

ALIGARH URBAN HEALTH PLAN

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Acronyms

ANC	-	Antenatal Care
ANM	-	Auxiliary Nurse Midwife
AYUSH	-	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
ACMO	-	Assistant/Additional Chief Medical Officer
AWW	-	Anganwadi Worker
AWC	-	Anganwadi Center
AMC	-	Aligarh Municipal Corporation
ASHA	-	Accredited Social Health Activist
BPL	-	Below Poverty Line
BSUP	-	Basic Services for Urban Poor
BMC	-	Block Mobilization Coordinator
CSO	-	Civil Society Organizations
CBO	-	Community Based Organizations
CDS	-	Community Development Society
CME	-	Continued Medical Education
CLHV	-	Community Level Health Visitor
CMO	-	Chief Medical Officer
CDPO	-	Child Development Program Officer
CHC	-	Community Health Center
CGHS	-	Central Government Health Scheme
CMC	-	Community Mobilization Coordinator
DOTS	-	Directly Observed Treatment – Short course
DUDA	-	District Urban Development Authority
DUC	-	District Underserved Coordinator
DMC	-	District Mobilization Coordinator
DPO	-	District Program Officer
ENT	-	Ear, Nose & Throat

ESI	-	Employees State Insurance
EAG	-	Empowered Action Group
EHP	-	Environment Health Program
FOGSI	-	Federation of Obstetric and Gynecological Societies of India
GIS	-	Geographic Information System
GoI	-	Government of India
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
HPD	-	Health Post D-Type
HV	-	Health Visitor
ICDS	-	Integrated Child Development Services
IDSP	-	Integrated Disease Surveillance Programme
IEC/BCC	-	Information Education Communication/ Behavior Change Communication
IFA	-	Iron Folic Acid
IHSDP	-	Integrated Housing and Slum Development Program
IMA	-	Indian Medical Association
IPD	-	Inpatient Department
ICC	-	In charge Cum Computer
ILCS	-	Integrated Low Cost Sanitation
IPC	-	Inter Personal Communication
IAPSM	-	Indian Association of Preventive and Social Medicine
IPHS	-	Indian Public Health Standards
IUD	-	Intra-uterine Devices
JNNURM	-	Jawaharlal Nehru National Urban Renewal Mission
JNMC	-	Jawaharlal Nehru Medical College
JDA	-	Junior Doctors Association
LMO	-	Lady Medical Officer
LHV	-	Lady Health Visitor
LSW	-	Lady Social Worker
MAS	-	Mahila Arogya Samiti

M&E	-	Monitoring and Evaluation
MCH	-	Maternal and Child Health
MTP	-	Medical Termination of Pregnancy
NPSP	-	National Polio Surveillance Program
NMCP	-	National Malaria Control Program
NVBDCP	-	National Vector Borne Disease Control Program
NFHS	-	National Family Health Survey
NRHM	-	National Rural Health Mission
NUHM	-	National Urban Health Mission
OPD	-	Out Patient Department
ORS	-	Oral Rehydration Solution
OCP	-	Oral Contraceptive Pills
PHN	-	Public Health Nurse
PMU	-	Program Management Unit
PO	-	Program Officer
PRO	-	Public Relation Officer
PPC	-	Post Partum Center
PHC	-	Primary Health Center
PDA	-	Private Doctors Association
PIP	-	Program Implementation Plan
PNC	-	Post Natal Checkup
PPP	-	Public Private Partnership
RCH II	-	Reproductive and Child Health
RO	-	Reserve Osmosis
RNTCP	-	Revised National Tuberculosis Control Programme
RTI/STI	-	Reproductive/ Sexually Transmitted Infections
SJSRY	-	Swarna Jayanti Shahari Rojgar Yojana
SRTL	-	Sub Regional Team Leader
SACS	-	State Aids Control Society
SNC	-	Special Neonatal Care

SMO	-	Surveillance Medical Officer
SLI	-	Standard of Living Index
TB	-	Tuberculosis
TFR	-	Total Fertility Rate
TT	-	Tetanus Toxoid
HPD	-	Urban Health Center
USEP	-	Urban State Employment Program
UH	-	Urban Health
ULBs	-	Urban Local Bodies
U5MR	-	Under 5 Mortality Rate
USHA	-	Urban Social Health Activist
VO	-	Voluntary Organization
WHO	-	World Health Organization

EXECUTIVE SUMMARY

Census 2001 data says that 28.6 Crores people live in urban areas in our country. The urban population is estimated to increase to 35.7crores in 2011 and to 43.2 Crores in 2021. Urban growth has led to rapid increase in number of urban poor population, many of whom live in slums and other squatter settlements. As per Census 2001, 4.26 Crores people residing in slums are spread over 640 towns/ cities which have population of fifty thousand or above. In the cities with population one Lac and above the 3.73 Crores slum population is expected to reach 6.25 Crores by 2008¹, thus putting greater strain on the urban infrastructure which is already overstretched². Demographers have described the Indian scenario as the 2-3-4-5 syndrome, i.e., in the last decade, the Indian population grew at an average rate of 2%, the urban population at 3%, mega cities at 4%, and slum populations increased at a rate of 5%.

The aim of the plan is to improve the health status of the urban poor communities and other disadvantaged section of society by provision of quality integrated primary health services.

The city health plan of Aligarh has been made to improve access of slum population to health services either by providing integrated and sustainable system for primary health or revamped public health system and encourage healthy health behavior of the communities through intensive IEC/BCC strategies. It will also try to ensure equitable access of slum population to quality health care through a revamped public health system. The plan envisages to strengthen linkages between slum communities and health service providers and to strengthen referral systems for critical cases from community and primary health care to identified referral centers.

City at a glance

Aligarh is a district and ancient city in the northern Indian state of Uttar Pradesh. The city is located around 90 miles (140 km) southeast of New Delhi. As of the census of 2001, City had a population of 667,732. Males constitute 53% of the population and females 47% with an average literacy rate of 71%, higher than the National average of 65.4%. Aligarh has one of the best educational institutes in India i.e. Aligarh Muslim University and the city is popularly known as the 'Mecca of Education'. Aligarh has always been an important business centre of Uttar Pradesh, also known as *Taala Nagari* (Locks City of India). Aligarh city is divided into 70 municipal wards and a mayor is elected out of them. The city can be divided into 4 zones: The upper kot area, Achal tal , Civil lines area and peripheral ring around the city.

Socio-economic conditions of slum dwellers

As per DUDA (2001), Aligarh has 128 slums with population of 3.8 lakhs distributed sparsely in the city, which accounts for about 52.42 percent of the city's population. The slum dwellers are mainly engaged in daily labour, lock making and brass industry, manual laborers, daily wagers and marginalized workers such as small vendors. Most of the people live in below poverty line and work hard to fulfill their basic requirements. . Problem of housing in Aligarh has become acute due to high rate of population growth (average 6 persons/house). The areas who needs proper attention in the city is poor infrastructure, both in terms of quality and quantity Sewage and sanitation facilities in the

city are unavailable for majority of population.. Electric supply is inadequate as per the requirements. Similarly infrastructure for domestic water supply is also very poor and quality and quantity.

Health Infrastructure in the City

In Aligarh city health services are provided by the Public sector, Department of Medical Health and Family Welfare, and Private sector (hospitals, nursing homes, and clinics). In addition, as per the list provided by UNICEF there are approximately 587 non-registered private doctors catering to a large urban slum population in the city.

First Tier (Primary Health Care Facilities)	
D Type Urban Health Centre	11
ESI Dispensary	1
Second Tier Facilities	
District Hospitals	3
Medical College	1
Joint Hospital	1
Railway	1
Defence	1
ESI Hospital	1
Private Nursing Homes/Clinics	90
Charitable Hospital/Health Facility	1

Stakeholders Profile

Aligarh has variety of urban stakeholders in health sector which are directly and indirectly responsible for the improvement of health status in the city. First tier health services are provided by HPDs , Second tier health services are provided by District Hospitals(3) and at apex level Medical College is providing specialist health services in the city. Apart from this Aligarh have ESI Dispensary & Hospital which functions as a treatment facility and Occupational Diseases Centre. A charitable facility is also available in Aligarh such as Devatrey Hospital, which is Homeopathic clinic..

Another set of stakeholders include ICDS, DUDA, Municipal Corporation, NGOs and external agencies. In urban areas ICDS provides services through 424 Anganwadi centers spread over urban areas. These AWCs are under the supervision of 6 Sector Supervisors. Apart from 6 mandatory services, ICDS is implementing other Govt. schemes such as Kishori Balika Yojna and Maha Maya Ashirwad Yojna. Municipal Corporation is engaged in the development and maintenance of various activities related to the public health. Apart from other activities, “Anti open field defecation” and “Banned on dry sewerage” is of prime focus in urban areas. District Urban Development Authority is a district level body working for infrastructure and roads construction for community purpose. It is considered to be the lead agency in the city in implementation of urban development schemes.. Aligarh witnesses very few NGOs actively involved in implementing health programs in urban areas especially on issues of reproductive health and family planning. Various international development support agencies such as World Bank and UNICEF are actively engaged in the city with specific focus. World Health Organization has to perform supervisory checklist to identify problems in immunization service planning, implementation or monitoring. The program at district is lead by a team of proficient members comprised of SRTL (Sub Regional Team Leader), Administrative Assistant, 5 SMOs and 16 field Volunteers (excluding 16 other external monitors.) In Aligarh, UNICEF is working in collaboration with Health Department and WHO. The program is functional with SRC (Sub Regional Coordinator), Sub Regional Training Coordinator, District Coordinators (4), Block Mobilization Coordinators and Community Mobilization Coordinators. The district has 278 CMCs, 30 BMCs, 2 DUCs & 2 DMCs.

The city witnesses presence of professional Organization namely The **Federation of Obstetric and Gynecological Societies of India (FOGSI)** with 209 registered members, **The Indian Medical Association (IMA)**, with currently 350 registered members and **Private Doctors Association (PDA)**, local level organization of “Private Doctors” which was formed in 2006, currently active with 270 members.

Proposed Urban Health Service Delivery Model

As per provision under NUHM, the health service delivery starts from the bottom level, i.e. from Community level.

Community level	Community level health services through outreach activities by ANM/HV of the HPD, under the coverage area. Outreach will include immunization, antenatal services, first contact curative care, health education, contraceptive distribution, counseling and referrals.
Primary Level	Urban Health centers form the nucleus of the health care delivery system, providing out-patient curative services. The primary level health care service provider in Aligarh is being provided by 11 urban health centers.
Secondary Level	Second tier Health Services are provided in urban areas through District Hospital, District Women Hospital and Joint Hospital. To strengthen 2 nd Tier facilities, the following approaches are proposed: <ul style="list-style-type: none"> • Emphasis on strengthening of 1st Tier facilities, the OPD case load on 2nd tier facilities would decrease. • Accreditation of Private Hospital & Nursing Homes for better referral linkage • Collaborative linkages (for 2nd Tier facilities) with non-profit private sector to improve the

	referral support system in the city. <ul style="list-style-type: none"> • The information support for managing referral from HPDs. • Revitalization of Post Partum Centers of women’s hospital and Medical College
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Urban Health Centre (HPD)-

Urban Health Center at primary level is functional for a population range of 25,000-50,000 in urban areas. It is proposed to conduct special camps on regular interval in the periphery of the areas for ensuring total coverage. The total number 11 HPD will cover 3.8 Lakhs slum populations. The facility provides OPD services from 8.00 am-2.00 noon . It is also estimated that the urban population is more than the population mentioned in DUDA list which will be verified soon

Staff Structure in proposed facility	Expected services from the facility
Lady Medical Officer-1	<ul style="list-style-type: none"> · ANC/PNC/Immunization · OPD · Drug & contraceptive dispensing · IUD insertion · Basic lab diagnosis · Counseling and health education · Referral · Support to all national program
Multiple Worker(Male)-1	
PHN-1	
ANM-3-4 (Based on actual population coverage)	
Sweeper-1	

Referral Unit

The next referral center for health care delivery is secondary unit consist of District Hospital, District Woman Hospital and Joint Hospital. As observed that the volume of clients in OPD of second tier facility is quite high (eg: around 500 clients every day in District Hospital which also includes new and old patients), provision for accreditation of 2nd tier facility will reduce the number in Govt. facility and will help to improve the quality of health care services.1 private hospital giving round the clock (24X7) services will be accredited/empanelled. These facilities will cover the coverage area of around 1.5 Lakhs population, i.e. coverage area of 3 HPDs.

Proposed Activities/Strategies

The city health plan proposes following strategies for the improvement of health services of the city for the slum dwellers.

1. Strengthening public health through preventive action and promotion-

- Improved Package of services at primary level,
- Skill enhancement of the health service provider
- Referral to the Second tier Facility
- Improved IEC/BCC (Behavior Change Communication) strategy
- Hiring of full time staffs (by Government or through contract-in)

Formation of HPD committees to plan, implement and review the activities

2. Improving the efficiency of public health system by strengthening and rationalizing urban primary health structure

Depending on the spatial distribution of the slum population, some of the health centers might be covering less or more population. As per population coverage under D Type Health Post presently only 11 HPDs are functional against the requirement of 13 HPDs. It is required to **revive the defunct HPDs** and open another **new HPD** in suitable locations. Each HPD will have an outreach plan to improve the coverage and follow up actions.

Location/relocation/new opening of Urban Health Centres-HPDs which covers the population range from 31949 - 78000, Nagla Tikona being has lowest coverage and whereas Upper Fort has maximum. Indira Nagar and Naurangabad is farthest from 2nd tier facility (around 4.5 km). The scope of accreditation of 2nd tier facility has been observed . Since Begam Baag & Nagla Tikona are nearby and serving altogether around 1 Lakh population, there is a scope of shifting. It is suggested to positioning the staffing and management in the hands of NGO (on pilot basis). Though the concept is new but this pilot initiative may work effectively. Two HPD; M.A. Nagar & Jeevan Garh are proposed to be given to NGO for overall management and implementation but supply and monitoring responsibility will remain with Government.

3. Synergizing Inter and Intra sectoral co-ordination

Multi sectoral co-ordination is important to improve access, coverage and quality of health services for the urban poor. It is proposed that a mechanism is required for effective linkages, coordination and convergence of the efforts of the government r departments, local bodies and voluntary organizations (Aligarh Municipal Corporation, Department of Public Health, Elected representatives, District Urban Development Authority, Department of Women and Child Development, NGOs).

Intra sectoral co-ordination

Appropriate convergences and mechanisms for co-locations at HPDs would be sought with the existing systems of RNTCP, ICTC, AYUSH, IDSP, NVBDCP etc at the time of operationalization of urban health plan.

4. Identification, Capacity building and encouraging stakeholders for active participation

Efforts have been taken to identify all stakeholders that will intend to encourage and enable collaboration amongst health service providers within the city in order to improve the health and wellbeing of people .The stakeholders have been categorized under direct and indirect health service provider.

5. Partnership with non government providers (PPP)

Involvement of NGOs at different levels for partnership will play important aspect in the planning context. At community level partnership will be established for Community mobilization, Service delivery, Selection and training of Urban ASHAs and conducting IPC/BCC activities. Private Nursing Homes/Clinics could be engaged in partnership for service delivery at 2nd tier level and outsourcing diagnostic services. The accreditation is proposed for private service delivery providers especially to provide quality reproductive health services. Monitoring of the health program can also be done in partnership with external agencies that are having prior relevant experience.

6. Community participation and process sustainability-Identification and Training of Urban ASHAs.

Community participation in the process of planning, implementation and monitoring has been felt as a prerequisite of success for health care services and community development. An active woman from the community will be

identified and named “Urban ASHA” (Urban Accredited Social Health Activist) .These Urban ASHAs have already been identified, selected and trained through a process which is attached with this plan as **Annexed**.

7. Formation, Nurturing and Capacitating community based groups (CBO)/Mahila Arogya Samittee (MAS) to improve the access of communities to health services

- Formation of MAS
- Nurturing of MAS
- Capacity building of MAS
- Linkages of MAS with other development activities
-

8. Targeting and prioritization of most vulnerable amongst the poor.

Identification and mapping of vulnerable areas, then strategies will be developed accordingly to cover these locations under basic health services. The HPDs would be prime service delivery point at community level and will also be responsible for quality implementation of national programs. Some of the tentative approaches are mentioned below:

- Establishment of Outreach points in these locations
- Frequent IPC/BCC activities synchronized with health services

Institutional & Management Framework

It is proposed under City Urban Health Plan that there will be a city urban health committee which will include all urban health stakeholders under the chairmanship of a competent health authority. The committee will meet once in a quarter and will guide the urban health activities implementation with periodic review of progress. A number of institutions will be involved in the framework at city level such as Health Department, Municipal Corporation, ICDS, DUDA, WHO, UNICEF, UHI etc. The city level framework, as decided, is characterized by multiplicity of departments and agencies, resulted in inter department coordination. The existing Program Management Unit (PMU) will be strengthened with the positioning of Urban Health Officer to increase the focus of activities in urban slums.

Management Arrangements

The proposed management arrangements of Aligarh Urban Health Program are mentioned below:

- City Urban Health Unit within the NRHM district PMU to be coordinated by a Program officer of urban health.
- City level Inter-sectoral Coordination Committee/urban health committee will be formed under the Chairpersonship of the District Magistrate.
- Urban Health Centre will be coordinated by the Lady Medical Officer who will work closely with NGOs.
- HPD level coordination committee will be formed under the chairmanship of by LMO

Executive and implementation Arrangements:

The District Magistrate and Chief Medical Officer will take care of overall co-ordination. The Chief Medical Officer will provide support in implementing all activities and actions pertaining to health sector. At urban health center level program will be implemented, coordinated and monitored under LMO .

Roles and responsibilities of urban stakeholders

As has been mentioned Aligarh city has wide range of stakeholders, including Govt. bodies, local bodies, local authorities and social care providers; charities, voluntary organizations and community based organizations with

many others. These stakeholders will have potential role to perform as committees, forums and networks which will enable them to understand their roles and responsibilities in order to take active part in the process of health reform in urban.

Monitoring and Evaluation Plan

Monitoring and evaluation framework would be largely based on cross verification and triangulation of information. It is needless to mention that supportive supervision approach will be the key of monitoring strategy. The proposed systems are (a) Community Based Monitoring ;(b) A web based Urban HMIS for frequent reporting and feedback ; and (c) Internal and External evaluations.

District Urban Health Committee would regularly monitor the progress and provide feedback. It will be ensured by Program Management Unit that all the concerned reports are being collected from service delivery points and data are being analyzed/shared with Urban Health Committee.

Implementation Plan for the Proposed Model

The identified key areas for intervention in the Health Plan are Access to services, Health promotion and disease prevention, *Education, awareness and support, Partnership with private sector and Inter and intra-sectoral coordination*

Program Implementation Plan

The program implementation plans envisage the

- Establishment of PMU,
- Engagement of Stakeholders
- Capacity building of the health professional,
- Selection and identification of USHA,
- Strengthening of HPDs,
- Strengthening of Secondary Health Centers,
- Mainstreaming of AYUSH systems in the National Health Care Delivery System,
- Support to MAS for community management of hospitals and annual maintenance of the facilities,
- Mobile Medical Units,
- Preparation of District Health Report,
- Strengthening of ANM Training Centers,
- Networking with NGOs and Professional Organizations,
- Behavioral Change Communication (BCC) in community,
- Convergence with SACS,
- Strengthening Referral Services and Tertiary Care Units and
- Documentation, NUHM Management and Budget

1.0 Background

Urbanization is one of the most important demographic shifts of modern civilization, a trend with far-reaching consequences for the environment and health (Galea et al, 2005). Global urbanization in the 21st century is unprecedented. By 2007, equal numbers of the world's people will be living in urban and rural areas, and by 2010, more than half will live in urban areas, making humanity a predominantly urban species for the first time in its history (UN, 2004).

As per Census 2001, 28.6 crores people live in urban areas. The urban population is estimated to increase to 35.7 crores in 2011 and to 43.2 crores in 2021³. Urban growth has led to rapid increase in number of urban poor population, many of whom live in slums and other squatter settlements. As per Census 2001, 4.26 crores people living in slums are spread over 640 towns/ cities that are having population of fifty thousand or above Existing 3.73 crores slum population is expected to reach 6.25 crores by 2008⁴ in . In the cities that have population one lakh or above (Appendix 1), putting greater strain on the urban infrastructure which is already overstretched⁵. Demographers have described the Indian scenario as the 2-3-4-5 syndrome, i.e., in the last decade, the Indian population grew at an average rate of 2%, the urban population at 3%, mega cities at 4%, and slum populations increased at a rate of 5%. If urban India were considered a separate country, it would be the fourth largest in the world after China, India, and the United States of America (Chatterjee, 2002).

The above situation is reflected in the poor health indicators. As per the re-analysis of the NFHS III data, Under 5 Mortality Rate (U5MR) among the urban poor is at 72.7, significantly higher than the urban average of 51.9. About 47.1% of urban poor children under-three years are underweight as compared to the urban average of 32.8% and 45% among rural population. Among the urban poor, 71.4% of the children are anemic as against 62.9% in the case of urban average. Sixty percent of the urban poor children miss complete immunization as compared to the urban average of 42%. Only 18.5% of urban poor households have access to piped water supply at home as compared to the urban average of 50%. Among the urban poor, 46.8% women have received no education as compared to 19.3% in urban average statistics. Among the urban poor only 44 % of deliveries are institutional as compared to the urban average of 67.5%.

Nevertheless, there is a growing recognition of the problem of urban slum dwellers among government agencies, donors, and NGOs. The Government of India (GoI) has acknowledged the non-availability as well as substantial under-utilization of available primary health care services in urban areas. Under the National Population Policy 2000, National Health Policy 2002, RCH II program 2005, and the Tenth Five Year Plan, MCH services to the urban poor have been recognized as an important thrust area by the Government. Moreover GoI has decided to launch National Urban Health Mission to improve health status of urban poor by focusing more on urban poor.

Uttar Pradesh lies in the Gangetic plains of Northern India. It is the most populous state in India with 171.5 million residents, an increase of almost 30% since 1991. Uttar Pradesh is one of the eight less developed EAG states of India, which constitutes 32% of the total urban population and is home to approximately 43% of India's urban poor. Unlike the rest of India, gains in infant survival in Uttar Pradesh have stagnated since the mid 1990s. Health indicators for the urban poor are not encouraging enough; neonatal, infant and under-five mortality rates are 53.6, 86.7, and 122.5 per 1000 live births, respectively. NFHS data shows that neonatal, infant, and under-five mortality rates for populations in the low standard of living index (SLI) bracket are even higher, i.e., 67.9, 112.2, and 162.7 per 1000 live births, respectively.

Keeping in mind the current situation of urban health and forthcoming National Urban Health Mission (NUHM) the Government of Uttar Pradesh has decided to develop reality based city urban health plans. In this connection, Aligarh City health plan has been selected as one of the 13 selected cities for NUHM. It was also decided that the Aligarh Urban Health Plan will be developed in close consultations of all urban health stakeholders to ensure optimal utilization of available resources.

This proposal for providing urban health services focused for the vulnerable slum dwellers of the city is based on a series of consultations with a variety of stakeholders in the city. Stakeholders included slum dwellers, Government and non-government field-workers associated with slum improvement or health activities, Municipal Authorities, Health Department officials, representatives from District Urban Development Authority, Education Department, Jal Nigam and NGOs.

