduce the prevalence of anaemia.
- To promote consumption of locally available food stuffs.
- To remove misconceptions about dietary practices and promote healthy food habits.

➤ **Comparative study between Iron supplementation and Nutritional intervention in Iron deficiency anaemia in School going Tribal adolescent girls (12 – 18 yrs)**

Aim: To compare the effect of Iron supplementation and nutritional intervention in Iron deficiency anaemia among the tribal adolescent girls of Schools of Tembha village.

Objectives:

- To study the prevalence of Iron deficiency anaemia in the study populations.
- To assess the efficacy of intervention with iron tablets versus nutritional intervention.
- Develop and implement educational interventions on diet diversification and adequate combination of foods rich in Iron.

Administrative Sanction of RHTC

RHTC, VALIAPARVA

I

महासंचालनालय आरोग्य सेवा, महाराष्ट्र राज्य
मुंबई-४००००१.
दिनांक - २४ ऑगस्ट २००१

- प्रति,
१) जिल्हा आरोग्य अधिकारी
जिल्हा परिषद
ठाणे
२) जिल्हा शल्य चिकित्सक
सामान्य रुग्णालय
ठाणे

विषय - इंटर्नी व पदव्युत्तर विद्यार्थी यांचे
ग्रामीण आरोग्य प्रशिक्षण...

लोकमान्य टिळक महानगरपालिका वैद्यकीय महाविद्यालय, लोकमान्य टिळक सर्वसाधारण रुग्णालय, सायन, मुंबई-२२ येथील रोगप्रतिबंधक व सामाजिक वैद्यकशास्त्र विभाग यांचे इंटर्नी व पदव्युत्तर विद्यार्थी यांचे प्रशिक्षण आपले जिल्ह्यातील प्राथमिक आरोग्य केंद्र वाजिंद, खर्डी, कमारा तमेच ग्रामीण रुग्णालय झहापूर येथे घेण्याकरिता हे महासंचालनालय परवानगी देत आहे. आपण त्यांना यांथ ते सहकार्य करावे.

सदर प्रशिक्षणाकरिता विद्यार्थ्यांच्या राहण्याच्या व्यवस्थेची जबाबदारी सदर महाविद्यालयावर राहिल. तसेच त्यांच्या विद्यार्थ्यांना वेळोवेळी त्यांचे तज्ञ डॉक्टर्स मार्गदर्शन करतील.

महासंचालक आरोग्य सेवा
मुंबईकरिता.

प्रत - उपसंचालक आरोग्य सेवा, मुंबई मंडळ ठाणे

प्रत - अधिष्ठाता, लोकमान्य टिळक महानगरपालिका वैद्यकीय महाविद्यालय, लोकमान्य टिळक सर्वसाधारण रुग्णालय, सायन, मुंबई-२२

II

Department of Preventive and Social Medicine
L.T.M. Medical College & L.T.M. General Hospital, Sion, Mumbai

CT#1871/Dean
19-9-08

To,
AMC (WS)
MCGM

Sir,

**Sub : Starting of Rural Health Training Centre (RHTC) at Modak Sagar
(Lower Vaitarna) and Tansa**

As per the guidelines of Medical Council of India (MCI) it is compulsory to give three months training to our interns in Community Medicine, out of which 2 months must be based on rural posting. Also rural training is compulsory for post graduate students of Diploma in Public Health (DPH) and M.D. in P.S.M. The above postings are required to equip the undergraduate, post graduate and paramedical students with skills in dealing with primary health care in rural areas.

MCI inspection carried out in March 2001 has pointed out this lacunae (Please refer the Xerox copy of MCI inspection report on last page no. 8 highlighted in pink) Even during UG inspections on 7th & 8th Aug, 2008. MCI inspectors were not happy with the current arrangement.

At present we are sending our interns to Vashind and Khardi Primary Health Centre in Thane District which are controlled and managed by state govt. According to MCI the Rural Health Training Centre (RHTC) should be under total control of Medical college/MCGM.

Public Health Dept. of MCGM have two dispensaries located at Modak Sagar (Lower Vaitarna) and at Tansa which delivers medical care to the staff of MCGM working at the site. At present the dispensary has one medical officer, working at both dispensaries, one Pharmacist and one ANM at each dispensary. At present Public Health Dept. is sending medical officers on 3 months rotation basis. Pharmacist's post are vacant at both the dispensaries. Currently there is no continuity of services at both places.