1.1 Aligarh City at a glance

Aligarh city is in the northern Indian state of Uttar Pradesh. The city is located around 90 miles (140 km) southeast of New Delhi. It is the administrative headquarters of Aligarh District, Aligarh Police Range and Aligarh Division, and has a population of half a million. It is mostly known as a university town where the famous Aligarh Muslim University is located. The Aligarh division includes Aligarh, Etah, Hathras, and Kanshi Ram Nagar districts. Aligarh has one of the best educational institutes in India. It is popularly known as the 'Mecca of Education'. Aligarh is also known as City Of Locks due to huge presence of small and big lock industries.

History

Before 18th Century Aligarh was known by the earlier name of Kol or Koil. It was re-named Ramgarh and finally, when a Shia commander, Najaf Khan, captured Kol, he gave it its present name of Aligarh.

Table-1.1 Chronology of events occurred in the development of Aligarh City

Year	Developments
In 1194 AD	Qutb-ud-din Aybak marched from Delhi to Koil which "one of the most celebrated fortresses of Hind". He was appointed Hisam-ud-din Ulbak as the first Muslim governor of Koil.
During 1524-	During the reign of Ibrahim Lodhi, Muhammad, son of Umar was the governor of Kol, built a fort at

25	Kol and named the city after his own name as Muhammadgarh.
In 1753	The Bargujar Chief rose against the destruction of Hindu temples. The Jat ruler Surajmal with patronage from Jai Singh of Jaipur and the Muslim army occupied the fort of Koil, the Bargujar Raja Bahadur Singh died fighting.
During 1803–1805	The Battle of Ally Ghur was fought on September 1, 1803 during the Second Anglo-Maratha War at Aligarh Fort
In 1804	The Aligarh district was formed by the union of the second, third and fourth British divisions with the addition of Anupshahr from Moradabad and Sikandra Rao from Etawa
In 1875	Sir Syed Ahmed Khan founded the Muhammadan Anglo Oriental College in Aligarh, later became Aligarh Muslim University in <u>1920</u> .
In 1975	Aligarh Municipal Corporation was formed.
In 1981	Aligarh Development Authority came into existence.

Geographic Location

Aligarh is located at 27.88°N 78.08°E. It has an average elevation of 178 meters (587 feet). The city is situated in the middle portion of Doab, or the land between the Ganges and Yamuna Rivers. The Grand Trunk Road passes through the city.

Climate

Aligarh has a monsoon influenced humid subtropical climate, typical of north-central India. During summer, average temperatures range between 28–33 °C (82–91 °F). The monsoon starts in late June, continuing till early October, with high humidity levels. It gets annual rainfall of 800 mm during these months. Winter Temperatures range between 12–16 °C (54–61 °F). Winters in Aligarh are generally mild, but fog and cold snaps may occur. The best time to visit Aligarh is during the months of February, March or November when temperatures are moderate and humidity low.

Demography

As of the census of 2001, Aligarh had a population of 667,732. Males constitute 53% of the population and females 47%. Aligarh has an average literacy rate of 71%, higher than the National average of 65.4%; with 79% of the males and 61% of females literate. 16% of the population is under 6 years of age.

Structure of the Economy

The city is an agricultural trade centre. The processing of agricultural products and manufacturing are also important. Aligarh has always been an important business centre of Uttar Pradesh which is most famous for its locks industry. The locks that are produced in Aligarh are exported to different parts of the world. In 1870, Johnson & Co. was the first English locks firm to be set up in Aligarh. In addition to the lock industry, the other industries of Aligarh include flour milling, processing of raw cotton and manufacture of butter, thermometer and glass. Aligarh is also famous for its brass hardware and sculptures.

Aligarh City is famous as an industrial city. It is also known as *Taala Nagari* (Locks City of India). An approximation puts the total number of industries at 25,000 which constitute of both Small scale & Large Scale Industries.

There are three Industrial Areas like Industrial Estate, Pala Road and Taala Nagari. Aligarh is amongst the largest manufacturers and suppliers of locks and hardware goods in India and is also one of the largest manufacturers of brass fittings. Brass market of Aligarh is one of the largest in India, which employs thousands of skilled laborers. It also has automobile parts industries which supply their products in India and abroad. It has four fruit ripening plants which ripens/preserves fruits, dry fruits and vegetables.

Transport

Aligarh is well connected to the other cities. India's Longest Road, G.T Road passes through Aligarh. The nearest airport is the Indira Gandhi International airport which is about 160 km away. Two national highway (NH-91, NH-93) pass through Aligarh. An expressway from Delhi to Agra called Yamuna Expressway is under development which passes through Aligarh.

There are 2 main bus terminals Masoodabad Bus Terminal and Gandhi Park Bus Terminal from where buses serve cities all over the state of Uttar Pradesh and many other cities of other states. Aligarh has a railway Station called Aligarh Junction. It connects Aligarh to the West Bengal, Orissa, Bihar, Jharkhand, North East and most of Uttar Pradesh. Junction runs about 70 daily Mail/ Express/ E.M.U Trains. City buses, tempos and rickshaw are convenient options to commute within the city.

Educational Institutions

Aligarh is a city of Uttar Pradesh that is held in high esteem for the educational facilities offered here. The Aligarh Muslim University, a residential academic institution having an international reput, is found spread across the city civil lines area.

Administrative Structure of City

Aligarh city is divided into 70 municipal wards and a mayor is elected out of them. Aligarh Development Authority is responsible for planning and development of the city. For law and order, the city is divided into three administrative divisions i.e. City, Infrastructure and Finance & Revenue, each headed by District Magistrate. District Magistrate has the overall responsibility for the district law and order, revenue collection, taxation, the control of planning permission and the handling of natural and man-made emergencies.

Based on the topography and slums the city can be divided into 4 zones:

1. The upper kot area, which is the core of the city and mostly occupied by working and middle class Muslim population. It is the most congested part of city having industries, like lock, biscuits, dyes and building & fitting. .

2. The Achal tal area is inhabited dominantly by Hindus include the famous locations of Manik chowk and Madar gate (whole sale market).
3. The civil lines area, which is a sparsely populated open area. The land values are high in this area.
4. The peripheral ring around the city is recently developed by the private builders, ADA & CGHS. Land is being used for commercial and residential purposes.

Based on the development, the city can be broadly divided into two areas known as Old Aligarh (City) and New Aligarh (Civil Lines).

New Aligarh consists of Ramghat Road, Lal Diggi Road, Anwarul Huda Compound, Amir Nisha, Azim Compound, Zakaria Market, Dhurra, Sir Syed Nagar, Friends Colony, Jamalpur, Badar Bagh, Habib Bagh, Bhamola, Zohrabagh, Dodhpur, Shabitan Compound, Jeevangarh, Kela Nagar, Firdaus Nagar, Janakpuri, Professor Colony, Prag Sarover, Gyan sarover, Maan sarover, Avantika-1 and 2, Shyam Nagar, Medical Colony, Lekhraj Nagar, Ramesh Vihar Colony, Durga Wadi, Marris Road, Vidhya Nagar, Ram Krishna Puram, Sasni Gate and Delhi GT Road.

Old Aligarh constitute of Rasalgunj or Russellganj, Nai Basti, Avas Vikas Colony, Sarai Hakeem, Manik Chowk, Delhi Gate, Gular Road, Anona House, Pahasu House, Sasni Gate, Mahavir Ganj, Railway Road, Saray kawa, Babri Mandi, Mitha Kuan, Jaiganj, Pathan Mohallah (Afghanan), Kala Mahal, Ghaski Mandi, Upper Kot, Jama masjid Gambhir Pura, Mahendra Nagar, Bank Colony (Premier Nagar), Gandhi Nagar, Saray Sultani, Achal Talab, Khirmi Gate, Janak Puri and Vikram colony .

Environmental Conditions:

Aligarh has shortfall of basic facilities especially with poor population and slum dwellers, problems of housing is acute due high rate of population growth. City has poor infrastructure, both in terms of quality and quantity for domestic water supply, people prefer bore well more than municipal connection, as it is more reliable in terms of supply. Because of topography (bowl shaped), stagnant pools and flooding of low-lying areas is quite common. Sewage and sanitation is mostly missing. Child labor is the worst aspect of city's industries. They are engaged in lock, brass and metal works. Electric supply is inadequate as per the requirements of the city and is a major concern. Apart from university area and few new settlements, overall state of urban comfort is missing.

Sewerage

There is a very high pressure of growing population on the limited civic amenities, which are virtually collapsing. The rate of land consumption for urban purposes was substantially moderate till 1980s, but in the 1990s witnessed a sharp increase in land consumption as compared to population growth. The city still does not have a sewage treatment plant, and of the estimated 40 million liters per day of sewage produced by a population of 7,89,529, only 27 million liters per day is pumped out or diverted for irrigation purposes, while the rest pollutes the urban environment or contaminates the ground water resources. Land consumption for urban purposes in the last fifteen years is estimated to be 1.428 km² per year.

1.2 Situation of the Urban Poor

As per DUDA (2001), Aligarh has 128 slums with population of 3.8 lakhs distributed sparsely in the city, which accounts for about 52.42 percent of the city's population. Demographic data for the Aligarh city from Census 2001 has been analyzed to understand the demographic patterns. The total population of the city is 6.69 Lakh. Looking at the population composition male population constitutes 53 % and female population constitutes 47%. As per census 2001 there are 1.02 lakh households and about 12 % of total population is below 6 year. The sex ratio of the district is lower than that of city i.e. 862. The literacy rate of the Aligarh city was recorded 63.9% during 2001 census. About 17 percent of total population belongs to SC category. The population of the city comprises of Hindus, Muslims and Christians and has been estimated that 69.10 percent of urban population is below the poverty line. Decadal growth of the Aligarh district was 39.0 during 1991-01. As per District Urban Development Authority in Aligarh there are around 128 registered slums with a total population of 380,776 (Annexure). As per EHP report 52.42% population reside in slums. Over a period of more than a decade, some of the slums have now become developed colonies, while some new unregistered colonies have also mushroomed.

1.3 Socio-economic conditions of slum dwellers

The over crowded city has paved the way for emergence of new areas either as an extension of walled city or the new locations along the rural peripheries. The credit to some extent goes to the unfortunate history of communal riots especially in late eighties and nineties intensified the process urban expansion. Some areas like Shahjamal, Shahjamal Indiranagar and Mahfooz Nagar are offshoots of Upper Fort, Bhujpura and Old Shahjamal. Another main reason for the emergence of slums is search of job from rural area. Consequent to the outburst of the household lock manufacturing units and sub-units especially in specific lock components the city has been converted into dingy lanes, pollution, market and tough life.

The slum dwellers are mainly engaged in daily labour, lock and brass industry, manual laborers, daily wagers and marginalized workers such as Small vendors like Panwala, Vegetable vendor, Cobbler, Barber, Fruit vendors, Bangles & Cosmetic items seller and rickshaw/local auto pullers, etc. Most of the people residing in Aligarh are below poverty line who work hard to earn bread and butter for their families. In most of the houses, female members and children are also involved in economic activities of the family. Problems of housing have become acute due to high rate of population growth (average 6 persons/house). These areas have poor infrastructure, both in terms of quality and quantity for domestic water supply, people prefer bore well more than municipal connection, as it is more reliable. Because of topography (bowl shaped), stagnant pools and flooding of low-lying areas is quite common. Hereby sanitation is big problem. Sewage and sanitation is mostly missing. Electric supply is inadequate as per the requirements.

1.4 Health Infrastructure in the City

Health services are provided by the Public sector, Department of Medical, Health and Family Welfare, and Private sector (hospitals, nursing homes, and clinics). In addition, as per the list provided by UNICEF there are approximately 587 non-registered private doctors catering to a large urban slum population in the city.

1.4.1 Public Sector

First Tier Health Care Facilities

Urban Health Post D-Type (HPD) provides primary health care in the city, which is sparsely located in different parts of the city. It was envisaged that an ideal HPD would cover 50 thousand urban populations but rapid urbanization resulted the high population coverage by HPDs with limited number of staffs. 5 out of 11 HPDs were established in 2006-07 in order to respond to the growing slum population as well as the peri-urban growth of the city. Even after existence of 11 HPDs the population requires some more first tier facilities in the city. 1st tier –Primary Health Care Facilities are being provided by 11HPDs and by an ESI dispensary also. The details of HPDs are mentioned below:

- Urban HPDs Old : 06
- Urban HPD New (NRHM) : 05
- ESI Dispensary : 01
- Municipal Dispensary : 01
- Community Center (Medical College) : 01

Second tier health care services

In Aligarh there are three Government–undertakings secondary/tertiary level hospitals. All these hospitals are catering to the secondary care needs of the entire district. Apart from J.N Medical College which is under central government, all other health facilities are under state health department.

Table-1.2 2nd tier Health Care Services Providers

Second Tier Facilities	Number
District / Joint Hospital	1
District Male Hospital	1
District Women Hospital	1
Post Partum Centre	2
Medical College	1
Railway Hospital	1
Defense Hospital	1
ESI Hospital	1

1.4.2 Private Health Facilities:

- **First Tier Private Health Facilities** -Nil
- **Second Tier Pvt Health Facilities:**

Table-1.3: Second Tier Private health facilities

Second Tier Facilities	Number
Private Nursing homes/ Maternity Centers	90
Accredited private facilities (2007)	2
Charitable Hospital	1
Medical College	0

A large number of slum residents receive medical care from the private sector, which includes a huge network of professionals institutions. As per the list provided by the Chief Medical Officer, a total of 90 private nursing homes/clinics are existing in the city. A majority of private nursing homes and clinics are located along the Ramghat Road in the city.

Table-1.4 Private Health Service Providers

Private for Profit	Numbers
Health Post/Clinics	89
Maternity /Nursing Homes	90

2.0 Goal and Objectives

2.1 Goal: To improve the health status of the urban poor communities and other disadvantaged section of society by provision of quality integrated health services through integration of national program and family planning..

2.2 Objectives:

- To improve access of slum population to health services by providing integrated and sustainable system for health service delivery
- To ensure equitable access of slum population to quality health care through a revamped public health system
- To strengthen linkages between slum communities and health service providers
- To strengthen referral systems for critical cases from community and primary health care centers to identified referral centres
- To improve healthy health behaviour of the communities through intensive IEC/BCC strategies
- To develop an urban health service delivery model in the city

2.3 Key Strategies:

- Strengthening public health system through rationalization
- Improving the efficiency of public health system by strengthening and rationalizing urban primary health structure
- Synergizing Inter and Intra sectoral co-ordination.
- Identification, Capacity building and encouragement for active participation of stakeholders
- Partnership with non government providers (PPP)
- Community participation as well as process sustainability-Identification and Training of USHAs.
- Formation, Nurturing and Capacitating community based groups (MAS) to improve the access of communities to health services
- Targeting and prioritization of most vulnerable amongst the poor.

3.0 Urban Health Stakeholders Profile and their proposed role in Urban Health

Malkhan Singh District Hospital

District Hospital situated at the heart of the city. It is named "Malkhan Singh Hospital ", established in British Period i.e. since 1838. Available facilities here are 232 bedded IPD with 5 wards namely Private, Surgical, Medical, Paediatric and Isolation. The wards are further categorized into General, Paying & Private. In General category the services rendered and facilities availed are free of cost but Paying has nominal charge which is less as compared to Private. It provides Medical Care to all the Patients who come to the Hospital. Services are free for poor and all in casualty. Presently the hospital has 16 Medical officers, 34 Para Medics and other staff strength up to 105.

Table 3.1: Staff list-DH

Staff	Position Sanction	Position in place
Medical Officer	29	16
Pharmacist	15	15
Office staff	5	5
Metron	1	1
Sister	11	11
Staff Nurse	23	22
Fourth Grade staff	85	85

This hospital provides comprehensive health care for all kinds of medical & surgical services. It also has all types of diagnostic facilities, like, pathology, X-ray and ultrasound. The hospital has a blood bank giving 24X7 services. In addition to the different departments, the hospital has separate Malaria, Tuberculosis, Leprosy and HIV/AIDS unit.

Rabies and Snake bite cases are also treated. On an average 1500 old patients and 2500 new patients attend the OPD daily. Nominal charge is applicable for the services in the hospital and some categories such as BPL and other privileged group were exempted from these. Registration charge of Rs.1/-, valid for 15 days is universal in all health facilities.

INDOOR TREATMENT

Free diet is provided to poor patients. Staff Nurses are on duty round the clock in the Ward for proper assistance. Admitted patients often contact the Nurse on duty for any Medical assistance.

CASUALTY AND EMERGENCY SERVICES

These services are available at casualty ward accessible from main gate. All medico legal cases including traffic accident cases are attended to the casualty. Casualty services are available round the clock. Duty Doctors are available round the clock.

Table 3.2: Charge list for the services:

Services	Charge(in INR)
Registration	1
Admission(IPD)	34
Private Ward	100
Paying Ward	34
Private Medicolegal feer	68
Ambulance	67

The charges for other services such as examination, diagnosis & surgeries ususally vary in case of General, Paying & Private wards. Apart from basic facilities such as Night Shelter,Waiting Benches,etc, one RO (Reserve Osmosis) kiosk underconstruction to provide drinking water to the patients.Indian Oil has taken initiative in the establishment of "Sancha Chulha" a common kitchen with free gas stove and cylinder for the use of patients.

Proposed Role In Urban Health:

- Service Delivery Day for NSV for slum dwellers
- Support women's hospital on service delivery days
- Periodic camps in slums
- Leading role in monitoring and guidance to urban health activities
- Strengthening of Urban Health Centers (HPDs)
- Capacity Building of Urban Health Staffs
- Uninterrupted supplies to service delivery points
- Accreditation of private facilities for RCH services
- Organizing regular meetings of Urban Health Committee
- Fund flow to accredited facilities for delivery and family planning services.
- Strengthening PPC

District Women Hospital

Mohan Lal Gautam Hospital was established in 1875, earlier it was called "Dufferin Hospital".It got its new name in the year 1985. Hospital has 110 bedded IPD out of which 95 beds are in functional condition.6 beds are allotted to PPC and 14 to SMCU. The facility has 6 wards namely General, Private, New Septic, Old Septic, Post Operative & Pediatric . The hospital has 3 senior consultants and a pediatric doctor, holding permanent Medical Officer Position along with 3 contractual medical officers. It has a team of 3 chief and 2 general pharmacists.

Table 3.3- Staff List-DWH

S.No.	Staff	Position Sanction	Position inplace
1	Medical Officer	15	5
2	Pharmasist	5	5
3	Office staff	7	6
4	Metron(Ward Sister)	4	3

5	Staff Nurse	1	0
6	ANM	7	6
7	Fourth Grade Staff	31	28

The hospital has 4 units: Counseling, PTCT, SNC-Neonatal & PPC. This hospital provides comprehensive health care which includes all kinds of essential maternity services, emergency obstetric care, female sterilization, MTP, family planning & welfare and immunization services.

The services provided by this hospital includes-

- Preventive services such as provision of immunization, ANC/PNC, detection of pregnancy and referral for hospital delivery, etc.
- Counseling services such as counseling and education on breast feeding, nutrition, education and information on health and hygiene, community mobilization, etc
- Maternity services such as provision for institutional deliveries, new born care and management, supervisions for home deliveries, etc.
- Family Planning services such as expansion of contraceptive choices by provision of oral contraceptives and condoms, insertion of IUD, sterilization, MTP, etc.



The facility gives outreach services in the nearby areas covering altogether 1 lakhs population. There are three



ANMs who conduct outreach sessions in Rasalganj, Madinabad, Danpur, New Abadi, Dhurri wali gali, etc. Routine Immunization, medicine dispensing for general illness and distribution of contraceptive pills and condoms are the major services given in outreach session. The facility receives referrals from PHC, CHC & HPD for services and it refers cases to Medical College for C-Section, Severe Anemia, Heart Complications etc. User charge of Rs 1/- for registration slip valid for 15 days. MTP is conducted free of cost

apart from other services.

Table 3.4: Charge list for the services:

S.No.	Services	Charge(in INR)
1	Registration	1
2	Admission Charge	35
3	DNC	267

Post Partum Center: The facility has a separate PPC unit which has a team of staff with separate infrastructure inside the Women Hospital. It shares 6 beds in Women Hospital.

Table 3.5: Staff List-PPC unit

S.No.	Staff	Position Sanction	Position in place
1	Medical Officer	3	0
2	LHV	1	1
3	ANM	3	2
4	LSW	1	1
5	Peon	1	1
6	Stenographer	1	1
7	Sweeper	1	1
8	Driver	1	1

It provides outreach services apart from other Maternity services such as emergency obstetric care, female sterilization, MTP, family planning & welfare and immunization services, such as-

- Preventive services such as provision of immunization,
- ANC/PNC and referral for hospital delivery, etc.
- Counseling services such as counseling and education on breast feeding, nutrition, education and information on health and hygiene, community mobilization, etc
- Family Planning services such as expansion of contraceptive choices by provision of oral contraceptives and condoms, insertion of IUD, sterilization, MTP, etc.

Proposed Role in Urban Health

- Fixed Service Delivery Days for RCH services for slum dwellers
- Fixed outreach services in nearby slums
- Implementation of national programs
- Active role in Urban Health Committee
- Periodic health camps in slums (need based)
- Monitoring of urban health activities
- Development of a system for helping slum dwellers during service provision

District Joint Hospital-Pandit Deen Dayal Upadhaya Joint Hospital:

Pt. Deen Dayal Upadhaya Hospital was established in 1991, with all necessary infrastructure and accessible location. The hospital has sanctioned provision of 300 beds but at present only 100 beds are functional. It has 3 wards namely Male, Female and Emergency with 36 beds in Male and Female wards each and 28 for emergency ward.

Table 3.6: Staff List-PDDUJH

S.No.	Staff	Position Sanction	Position inplace
1	Medical Officer	25	11
2	Pharmacist	4	4
3	Office staff	11	3
4	Metron	1	1
5	Sister	9	3
6	Staff Nurse	26	9

The hospital has 24 hours Emergency Department with 2 Medical Officers on duty and other specialist on call. It has a homeopathy unit as well with 1 doctor and 2 support staff. The hospital has Orthopedic and Ophthalmologic department for treatment and surgeries. The hospital has Leprosy & Tuberculosis unit for free treatment of patients. Facilities for delivery are also available in this hospital. It has well equipped ambulance with 24 hours emergency services.

Services available at hospital:

- OPD including ANC, Immunization,
- Conducting deliveries
- Pathological Test, X-Ray , Ultrasound & Dialysis Facility
- Family Planning services
- Treatment for dog bite
- Physiotherapy
- Surgeries
- Free treatment facility for Smart card hold under National Insurance Scheme

Proposed Role In Urban Health:

- Active participation in Urban Health Committee
- Initiation of fixed service delivery days for slum dwellers
- Initiation of FP services in the facility
- Staffing as per sanction position
- Outreach activities in nearby slums

Medical College Hospital: J.N.M.C. (Jawahar Lal Nehru Medical College) is situated in the premise of Aligarh Muslim University Aligarh. It was established in 1962. The College has an attached hospital of 1000 beds and a 100 bed set up in the Institute of Ophthalmology at the Gandhi Eye Hospital.

The special feature of this College is that it is one of the few medical colleges in this country which entirely runs under the university administration and has a close link with other disciplines of the University. The Hospital has 20 wards, assigned among departments and each ward has 50 beds. Apart from others, Special and Emergency wards have 20 & 75 beds respectively. It provides medical care to all the patients who come to the Hospital. The institution is also being used as tertiary level health facilities and cases are being referred to the college by district hospital and district women's hospital.



Table 3.7: Ward Details-Medical College

Ward Numbers	Department
1	Surgery & Orthopaedic
2	Surgery & Gynaecic
3	Surgery
4	ENT, Orthopedic & Eye
5	Orthopedic & ENT
6	Surgery Male
7 & 8	Gynaecic
9	Surgery Female
10-15	Medicine & TB Chest
16 & 17	Paediatric
18 & 19	Endocrinology & CCU
20	Radiology

Further, Gynecology department has 3 other wards,

- Old Labor Ward
- New Labor Ward
- Nursery Ward

Presently hospital has 73 Consultants and 244 Nurses other staff counts 133 Sweeper and 180 attendants.

This hospital provides comprehensive health care for all kinds of medical & surgical services. It also has all types of diagnostic facilities, like, pathology, X-ray and ultrasound. The hospital has a blood bank giving 24X7 services.

Casualty and Emergency Services:

These services are available at casualty located at main gate of the hospital . All Medico legal cases including road accident cases are attended to this casualty ward. Casualty services are available round the clock. Duty Doctors are always available in the hospital.

An initiative by the Department of Community and Preventive Medicine

The Department of Community Medicine was established in 1962 and is actively involved in successfully implementing all the National Health Programs both at its well established Rural Health Training centre (RHTC) at Jawan and the Urban Health Training Centre (UHTC) at Firdaus Nagar. UHTC is situated in a jhuggi-jhopri cluster near the railway track in the city of Aligarh. The department is imparting training to interns, Aganwadi workers and ASHA workers for Health Education. It is also actively involved in the National Polio Eradication Programme. The department is running a Mobile Health Clinic under ROME Scheme that visits to the various villages for providing health care services to the community. A Sentinel Surveillance Unit (SSU) for National Programme for control of blindness, sponsored by the Ministry of Health and Family Welfare has also been established in the Department. Some of the key activities of the SSU are to carry out various surveys to find out prevalence of blindness in the community and to take preventive and control methods which mainly include the complete eye check up of the patients and to organize camps for Cataract operation and distribution of glasses free of cost.

The department is running 2 Health Clinics with support from UNICEF & Rotary International at Jeevangarh and Mehfooz Nagar, two underserved areas of Aligarh and providing preventive, and curative services to under five children and all females of reproductive age groups.

Table 3.8: List of serving areas with under five population:

S.No.	Areas	Under Five Population
1	Jeevangarh	9549
2	Jamalpur	10564
3	M.A.Nagar	10936
4	Upper Kot	15344
5	Shahjamal	13562
6	Bhujpura	8588
7	Mehfooz Nagar	4906
	Total Population	73449

An initiative by JDA (Junior Doctors Association), lead to the formation of Drug society

The Drug Society is a non-profitable, non-political and charitable organization run solely by the undergraduate medical students of JNMC under the guidance and financial contribution of a team of undergraduate and postgraduate medical students. Drug society organizes medical camps, outdoor clinics, counseling sessions for

patients on health and hygiene at nearby towns and villages with distribution of medicines and vaccination .The society also gets involved in relief activities during disaster such as Earthquake , Flood, Famine and Cyclones. Previously society has worked at distant locations such as for Latur Earthquake, Tsunami at South India (Indian Ocean Tsunami), Bihar floods in 2007, etc.

Health Post D-Type (HPD)

In accordance with the report submitted by Krishnan Committee in 1982, Health Post scheme for providing health services to urban poor of the country came into action. As per the recommendation of the committee, a grading pattern was developed such as A, B, C & D and accordingly the coverage population and staffing pattern was decided. Under the Urban Revamping Scheme (1983), Health Posts have been established to provide outreach services, primary health care, and family welfare and MCH services in urban areas, particularly in slums. Mother and child health care is provided at D type Health Centres level. It registers all pregnant women and provides anti-natal care, immunization, consultation, medicine and counseling services. These were created in order to respond to the growing slum population as



well as the peri-urban growth of the city.11 HPDs are already in the city which urgently require revitalization in terms of infrastructure and supplies. The HPDs in Aligarh were established in 3 phases:

In 1981- 6 HPDs (Ghantar Chowk, Begam Baag, Indira Nagar, Naurangabad, Banna Devi & K.K. Jain)

In 2006- 2 HPDs (Nagla Tikona & Shahjamal)

In 2007- 4 HPDs (Upperfort, Bhujpura, M.A. Nagar & Jeevangarh) Jeevangarh UHP was closed as on 31st March 2009.The average distance of nearest second tier facility from HPDs is 2.7 Km. Slum coverage on Outreach service is for pulse polio round. The team of staff at the health post includes LMO, ICC, HV, LSW, Watchman and Ward Aya. Health Posts were established to provide outreach services, primary health care, family welfare and MCH services in urban areas, particularly in slums. The work timing of health post for OPD services is usually from 08.00 am to 02.00 noon.

The services rendered by the health post are:-

- Mother and Child Care
- ANC/PNC(Every Wednesday)
- Routine Immunization
- Family planning/welfare services and counseling including IUCD insertion
- Outreach services by HV/ANM
- Health Camps
- All medicines and check-up are given free to the patients

Proposed role in Urban Health

- Organizing service delivery days at HPDs
- Planned outreach to cover 100% population with focus on poorest population
- Establish a monitoring forum at ward or HPD level
- Coordination with local NGOs and other department such as ICDS/DUDA/MC at ward/HPD level
- Counseling and referral of clients to second tier health facility
- Support to all national programs, being implemented in the city

ESI Dispensary & Hospital

The ESI Hospital at Aligarh city is a 60 bedded hospital, established in the year 1990. The hospital is functioning as a treatment facility for Occupational Diseases. This Hospital is running a dispensary in the same campus. In context to family welfare activity, IUD insertion, OCPs and condom distribution are done. Medicines are given to all the OPD patients as well as those who are discharged from the hospital after admission for 3 days. Rest of the treatment is managed by dispensaries. Medicines are also given to the in-patients in all the wards.

Table 3.9: Staff Details-ESI Hospital

S.No.	Staff	Position Sanction	Position in place
1	Medical Officer	14	7
2	Pharmacist	2	1
3	Office staff	6	6
4	Metron	1	1
5	ANM	1	1
6	Staff Nurse	9	5
7	Technician	3	1

FACILITIES AVAILABLE IN THE HOSPITAL

Indoor Treatment: The Medical Officers make round of wards twice a day for the patients admitted. Staff Nurses are on duty round the clock in the Ward which makes the facility a 24X7 hospital. Admitted patients contact the Nurse on duty for any Medical assistance.

Casualty: All types of cases are attended in the casualty department on priority basis. Doctors are available round the clock.

Operation Theatre: The hospital has an operation theatre and the OT services are available round the clock where all sorts of routine as well as emergency operations are being done by surgeons.

X-Ray, ECG & Ultrasound: X-Ray and ECG investigations are done by technical specialist. The facility provides ultrasound services too.

Ambulance Service: The Hospital has its own ambulance which is used as per need of the patients.

Dispensary: The facility has a dispensary within the campus of Hospital. It has separate staffs which include 2 MOs(1 male and 1 Female),1 Pharmacist,1 HV,1ANM,2 Office staff(1 UDC and 1 LDC),1 Dresser,2 Ward boys and 1 Sweeper. The dispensary operates from 08.00 am – 02.00 noon and provides OPD services. Patients for IPD are referred to hospital from dispensary.

Proposed role in urban health

- The dispensary and hospital can organize service delivery days for slum population
- Both dispensary and Hospital staff could be involved in training for providing methods of family planning services.
- The dispensary can help in outreach activities to the nearby slums.
- The facility could be used as referral facility for critical cases and sterilization
- Support to all national programs, being implemented in the city

Charitable Hospitals/health facilities

Devatrey Hospital was established in Aligarh in 1951 by Swami Trilokinathji at Ramghat Road. It has another unit at Ramleela Bhawan, GT Road. The foundation was lead by Swami Nirmalanand Maharaj on 7th May 1951 in the name “Devatrey Kutir”, now expanded and taken a giant image in social service in the name “Devatrey Homeopathic Dharmarth Hospital”. A social trust was formed by renowned social workers from different part of country for running and managing the hospital. The hospital follows Homeopathic norms for curing patients. People from within as well as nearby districts come for treatment. The consultation services and medicines are free of cost in the hospital. The hospital is basically a homeopathic centre of medicine a very dynamic gynecological clinic, a surgery unit and an eye centre of repute. 8 Doctors and 6 Compounders provide their service to 900 patients daily. The hospital also has indoor wards. The hospital has following departments:

- E N T
- Surgery
- Family Welfare Center

Apart from above the hospital has Oxygen Bank, Pathology Lab and Resource Center.

Proposed role in Urban Health

- Active membership in district urban health society
- Support to visiting clients for adopting adequate family planning method
- Support in periodic service delivery days at different location of the city
- Support to all national programs, being implemented in the city
-

Integrated Child development Scheme

The Integrated Child Development Service being implemented by the Department of Women and Child Development targets children below six years of age, pregnant and lactating women, women in 15-49 age group and adolescent girls who are considered to be the “vulnerable groups” in the “urban slums.” The package of services specifically for improving maternal and child health are:

- Supplementary nutrition for pregnant and lactating mothers
- Pre-School Education
- Health and nutrition counseling
- Antenatal care — antenatal checkups and IFA distribution
- Immunization
- Referral services

In urban areas, ICDS provides services through 424 Anganwadi centers spread over urban areas. Each AWC caters to approximately 1,000 people. These AWC are running under the supervision of 6 Sector Supervisors. Apart from 6 mandatory services, ICDS is implementing other Govt. schemes for urban areas.



The schemes under ICDS are:

- Kishori Balika Yojna –Girls of age between 11-18 yrs are beneficiaries under this scheme. The girls are given training for entrepreneurship development twice a year. Under this scheme 3 girls from each of the AWCs are registered every year.
- Maha Maya Ashirwad Yojna-Girl child born after 15th of January 2010, will get Fixed Deposit of Rs-20,000/- and on maturity an amount of Rupees 1 lakhs would be, , provided which is payable after 18 years. There is one condition that the girl should be unmarried at the time of maturity of policy. The condition of getting enrolled under this scheme is – “beneficiary should be from the BPL family.”
5 beneficiaries were covered under the scheme last year.

Proposed role in Urban Health

- Community mobilization with the slum dwellers with especial focus on poor population
- Active participation in Urban Health Committee
- Community mobilization and demand generation for health services
- Referral from community to first tier and community to second tier
- Depot for essential drugs and contraceptives
- Motivator for immunization and FP services
- Keeping records of growing population, migration and poorest population within the slum
- Support in implementation of all national program
- Coordination with ANM, Peer Educator, CMC, CDS and any other community based worker/organization
- Formation strengthening and capacitating the women's group.

Municipal Corporation

Municipal Corporation is engaged in the development and maintenance of various activities related to the public health, such as water supply, sewer lines drainage, street lighting, education, registration of births and deaths, etc. Apart from the above , general cleanliness, hygiene and sanitation, food and nutrition, etc. are also being looked after by the corporation. However other activities such as “Anti open field defecation” and “Ban on dry sewerage” are of prime focus in urban areas.

Aligarh Municipal Corporation (AMC) has established a dispensary on 14th January 2010. This dispensary is functional in the Municipal building at Gandhi Park. The dispensary runs under the supportive supervision of District Health Officer. It is running with the support from Private Doctors Association, Private Nursing Home Association, Nagar Nigam & Health Department.

The support from individual partners are as follows:

Table 10: Details of the support:

Partners	Support
Nagar Nigam	Infrastructure, Staff Salary
Health Department	Apparatus, Equipment, Medicine
Private Doctors Association	Free Doctors Service
Private Nursing Homes Association	Subsidized pathological and other tests

The dispensary is functional since 8 months. The number of patients in the OPD ranges from 5-10 daily. The facility has various clinical instruments such as BP instrument, Weighing Machine, Thermometer and examination table. It caters the community of nearby areas such as Sisia Pada, Yusuf Ganj, Akhra Baag, etc.

The 2nd tier facility from the dispensary is District Hospital, which is 1 km away and other 1st tier facility is HPD – Ghantar Chowk which is at a distance of 2 km.

The facility has different system for OPD where different specialists are assigned day wise to provide their expert services. Schedule of OPD specialist care is 9.00 AM -10.AM. Day wise schedule is as follows:

Table 6.11: OPD Schedule:

Days	Specialist
Monday	Physician
Tuesday	Pediatrics
Wednesday	Surgeon
Thursday	Eye Surgeon
Friday	Orthopedic
Saturday	Gynecologist

The facility provides significant concession to its patients up to 50% in the diagnostic and pathological services to 2 identified centers namely Ashok Pathology & Varsne Pathology. The facility is running with minimum staff.

Table 6.12: Staff details:

S. No.	Staff	Number	Status	Department
1	PRO	1	Contractual Staff	Nagar Nigam
2	Clerk	1	Contractual Staff	Nagar Nigam
3	Doctor	1	Voluntary Service	Private Doctors Association

Proposed role in Urban Health

- Active participation in urban health committee
- Responsibility to serve some of the slum area through dispensary
- Coordination with local NGOs to aware the communities on hygiene behaviour
- Waste management for slums
- Coordination with Jal Nigam and DUDA to cover 100% slum population
- Identification of unlisted slums and provision of some basic services to them
- Dispansry could act as Urban Health Center with all required infrastructure

District Urban Development Authority (DUDA)

District Urban Development Authority is a district level body functional for infrastructure and roads construction for community purpose. The key areas of working of DUDA are as follows:

- (a) Roads, transport and drain work,
- (b) Sewerage consisting of augmentation and rehabilitation of the system, regularization of the illegal outfalls, awareness campaign for recycling and reuse, etc.
- (c) Storm water drainage including drainage rehabilitation,
- (d) Solid waste management,
- (e) Transport system comprising, *inter-alia*, asset rehabilitation, removal of encroachments, traffic management, etc.
- (f) Housing for the urban poor, including regularization of illegal colonies and unauthorized layouts

Apart from above responsibilities, DUDA takes lead in the implementation of urban development schemes in the city. In Aligarh DUDA is implementing Swarna Jayanti Shehri Rozgar Yojna(SJSRY), Integrated Low Cost Sanitation Programme(ILCS), Integrated Housing & Slum Development Programme(IHSDP) and Basic Services for the Urban Poor(BSUP).

SJSRY- Swarna Jayanti Shehri Rozgar Yojna

The Swarna Jayanti Shehri Rojgar Yojana (SJSRY) provides gainful employment to the urban unemployed or underemployed poor through encouraging the setting up of self-employment ventures or provision of wage employment. The Swarna Jayanti Shehri Rojgar Yojana consists of the scheme, namely: The Urban Self Employment Programme (USEP). Aligarh city is implementing USEP, which is operative in the slums and paying Rs.187/-per person against their labor.

ILCS-Integrated Low Cost Sanitation Programme

Under this programme the existing dry latrines were converted into low cost pour flush latrines and new ones were constructed. As per current year target, Aligarh city has identified 6735 dry latrines out of which 3919 has been converted into pour flush latrines.

IHSDP- Integrated Housing & Slum Development Programme

Integrated Housing & Slum Development Programme aims at combining the existing schemes of VAMBAY and NSDP under the new IHSDP Scheme for having an integrated approach in ameliorating the conditions of the urban slum dwellers who do not possess adequate shelter and reside in dilapidated conditions. The scheme seeks to enhance public and private investments in housing and infrastructural development in urban areas.

Under IHSDP, presently 3 slums have been covered with the construction of houses, namely Elampur (660 Houses), Indira Nagar (558) and Jamalpur (168). Indira Nagar is also being covered Road and Sewer construction. Under Special Component, Bihari Nagar is covered for Road construction. In Aligarh DUDA has 18 CDS (Community Development Scheme) members involve in the implantation of schemes at community level.

Proposed role in Urban Health

- Active participation in urban health committee
- Involvement of CDS members in community mobilization and development
- Coverage of 100% slums under safe drainage and toilet facility
- Mapping of unlisted slums and poverty clusters of the city

Non Government Organizations

Aligarh witnesses very few NGOs actively involved in implementing health programs especially on the issues of reproductive health and family planning. Some of the potential NGOs are:

- OM Gora Sewa Sammitti;
- Udaan Society,
- Dwarika Gramudyog Sansthan;
- Jagriti Jan Kalyan Samitti,
- Noorjaan Sewa Samitti,
- Mand Budhdhi and Vikalanga sewa samitte,
- Sharnam Sansthan and
- Shah Education Society.

Proposed role in Urban Health

- Community mobilization and demand generation for health services within the slums
- Come forward for PPP
- Support in implementation of national programs in slums
- Dissemination of field experiences to policy makers at district level
- Establishing synergy from other projects of NGOs being run in slums for strengthening health interventions.

World Health Organization (WHO):

World Health Organization performs supervisory role to identify problems in immunization service planning, implementation and monitoring. The National Polio Surveillance Program (NPSP) of WHO is working in collaboration with government. for providing technical support in Polio Eradication Program and Strengthening of Routine Immunization. The program at district is lead by a team of proficient members comprised of SRTL (Sub Regional Team Leader), Administrative Assistant, 5 SMOs and 16 field Volunteers (excluding 16 other external monitors).

UNICEF:

In Aligarh ,unicef is working in collaboration with Health Department and WHO. The program (Social Mobilization Network) is functional in district by a team of proficient members comprised of SRC (Sub Regional Coordinator), Sub Regional Training coordinator, District Coordinators (4), Block Mobilization coordinators, Community Mobilization Coordinators. The district has 278 CMCs, 30 BMCs, 2 DUCs & 2 DMCs.

Activities undertaken under SM Net for Community Mobilization are:

- Community Meeting (Mother Meeting)
- Saas Bahu Sammelan
- Polio Rally
- Inter Personal Communication(IPC)
- Influencer Meeting
- Padosi Baithak

Proposed role in Urban Health (WHO/UNICEF)

- Capitalizing the presence of CMCs for other national and health programs
- Active participation in urban health committee
- Information sharing with agencies working in slums and also with key stakeholders
- Technical support to agencies in planning and implementation of projects
- Role in monitoring of activities of all programs being implemented in slums.

FOGSI:

The Federation of Obstetric and Gynecological Societies of India (FOGSI) is a professional organization representing practitioners of obstetrics and gynecology in India. With 209 member societies and over 25,000 individual members spread over the length and breadth of the country, FOGSI is probably one of the largest membership based organizations of specialized professionals.

FOGSI exists for following objectives:

- To encourage and disseminate knowledge, education and research in the field of obstetrics and gynecology,
- To pilot and promote preventive and therapeutic services related to the practice of obstetrics and gynecology for betterment of the health of women and children in particular and the wellbeing of the community in general,
- To advocate the cause of reproductive health and rights and to support and protect the interest of practitioners of obstetrics and gynecology in India.

The Federation also collaborates with and partners the Government of India and is an invited representative on all relevant policy making bodies of the government on issues related to women's health.

The activity undertaken by FOGSI includes:

- Continued Medical Education (CME)
- Workshops, Seminars, Symposium and Conferences.

In Aligarh FOGSI has around 130 members, they meet once in a month. The yearly subscription for membership is Rs.1400/-.

The Indian Medical Association (IMA), the national organization of “Doctors of Modern Scientific System of Medicine”, was organized in 1928, and currently IMA has around 1,78,000 members belonging to different branches of medical profession and function through a network of more than 1700 local branches, located in different part of India.

Aligarh has its IMA local branch established in the year 1960 with currently 350 members.

The major objectives of the Indian medical Association include:

1. Promotion and advancement of medical and all related sciences
2. Improving the public health and medical education in India
3. Maintaining the honor and dignity of the medical profession

The Association has two types of memberships, Lifetime and General. The subscription for lifetime membership is Rs.7500/- and General subscription of yearly Rs.800/-The Association meets once in a month.

The activity undertaken by IMA includes:

- Continued Medical Education(CME)
- Workshops, Seminars, Symposium and Conferences.

Most of the activities are being sponsored by Pharmaceutical companies and Hospitals such as MAX, MRI, Apollo and Fortis.

Private Doctors Association (PDA)

A local level organization of “Private Doctors”, was formed in 2006, and currently has around 270 members. The Association members meet on monthly basis.

The major objectives of the Private Doctors Association are to discuss on the issues of Private Practitioners and seeking probable solutions. The membership fee for PDA is Rs.1000/- per year.

Proposed role in Urban Health (FOGSI/IMA/PDA)

- Active participation in urban health committee
- CME for private as well as Government doctors
- Provision of doctors for camps and service delivery days at community and different levels
- Support in filling up the infrastructural gap in facilities through doctor's support
- Adoption of some of the health post to establish a PPP model
- Periodic slum visit to improve the confidence of poorest communities
- Provision of services on subsidized rate for slum dwellers

4. Proposed Urban Health Service Delivery Models

Service Delivery Model

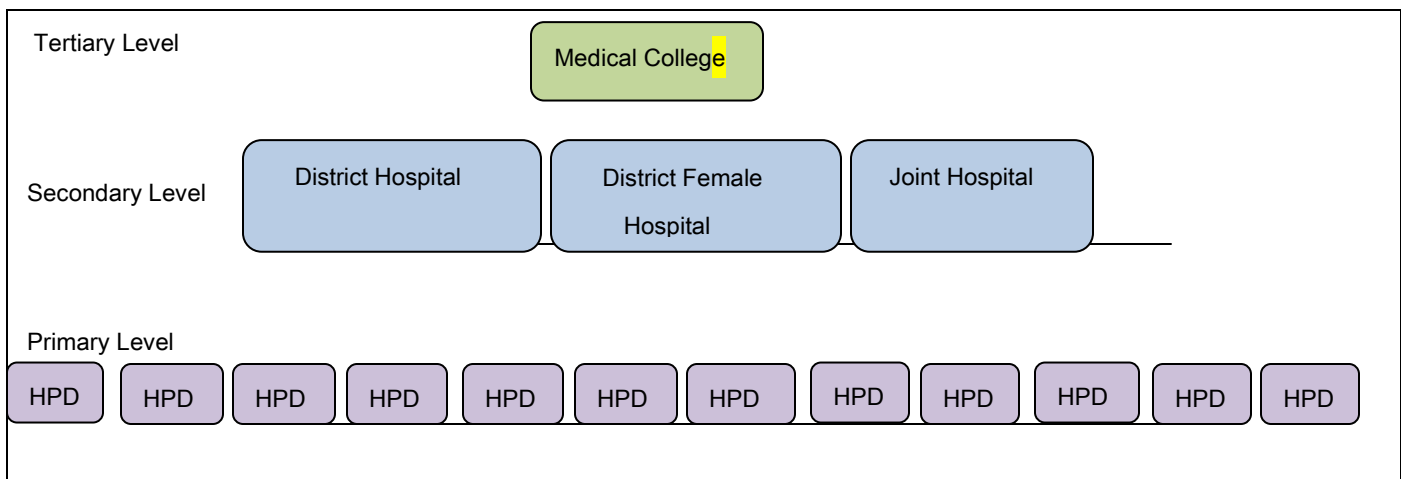
As per provision under NUHM, the health service delivery starts from the bottom level, i.e. Community level. The past schemes and provisions for the health infrastructures in urban areas starts from community in terms of outreach services and proceeds to primary, secondary and tertiary level. This model helps to ensure the limited client load on facilities and also provides basic services at the facility which is closed to the slums.

Community level health services

Every effort should be made to strengthen community level health services through outreach activities by ANM/HV of the HPD, under the coverage area. Outreach will include immunization, antenatal services, first contact curative care, health education, and counseling, identification/screening of leprosy and blindness, referrals. Though outreach is being conducted from HPDs but due to scarcity of staff, number of sessions and days are often reduced. An exclusive urban immunization plan is in place to conduct the sessions but it only provides immunization services. Strengthening of HPDs is required to cater urban poor population with basic health services. For the purpose of maximizing the coverage and improving the quality of health care, the following thing has to look upon:

- The package of services at the outreach sessions would be based on identification, treatment and prevention.
- Counseling on specific healthy behaviors, include adoption of birth spacing methods, child immunization, and TT.
- Camps shall be conducted regularly in vulnerable pockets in the slums.
- LMO shall be required to attend once in a month in most needy pocket in the slum.
- Mobility support will be provided to the HPD staff for ongoing outreach.
- Identified cases will be referred to HPD for treatment
- All necessary staffing will be done on contractual basis.