Dr. Chaturvedi, Prof & Head and two other Associated Professor from Dept. of PSM visited the place and submitted preliminary report. There is potential to develop RHTC at Modak

Sagar which will remain under administrative control of HOD/PSM and Dean of LTMMC & LTMGH, Sion, Mumbai. (Prerequisite by MCI)

The advantage of developing RHTC at Modak Sagar (Vaitarna) & Tansa will be as follows.

- 1) RHTC will provide 24x7 comprehensive medical services to MCGM staff at site.
- 2) Near by tribal villages can be adopted for teaching and training of UG, PG and premedical students in Rural Health.
- 3) It will complete the requirement of RHTC as per MCI guidelines.

Your sanction is requested for

- a) Take-over of dispensaries from Public Health Dept. to develop RHTC under LTMMC & LTMGH.
- b) Transferring the following scheduled post of
 - i) One Medical Officer.
 - ii) 2 Auxiliary Nurse Midwife
 - iii) 2 Pharmacist

From public Health department establishment to Establishment of LTMMC & LTMGH, Sion, Mumbai.

Seth G.S.M.C. / KEM Hospital has developed RHTC in collaboration with RamKrishna Mission on same line.

Submitted Please

Kamath
9/10/2008
Dean
Dr. Sandhya Kamath
LTMMC & LTMGH
Sion, Mumbai

No. D.R. (ME & H.) / 2828

Date: 09.10.08

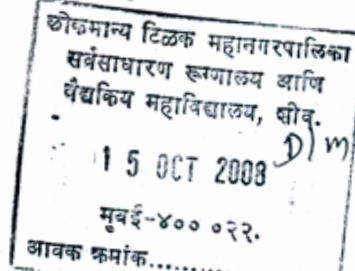
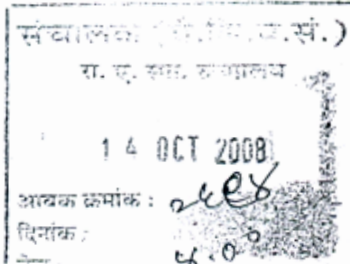
forwarded with recommendation
14.10.08

Director (G.S.M.C.)
K.E.M. Hospital

- Encl: 1) MCI report dt. March 2001.
2) MCI report dt August 2008.
3) MCI requirement for RHTC.
4) Report of RHTC developed by GSMC/KEMH.

Dean (L)

Copy to : Dr. Sanjay Oak, Director Medical Education & Research
Dean, G.S.M.C. and K.E. M. Hospital,



5

अति.आ/पड... 3634
98.900C

EHO to please offer his
Comments.

~~EHO~~

OL
16/11/08

अति. आयुक्त (प. उ.)

आ.आ/पड/ 99300
9/11/08

DEHO (HQ)

Pl. put up

immediacy

25/11/08
JE EHO

A.O.

Pstc
21.10.08
DEHO (HQ)

बृहन्मुंबई महानगरपालिका
सार्वजनिक आरोग्य खाते
मुख्य कार्यालय
01 NOV 2008
एच.ओ./30395/आ.3

26.11.08

• Discussed with Dean.
advised to discuss with
EHO / Hydraulic Engineer of MCAB.

• She is & will be visiting
the center in next week

Remained

III

बृहन्मुंबई महानगरपालिका
सार्वजनिक आरोग्य खाते
क्र.एचओ/ ३०३९५/ आ.३ दि. १०.११.०८

F-1 NOV 2008

विषय : वैद्यकीय, निमवैद्यकीय अभ्यासक्रमातील विद्यार्थ्यांच्या प्रशिक्षणासाठी मोडकसागर (वैतरणा) व तानसा येथील दवाखान्यामध्ये ग्रामीण आरोग्य प्रशिक्षण केंद्र सुरु करण्याबाबत.

संदर्भ : अति.आ./पउ/एच/३७३५ दि. १६.१०.२००८

महोदय,

कृपया सविनय सादर.