Outreach will be prepared in consultation with LMO, to identify vulnerable areas and ensure total coverage with a specific focus on most vulnerable population. Currently Mondays & Thursdays are fixed for outreach services. A medical officer will attend one of the outreach sessions in the month to provide curative services. The number of sessions will largely depend on the availability of ANM. As per staff pattern for D Type health posts, there is a provision of 3 ANM and they are assigned for outreach services also. Twenty four sessions will be conducted in a month, through each HPD.



Primary Level

Urban Health centers form the nucleus of the health care delivery system, providing outpatient curative services and reaching the wider community (providing outreach services) through community-based programme. The primary level health care services in Aligarh are being provided by 12 urban health centers. Out of these 6 centers are being supported by Health Department and 6 under NRHM (1 is defunct out of 6). The services given in the facility are immunization, antenatal care, post natal care and family planning services. .

The first tier will be **community health promotion strategy**, implemented in the form of building linkages and community ownership of the program through the Urban ASHAs and community based organizations (MAS) existing at the slum level. This is critical for program sustainability.

To strengthen 1st Tier facilities, the following approaches are proposed:

- Staffing at HPD through contractual positions
- Provision of equipments (for IUD insertions, general checkup etc)
- Provision of infrastructure as per RCH guideline
- Integration of all health programs at HPD

Secondary Level

Second level Health Services are provided in urban areas through District Hospital, District Women Hospital and Combine Hospital which is located at another corner of city.

To strengthen 2nd Tier facilities, the following approaches are proposed:

- Emphasis would be on strengthening of 1st Tier facilities, the OPD case load on 2nd tier facilities would decrease.
- Accreditation of Private Hospitals & Nursing Homes for better referral linkage
- Collaborative linkages (for 2nd Tier facilities) with non-profit private sector to improve the referral support system in the city.
- The information support for managing referral from HPDs.

Tertiary level

Aligarh has Medical College in the apex of service delivery system. It provides preventive, curative and inpatient services.

To strengthen Medical College, the following approaches are proposed:

- Establishment of referral mechanism for urban population
- Financial support for Family Planning Services (Laproscopy, NSV etc)
- Continued Medical Education
- Revitalization of PPC of Medical College

Urban Health Delivery Model

Aligarh Urban Health Plan envisages for concerted effort to rationalize and strengthen the existing public health care system of the city and promote effective partnership pattern with the non-governmental sector (profit/not for profit) for expanding reach of services to urban poor as well as maximize coverage area. It emphasizes on proper implementation and management of urban health program. It encourages the participation of the community in planning and management of the health care service delivery.

Urban Health Centre (HPD)

Urban Health Center at primary level is functional for a population range of 25,000-50,000 in urban areas. All the HPD would be located within a radius of 0.5-1.5 km from the slum. It is proposed to conduct special camps on regular interval in the periphery of the areas for ensuring total coverage. The total number i.e. 12 HPD will cover entire city slum populations. The facility provides OPD services from 8.00 am-2.00 noon. In terms of infrastructure HPD would be operative in 4-5 room structure with all basic facilities such as drinking water, toilet and electricity. Further , community structures could be used for setting up HPD

Table-4.1 Staff structure and services at HPD

Staff Structure in proposed facility	Expected services from the facility
Lady Medical Officer-1	• OPD • Drug & contraceptive dispensing • Basic lab diagnosis • Counseling and health education
Multiple Worker(Male)-1	
PHN-1	
ANM-3-4	
Sweeper-1	
Watchman-2	• Security of equipments and HPD
Ward Aya-1	• To support nursing staffs and LMO

Along with the above staff there is a proposed position of Urban Health Officer with PMU to co-ordinate the over all activities of urban health. He/ She will monitor the activities, such as community mobilization, capacity building efforts, strengthening the referrals etc.

As stated in the guideline of NUHM, the AYUSH would be integrated with the modern medicine. In Aligarh city, 7 LMOs position out of 12 is vacant. Rests of 5 HPDs are having contractual staffs and most of them are BUMS/BAMS. In order to provide uninterrupted services at HPD, AYUSH doctors and paramedical staffs would be appointed on contractual basis with few months training.

In case of non functional HPD, doctors will be appointed on contractual basis. A partnership model is proposed for those areas which are uncovered by HPDs or in those areas where HPDs are having unmanageable population load, as per provision under NUHM private nursing homes/hospitals could be empanelled /accredited.

Referral Unit:

The next referral center for health care delivery is secondary unit consist of District Hospital, District Female Hospital and Combined Hospital. As has been observed that the volume of patients in OPD in second tier facility is usually quite high hence provision for accreditation of 2nd tier facility will considerably reduce the number in government facility and improve the quality of services .A private accredited/empanelled hospital giving 24X7 facility will cover around 1.5 lakhs population, i.e. coverage area of 3 HPDs.

5.0 Proposed Activities/Strategies

5.1 Strengthening public health through preventive and curative action

√ Improved Package of services at primary level

The urban health center is the first entry point for urban poor for getting facility based health care services. In the context it is important to upgrade the quality of services in HPD level. The following points will be taken care for improvement in services:

- Improved availability of technical support,
- Work satisfaction and motivation of health service personnel,
- Infrastructure according to designated level of care, and
- Technical knowledge and skill of health service providers

√ Skill enhancement of the health service provider

Health Service providers would be supported with periodic skill enhancement, motivation and self-efficacy trainings for updating in their performance. Skill enhancement training will be conducted for clinical staffs such as medical officers, HVs and ANMs on latest techniques and methodology. Provisions for training other office staff on record keeping and data banking at all the levels is also being proposed. Special emphasis would be on training of health service providers on healthy behavior and communication.

√ Referral to the Second tier Facility

With consequent consultation with groups and individual in Aligarh city, it is realized that the referral system (especially from community to HPD, community to second tier and HPD to second tier) requires proper strengthening. In absence of adequate referral system, the slum dwellers are either not reaching to the services or they are not aware about the same. On the other hand easy access to quakes in the community results into high turn-up of clients to these providers. The reason often quoted behind the non acceptance of referral facilities are lack of proper information in the community about the services and some time unfriendly behavior of the health service providers. In this context, it is proposed to make referral cards available from HPDs for urgent attention with strict instructions to the facility staff to help them in accessing the service. The provision for subsidized, affordable referral services through public sector as well as private non-profit sector will be encouraged. Individual Private Practitioners also offer subsidized or free out-patient services on designated days. The program will utilize these service days through referral and linkages with the first tier facilities. Linkages will be established with private and government referral units by accrediting them on defined criteria.

The package of services to be available at the referral units on a 24-hour basis are:

1. Institutional Delivery services (including normal and cesarean delivery)

2. Emergency Obstetric Care
3. Terminal Family Planning Methods
4. MTP services
5. Child and Newborn care
6. Trauma care, first aid

The proposed mechanisms for referrals are from community to HPD, Community to second tier and first tier to second tier. Follow-up with referred patient and reporting: A copy of the referral slip will be given by the HPD to Urban ASHA so that she can follow-up with the family. The referral centre will compile information of patients referred from slums (name, diagnosis, and outcome) and compile it on every three months and submit to the City UH Program Unit.

√ Improved IEC/BCC (Behavior Change Communication) strategy

Experiences from different urban health programs reveal that the use of relevant IEC materials and using BCC strategy are effective to sustain the efforts in improving health status of urban poor. The poor health indices among the urban populations have their roots in several factors. Continued adherence to traditional practices and customs tremendously affect the practices of healthy behaviors such as seeking timely immunization and adopting family planning methods. The general mindset of the slum dwellers is sense of resignation to their impoverished and unhygienic living conditions coupled with often grossly wanting basic amenities (sanitation, water) further weakens the motivation to adopt healthy behaviors. Such conditions point to the severe need for vigorous and sustained use of IEC materials and adopting BCC (Behavior Change Communication) approaches to promote healthy behaviors, generate greater demand for health services and thus enable the slum dwellers to move on the path of good health. It is proposed that a detailed strategy and planning for BCC will be prepared by involving NGOs and community representatives. BCC will be the sole responsibility of any agency/department, but will be implemented in coordination among stakeholders with defined role and responsibility. In this connection the current community health behavior will be studied and strategy would be designed to influence/change those behaviors in to ideal health practices. Influential person/group would be identified as target audience of IEC/BCC strategy.

Proposed IEC/BCC Strategy:

Community sensitization and awareness building is proposed through a combination of approaches of which mass media approach is most important. Mass Media approaches involve:

- Press, Radio, TV
- Wall Paintings
- Folk Media: Puppets, Folk songs, Street Theatre, Magic shows, etc
- Community events: Melas, exhibitions by school children, rally etc
- Household-level pictorial communication material

5.2 Improving the efficiency of public health system by strengthening and rationalizing urban primary health structure

In Aligarh city primary health care is being provided by 12(1 defunct) HPDs with population coverage ranging from 30,000-70,000. Most of the HPDs are located in the southern part of the city which witness greater number of slums

in zone. These HPDs are functioning sub- optimally due to inadequate infrastructure, human resources, referrals, poor facilities for diagnosis, heavy case load, spatial distribution of slum population and inconvenient working hours. As per the NUHM mission document these HPDs will be strengthened and revamped into a “Urban Primary Health Centre” with outreach and referral facilities, to be functional for every 30000 to 50,000 slum population on an average. However, depending on the spatial distribution of the slum population, some of the health centers might be covering less or more population as mentioned above. The HPDs with provision of 6 hrs OPD for 6 days a week will cover the slum population of 6.6 lakhs (estimated based on 2001 census and field reality). As per population coverage under D Type Health Post there is total requirement of 13 HPDs, presently 11 is functional. It is required to **revive the defunct HPDs** and open another **new HPD** in suitable location. The services offered in the HPD include preventive, curative and referral health care services. Each HPD will have an outreach plan to improve the coverage and follow up actions. The required manpower and other infrastructure will be hired on contractual basis and some of the health centers would be run through NGOs under PPP model. In Aligarh city, on the basis of the GIS map, field visits and consultations, meetings laid the need to relocate, establish and strengthen HPDs.

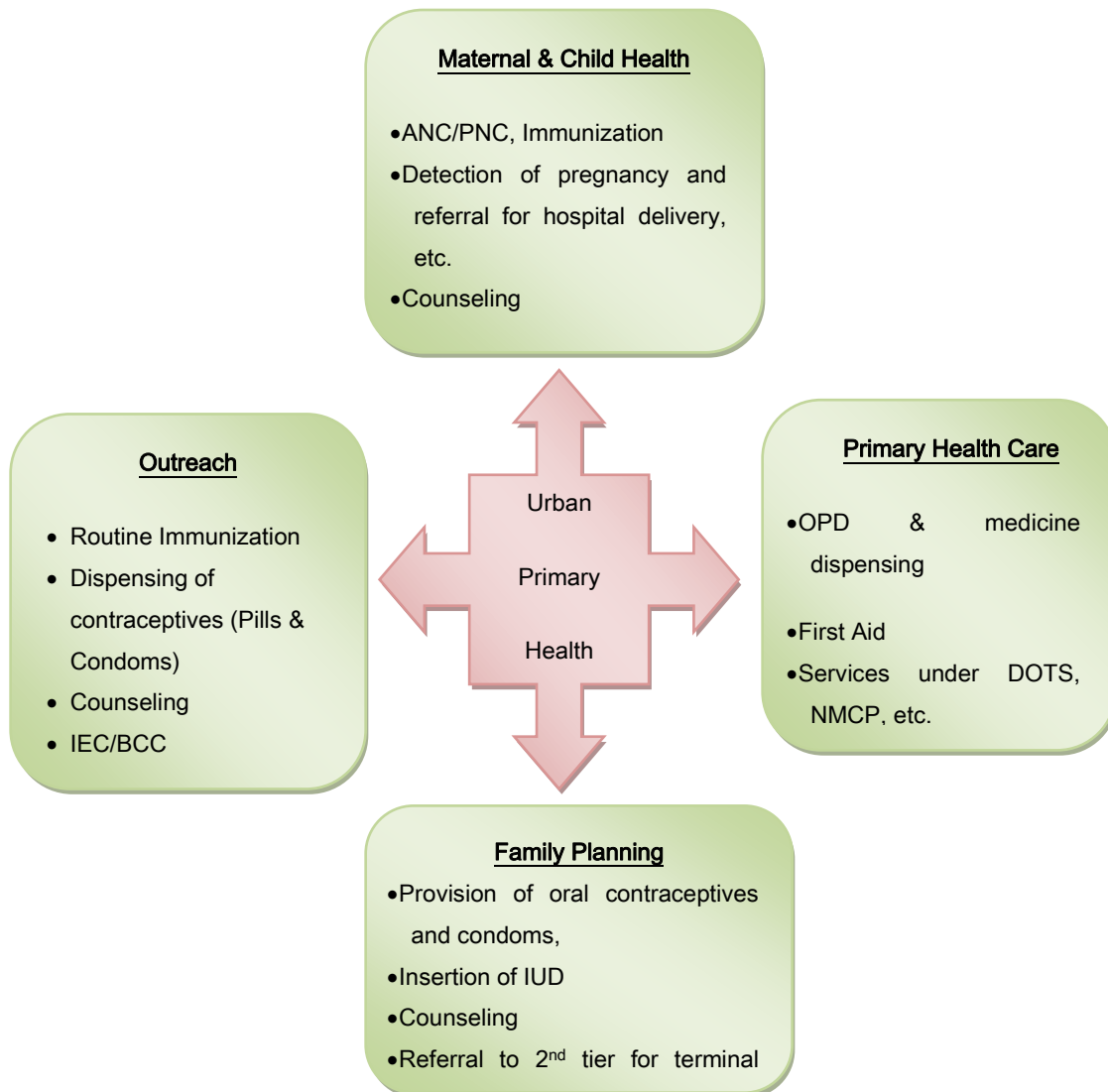
Location/relocation/new opening of Urban Health Centers

6.6 lakhs urban slum population of Aligarh city are being served through a network of 12 HPDs (1 defunct) to give primary health care services. HPD Begum Baag is operational in the campus of a charitable homeopathic hospital near Atrauli bus stand. HPD Jeewangarh is operational in AMU owned building which is shared by AMU community health center under the management and control of community medicine department of J.N. Medical College. Post Graduate students from the department use to visit twice in a week for OPD service as the part of their course curriculum. In this arrangement the facility often lacks full time Medical Officer.

One HPD covers the population ranges from 31949 to 78000. Nagla Tikona has lowest whereas Upper Fort has highest number of population. **Indira Nagar and Naurangabad** are farthest from 2nd tier facility which is around 4.5 kilometers. Hence in this case **scope of shifting and accreditation** of 2nd tier facility is strongly required. Since Begam **Baag & Nagla Tikona** are nearby and catering altogether around 1 Lac population, here comes the **scope of shifting**.

Since there is acute shortage of human resources in most of the HPDs (for example in Jeevan Garh has 1 PHN and 1 ward lady is in place), hence it is required to hire and place the contractual staffs in HPDs. Management of these HPDs can be given to local NGOs. . Though the concept is new but will act as pilot program as per NUHM draft guideline. Two HPD, M.A. Nagar & Jeevan Garh are to be given to the NGOs for overall management and implementation work but medicine supply will rest with Government.

Package of services at HPD:



Government of India's guidelines forms the base in defining service provision in primary level facility. HPD staff will work in co-ordination with community level volunteers such as Urban ASHA, AWW, etc in dispensing these services.

Apart from the clinical roles, HPD staff can be assigned to perform some administrative works, which will help in co-ordination and ultimately lead to maximum coverage and quality service. Following are the roles:

- Participate in the development of outreach plan for maximum coverage along with NGOs and CLHW.
- Conduct outreach sessions in coordination with the CLHW, NGO and MAS
- Discuss processes to be adopted for sustainability of the health centre (e.g. user charges) with the HPD Forum / Advisory Committee and CBO members.
- Make appropriate referrals through the proposed referral system (i.e. issuance of referral card) and arrange for follow ups in the community through the CLHW.

- Organize and attend meetings with other stakeholders at different levels.
- Conduct household level survey in the coverage area for need analysis and target beneficiary identification.
- Facilitate in the conduction of National Program activities such as Health & Nutrition Day, Pulse Polio etc in and around HPD coverage area.

5.3 Synergizing Inter and Intra sectoral co-ordination

Multi sectoral co-ordination is important to improve access, coverage and quality of health services for the urban poor. It is imperative to have clearly defined roles of various departments /bodies who are directly associated with public health concern. Realizing the importance of wider determinants of health, it seeks to adopt a convergent approach for intervention under the umbrella of the district plan. Since substantial spending in each of these sectors will be by the concerned department, the district plan will provide an opportunity for some catalytic resources for convergent action. It is proposed that a mechanism for effective linkages, coordination and convergence of efforts among the departments and constituted bodies (Aligarh Municipal Corporation, Department of Public Health, elected representatives, District Urban Development Authority, Department of Women and Child Development. PDA, FOGSI and Medical College), NGOs and community (Urban ASHAs and MAS) for improved health of the urban poor are required to be established at different level.

Intra sectoral co-ordination-Appropriate convergences and mechanisms for co-locations at HPDs would be sought with the existing systems of RNTCP, ICTC, AYUSH, IDSP, NVBDCP etc at the time of implementation of urban health plan.

*Separate chapter is added on inter and intra sectoral co-ordination

5.4 Identification, Capacity building and encouragement for active participation of stakeholders

Efforts have been taken to identify all stakeholders which intend to encourage and enable collaboration among health service providers within the city in order to improve the health and wellbeing of people .The stakeholders were categorized under direct and indirect health service provider.

Health Service (Provider)	Other services affecting health (Provider)
Health Department	Municipal Corporation
Private Providers	ICDS
Charitable Organization	DUDA
External Agencies(WHO,UNICEF, UHI)	
Professional Association(IMA,FOGSI,PDA)	
Non Government Organization	

*Roles & Responsibilities of stakeholders are discussed in detail in proceeding chapter

Some can be considered in both the categories such as NGO, who support in other activities related to health and hygiene, etc. As per defined roles and responsibilities of stakeholders, the following process would be followed to actively involve them in public health,

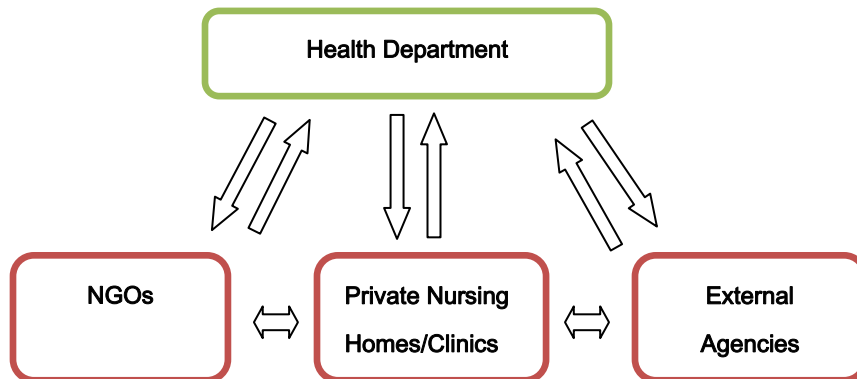
1. Identification of stakeholders
2. Defining Roles & Responsibilities
3. Capacity building of the stakeholders as per their roles (implementation, management and monitoring)

Capacity building includes trainings, workshops and exposure visit to capacitate them to become active players in improvement of community health.

5.5 Partnership with non government providers (PPP)

Past experiences and researches depict that for success of the programme, partnership would be required. Partnership will be intended to bring together partners on a common platform with a shared vision for the collective partnership through articulating measurable objectives and strategies agreements. This will involve identifying the role of each partner in fulfilling these tasks and building continual quality improvement processes within the partnership planning.

Department of health has established partnership with NGOs, Charitable institutions, external agencies like Unicef, WHO and private nursing homes/Clinics. It is envisaged that the private sector can be economically and formally engaged for service delivery to fill in the gaps. NGOs can be partner with government in providing services at primary level.



NGOs can be engaged in partnership for following community level activities:

1. IEC/BCC Activities-Specialized NGO can be engaged in IEC/BCC activities for enhancement of utilization of the health services.
2. Service Delivery- NGOs having prior experience of working in health sector could be engaged for partnership for service delivery at primary level.
3. Community Mobilization-It was observed that in many cities non-government agencies/ civil society groups are playing a significant role in community mobilization. It is thus proposed to forge partnership with this sector to promote active community participation that ultimate fosters ownership.

Private Nursing Homes/Clinics could be engaged in partnership for following activities:

1. Accreditation for 2nd tier services-In order to share the load of service of second tier facility, some identified facility will be contacted for partnership in order to provide optimum health care services to maximum number of population. This will improve the basket of choice for urban poor in terms of service delivery points.

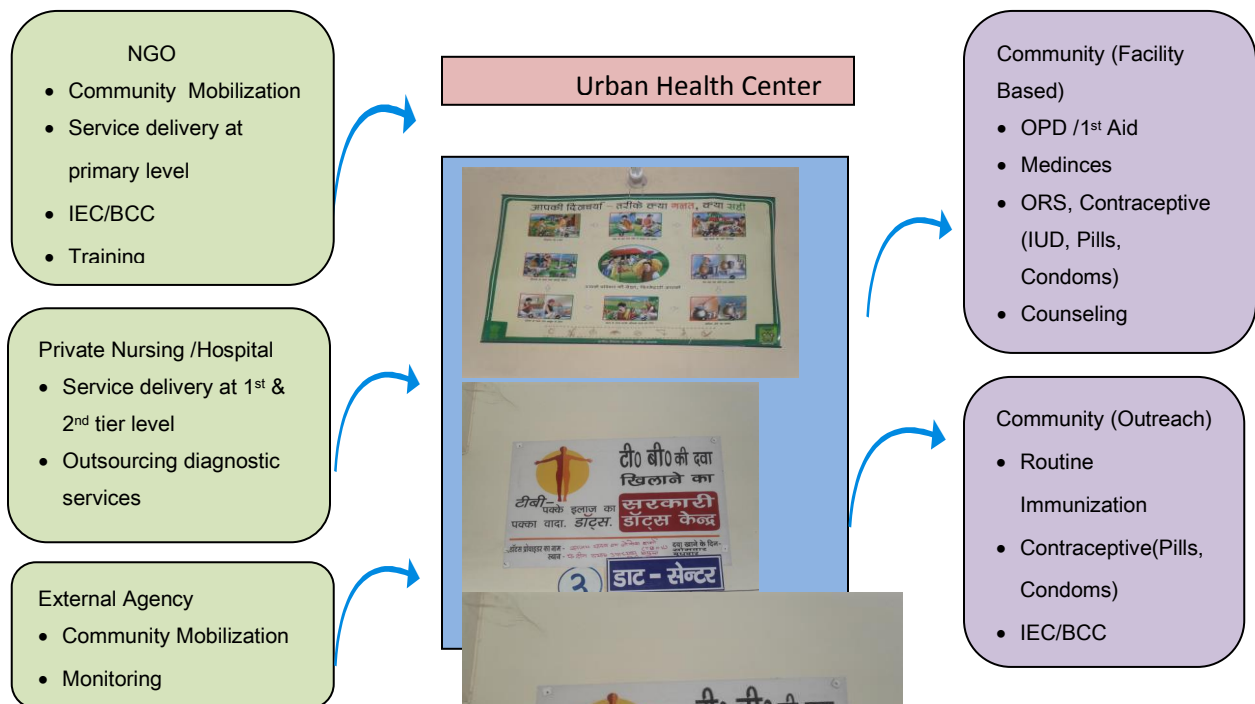
2. Outsourcing Diagnostic services-Some private nursing diagnostic units would be bring in partnership for providing subsidized diagnostic services for the deprived poor population.

External Agencies could be engaged in partnership for following activities:

1. Community Mobilization is considered as key strategy under NUHM for the success of urban health program. Hence in this view required support will be taken from NGO and agencies for community mobilization.
2. Monitoring of urban health program-Since monitoring is considered as important component for the success of urban health program, so it becomes essential to foster partnership with those agencies which have prior experience of health project monitoring.

Appropriate mechanisms for partnering (or entering into agreement) with the private sector need to be proposed including accreditation methods for ensuring quality, memorandum or partnerships, and reporting and monitoring systems.

Proposed Partnership Model



5.6 Community participation and process

Community participation in the process of health care services and community development is essential. One Urban ASHA (Urban Accredited Social Health Activist) will be selected for every 1000-2500 urban poor population. The ASHA will be accountable to community based organization

USHAs.

Community participation is felt as essence of success for health care services. One community will be identified and named as Urban ASHA. One Urban ASHA will be selected for every 1000-2500 households, will be identified and

Steps to be taken in identification of USHA:

1. Rapport Building- Making c contacts in the community and interaction through transect walks, group discussion, social mapping, etc
2. Selection of active women from the community-Detailed interaction with women from the slums to identify the most appropriate person based on capabilities (such as communication skills , acceptance among all sections of the community, interest on the issue, a good facilitator with real sensitivity and ability to bring people together)

More than 1 Urban ASHA will be identified from a slum depending on population.

Urban ASHAs will be representatives of the community and these "community health agents" will be strengthened through capacity building events of the NGOs responsible for identifying and train them.

Table-5.1 Detail description of proposed roles of USHA/ASHA

Proposed Roles of USHA	Description of Roles
Facilitate HPD in service delivery	Track pregnancy services, family planning services and immunization
	Support outreach camps
	Represent the community in the HPD co-ordination committee
	Record keeping of the target population
IEC/BCC activities -	Follow-up for promoting healthy behaviors (household & community level behaviors and utilization of health services)
	a. Group counseling sessions (once a month) using pictorial aids
Other Services	
Promote Mahila Arogya Samiti in the Basti	
Support community in linking with other health services (such as sanitation) and referral services	
Refer cases of women and children requiring medical attention to the HPD and if required facilitate further referral to IIInd tier facility.	
Serve as depot holders for family planning methods(Condoms, Pills, etc)in the basti	

Training/Capacity Building:

Proficient NGOs with prior experience of working on health sector along with training exposure would be entrusted for training of USHA. The USHA will be trained on community level health awareness and motivation for demand generation. The following contents were proposed to cover in the training,

- Information on immunization and Maternal & Child Health
- Description on different methods of family planning
- Basics of hygiene and sanitation
- Counseling and BCC processes (group interaction and individual counseling for behavior change)
- Mechanism of Monitoring
- Communication skill
- Mechanism for group formation and nurturing

It is also proposed that a training manual will be developed to capacitate USHAs in urban areas and a training team will be responsible to complete all training and refresher trainings.

Federation of Urban ASHAs:

Federations of Urban ASHAs can help in enhancing program impact in several instances and also to ensure the sustainability of best practices. Over one year as the Urban ASHAs are trained, a federation will be promoted in the PHPD zone. Common training sessions, meetings at the HPD and other occasions will serve as forums where such a federation could be promoted. This federation will:

1. Provide for sharing experiences and cross learning
2. Lend greater voice to the community
3. The federation will provide a platform at which additional input can be given

5.7 Formation, Nurturing and Capacitating community based groups (MAS) to improve the access of communities to health services

Experiences from different cities have shown the efficiency of women's group in meeting urgent health and cash needs in time of health emergency and also empowering them to demand improved health services. It is proposed to promote such community based groups for enhanced community participation and empowerment. The small local group will consist of 10-15 women as members from the area. Existing schemes such as Swarna Jayanti Shahari Rojgar Yojana (SJSRY), which seeks to provide employment to the urban poor, would be capitalized through such groups. Existing ICDS groups would be considered as MAS and would be capacitated on health issues. The groups would be responsible for health and hygiene behaviour change promotion and facilitating community risk pooling mechanism in their coverage area. The Urban ASHAs will provide the leadership and promote the *Mahila Arogya Samitee(MAS)*.

Process of formation and promotion of Mahila Arogya Samitis:

Group formation will be done through a series of exercises such as frequent group meetings, visits to the area, informal discussions, etc. During this exercise, potential community leaders and target women will be identified and encouraged gradually to form group (based on MAS) to work collectively on community issues. It should be borne in mind that each community reacts differently and takes its own time to get mobilized hence interventions would be designed by taking such aspect into consideration. The suggested norms for one group is 10 -15 members on 200-250 families. The numbers will depend on the size of the slum. The group will have office bearers, consist of 2 conveners (Sanyojika, Sah-sanyojika) and treasurer. Each Urban ASHA will have the responsibility of formation and strengthening of a community group or Mahila Arogya Samiti in their respective target area (of approximately 200-250 households). However the prime responsibility will lie with the NGO. MAS has always been considered as good platform for health promotion efforts at the community level and to build sustainable community processes.

Roles of Mahila Arogya Samiti:

The group will carry out the following roles in support with the Urban ASHA. :

- 1) Supportive role in outreach sessions by identifying venue and other logistic arrangement.
- 2) The Group will be responsible for tracking and mobilizing of target women to health services and family planning.
- 3) Assess their health situation, analyze causes, and develop action plans with the health team.
- 4) Office bearers of MAS will attend meetings held at the HPD and provide feedback on service delivery. This will enable the HPD staff to identify areas that require strengthening and will thus strengthen quality and reach (to the poor) of services
- 5) The Group will help decide the user charges to be levied from the community for HPD services in consultation with the community and play an active role in finalizing mode of levy of user charge.
- 6) Collect, manage and utilize a Community Health Fund for meeting emergencies in the neighborhood and for sustaining health promotion efforts.
- 7) Identification of left out groups and mobilize them for improved coverage.
- 8) Maintain, use and preserve a set of pictorial communication material at a safe and easily accessible place in the community.
- 9) Depot holder for contraceptives like condom, OCP and other drugs like IFA, de-warmis, anti malarial or ORS.

5.8 Targeting and prioritization of most vulnerable amongst the poor.

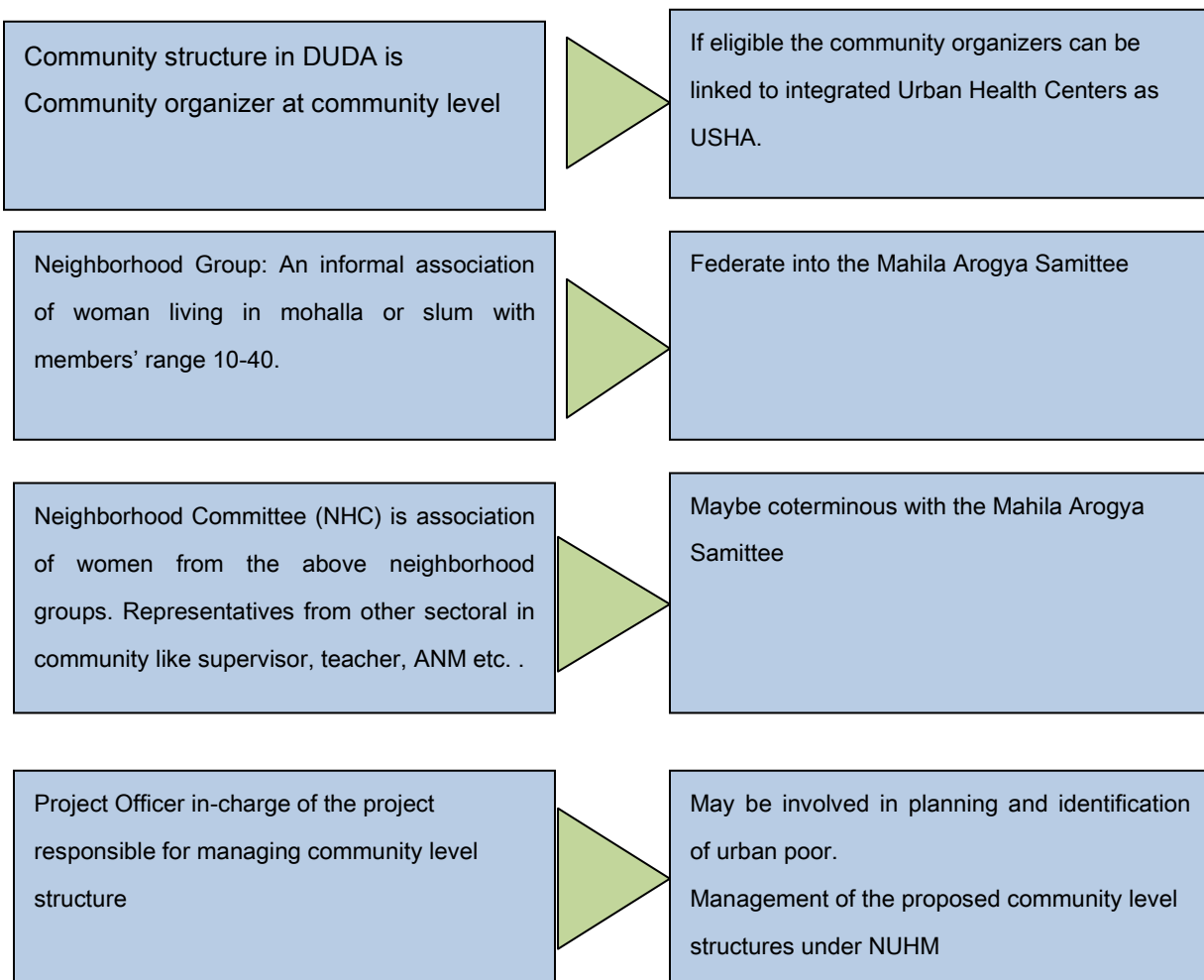
So many people in Aligarh residing in poor health and hygiene condition, living in outskirts or periphery of the city in temporary settlements such as living in brick kiln and construction sites have no access to even basic health care services. Nomads are also considered in this group such as the most common group of nomads coming to the city are *Kanjars, Gadia Lohars and Nat.* It is proposed to identify and map these locations followed by strategic planning to make basic health services available to them. Some of the tentative approaches are mentioned below:

- Establishment of Outreach points in these locations
- Frequent IEC/BCC activities for them

6. Inter and Intra Sectoral Co-ordination

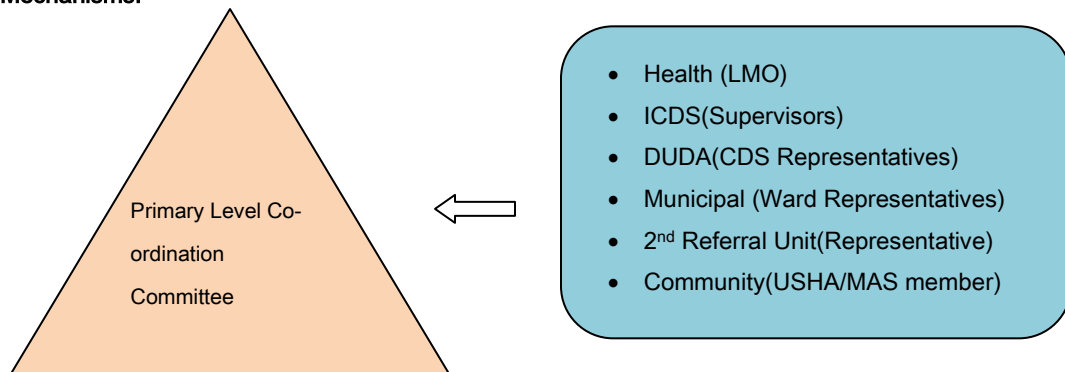
Inter-Sector Coordination:

Multi sector co-ordination is important to improve access, coverage and quality of health services for the urban poor. Apart from strengthening linkages between health service delivery channels and the community, as well as improving referral systems, it is imperative that it also include clearly defined roles of various deptt./bodies whose work impacts public health. The indicators of health depend as much on drinking water, female literacy, nutrition, early childhood development, sanitation, women's empowerment etc. as they do on hospitals and functional health systems. Realizing the importance of wider determinants of health, it seeks to adopt a convergent approach for intervention under the umbrella of the district plan. While substantial spending in each of these sectors will be by the concerned Department, the District Plan will provide an opportunity for some catalytic resources for convergent action. The success of convergent action would depend on the quality of the district planning process. The following issues have been specifically identified to be addressed through the intersectoral coordination forums being set in place through this program:



Similarly other departments also have structure, for example under ICDS, the AWW forms women group which could be weaved with MAS. Taking all these aspects into account, it is proposed that a mechanism for effective linkages, coordination and convergence of efforts among the public sector departments, constituted bodies NGOs and community based volunteers and organizations (Urban ASHA and Mahila Arogya Samitis) for improved health of the urban poor, to be set up at different level.

Co-ordination Mechanisms:



This primary level co-ordination forum will meet once in a month to review services to health and hygiene of the area under the HPD catchments. The committee will co-ordinate for common cause and work together in concerted effort.

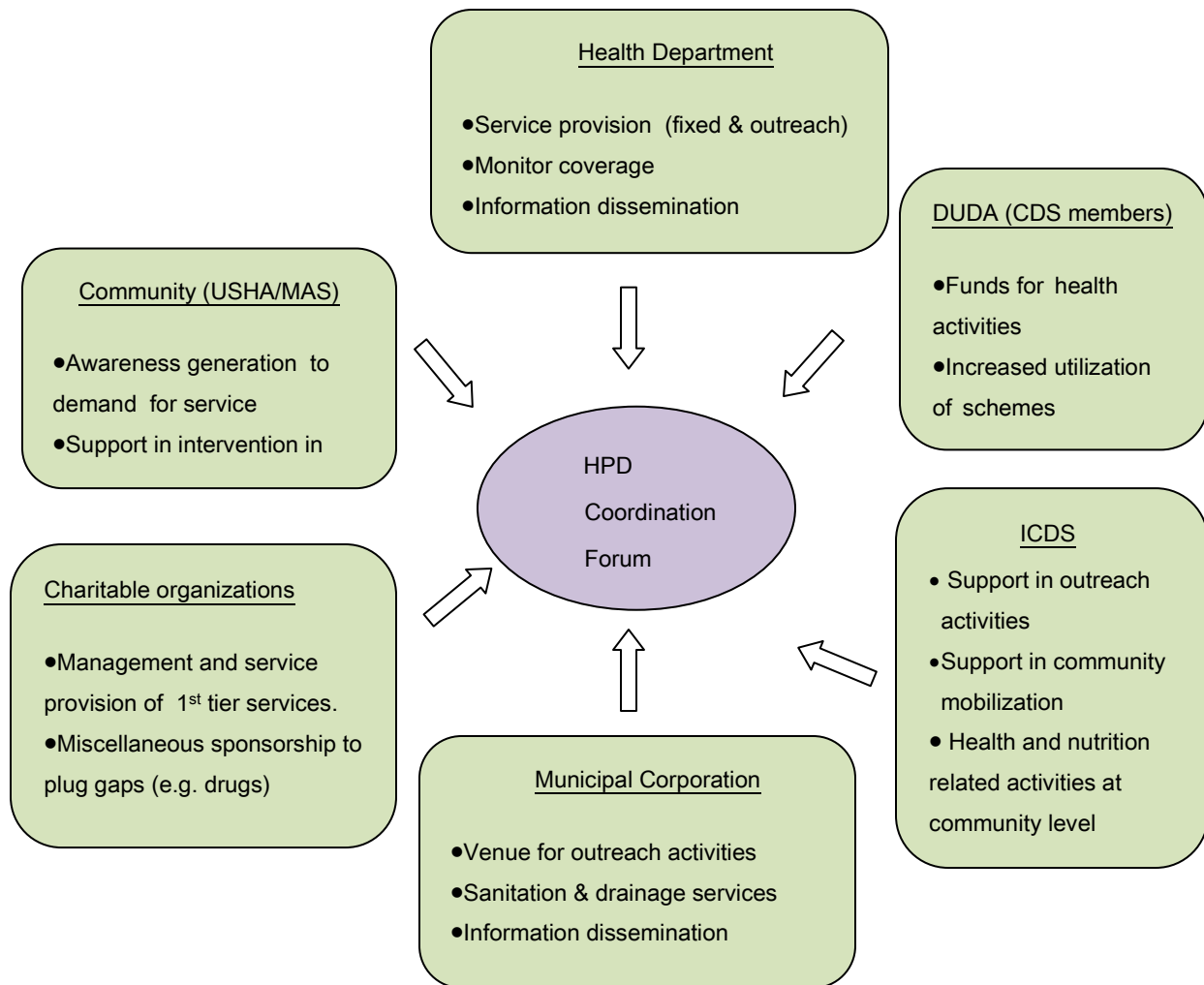
The objectives of formation of co-ordination committee are:-

- Discussion on health related problem of the population in area
- Discussion on probable solution for the problem on limited time frame
- Assigning work to particular group member under whose domain ,the solution falls
- Review of the proceeding and
- Program sustainability.

The committee will generate fund in the name of “Health, Water and Sanitation Fund” through donations from businessman, local traders, chambers of commerce, social clubs and other charitable organizations for the sustainability of the program. The committee will work on the issues related to roads, drains, sanitation; etc which has impact on health. It will function to solve the issues at local level through co-ordination. The mechanism of addressing the issues are shown in following example,

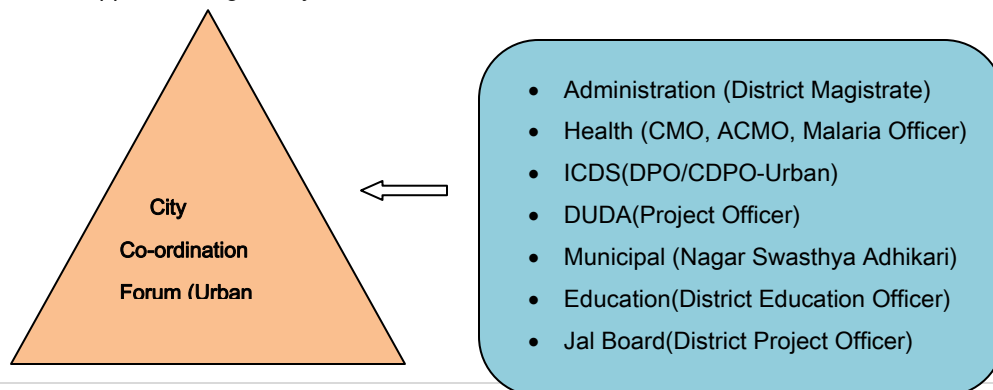
- If the area is facing sanitation related problems, the committee will discuss the issue in the meeting and delegate the issue to ULB for solution.
- If the people faces problem from damage of public roads and drains, then the problem will be forwarded to DUDA for further action.
- Act as platform for information dissemination on public welfare schemes of Govt.

Following diagram says the roles and responsibility of different members of HPD level committee:



City level Coordination Forum (Urban Health Committee)

A coordination Forum is also proposed at the City Level under the Chairpersonship of the District Magistrate/Chief Medical Officer. This forum will meet quarterly and serve as the platform for forging convergence of activities. The group would provide a support and legitimacy to the field level coordination unit at the urban health centre level.



Intra Sectoral Coordination

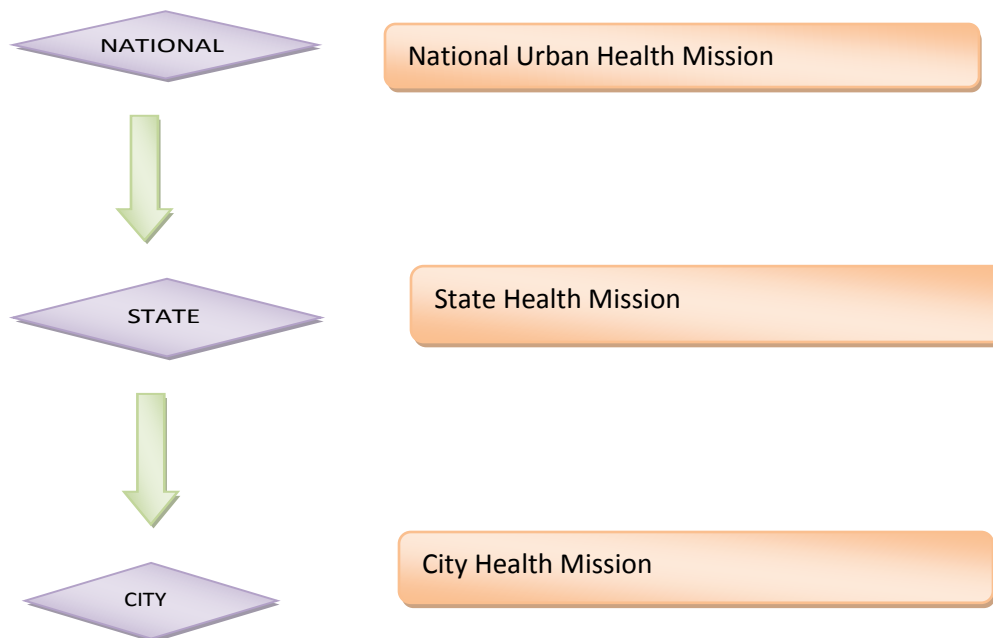
Aligarh urban health plan will try to strengthen the public health institutions like HPDs and District Hospitals in order to get positive consequences for all health programs. Whether it is **HIV/AIDS, TB, Malaria or any other disease**, NUHM attempts to bring all of them within the umbrella of a District Health Plan so that preventive, and curative aspects are well integrated at all levels. The intention of convergence within the Health Department is also to reorganize human resources in a more effective and efficient way under the umbrella of the common District Health Committee. Such integration within the health department would make available more human resources with the same financial allocations. It would also promote more effective interventions for health care.

The RTI / STI management services will be strengthened at District level by ensuring availability of testing and counseling services and appropriate behavior change communication interventions for adoption of healthy practices and life styles. The current unfortunate growth of various vertical intervention programmes like TB, Malaria or special programme on Sexually Transmitted Diseases and AIDS should be gradually curtailed and brought under the Primary Health Care, in order to stop the lopsided management of health problems

Appropriate convergences and mechanisms for co-locations at HPDs would be sought with the existing systems of RNTCP, ICTC, AYUSH, IDSP, NVBDCP etc at the time of operationalisation. It is proposed that during internal monthly meeting of department of health, the all concerned health units would be discussing together to monitor and guide their urban components.

7.0 Institutional and Management Framework

An appropriate plan requires efficient and effective institutional framework. Aligarh Urban health plan refers to the management of health facilities to improve the quality of services in an inclusive, transparent and accountable manner. A good urban health plan enhances city's competitiveness and contributes to sustainability. Institutional framework can be discussed at three levels viz. National, State and City structures. They include the state government departments, local bodies and other agencies. It is proposed under City Urban Health Plan that the institutional structures of the NRHM at District level for its execution may be leveraged. A separate city urban health committee would develop as per the suggestion of core group and urban stakeholders of the city. A number of institutions are involved in the framework at city level such as Health Department, Municipal Corporation, ICDS, DUDA, WHO, Unicef, etc. The city level framework, as decided, is characterized by multiplicity of departments and agencies, results in inter department coordination. Institutional framework is illustrated below:



Management Arrangements: Inter-sectoral coordination is essence of managing the health affairs at city level. As the paradigm shifts taken place, substantial role is envisaged for sectors other than health. Ultimately for managing community health, the activities have to be dovetailed into the management frame work. The foregoing paragraphs identifies mechanism for the sectoral co-ordination, the institutional mechanism at national, state and district level and defines their roles and responsibilities.