उपरोक्त विषयासंदर्भात, अधिष्ठाता, लोकमान्य टिळक सर्वसाधारण रुग्णालय व वैद्यकीय महाविद्यालय, ग्रीव, व संचालक (वैद्यकीय शिक्षण व संशोधन) राजे एडवर्ड स्मारक रुग्णालय यांनी दि.१५.१०.२००८ रोजी सादर केलेल्या प्रस्तावाशी मी पूर्णपणे सहमत आहे. तथापि, मा. अति.आयुक्त (प.उप.) यांच्या दि.१६.१०.२००८ च्या आदेशांच्या अनुषंगाने मी असे निदर्शनास आणू इच्छितो की, प्रस्तुत मोडक सागर (वैतरणा) व तानसा येथील दवाखाने हे जल अभियंता यांच्या नियंत्रणाखाली असून, दवाखान्यासाठी असलेली पदेही त्यांच्याच आस्थापनेवर आहेत. दवाखान्यातील कर्मचा-यांच्या नेमणुका या आरोग्य खात्यामार्फत करण्यात येतात व कर्मचा-यांची सेवाजेष्ठता आरोग्य खात्यामध्ये परिरक्षित केली जाते. यास्तव सदरहू प्रकरणी जल अभियंता यांचे अभिप्राय घेणे संयुक्तिक होईल.

दि ३/११

जल अभियंता यांच्या नियंत्रणाखाली खाली दर्शविल्याप्रमाणे ७ दवाखाने कार्यरत आहेत.

१. भांडूप कॉम्प्लेक्स
२. घाटकोपर यार्ड
३. कापूरबावडी
४. आग्रा रोड, धामणगांव
५. पिसे पांजरापोळ
६. मोडकसागर
७. तानसा

सद्यःस्थितीत मोडकसागर / तानसा येथील दोन्ही दवाखान्यासाठी मिळून असलेले वैद्यकीय अधिकारी हे एकमेव पद रिक्त असून, सदर पद भरण्यासाठी वॉक-इन-सिलेक्शन पध्दतीने एका उमेदवाराची निवड केली आहे. नियुक्तीपूर्वी आवश्यक असलेल्या वैद्यकीय तपासणीसाठी उमेदवारास पात्रविले असून, वैद्यकीय प्रमाणपत्र प्राप्त झाल्यावर त्याची त्वरित नियुक्ती करण्यात येईल. मिश्रकाचे एक रिक्त पद दि. ०३.१०.२००८ पासून भरलेले

आहे. अर्हताप्राप्त उमेदवारांअभावी साह्यकारी परिचारिकांची (ए.एन.एम.) पदे रिक्त आहेत. तथापि, विविध वैद्यकीय संस्थांच्या आस्थापनेवरील साह्यकारी परिचारिका (ए.एन.एम.) या प्रवर्गातील पदे अस्थगित ठेवून, परिचारिका या प्रवर्गातील पदे निर्माण करण्यासाठी माननीय आयुक्तांनी नुकतीच मान्यता दिलेली आहे.

तरी, मोडकसागर (वैतरणा) व तानसा येथील दवाखाने हे अधिष्ठाता, लोकमान्य टिळक सर्वसाधारण रुग्णालय व वैद्यकीय महाविद्यालय, शीव, यांच्या नियंत्रणाखाली गेल्यानंतर दवाखान्यांसाठी असलेली पदेही त्यांच्या आस्थापनेवर स्थानांतरित करावी लागतील. तथापि, कार्यरत कर्मचा-यांची सेवाजेष्ठता यापुढे कोणत्या विभागात परिरक्षित केली जाईल याबाबत निर्णय घ्यावा लागेल.

कृपया माहितीसाठी आणि पुढील आदेशांसाठी सादर.

कार्यकारी आरोग्य अधिकारी
9/11/08

8/11/08

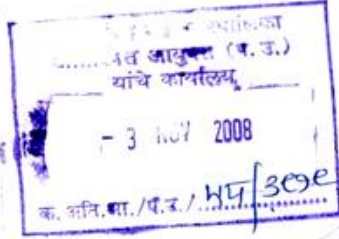
कर्मचाऱ्यांची सेवा ज्येष्ठता

कार्यकारी आरोग्य अधिकारी यांनी देवली.

दवाखाने एकतांरी करण्यात

लागू परवानगी देवता येते.

अति. आयुक्त (पश्चिम जयनगर)



कार्यकारी आरोग्य अधिकारी.

70/P/15311
7/11/08

अति. आयुक्त (प. उ.)
7/11/08



DENO (MGT)
M. Spic
DENO
7/11/08

IV

बृहन्मुंबई महानगरपालिका

जल अभियंता (नगरबाह्य विभाग)

विषय : वैद्यकीय, निमवैद्यकीय अभ्यासक्रमातील विद्यार्थ्यांच्या प्रशिक्षणासाठी मोडकसागर (वैतरणा) व तानसा येथील दवाखान्यामध्ये ग्रामीण आरोग्य प्रशिक्षण केंद्र सुरू करण्याबाबत...