Executive and implementation Arrangements: The Chief Medical Officer would be point person and he will support in implementing all actions pertaining to health sector. At urban health center level program will be implemented and coordinated under LMO .

8. Roles & Responsibilities of urban health stake holders

The City has wide range of stakeholders, including Govt. bodies, public and local bodies, local authorities and social care providers; charities, the voluntary and community sector; and many others. The forums and networks in this section enable to understand in detail the roles and responsibilities of all the stakeholders in the performing active part in the improvement of community Health. The urban stakeholders are classified into 2 categories depending on the role they play, such as those involve in service delivery directly or indirectly are considered as health stakeholders and those contributing their support indirectly and affecting in the improvement of health are under non health stakeholders.

The following are considered under Urban Stake holders (Health)

- Health Department
- Medical College
- Private Hospital
- Charitable Organization / Non Government Organization
- Associations

Other stakeholders in health promotion

Quality health promotion practice requires integrated approaches and partnerships. There are a number of key stakeholders involved in integrated approaches to health promotion practice. These include:

- DUDA
- Municipal Corporation
- ICDS
- NGOs

Apart from other activities they contribute in the well being of the society

9. Monitoring and Evaluation Plan

The effectiveness of the activities outcomes should be monitored and evaluated to ensure that the new approaches meet the program's objectives. The monitoring includes on-going assessment and review of the progress being made toward achievement of intended program outcomes. Continuous programmatic review alerts to needs and opportunities for adjusting strategies, inputs, or systems and for providing technical assistance to projects. It also helps promote best practices and successful outcomes.

- The M&E systems should also capture qualitative data to understand the complexities in health interventions.
- Undertake periodic process documentation and self evaluation
- Cross learning among the PUs to be made more systematic.

The Monitoring and evaluation framework would be based on triangulation of information. The three components would be:

- (a) Community Based Monitoring
- (b) An HMIS for reporting and feedback and
- (c) External evaluations.

Community participation and their quality of ownership need to be enhanced.

Monitoring and evaluation framework is very important for program strengthening, as per NUHM guideline emphasis is laid for developing at district level. Thus monitoring tool should be developed and data collected and analyzed for incorporating changes for effective implementation of the program.

The District Urban Health Committee along with the District task Force would regularly monitor the progress and provide feedback.

Under NRHM, there are already institutional mechanisms functional to supervise and monitor mission work at various levels. The same monitoring mechanisms will be utilized effectively for the UH programme.

The Aligarh Urban Health Plan, as per NUHM guideline, will make attempts to ensure transparency by making available all the information to the community through appropriate wall journals and circulars/ guidelines and also strengthen and empower the community to enforce accountability. The RTI would be a major instrument in ensuring accountability.

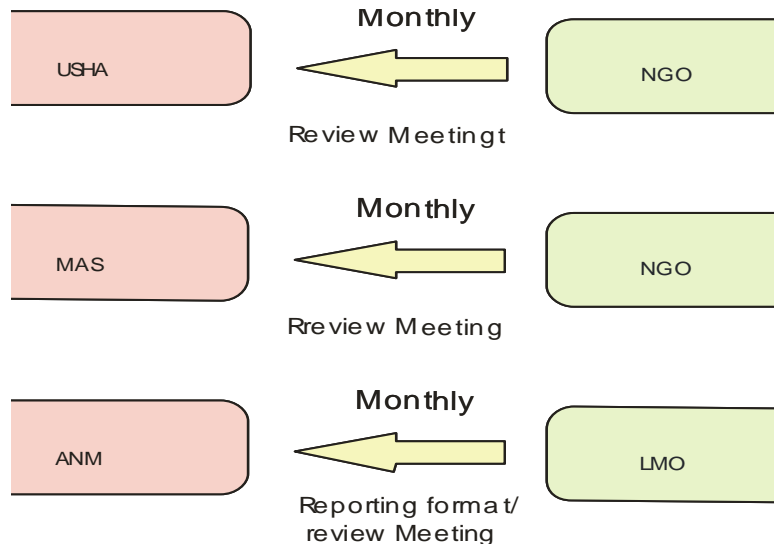
Unit

Urban Health Posts will be the monitoring unit for health activities in the city.

A **monthly** reporting / monitoring mechanism from different groups (as USHA, MAS, HPD, etc.) to agencies responsible for them is proposed as an interval appropriate for planning, feedback and changes in activities depending on field situations. It is suggested that the District Task Force monitor the program on a **quarterly** basis.

Mechanism & Process for Monitoring

Mechanism for monitoring involves development of Monitoring and Evaluation Frameworks, Performance Monitoring Plans, designing organizational frameworks that guide program implementation (e.g., results framework).



The monitoring formats/reports of these field functionaries shall be consolidated before the review meeting every month. The meeting shall serve as a sharing forum where the month's work is reviewed in terms of strategy, work accomplished, directions emerging and problems etc. The review meeting will also discuss on the challenges faced for work accomplishment as well as experience sharing.

Similarly, the monthly work of each HPD along with its partner NGO shall be monitored at the office of the Program Management Unit Office. These monitoring findings will give the picture of status of the City urban health programme.

It needs to be stated that while systems should not exist for their own sake, what perhaps needs to be considered is strengthening the existing "learning climate".

The reporting seems to be more in the nature of completion of activities devoid of analysis – no reflection (documented) of what has worked and what has not. Therefore much of it remains anecdotal in the absence of process documentation and outcome mapping. Likewise, the meetings in the field should be on discussion on the issues, dialogue with the participants, problems sharing etc.

M&E system should be used to conceptualized, flexible and have component for learning from concrete experiences. The emphasis must be on such data gathering techniques, which capture the complexities and uniqueness of the program processes.

10. City Programme Implementation Plan (CPIP)

Aligarh city Health Plan identifies the current priority health issues for the city and outlines strategies and programs that will implement over years in order to address these issues.

The identified key priority areas of the Health Plan are:

- Access to services
- Health promotion and disease prevention
- Education, awareness and support
- Partnership with private sector
- Inter and intra-sectoral coordination

A social structure must be created that will be capable of achieving the preceding requirements. This means equitable distribution of resources; high quality of life in cities (which, by their density, are conducive to reduced environmental impact); education and affluence that lead to population control.

PROGRAMME IMPLEMENTATION PLAN

Establishment of PMU

The foremost step is formation of city level Program Management Unit consisting of 4 Program Officer, 1 Accountant and 1 support staff. The unit would be formed for establishing a platform for coordination between different departments and stakeholders to forge integration of activities with the NUHM operational framework.

Strengthening support from stakeholders

A program to be workable and successful must have the ability to work in a cooperative and integrated way, which depends on its ability to initiate and sustain effective involvement with other partners. In the initial stage, series of meeting and consultation workshops have been conducted to identify the potential stakeholders and explore the capacity for support. Subsequently one to one meetings were conducted to discuss on areas of support and mechanism for seeking them.

Capacity building of the health professional

Capacity building is an important element of productive results in health, as it enhances the efficiency and efficacy of the health system. The health professionals including Medical officers, ANM, HV, PHN, etc will get updated with developments in the medical sector in order to work efficiently. Medical college and Association (FOGSI, IMA, PDA) can play important role in conducting regular trainings.

Selection and identification of Urban ASHA

The most important unit of urban health program is community level health worker which must be selected from the community with the acceptance and consensus of the community. An active women from the community will be identified and named "Urban ASHA" (Urban Accredited Social Health Activist) in urban poor settlements (one USHA

for 1000-2500 slum population covering around 200 to 500 households). Through series of consultation and community meeting these USHAs were selected and they are acting as representatives of the community. By the virtue of their role they are widely known as "community health agents".

Strengthening of HPDs

HPDs will be strengthened to provide better health services to urban poor. Upgraded provisions were done to capture community referral for OPD. HPDs will be the unit to implement and monitor the health activities at slum level. The HPDs will be a center for all national health programs for implementation in slums. All existing health posts will be equipped well with manpower and equipments to reduce the client load at district hospitals.

Strengthening of Secondary Health Centers

2nd tier facilities would be upgraded to meet IPHS criteria, which define personnel, equipments and management standards. The District Hospitals are designed to function as institutions to provide secondary level of health care to the urban population. It includes routine and emergency care in surgery, medicine, obstetric and gynecology and paediatrics and all the National Health Programmes. The minimum requirements in terms of staff, skills, equipment, drugs, investigated facilities, physical infrastructure including electricity, telephone, water and sanitation have been prescribed. A facility survey of all institutions has to be undertaken to identify the infrastructure gaps and assess the need for equipments and drugs. Based on the findings this survey necessary maintenance, repair renovation work will be undertaken to improve the infrastructure.

Mainstreaming of AYUSH Systems in the National Health Care Delivery System

AYUSH systems of medicine which include Ayurveda, Unani and Homeopathy are popular and acceptable to people, mainstreaming this system in the health care delivery could contribute better synergy and utilization of AYUSH practitioners. The medicines are easily available and procured from locally available resources, economical and comparatively safe. For mainstreaming of AYUSH in NUHM, the personnel of AYUSH shall work under the same roof of the Health Infrastructure, i.e., HPD, District Hospital, etc. However, separate space would be allocated exclusively for them in the same building. AYUSH Doctors shall be involved in IEC, health promotion and also supervisory activities.

Mobile Medical Units

There would be provision of Mobile Medical Unit for the district to improve outreach of services to nomadic and floating population. Experiences from the state showed that how mobile medical services lead to increase the reach of medical and health services to inaccessible areas and disadvantaged population groups. These mobile medical units will be equipped with generator, inverter, etc for examining patients and conducting minor surgical interventions. The mobile health units will be used to improve the access and availability of health services in outskirts and far flung areas. These units will be run through CBOs / NGOs / Public Private Partnerships. .

Preparation of District Health Report

The meeting would be conducted with different stakeholders and partners involve in delivery of health services in the district for collection, consolidation and analysis of data for preparation of district health report. Program Management unit will take lead role in the process.

The district health report intends to fulfill following:

- Enhancing capacities of programme managers at district levels.
- Development and updation of district data sets.
- Development of computerized authoritative specifications for equipments, instruments and supplies.

Strengthening of ANM Training Centers

The existing training institutions also need strengthening in terms of repair /renovation, extension, training equipments, furniture and other basic amenities.

Networking with NGOs and Professional Organizations

In order to strengthening availability of health care services, the district proposes to strengthen the network of NGOs in health and allied sectors. This network will include all such non-government organizations whether they are new or old and they may be functioning as voluntary organizations (VOs), community based organizations (CBOs) and such other civil society organizations (CSOs). They all are needed to bring about synergistic action amongst them so that effective advocacy in health and allied sectors can become more pronounced. The efforts will be made to identify such purposive organizations / movements (like White Ribbon Alliance for Safe Motherhood, Breastfeeding Promotion Network of India etc.). The professional organizations like FOGSI, IMA, IPA, IPHA, IAPSM, and Private Practitioners' Association etc. would be having primacy in their roles in this networking.

Behavior Change Communication (BCC)

Behavior change communication is an important thrust area under NUHM. The State intends to determine behavioral change communication needs of the community on different thematic areas apart from identifying and supporting the specific communication roles which different committees are required to play at different levels of governance. Following the identification of BCC needs, district and region specific communication plans for different audience segments would be developed and implemented.

Convergence with State SACS

Proposal for the intrusion state SACS at sub district level that is community level. Keeping in view the fact that presently National Aids Control Organization does not have sub-district institutional presence, it is proposed to institute appropriate strategies for bringing about integration between RCH and AIDS Control Programme at sub-district levels.

The proposed convergence will include the following activities:-

- Orientation training of USHA workers in consultation with UPSACS
- Orientation of USHA workers in consultation with UPSACS.
- Sensitization of ANMs, LHVs, Staff Nurses, Lab. Technicians and Medical Officers.

These activities will be undertaken in conjunction with program implementation plan of UPSACS.

Strengthening Referral Services and Tertiary Care Units

The tertiary care health institutions play an important role in providing critical health care to women and children. The primary and secondary health institutions refer serious and complicated cases for further management. The current system of referral needs improvement and strengthening at the tertiary care level. Private institutions, super specialty hospitals and Medical College should be the integral part of referral systems.

Documentation

Documentation is considered as most important part of the program, it is essential to document all the activities and learning regular basis. Aligarh urban health plan proposes at least one document in every quarter per year capturing the experiences of program implementation in terms of case studies ,MAS selection ,MAS achievements, capacity building, IEC/BCC activities, community based experience and stakeholders experience sharing, etc. These documents of learning would be shared in appropriate forums such as training sessions, district society, urban health task force, etc.

Budget

The CPIP would be a reflection of the comprehensive resources available to the City under the various ongoing national health/state/ULB programs. Clear delineation of funds allocated under RCH, NRHM flexi pool, RNTCP, NVBDCP, IDD, NLEP, NMHP, NPCB, NACP, UFWC, UHP etc would have to be enunciated in the PIP.

Annexure1: Government meetings minutes and Order Copies

H/D

कार्यालय मुख्य चिकित्सा अधिकारी , अलीगढ़

प्रेषक ,

मुख्य चिकित्सा अधिकारी
अलीगढ़।

विषय : अलीगढ़ शहरी स्वास्थ्य योजना के निर्माण हेतु समिति का गठन

पत्रांक : EMO/3921/2010

दिनांक : 14 अगस्त , 2010

सेवा में ,

जिला कार्यक्रम अधिकारी , अलीगढ़।
अपर मुख्य चिकित्सा अधिकारी , अलीगढ़।
जिला मेलेरिया अधिकारी , अलीगढ़।
मुख्य चिकित्सा अधीक्षिका , जिला महिला चिकित्सालय , अलीगढ़।
मुख्य चिकित्सा अधीक्षक , मलखान सिंह जिला अस्पताल, अलीगढ़।
जिला परियोजना प्रबंधक , एन0 आर0 एच0 एम0 , अलीगढ़।
सिटी मैनेजर , यु0 एच0 आई0 , अलीगढ़।
कार्यक्रम अधिकारी , डुडा , अलीगढ़।
नगर स्वास्थ्य अधिकारी , नगरपालिका , अलीगढ़।
बाल विकास परियोजना पदाधिकारी , अलीगढ़ शहर।
डा0 आशा राठी , अध्यक्ष , निजी चिकित्सक एसोसिएशन , अलीगढ़।
डा0 नूर अफसा सब्जपोश , चैयरमैन , (Obs.&Gyne) जे0 एन0 मेडिकल कॉलेज, अलीगढ़।
एस0 आर0 टिम लिडर , WHO , अलीगढ़।
एस0 आर0 सी0 , युनिसेफ , अलीगढ़।
सचिव , उडान सोसाईटी , अलीगढ़।
सचिव , सरनम् संस्थान , अलीगढ़।

महोदय ,

दिनांक 08.07.2010 को लखनउ में हुई शहरी स्वास्थ्य परियोजना (UHI) की बैठक के कार्यवृत्त (प0 क0 / जे0 डी0 नग0 /2010 -11 /391-4, दिनांक 26.07.2010) के अनुसार अलीगढ़ की मलिन बस्तियों में स्वास्थ्य सुधार हेतु शहरी स्वास्थ्य योजना का निर्माण किया जाना है। इस योजना निर्माण प्रक्रिया हेतु एक शहरी स्वास्थ्य समिति का गठन किया जा रहा है जिसमें आपकी सदस्यता अपेक्षित है। यह समिति शहरी स्वास्थ्य योजना निर्माण में मदद करेगी एवं शीघ्र ही इसकी बैठक बुलाई जायेगी। योजना निर्माण में यु0 एच0 आई0 की स्थानीय टीम मदद करेगी तथा योजना

निर्माण हेतु विभिन्न ऑकड़ो का संग्रहण करेगी। इस कार्य में आपके द्वारा यु0 एच0 आई0 को सहयोग भी अपेक्षित है।

भवदीय



मुख्य चिकित्सा अधिकारी
अलीगढ़।

प्रतिलिपी :

1. जिलाधिकारी मोहोदय , अलीगढ़ को सूचनार्थ प्रेषित।
2. यु0 एच0 आई0 , अलीगढ़ को आवश्यक कार्यवाही हेतु प्रेषित।

O/C
Cont. File

HD

कार्यालय मुख्य चिकित्सा अधिकारी , अलीगढ़

प्रेषक ,

मुख्य चिकित्सा अधिकारी
अलीगढ़।

विशय : अलीगढ़ शहरी स्वास्थ्य योजना के निर्माण हेतु बैठक के संदर्भ में

पत्रांक : सी० एम० ओ०/२०१०/५२५३

दिनांक : ०७ सितंबर , २०१०

सेवा में ,

जिला परियोजना अधिकारी (परीवार कल्याण) , अलीगढ़।
अपर मुख्य चिकित्सा अधिकारी , अलीगढ़।
जिला मेलेरिया अधिकारी , अलीगढ़।
मुख्य चिकित्सा अधीक्षिका , जिला महिला चिकित्सालय , अलीगढ़।
मुख्य चिकित्सा अधीक्षक , मलखान सिंह जिला अस्पताल, अलीगढ़।
डा० एस० ए० खान , एम० ओ० सी० एच० , अलीगढ़।
जिला कार्यक्रम अधिकारी , अलीगढ़।
जिला परियोजना प्रबंधक , एन० आर० एच० एम० , अलीगढ़।
सिटी मैनेजर , यु० एच० आई० , अलीगढ़।
कार्यक्रम अधिकारी , डुडा , अलीगढ़।
नगर स्वास्थ्य अधिकारी , नगरपालिका , अलीगढ़।
बाल विकास परियोजना पदाधिकारी , अलीगढ़ भाहर।
डा० आशा राठी , अध्यक्ष , निजी चिकित्सक एसोसिएसन , अलीगढ़।
डा० नूर अफसा सब्जपोश , चैयरमैन , (Obs.&Gyne) जे० एन० मैडिकल कॉलेज, अलीगढ़।
एस० आर० टिम लिडर , WHO , अलीगढ़।
एस० आर० सी० , युनिसेफ , अलीगढ़।
सचिव , उडान सोसाईटी , अलीगढ़।
सचिव , सरनम् संस्थान , अलीगढ़।

महोदय ,

पत्रांक CMO/2921/2010 दिनांक 14.08.2010 के संदर्भ में दिनांक 09.09.2010 को अधोहस्ताक्षरी के कार्यालय में प्रातः 10.30 बजे से शहरी स्वास्थ्य समिति की बैठक आयोजित की गई है। इस बैठक का उद्देश्य अलीगढ़ भाहरी स्वास्थ्य योजना के प्रारूप पर चर्चा करना है।

अतः इस बैठक में आपकी ससमय उपस्थिति अपेक्षित है।

भवदीय

मुख्य चिकित्सा अधिकारी
अलीगढ़।

कार्यालय मुख्य चिकित्सा अधिकारी , अलीगढ़

प्रेषक ,

मुख्य चिकित्सा अधिकारी
अलीगढ़।

H/D

विषय : अलीगढ़ शहरी स्वास्थ्य समिति की बैठक का कार्यवृत्त।

पत्रांक : CMO/2010/4343

दिनांक : 10 सितंबर , 2010


सेवा में ,

मुख्य चिकित्सा अधीक्षक , मलखान सिंह जिला अस्पताल, अलीगढ़।
मुख्य चिकित्सा अधीक्षिका , जिला महिला चिकित्सालय , अलीगढ़।
जिला परियोजना अधिकारी (परीवार कल्याण) , अलीगढ़।
नगर स्वास्थ्य अधिकारी , नगरपालिका , अलीगढ़।
अपर मुख्य चिकित्सा अधिकारी , अलीगढ़।
जिला कार्यक्रम अधिकारी , अलीगढ़।
कार्यक्रम अधिकारी , बुडा , अलीगढ़।
जिला मेलेरिया अधिकारी , अलीगढ़।
बाल विकास परियोजना पदाधिकारी , अलीगढ़ शहर।
डा० एस० ए० खान , एम० ओ० सी० एच० , अलीगढ़।
जिला परियोजना प्रबंधक , एन० आर० एच० एम० , अलीगढ़।
डा० आशा राठी , अध्यक्ष , निजी चिकित्सक एसोसिएशन , अलीगढ़।
डा० नूर अफसा सब्जपोश , चैयरमैन , (Obs.&Gyne) जे० एन० मेडिकल कॉलेज, अलीगढ़।
एस० आर० टिम लिडर , WHO , अलीगढ़।
एस० आर० सी० , युनिसेफ , अलीगढ़।
सचिव , रुडान रोसाईटी , अलीगढ़।
सचिव , सरनम् संस्थान , अलीगढ़।
सिटी मैनेजर , यु० एच० आई० , अलीगढ़।

महोदय ,

दिनांक 09.09.2010 को शहरी स्वास्थ्य समिति की संपन्न बैठक का कार्यवृत्त आपकी आवश्यक कार्यवाही हेतु संलग्न है।

भवदीय


मुख्य चिकित्सा अधिकारी
अलीगढ़।

शहरी स्वास्थ्य समिति की बैठक का कार्यवृत्त

आज दिनांक 09.09.2010 को मुख्य चिकित्सा अधिकारी, अलीगढ़ के कार्यालय में शहरी स्वास्थ्य समिति की पहली बैठक आयोजित की गई जिसका कार्यवृत्त एवं उपस्थिति निम्नांकित है :

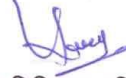
कार्यवृत्त :

बैठक के प्रारम्भ में स्वागत एवं परिचय के उपरान्त शहरी स्वास्थ्य परियोजना के मुकेश कुमार ने यू0एच0आई0 के बारे में उपस्थित पदाधिकारियों को अवगत कराया। तत्पश्चात बैठक के उद्देश्य पर चर्चा की गई। मुख्य चिकित्सा अधिकारी ने शहरी स्वास्थ्य योजना के निर्माण पर बल दिया एवं सभी संबंधित विभागों को मिलकर काम करने को काहा।

1. दिनांक 08.07.2010 को लखनऊ में हुई बैठक के आधार पर अलीगढ़ शहर की शहरी स्वास्थ्य योजना का निर्माण किया जाना है जिसमें यू0एच0आई0, स्वास्थ्य विभाग की मदद कर रही है। इस सम्बन्ध में शहरी स्वास्थ्य समिति का गठन किया गया है जो इस योजना को अन्तिम रूप प्रदान करेगी।
2. योजना निर्माण की प्रक्रिया पर चर्चा के दौरान इस बात पर सहमति बनी कि शहरी स्वास्थ्य समिति में शामिल सभी स्टेकहोल्डर इस योजना निर्माण हेतु सम्बन्धित आँकड़े उपलब्ध करायेंगे। योजना निर्माण के पहले के चरण—शहरी स्वास्थ्य समिति का गठन एवं समिति की बैठक पूरे कर लिये गये हैं। अगले चरण में शहर का परिस्थिति विश्लेषण एवं एच0पी0डी0 के चिकित्सकों एवं आई0सी0सी0 के साथ बैठक प्रस्तावित है। तत्पश्चात यू0एच0आई0 आँकड़ों के संग्रहण के साथ—साथ योजना का प्रारूप भी तैयार करेगी। प्रारूप पर पुनः शहरी स्वास्थ्य समिति चर्चा करेगी एवं योजना को अन्तिम रूप प्रदान करेगी।
3. योजना निर्माण से सम्बन्धित आँकड़े सभी शहरी भागीदारों जैसे नगरपालिका, डूडा स्वास्थ्य विभाग, मेडीकल कॉलेज, यूनीसेफ, डब्ल्यू0एच0ओ0, आई0सी0डी0एस0 द्वारा प्रदान किये जायेंगे। इन सभी आँकड़ों की मदद से योजना बनाई जायेगी एवं यह योजना अन्य कार्यक्रमों के लिये सूचनायें प्रदान करेगी। इस बात पर सहमति बनी कि योजना में ऐसी समस्त जानकारियाँ होंगी जो अलीगढ़ शहर की स्वास्थ्य एवं अन्य सेवाओं की विस्तृत तस्वीर पेश कर सकें।
4. शहरी स्वास्थ्य मिशन के मुख्य बिन्दुओं पर चर्चा करते हुए यह तय किया गया कि अलीगढ़ की स्वास्थ्य योजना एन0यू0एच0एम0 के मानदण्डों के अनुसार बनाई जायेगी। योजना में एच0पी0डी0 को सशक्त करने पर विशेष जोर दिया जायेगा तथा यह भी सुनिश्चित किया जायेगा कि 100 प्रतिशत शहरी मलिन बस्तियाँ सेवाओं से लाभान्वित हो सकें। यह भी चर्चा हुई कि विभागों के अपने कार्यक्रमों एवं अन्य विभागों के सम्बन्धित कार्यक्रमों के बीच भी सामंजस्य स्थापित किया जायेगा ताकि योजनायें एक—दूसरे की मदद कर सकें।
5. योजना बनाते वक्त पी0पी0पी0 को भी ध्यान में रखा जायेगा तथा ऐसे क्षेत्रों की पहचान की जायेगी जिसमें पी0पी0पी0 मॉडल पर काम किया जा सके। साथ ही साथ योजना में क्षमता विकास एवं स्वास्थ्य सेवाओं की गुणवत्ता में सुधार पर बल दिया जायेगा।
6. मुख्य चिकित्सा अधिकारी ने इस बात पर बल दिया कि एच0पी0डी0 के सशक्तिकरण हेतु व्यापक कार्य करने की आवश्यकता है। इस बात पर सहमति बनी कि इसके सशक्तिकरण की दिशा में यू0एच0आई0 मदद कर सकता है एवं जिन एच0पी0डी0 पर चिकित्सक नहीं

हैं उन पर चिकित्सकों की तैनाती कर सकता है। इसके साथ-साथ महिला चिकित्सालय में भी चिकित्सकों का सहयोग किया जा सकता है।

7. डॉ० राहुल कुलश्रेष्ठ ने कहा कि चूँकि यू०एच०आई० बस्ती स्तर पर एवं एन०जी०ओ० के साथ भी कार्य कर रही है, इसलिये सबों की स्वास्थ्य विभाग के साथ एक परिचय बैठक कराई जाय। यू०एच०आई० इस बैठक को जल्द ही आयोजित करेगी।
8. सी०डी०पी०ओ० शहरी ने कहा कि योजना में ऑगनबाड़ी कार्यकर्ताओं के प्रशिक्षण की व्यवस्था अवश्य रखी जाय। उन्होंने ए०डब्ल्यू०सी० द्वारा बनाये गये माता समिति को बस्तियों में चल रहे स्वास्थ्य कार्यक्रमों में शामिल करने की सलाह दी।
9. डॉ० नूर अफशा सब्जपोश ने इस बात पर बल दिया कि रेफरल सेवाओं को और ज्यादा मजबूत किया जाना चाहिए।
10. यूनिसेफ की प्रतिनिधि ने कहा कि समुदाय स्तर पर कार्य करने वाले उनके बी०एम०सी० एवं यू०एच०आई० के ओ०आर०डब्ल्यू० के बीच हर महीने समन्वय बैठक की जानी चाहिए ताकि समुदाय स्तर पर आपसी सहयोग से कार्य किया जा सके। इस बात पर भी सहमति बनी कि योजना में ऐसी रणनीति होगी जिससे समुदाय स्तर पर कार्य करने वाले सभी कार्यकर्ताओं/सेवादाताओं जैसे ए०डब्ल्यू०डब्ल्यू०, ए०एन०एम०, सी०एच०सी०, पीयर एजुकेटर, सी०डी०एस० के बीच सामंजस्य स्थापित किया जा सके।



मुख्य चिकित्सा अधिकारी,

अलीगढ़

उपस्थिति :

1. डॉ० उमाकान्त गुप्ता, मुख्य चिकित्सा अधिकारी, अलीगढ़
2. डॉ० आर० के० खट्टर, जिला परियोजना पदा०, परिवार कल्याण, अलीगढ़
3. डॉ० बी०पी० भदौरिया, नगर स्वास्थ्य अधिकारी, नगर पालिका, अलीगढ़
4. डॉ० के०के० गुप्ता, अपर मुख्य चिकित्सा अधिकारी, अलीगढ़
5. डॉ० राहुल कुलश्रेष्ठ, जिला मलेरिया अधिकारी, अलीगढ़
6. डॉ० एस०ए० खान, एम०ओ०सी०एच०, अलीगढ़
7. कु० कमलेश पाण्डे, बाल विकास परियोजना अधिकारी, अलीगढ़
8. प्रो० नूरअफशा सब्ज़पोश, चैयरमैन (ऑब्स एन गायनी), जे०एन० मेडीकल कालेज, अलीगढ़
9. डॉ० आशा राठी, अध्यक्ष निजी चिकित्सक एसोसिएशन, अलीगढ़
10. डॉ० श्रुति शर्मा, एस०आर०टी०एल०, डब्लू०एच०ओ०, अलीगढ़
11. रवि कुमार, डी०एम०सी०, यूनिसेफ, अलीगढ़
12. जुबैदा शाहनवाज, डी०यू०सी०, यूनिसेफ, अलीगढ़
13. डॉ० जब्बार सूरी, डी०एच०एन०टी०सी०, यूनिसेफ, अलीगढ़
14. श्री महेन्द्र प्रताप सिंह, डी०पी०एम०-एन०आर०एच०एम०, अलीगढ़
15. डॉ० मनोहर लाल, अपर मुख्य चिकित्सा अधिकारी, अलीगढ़
16. डॉ० एम०डी० शर्मा, एम०एस०एच०, अलीगढ़
17. डॉ० ए०के० राजवंशी, एम०एस०एच., अलीगढ़
18. डॉ० एम० अफरोज़, ई०सी०, अलीगढ़
19. श्री नवनीत शर्मा, सुपरवाइजर बाल विकास परियोजना, अलीगढ़
20. श्री ज्ञानेन्द्र मिश्रा, अध्यक्ष उडान सोसायटी, अलीगढ़
21. श्री मुकेश कुमार शर्मा, सिटी मैनेजर, शहरी स्वास्थ्य परियोजना, अलीगढ़
22. श्री समरेन्द्र बेहेरा, शहरी स्वास्थ्य परियोजना, अलीगढ़
23. डॉ० जकिया अरशद, शहरी स्वास्थ्य परियोजना, अलीगढ़
24. रश्मि मित्तल, शहरी स्वास्थ्य परियोजना, अलीगढ़

Urban Health Committee Meeting

Venue: Malkhan Singh Dist. Hospital, Aligarh

Date: 09 Sep 10

HD

9/9/10

Sl No	Name of Participants	Designation/Department	Contact no.	Email ID	Signature
1	Dr. Uma Kant Gupta	Chief Medical officer	9415067049		
2	Dr. Rahul Kulkarni	Dist. Maleria officer	9412275995		
3	Dr. S.A. Khan	M.O.	9411229988		
4	Mr. K.K. Gupta	ACMO	7412508884		
5	Mr. Kamalesh Pandey	C.D.P.O. City	9456618081		
6	Prof. Z. Arshad	T.O. quality control	9919993035		
7	Vijendra Mishra	President, UDAAN	9837067681		
8	Zubaida Shahang	DUC, unicef	9412757552	zubaidsahang@gmail.com	
9	Ravi Kumar	DUC unicef	9412757499	smegh@gmail.com	
10	Dr. Noor Afshan	Chairman Dept. of Health & Gy	941-265-4440	nasabgosh@yahoo.com	
11	Dr. M.A. Prasad	Epidemiologist M.O.	9411488715		
12	Dr. B.P. S. Bhadani	Nagar San Adhi	9837309679		
13	Dr. SHRUTI SHARMA	SRTL-NPSP (UNHO).	9557190008	srerajgani@npsruvishva.org.	
14	Narvmeet. Shrivastava	S.C.D.C. Supervisor	9927472001		
15	Dr. Anurag Prasad	MSH Dept.	9412595891		
16	Dr. M.D. Shrivastava	M.S.H. Aligarh	903294233		
17	Mahendra P Singh	DPM (NRMH)	8005193024	smcmahendra@yahoo.com	
18	DR-MANOHAR LAL	ACMO	9045773029		
19	Dr. Asha Rathi	Rathi Hospital Aligarh	9927991620	asharathi@indiatimes.com	
20	Dr. JAVVAD SURI	DHSTC unicef	9756605061	dhstc.aligarh@unicefup.org	
21	Dr. P.K. Khattar	DPO (FW)	9415750941		
22	Mukesh K. Sharma	City Manager	9919990557	m.sharma@cho-dhla.com	
23	Samarjeet Behra	TO - CIP	9919990236	sbek@cho-dhla.com	
24	Dr. Zakia Arshad	TO - QA	9919998043		
25	Ms. Roshmi Mittal	TO - Monitoring	9919990214		

कार्यालय, मुख्य चिकित्सा अधिकारी अलीगढ़

प्रेषक,
मुख्य चिकित्सा अधिकारी
अलीगढ़

सेवा में,

मुख्य चिकित्सा अधीक्षक मलखान सिंह जिला अस्पताल/DDU/महिला चिकित्सालय
उप मुख्य चिकित्सा अधिकारी अलीगढ़
जिला मलेरिया अधिकारी सह नगरीय स्वास्थ्य नोडल अधिकारी, अलीगढ़
जिला परियोजना प्रबन्धक एन0 आर0 एच0 एम0 अलीगढ़
प्राचार्य जे.एन. मेडिकल कालेज
जिला कार्यक्रम अधिकारी अलीगढ़ (ICDS)
श्री पवन शर्मा सिफसा
सिटी मैनेजर UHI अलीगढ़
कार्यक्रम अधिकारी जूडा अलीगढ़
नगर स्वास्थ्य अधिकारी नगर निगम अलीगढ़
बाल विकास परियोजना पदाधिकारी अलीगढ़ शहर
डा0 आशा राठी अध्यक्ष पी.डी.ए. अलीगढ़
डा0 इमाम बाने चैयरमैन (OBS & GYN) जे0 एन0 मेडिकल कालेज अलीगढ़
एस0 आर0 टीम लीडर WHO अलीगढ़
एस0 आर0 सी0 युनिसेफ अलीगढ़
श्री प्रमात झा DHNTC युनिसेफ अलीगढ़

पत्रांक CMO/न० २०११/२०११ (७५३७)

दिनांक 19/12/2011

विषय : शहरी स्वास्थ्य समिति की बैठक के सम्बंध में

महोदय,
नगरीय क्षेत्रों में शहरी स्वास्थ्य एवं परिवार कल्याण विषयक शहरी स्वास्थ्य समिति की बैठक निम्न कार्यक्रमानुसार आयोजित की जा रही है। इस बैठक का उद्देश्य अलीगढ़ शहर में शहरी स्वास्थ्य पर विस्तृत चर्चा करना है। कृपया उक्त बैठक में भाग लेने का कष्ट करें।

दिनांक : 24.12.2011

समय: 2.30 PM

स्थान: शहरी स्वास्थ्य परियोजना (UHI) कार्यालय
3/43 लाखनू कम्पाउंड
आई सी आई बैंक के सामने अलीगढ़
फोन नम्बर : 0571-2405020

भवदीय

मुख्य चिकित्सा अधिकारी
अलीगढ़

प्रतिलिपी:

1- यू0 एच0 आई0 को आशय के साथ प्रेषित की वे बैठक की समुचित व्यवस्था करे

मुख्य चिकित्सा अधिकारी
अलीगढ़

Grant Billa

कार्यालय, मुख्य चिकित्सा अधिकारी, अलीगढ़

प्रेषक
मुख्य चिकित्सा अधिकारी
अलीगढ़

सेवा में,

मुख्य चिकित्सा अधीक्षक, मलखान सिंह जिला अस्पताल / DDU / महिला चिकित्सालय
उप मुख्य चिकित्सा अधिकारी, अलीगढ़
जिला मलेरिया अधिकारी सह नगरीय स्वास्थ्य नोडल अधिकारी, अलीगढ़
जिला परियोजना प्रबन्धक, एन० आर० एच० एम० अलीगढ़
प्राचार्य, जे.एन. मेडिकल कॉलेज
जिला कार्यक्रम अधिकारी, अलीगढ़ (ICDS)
श्री पवन शर्मा, सिफसा, अलीगढ़
सिटी मैनेजर, UHI अलीगढ़
परियोजना अधिकारी, डूडा, अलीगढ़
नगर स्वास्थ्य अधिकारी, नगर निगम, अलीगढ़
बाल विकास परियोजना पदाधिकारी, अलीगढ़ शहर
डा० आशा राठी, अध्यक्ष, पी.डी.ए. अलीगढ़
डा० इमाम बानो, चेयरमैन (OBS & GYN) जे० एन० मेडिकल कॉलेज, अलीगढ़
एस० आर० टीम लीडर, WHO अलीगढ़
एस० आर० सी०, युनिसेफ, अलीगढ़
श्री प्रमात झा, DHNTC, युनिसेफ अलीगढ़

पत्रांक CMO/FP/886/2012 / 451

दिनांक : 30.01.2012

विषय : शहरी स्वास्थ्य समिति की बैठक के सम्बंध में

महोदय,

नगरीय क्षेत्रों में शहरी स्वास्थ्य एवं परिवार कल्याण विषयक शहरी स्वास्थ्य समिति की बैठक निम्न कार्यक्रमानुसार आयोजित की जा रही है। इस बैठक का उद्देश्य अलीगढ़ शहर में शहरी स्वास्थ्य पर विस्तृत चर्चा करना है। कृपया उक्त बैठक में भाग लेने का कष्ट करें।

दिनांक : 02-02-2012

समय : 4 PM

स्थान : शहरी स्वास्थ्य परियोजना (UHI) कार्यालय
3/43 लाखनू कम्पाउंड
आई सी आई सी आई बैंक के सामने, अलीगढ़
फोन नम्बर : 0571-2405020

भवदीय

मुख्य चिकित्सा अधिकारी
अलीगढ़

प्रतिलिपी:

1-यू० एच० आई० को इस आशय के साथ प्रेषित कि वे बैठक की समुचित व्यवस्था करें

मुख्य चिकित्सा अधिकारी
अलीगढ़

शहरी स्वास्थ्य समिति दिनांक 2.2.2012 की बैठक का कार्यवृत्त

उपस्थिति:

डॉ० टी. पी. सिंह, मुख्य चिकित्सा अधिकारी, अलीगढ़
डॉ० महेन्द्र सिंह, उप मुख्य चिकित्सा अधिकारी, अलीगढ़
डा० बाल किशन, मुख्य चिकित्सा अधीक्षक मलखान सिंह जिला चिकित्सालय, अलीगढ़
डॉ० ए. पी. पाण्डेय, मुख्य चिकित्सा अधीक्षक, पंडित दीनदयाल संयुक्त चिकित्सालय, अलीगढ़
डॉ० राहुल कुलश्रेष्ठ, जिला मलेरिया अधिकारी एवं नोडल अधिकारी नगरीय स्वास्थ्य, अलीगढ़
अशरार अहमद खान, बाल विकास परियोजना अधिकारी, अलीगढ़
श्री महेन्द्र प्रताप सिंह, (जिला कार्यक्रम अधिकारी, राष्ट्रीय ग्रामीण स्वास्थ्य मिशन) अलीगढ़
डा० इमाम बानो, चेयरमैन (OBS & GYN) जे० एन० मेडिकल कॉलेज, अलीगढ़
डॉ० आशा राठी, राठी अस्पताल, अलीगढ़
श्री प्रभात कुमार झा, DHNTC, युनिसेफ अलीगढ़
श्री फेज मोहम्मद, काउंसलर जननी NGO, अलीगढ़
संजय पथारिया, परियोजना अधिकारी, डूडा, अलीगढ़
नजमुन निशां DMC यूनिसेफ, अलीगढ़
श्री मुकेश शर्मा सिटी मैनेजर शहरी स्वास्थ्य परियोजना अलीगढ़

बैठक में निम्न बिन्दुओं पर चर्चा हुई एवं निर्णय लिए गए

बैठक के आरंभ में शहरी स्वास्थ्य परियोजना – अलीगढ़ के सिटी मैनेजर ने सभी अधिकारियों का स्वागत किया एवं बैठक का एजेंडा प्रस्तुत किया। सामान्य परिचय के बाद विस्तृत चर्चा प्रारंभ हुई।


- यू. एच. आई. के सिटी मैनेजर ने कहा कि शहरी स्वास्थ्य समिति का गठन इस उद्देश्य से किया गया था कि सभी संस्थाएँ एवं सरकारी तंत्र एक दूसरे की सहायता कर सकें ताकि शहरी स्लम में स्वास्थ्य सूचकों में सुधार लाया जा सकें।
- मुख्य चिकित्साधिकारी ने कहा कि शहरों में टीकाकरण एवं परिवार नियोजन की सेवाओं में सबका सहयोग अपेक्षित है। जिला महिला चिकित्सालय में महिला नसबंदियों की संख्या में 2010 की तुलना में 53% की वृद्धि की सराहना की तथा निजी सेवा केंद्रों पर हो रहे नसबंदी एवं आई. यू. डी. की संख्याओं को जिले के रिपोर्ट में जोड़ने के निर्देश दिए।

- अध्यक्ष निजी चिकित्सक एसोसिएशन ने कहा कि प्राइवेट अस्पताल परिवार नियोजन की सेवाओं हेतु एक्जिट होने की इच्छुक हैं। मुख्य चिकित्सा अधिकारी ने डी पी एम को इसकी प्रक्रिया शुरू करने का निर्देश दिया। उन्होंने यह भी कहा कि इच्छुक निजी अस्पतालों को निर्धारित प्रपत्र भरकर कार्यालय में जमा करवाना होगा। जननी के प्रतिनिधी ने बताया कि पाँच निजी चिकित्सालयों का प्रपत्र जमा करा दिया गया है।
- यू. एच. आई. के सिटी मैनेजर ने आँकड़ों के माध्यम से बताया कि जिला महिला चिकित्सालय में गर्भपात आई. यू. डी. की सेवा में बढ़ोत्तरी हुई है एवं वर्तमान समय में लगभग 50% गर्भपात कराने वाली महिलाएँ आई. यू. डी. स्वीकार कर रही हैं। इसमें यह भी चर्चा हुई कि अगर जिला महिला चिकित्सालय एवं मेडिकल कॉलेज में प्रसव पश्चात् एवं गर्भपात पश्चात् नसबंदी की सुविधा पुनः शुरू करी जाए तो इसे अपनाने वालों की संख्या में काफी बढ़ोत्तरी हो सकती है। नगरीय नोडल अधिकारी डॉ० राहुल कुलश्रेष्ठ ने कहा कि आस-पास के जिलों में यदि यह कार्य हो रहा हो तो संबंधित सेवादाताओं को वहाँ ले जा कर एक्सपोजर विजिट कराया जा सकता है।
- मेडिकल कॉलेज से डॉ० इमाम बानो ने बताया कि यू.एच.आई. के सहयोग से वहाँ गर्भपात पश्चात् नसबंदी एवं प्रसव पश्चात् आई. यू. डी. की सेवा प्रारंभ हो गयी है एवं जनवरी माह में इसके अच्छे परिणाम हैं। उन्होंने मुख्य चिकित्सा अधिकारी को नसबंदी हेतु प्रोत्साहन राशि एवं दवाइयों की व्यवस्था के लिए धन्यवाद दिया।
- मुख्य चिकित्सा अधिकारी एवं नगरीय नोडल अधिकारी ने मेडिकल कॉलेज से आग्रह किया कि वे मासिक प्रगति रिपोर्ट निर्धारित प्रपत्र पर एवं समय पर जिला चिकित्सालय में जमा करवा दें। इससे कार्यालय को प्रोत्साहन राशि निर्गत करने में सहूलियत होगी।
- मुख्य चिकित्सा अधिकारी ने प्राइवेट नर्सिंगहोम/चिकित्सालय द्वारा परिवार नियोजन कार्यो की रिपोर्ट कार्यालय में उपलब्ध कराने की अपील की।
- एन जी ओ कार्यकर्ताओं को कंडोम एवं माला-एन की सप्लाय पर चर्चा हुई एवं यह निर्णय लिया गया कि अगला स्टॉक आने पर इसे मुहैया कराया जाएगा। सिटी मैनेजर ने बताया कि लखनऊ में कंडोम कॉफी मात्रा में उपलब्ध है। इसपर मुख्य चिकित्साधिकारी ने शीघ्र ही उसे मंगाने का आश्वासन दिया। महिला चिकित्सालय की प्रतिनिधी ने बताया कि अभी तक 6000 पीस कंडोम NGO को दिये जा चुके हैं।

- जिले में लैप्रोकेटर की आवश्यकता पर चर्चा हुई एवं यह बताया गया कि संयुक्त चिकित्सालय एवं महिला चिकित्सालय द्वारा इण्डेन्ट दिया जा चुका है। डॉ० राहुल कुलश्रेष्ठ ने कहा कि वो इसका फॉलो-अप करेंगे एवं इसे शीघ्र ही मंगा लिया जागगा। सिटी मैनेजर ने इण्डेन्ट की एक कॉपी मुहैया कराने की बात कही जिससे यू.एच.आई. भी लखनऊ में फॉलो-अप कर सके। नगरीय नोडल अधिकारी ने इसकी प्रति देने का आश्वासन दिया।
- मेडिकल कॉलेज ने भी एक लैप्रोकेटर की माँग की तथा नगरीय नोडल अधिकारी ने इसकी भी प्रक्रिया शुरू करने का आश्वासन दिया।
- डूडा के परियोजना अधिकारी ने बताया कि उनके समुदाय स्तरीय कार्यकर्ता राष्ट्रीय कार्यक्रमों में पूर्ण योगदान देते हैं। डॉ० राहुल कुलश्रेष्ठ ने कहा कि परिवार नियोजन के कार्यक्रमों में भी उनकी सहभागिता अपेक्षित है। समुदाय स्तर पर पीयर एजुकेटर, सी एम सी, ऑगनवाडी ए. एन. एम. एवं डूडा कार्यकर्ताओं को मिलकर कार्य करने पर जोर दिया गया। यूनीसेफ की नजमू निशा ने कहा कि समुदाय स्तर पर सी एम सी एवं पीयर एजुकेटर साथ मिलकर कार्य कर रही है।
- नोडल अधिकारी – नगरीय स्वास्थ्य ने डी. पी. एम. से कहा कि इस वर्ष की पी आई पी में उपकरणों के लिए पर्याप्त बजट रखें। शहरी स्वास्थ्य पर भी बजट में बढ़ोतरी पर सहमति बनी ताकि क्षमता विकास, एक्सपोजर एवं अभिनव गतिविधियों पर कार्य किया जा सके। यू. एच. आई. तथा यूनीसेफ पी आई पी (शहरी RCH) के निर्माण में मदद करेंगे।
- शहरी बाल विकास परियोजना पदाधिकारी (ICDS) ने कहा कि ऑगनवाडी बस्ती स्तर पर स्वास्थ्य कार्यक्रमों में मदद करती है। यू.एच.आई. ने बताया कि परिवार नियोजन संबंधित परामर्श कार्ड ऑगनवाडीयों को भी दिए गए हैं।
- दीन दयाल उपाध्याय चिकित्सालय के सी एम एस ने कहा कि उनके सुविधा केंद्रों पर महिला चिकित्सक उपलब्ध हैं। यू. एच. आई. ने आग्रह किया कि इस केंद्र पर भी नसबंदी की सुविधाएं उपलब्ध कराएँ। सी एम एस महोदय ने नसबंदी सेवाओं हेतु धनराशि विमुक्त करने का आग्रह किया जिसपर यथाशीघ्र कार्यवाई करने का आश्वासन मिला।
- सी. एम. एस. जिला चिकित्सालय एवं नगरीय स्वास्थ्य नोडल अधिकारी ने NSV की बढ़ रही संख्या पर खुशी जताई। यह भी निर्णय लिया गया कि NSV प्रक्रिया संबंधित उपकरण भी शीघ्र ही खरीदे जाएँगे।