- संदर्भ : १ अधिष्ठाता लो.टि.वैद्यकीय महाविद्यालय व लो.टि.सर्वसाधारण रुग्णालय, सायन, यांचा प्रस्ताव क्र.एलटी/८४१/डिन दि.१९.९.२००८ (पृ.क्र.प-१).
२. क्र.कार्यकारी आरोग्य अधिकारी यांची टिप्पणी क्र.एचओ/३०३९५/आ३ दि.१.११.०८ (पृ.क्र. प-५).
३. अति.आयुक्त (प.उ) यांची मंजूरी क्र.अतिआ/पउ/एच/३९१९ दि.०६.११.०८ (पृ.क्र.प-७).
४. अति.आयुक्त (प्रकल्प) यांची मंजूरी क्र. अतिरिक्त आयुक्त (प्रकल्प)/२३३२ दि.३.१.०९ अन्वये (पृ.क्र. प-१०).

अधिष्ठाता लो.टि.वैद्यकीय महाविद्यालय व लो.टि.सर्वसाधारण रुग्णालय, सायन, यांनी उपरोक्त संदर्भाधिन प्रस्तावानुसार जल अभियंता खात्याच्या नगरबाह्य विभागातील मोडकसागर (वैतरणा) व तानसा येथील कार्यरत असलेल्या दवाखान्यांमध्ये ग्रामीण आरोग्य प्रशिक्षण केंद्र सुरू करण्याबाबतच्या प्रस्तावास अतिरिक्त आयुक्त (पश्चिम उपनगरे) यांनी मान्यता दिली. तसेच हे दवाखाने हस्तांतरित करून येथील कार्यरत असलेल्या कर्मचा-यांची सेवाज्येष्ठता कार्यकारी आरोग्य अधिकारी यांच्या खात्यात परिरक्षित करण्यासही मान्यता दिली आहे. मोडकसागर व तानसा येथील दवाखान्यात सध्या कार्यरत असलेली पदे खालीलप्रमाणे आहेत.

- | | | |
|---------------------|---|--|
| १. वैद्यकीय अधिकारी | - | १ पद |
| २. औषधनिर्माता | - | २ पदे |
| ३. ऑक्झिलरी नर्स | - | २ पदे (१ पद कार्यतत्वावर व १ पद रिक्त) |
- एकूण ५ पदे

वरीलप्रमाणे ही सर्व पदे कार्यकारी आरोग्य अधिकारी यांच्या आस्थापनेवर स्थानांतरित करण्यास तसेच मोडकसागर व तानसा येथील दवाखानेही अधिष्ठाता लो.टि.वैद्यकीय महाविद्यालय यांच्या नियंत्रणाखाली हस्तांतरित करण्यास अतिरिक्त आयुक्त (प्रकल्प) यांनी प्रशासकीय मान्यता दिलेली आहे (पृ.क्र. प-१०)

मोडकसागर व तानसा येथे ग्रामीण आरोग्य प्रशिक्षण केंद्र सुरु करण्याकरिता दवाखान्याची व वैद्यकीय अधिका-यांसाठी निवासस्थानांची सोय उपलब्ध असून निवासस्थानांचे आवश्यक असलेले दुरुस्तीचे काम सुरु असून ते लवकरच पुर्ण करण्यात येईल.

अधिष्ठाता लो.टि.वैद्यकीय महाविद्यालय व लो.टि.सर्वसाधारण रुग्णालय, सायन यांना विनंती करण्यात येते की, जल अभियंता खात्याच्या नगरबाह्य विभागातील तानसा व मोडकसागर येथील दवाखाने आपल्या नियंत्रणाखाली ठेवून येथे ग्रामीण आरोग्य प्रशिक्षण केंद्र लवकरात लवकर सुरु करण्याची व्यवस्था करावी. तसेच येथील कार्यरत असलेल्या वैद्यकीय अधिकारी - १ पद, औषधनिर्माता - २ पदे, ऑक्झिलरी नर्स - २ पदे अशी एकूण ५ पदे 'कार्यकारी आरोग्य अधिकारी' यांच्या आस्थापनेवर स्थानांतरित करण्यात यावी ही विनंती.

उपजल अभ. (प्र.) .५००९. ^{MC} आ. जा. क्र.
दि..... 11-2 JAN 2009.....

प्र. नं. ३३६
१२/१/०९
उपजल अभियंता (प्रचालने) प्र.

अधिष्ठाता, लो.टि.वै.महाविद्यालय व लो.टि.सर्वसाधारण रुग्णालय, सायन
कार्यकारी आरोग्य अधिकारी

Kanath
13/1/2009

RHTC, V

V

**DEPARTMENT OF PREVENTIVE AND SOCIAL MEDICINE
L.T.M. Medical College & L.T.M. General Hospital, Sion, Mumbai – 22.**

To,
The Dean
LTMMC & LTMGH
Sion, Mumbai – 400 022.

LTC/123/PSM
19.6.07

Madam,

Dept. of PSM has started Rural Health Training Centre (RHTC) at Vaitarna and Tansa as one of the requirement of the Medical Council of India (MCI).

Now regular positing of RMO and interns are done at this centre to have 24 x 7 services for the MCGM staff and local people. Some Public Health model has been prepared as research project as part of RHTC to tackle local health problems.

My self, Dr. B.B. Adsul, Asso. Prof. and other member of PSM Dept. pay Supervisory visit to RHTC to monitor the activities of the centre.

MCGM vehicle is regularly used for supervisory visits to Rural Health Training Centre in KEM & Nair Hospital.

AMC (WS) vide his letter no. LTC/ 337 / PSM dt.30th Sept. 2003 have given sanction to use MCGM Vehicle for supervisory activity out side MCGM Limits.

The corporation vehicle sent by the MCGM Garage has four personal from Garage (one driver, one cleaner, one fitter, one labourer) as per requirement of the garage when vehicle is sent out of MCGM limit. The cost of using MCGM vehicle to RHTC has been worked out by garage as Rs. 4,356/- (Rupees Four Thousand Three Hundred Fifty Six) per visit.

The other mode of visiting RHTC is to use public transport i.e. reaching nearest local railway station Khardi by local train and from Khardi station hiring local jeep to Vaitarna. (The distance between Vaitarna / Tansa from Khardi Railway Station is 18

km.). The present cost of hiring jeep from Khardi to Vaitarna is Rs. 200/- (Rupees Two Hundred) each way, which works out to be Rs. 400 (Rupees Four Hundred) per trip plus local 2nd class railway ticket charges which is less than Rs. 50 (Rupees Fifty)

This modality of public transport travel works out to be cheaper / faster and safer and costs Rs. 450/- (approximate Rupees Four Hundred Fifty) one tenth of using MCGM Vehicle. There may be minor fluctuations in the hiring cost off local jeep.

A regular sanction is required.

Thanking you,

Yours Sincerely,

R. M. Chaturvedi

Dr. R.M. Chaturvedi
Prof. & Head
Dept. of PSM
LTMCM & LTMGH
Sion, Mumbai - 22.

Encl letter from MCAIB case

"A" permitted
R. M. Chaturvedi
20/6/2009

To

DD (Pai)

Pl. note sanction 'A'.

R. M. Chaturvedi

20.06.09

VI



Department of Community Medicine

L. T. M. Medical College & L.T.M. General Hospital,
Sion, Mumbai - 400 022. (India)

Tel. : (022) 2403 8983 (Direct line) • 2407 6381, Ext. (HOD) 254, (OFF.) 276
FAX : (022) 2403 8983 / 2407 6100 • Email : psmltmmc@rediffmail.com



Date : LT/271/PSM
25.9.09

To,
The Dean
LTMMC & LTMGH
Sion, Mumbai - 22.

Madam,

It is proposed to set up Local Health Committee for Rural Health Training Centre (RHTC) at Vaitarna, Tal. Shahpur, Dist. Thane.

The RHTC committee will help to form the policy /guidelines for operational management of the RHTC.

The committee will meet twice a year.

The RHTC committee will have following members:

Chair Person:

Dr. Sandhaya Kamath - **Dean**

Members:

1. Dr. R. M. Chaturvedi - Prof. & Head, Dept of PSM
2. Dr. B. B. Adsul - Asso. Prof., Dept. of PSM
3. Mr. R. C. Malaveya - Exc. Engineer, Hydraulic Engineering Dept.
4. Mr. Prakash Limaye - Asst. Engineer, Hydraulic Engineering Dept.
5. Mr. Kiran Suryavanshi - ASO, Hydraulic Engineering Dept.
6. Mr. Kisan Padwal - Member of Gram Panchayat (Tembha)
7. Mr. Raghunath Pathare - Union leader, Vaitarna

Your approval is requested.

Thanking you,

Yours sincerely,

Dr. R. M. Chaturvedi
Prof. & Head
Dept. of PSM
LTMMC & LTMGH,
Sion, Mumbai -22

approved
Kamath
25/9/2009