- सी. एम. एस. डॉ० बालकिशन ने मेडीकल कॉलेज से आग्रह किया कि यदि आवश्यकता की स्थिति में जिला अस्पताल अपने ब्लड बैंक से खून देता है तो उसे स्वीकार किया जाए। मेडीकल कॉलेज की डॉ० इमाम बानो ने कहा कि मेडीकल कॉलेज के ब्लड बैंक में ब्लड अभाव की स्थिति में निश्चित ही वो जिला अस्पताल का सहयोग लेती है तथा भविष्य में भी लेंगी।
- डॉ० आशा राठी ने कहा कि निजी चिकित्सक एसोसिएशन में ऐसे अनेक चिकित्सक हैं जो जिला अस्पताल में अपनी मुफ्त सेवाएँ दे सकते हैं। जिला अस्पताल में भारी OPD की समस्या के मददेनजर सी एम एस ने इस प्रस्ताव की सराहना की तथा कहा कि रोजाना एक घंटे का समय भी काफी होगा। सी. एम. एस. डॉ० बालकिशन ने आई एम ए के सदस्यों की सूची माँगी जिसे यू. एच. आई. ने मुहैया करा दिया।
- NSV पर चर्चा करते हुए यू. एच. आई. ने बताया कि NSV ड्राइव के बाद अब तक 74 NSV हो चुके हैं तथा हर लाभार्थी की स्वीकृति, फॉर्म के साथ-साथ विडीयोग्राफी भी करा ली गई है। इसके लिए अतिरिक्त परामर्शदाता/परामर्शदात्री लगाए गए हैं। नोडल शहरी स्वास्थ्य अधिकारी ने NSV में प्रगति की सराहना की एवं कहा कि अलीगढ़ में NSV हेतु अभिनव प्रयोगों की ही आवश्यकता है।
- यू. एच. आई. की सहयोगी संस्था जननी एवं चारों NGO सहभागी को भी शहरी स्वास्थ्य समिति में शामिल कर लिया गया।
- यू. एच. आई. जिला महिला चिकित्सालय एवं मेडिकल कॉलेज में संक्रमण से बचाव विषयक प्रशिक्षण आयोजित कर रहा है जिसमें चिकित्सक एवं पैरामेडिकल स्टाफ शामिल होंगे।

शहरी स्वास्थ्य समिति की अगली बैठक तीन माह बाद करने की सहमति के साथ एवं धन्यवाद ज्ञापन के साथ बैठक सम्पन्न हुई।


मुख्य चिकित्सा अधिकारी
अलीगढ़

कार्यालय मुख्यचिकित्साधिकारी, अलीगढ़

पत्रांक: CMO/श० स्वा० समिति-बैठक/2012

दिनांक: 3.2.2012

प्रतिलिपि निम्न को सूचनार्थ एवं आ० का० हेतु प्रेषित

1. मिशन निदेशक (NRHM) लखनऊ
2. अपर निदेशक (चि० स्वा० एवं प० क०) अलीगढ़ मण्डल, अलीगढ़,
3. जिलाधिकारी, अलीगढ़
4. सम्बन्धित अधिकारी



मुख्य चिकित्सा अधिकारी

Urban Health Committee Meeting, Aligarh

UHI Office– Aligarh,

Date: February 2nd, 2012

Overview and Background

The purpose of the meeting was to provide positive participation and cooperation by important Public and Private Stakeholders. These stakeholders work together to promote Reproductive and child health in the community. Activities that generate items for consideration include review of interventions done, review of achievements, feedback of support given, support required, investigations of hurdles/shortcomings, new ideas, consultations with technical experts and linkages with important stakeholders.

Objectives

The principal aim of the meeting was to identify the need for strengthening family planning services, linkages with important stakeholders (public/private) and seek/give support for fruitful outcomes.

The Participants

Dr T P Singh (CMO, Aligarh), Dr Mahender Singh (Dy. CMO), Asrar Ahmad Khan (CDPO), Mahendra Pratap Singh (DPM, NRHM), Dr Bal Kishan (CMS), Dr A P Pandey (CMS), Dr Rahul Kulshrestha (DMO/Nodal Officer), Dr Imam Bano (Chairmen, Obs & Gyneacology Dept, AMU), Dr Asha Rathi (Rathi Hosp), Prabhat Kumar Jha (DNNSTC, Unicef), Faiz Mohd (MLG Hosp), Sanjay Pathary (PO DUDA), City Manager, Documentation Consultant, TO COCM, TO Monitoring, TO COM, Other UHI members.

Process

City Manager welcomed Dr T P Singh (CMO, Aligarh) and every other participant present in the meeting. He started with the figures of female sterilization in DWH which showed growth of 52 % in 2011 in comparison to 2010. He also asked for support from ICDS to increase these figures. Further the City Manager congratulated everybody for outstanding figures of IUCD acceptance by clients in Public as well as private service points. He mentioned that the green pen counselling has really helped to increase the clients receiving PAIUCD. He asked for support regarding initiation of the same in DWH. Chairmen Medical College mentioned the Post MTP Sterilization cases they are doing and also thanked the government officials regarding incentives received for the same. Dr T P Singh advised every one present to make full and complete reports and also to share them on time. DUDA and CDS were also asked for support. Dr Rathi told that reports we send regarding family planning are sent back and is told that they are not required, hence we have stopped sending them. Dr T P Singh requested everyone (Private stakeholders) to send the reports, as from now on he will get them added with other reports. CMO Aligarh also advised all the participants to take care of financial duplicacy, as it should be avoided. Mr Mukesh Kumar Sharma (City Manager) mentioned the training of 8 doctors for PPIUCD, and appreciated the results which are coming. He also told that the biggest component of Aligarh's CPR is condom, and hence free condom supply can really help. CMO promised to look in the matter even though the supply of condoms is less. City Manager also requested Deen Dayal Upadhyay Hospital (DDU) if they can start services like Sterilization and IUCD. DDU told they can do NSV if they get some NSV kits.

City Manager explained that even after the problems which have occurred in the past, we have done 75 NSVs till now. Right now we are having 6 male and female counselors and video consents are being made. He also mentioned about an elaborative training given by Dr Ram Bihari regarding Form and Consent details entry. Mr Mukesh told about the infection prevention training to be planned in the near future. Dr Rathi told that PDA can provide specialist doctors for specific days in Government hospitals without any cost, but the doctors should be provided a healthy working environment and regards. Dr Bal Kishan (CMS) requested Dr Imam Bano (Chairmen, Medical College) to accept blood transfusions given by Malkhan Singh Hospital, as the blood samples are properly tested and infection free. Dr Rahul Kulshrestha asked Sanjay Pathary (PO DUDA) for support from DUDA through CDS, a CDS member list will be required, to which PO DUDA replied in affirmation. In the end City Manager thanked all the participants for sparing their valuable time. He emphasised on the need of cooperative efforts from all the health stakeholders to bring a change in betterment of health standards prevailing currently.

Outcome

The meeting was with wide-ranging information and many important decisions were also taken. All the participants were very pleased with the issues discussed and promised to give their full cooperation in the upcoming interventions.



Overview and Background



Dr T P Singh (CMO) giving his views regarding proper reporting of data.



City Manager explaining about the staggering increase in IUCD figures.



Important stakeholders like Dr Imam Bano (Chairmen, Medical College), Dr Rathi (Rathi Hospital) etc.



Discussion on cooperative efforts from all the stakeholders of Urban family planning, immunization and Polio Program.

This report is generated by Urban Health Initiative, Aligarh



Annex 2: List of Government Officials-Aligarh

Officials	City	Division	Name	Phone
District Magistrate	Aligarh	Administration	Mr. Rajeev Rautela	+91 9454417493
C.D.O	Aligarh	Administration	Mr. Shamim Ahmad	+91 9412370972
A. D. Health	Aligarh	HFW	Dr. R. P. Singh	+91 9415032183
Chief Medical Officer	Aligarh	HFW	Dr. Arjun Singh	+91 8005192749
Additional Chief Medical Officer	Aligarh	HFW	Dr. Rupendra Goyal	+91 9412563917
Additional Chief Medical Officer	Aligarh	HFW	Dr. Rajendra Varshney	+91 7599112112
Additional Chief Medical Officer	Aligarh	HFW	Dr. S.P. Singh	+91 9759596865
Deputy Chief Medical Officer	Aligarh	HFW	Dr. Mahendra Singh	+91 9358203927
Deputy Chief Medical Officer	Aligarh	HFW	Dr. Gopi Lal	+19 9412630992
DPM, DPMU, NRHM	Aligarh	HFW	Mr. M. P. Singh	+91 8005193024
District Malaria Officer & Nodal Officer Urban	Aligarh	HFW	Dr Rahul Kulshresth	+91 9412275995
CMS- Malkhan Singh Hospital (District Male Hospital)	Aligarh	HFW	Dr A.K.Singh	+91 9453941413
CMS – Mohan Lal Gautam Hospital (District Women Hospital)	Aligarh	HFW	Dr. Amita Rani Gupta	+91 9412181785
CMS-Deendayal Joint Hospital	Aligarh	HFW	Dr. Bal Kishan	+91 9453941413
HOD Obs & Gyne Medical College	Aligarh	Medical College	Dr. Imam Bano	+91 9412654440
DUDA-PO	Aligarh	DUDA	Mr. Javed Akhtar	+91 9412634907 +91 9319028245
Nagar Ayukt	Aligarh	Nagar Nigam	Mr shailendra Singh	+919837054450 +91 8057141122
PO-ICDS	Aligarh	ICDS	Mr. M Z Khan	+91 9415957636
Div.PM-SIFPSA	Aligarh	SIFPSA	Mr. Devesh Tripathi	+91 8005192925

Annex 3: UHI NGO partner Details

S. N.	Organization	Point Person	Designation	City	Mobile No.	Email
1	Grameen Vikas Sansthan (GRAVIS)	Mr. P P S Tomar	Secretary	Aligarh	9412105292	gravis_tomer2004@yahoo.co.in
2	Sharnam Sansthan	Mr. Adesh Saxena	Secretary	Aligarh	8737953880	sharnamsansthan@gmail.com
3	UDAAN Society	Mr. Gyanendra Mishra	President	Aligarh	9837067681	udaansociety@gmail.com
4	Viklang Mand Buddhi Kalyan samiti (VMBKS)	Mr. Somendra Singh	Project Coordinator	Aligarh	9412275002	Somendrasingh17@yahoo.com, vmbks24@yahoo.co.in

Annex 4- List of Private Health Facilities: Aligarh

S. N.	SDP Name	Address	Doctor's Name	Ownership
1	Aasha H. Pvt. Ltd.	Marris Road, Aligarh	Dr. Anju Gupta	Private
2	Abha M S Home	3 / 288 D M Road, Aligarh	Dr. A K Singh	Private
3	Aligarh H. & M H	K. Nagar Chauraha, Aligarh	Dr. Urus Fatima	Private
4	Amrit N H	260 Sarvodaya Nagar, A V K Sasni Gate, Aligarh	Dr. Rajiv Kumar Varshney/Alpana Varshney	Private
5	Anandi Nursing Home		Dr. Gyan Kumar	Private
6	Annapurna Nursing Home	K Gate, Aligarh	Dr. Subhash Chandra Jain	Private
7	Bansal Nursing Home	Bannadevi, Aligarh	Dr. Pradeep Bansal	Private
8	Bhardwaj N H	C -8 Vikram Colony. Ramghat Road, Aligarh	Dr. Namta Bhardwaj	Private
9	Care Well N H K	Nai Aabadi, Aligarh	Dr. Nuzhat A. Rizwi	Private
10	Chowdhary Hospital	329 / A, Lakshmi Bai Marg, Aligarh	Dr. Munendrapal Singh	Private
11	City Medical S N K C	R Road, Aligarh	Dr. Hemlata Singhal	Private
12	Deep(Jaideep), N H	R Road (Ram Bagh K), Aligarh	Dr. Daljeet Kaur	Private
13	Dheeraj Hospital	Samad Road, Ce. P. Market, Aligarh	Dr.Manoj Kumar/Dr. Mini Gupta	Private
14	Dr. Panna Lal N. H.	H., Ram. Road, Aligarh	Dr. Gyan P Lal	Private
15	Dr. Pannalal H	R Road, Aligarh	Dr. G P Lal	Private
16	Dr. Rajiv Sood	3/244 – A, Lakshmi Niwas, K T R Road, Aligarh	Dr. Rajiv Sood/Dr. Meenakshi Sood	Private
17	Family Health Clinic	jamalpur, Aligarh	Dr. Sumbul Naim	Private
18	Firoz Hospital	Sir Syed Nagar, Aligarh	Dr. Nasreen	Private
19	Gogi Nursing Home	Ramghat Road Aligarh	Dr. R. Gogi	Private
20	Goyal N H	R Road, Aligarh	Dr. Vipin Goyal	Private
21	Gupta N H	Jail Road, Aligarh	Dr. Smt. Lata Gupta W/o Dr. Dinesh Gupta	Private

22	Hiralal H	Naurangabad, Aligarh	Dr. Sudesh Varshney	Private
23	Jeevan H	Theka Marg, Vishnu puri, Aligarh	Dr. Jayant Sharma/Divya Chaudharay	Private
24	Jeevan Jyoti, H	G T Road, Su., Aligarh	Dr. Rajeshwar Singh	Private
25	K.C Singhal N H	Ramghat Road Aligarh	Dr. Savita Singhal	Private
26	Kedarnath Hospital	ITI Road Aligarh	Dr. Mamta Varshney	Private
27	Kilkari Mother & C K S	E 28, V K R, Aligarh	Dr. Vikash Mehrotra	Private
28	Kishan Pyari Har Pyari Hospital,	Barahi Chowk Khair, Aligarh	Dr. R B Singh, MBBS / Dr. Gita Kumari, MBBS	Private
29	KK Hospital	Ramghat Road Aligarh	Dr. K. k. Varshney	Private
30	Krishna H	3/442 A, Maris Road, Aligarh	Dr. Piyush Varshney/Dr. Indu Varshney	Private
31	Kumar Nursing Home	Ram Ghat Road, Aligarh	Dr. P. Kumar	Private
32	Lauhchub N H	Ram Road, Aligarh	Dr. Prabha Lohchub	Private
33	Maa Maya Hospital	Pala Road Aligarh	Dr Vipin Gupta	Private
34	Maheshwari H	Sasni Gate, Aligarh	Dr. Y K Maheshwari/Avneesh Sharma	Private
35	Makhanlal H A V K M	G T Road, Aligarh	Dr. Sunil Gupta / Anju Gupta / R K Kashyap	Private
36	Marsrat Health N H	T K Anu. Road, J, Aligarh	Dr. Marsrat Hussain	Private
37	Medha H. P.	Etah Chungi, N G T Road, Aligarh	Dr. Pradeep Varshney	Private
38	Mittal N H	Lakhraj Nagar, Aligarh	Dr. Manoj Mittal/Dr. Neera Mittal	Private
39	Mother & C K S N	Athroli B. S. Ram Road, Aligarh	Dr. Rajiv Singhal	Private
40	Muskan N H	Laxmi bai Marg, Mariss Road, Aligarh	Dr. Manish Kumar/Chanchal	Private
41	Nandlal H	Etah Chungi, G T Road, Aligarh	Dr. Rakesh Kumar Srivastav/Dr. Mamta Gupta	Private
42	Naurang Hospital	Ramleela Ground , G. T. Road, Aligarh	Dr. Naveen Jain	Private
43	Navjeevan H.	Ram Road, Aligarh	Dr. Parveen Varshney	Private
44	Navrang Hospitaol	near Ramlila Ground Aligarh	Dr. Naveen Jain	Private
45	Neeru Maternity Home	Awas Vikas Colony, G-7 Aligarh	Dr. Neeru Agrawal	Private
46	Neksahai Ram Memorial Hospital	Agra Road Aligarh	Dr.Sundar Lal	Private
47	Nursing Home	Ram Road, Aligarh	Dr. Saroj Goni	Private
48	Prakash N H	I T I Road, Numaish Road, Aligarh	Dr. Sanjay Tayal	Private
49	Prashant Hospital	Near RTO Ram Ghat Road, Aligarh	Dr. Swaraj	Private
50	Prem Chandra Hospital	Gular Road, GT road Aligarh	Dr. Rashmi Mittal	Private
51	Rajul, N H	Sasni Gate, Agra Road, Aligarh	Dr. Anjula Bhargav	Private
52	Ram Pyari Memorial Hospital	Soot mill chauraha G T Road, Aligarh	Dr. Manudev Chaudhary/Dr. Kalpana Chaudhary	Private
53	Rama M & Ortho. K S K,	Ram Ghat, Aligarh	Dr. Anuradha Singh	Private
54	Ramchandra Singh M H	Ramghat Road Road, Aligarh	Dr. K K Singh	Private

55	Rathi Hospital	Agra Road, Aligarh	Dr. G M Rathi	Private
56	Rawat Hospital	S Gate, Agra Road, Aligarh	Dr. Bagishchand	Private
57	Renuka Hospital	Mariss Road Aligarh	Dr. Chandrashekhar	Private
58	Saini Eye Centre	Atrauli Bus Stand Ramghat Road Aligarh	Dr. Pawan/Awanjala Varshney	Private
59	Sanjeevani Hospital	Ramghat Road Aligarh	Dr. Vinod Kumar Saxena	Private
60	Sarmesh Hospital	Vishnu Puri, Aligarh	Dr. Alka Mittal	Private
61	Sehgal N H	near Anoop Shahr bus stand , Ramghat Road, Aligarh	Dr. Vikram Sehgal	Private
62	Shanti N H	Ram Ghat Road, Aligarh	Dr. Surekha Chowdhary	Private
63	Shiva N. H	P Marg, Ram Road, Aligarh	Dr. Pushpa Rani Garg	Private
64	Shivam Care Centre	Numaish Road Aligarh	Dr. Manoj Garg	Private
65	Shivani N H	M, K., G T Road, Aligarh	Dr. Alka Garg	Private
66	Singhal, N H	S Vishnu puri, Aligarh	Dr. Sumit Singhal	Private
67	Sood Hospital	Laxmi bai marg Ramghat Road Aligarh	Dr. Meenakshi Sood	Private
68	Sri Ram Hospital	Opp Malkhan Singh Hospital Aligarh	Dr. S.R.P. Mishra	Private
69	Sudharshan H.	Vikram Colony, Aligarh	Dr. Sudharshan Tomar	Private
70	Sukhda Maternity and child care centre	Kishanpur Tiraha, Aligarh	Dr. Arvind Hari Gupta	Private
71	Sumangalam Nursing Home	Ramghat Road, Aligarh	Dr. Pradeep Kumar	Private
72	Sumbul N H	F K Nagar, A A Road, Aligarh	Dr. M Aatif Shervani	Private
73	Suraksha S N H	F S S Gate, A Road, Aligarh	Dr. C P Gupta	Private
74	Suresh chandra Varshney Memorial Hospital	Agra Road, Aligarh	Dr. Surek Varshney/Dr. Jolly Varshney	Private
75	Tikaram N H	centre Point, Aligarh	Dr. Smt. Vijay Gupta	Private
76	Tyagi Hospital	Sasni gate crossing, Agra Road Aligarh	Dr. Brajesh Tyagi	Private
77	V.S. Juneja Memorial Hospital	Old Hathras Adda Aligarh	Dr. J. S. Juneja	Private
78	Varun H	Vishnupuri, Aligarh	Dr. Sanjay Barghav/Dr. Mani Bhargav	Private
79	Vishwanath H.	Jalalpur V R, G T Road, Aligarh	Dr. Jitendra Pal Singh	Private
80	Yashomati Hospital	near PAC Ramghat Road Aligarh	Dr. Sunil Gupta / Dr. Seema Gupta	Private

Annex-5: List of Public Health Facilities-Aligarh

S. N.	Name of Facility	Address	In-charge	Ownership
1	J.N Medical College	JN medical College, AMU, Aligarh	Dr. Imam Bano	Govt.
2	Mohan Lal Gautam Mahila Chitkatsalaya	Rasal Ganj Aligarh	Dr. Amita Rani Gupta	Govt.
3	Malkhan Singh Zila Purush Chiktsalaya	Rasal Ganj Aligarh	Dr. A.K. Singh	Govt.
4	Pandit Deen Dayal Upadhayaya District hospital	Qwarsi Chauraha, Aligarh	Dr. Balkishan	Govt.
5	Tibbiya Medical College and Hospital (BAMS)	AMU Road, Near Telephone exchange, Aligarh	Dr. Qamar A Qazmi	AMU & Govt.
6	HPD, M.A Nagar	C/o Salman, Line Par 24 Foota Road, Near Nafees Shop, Aligarh	Dr. Anuja Rastogi	NRHM Funded
7	HPD, Ghantar Chowk	Qazi Pada, Jaiganj Post office wali Gali, Khawja Haleem ki Kothi, Aligarh		State Govt. Funded
8	HPD, K.K Jain	Near Chiranji Lal Girls Inter College, Sani Gate, Aligarh		State Govt. Funded
9	HPD, Bhujpura	Bhujpura Chauraha, Babri Mandi Road, Aligarh	Dr. Meenu Mittal	NRHM Funded
10	HPD, Nagla Tikona	PD public Shcool, Chandaniya Wali Gali, Near Bhagwan Tent House, Nagla Tikona, Aligarh	Dr. Rajni Singhal	NRHM Funded
11	HPD, ShahJamal	C/o Haroon Ahmad, Near Pani Ki Tanki,		NRHM Funded
12	HPD, Upper Fort	In front of Jama Masjid National Hospital Building, Chandan Sheed Road, Aligarh	Dr. K. Kumari	NRHM Funded
13	HPD, Nauregabad	Badi Ambedkar Murti, Near Railway Line, Dori Nagar, Aligarh		State Govt. Funded
14	HPD, Begam Baag	Khair Road, Near Nai Pani ki tanki, Bagachi, Pandaji Ka Makan, Aligarh		State Govt. Funded
15	HPD, Banna Devi	ANM training Centre, Opp. Church, GT Road Aligarh		State Govt. Funded
16	HPD, Indira Nagar	Near Atruali Bus Stand, In Devtray Hospital, Ramghat Road, Aligarh		State Govt. Funded
17	HPD, Jeevan Garh	Near Jeevan garh Pulia, Zakir Nagar, Infront of Pradhan ji ki dukan, Aligarh	Dr. Meena Bazmi	NRHM Funded
18	HPD, Nagla Pala	Bari wala Chauk, Nagla Pala, Aligarh		NRHM Funded

Annex 6- List of Registered Slum-Aligarh

S. No.	City Name	City ID	Slum Name	Slum Status
1	Aligarh	C2	Abbas nagar	Registered
2	Aligarh	C2	Adarsh Nagar	Registered
3	Aligarh	C2	Advocate colony	Registered
4	Aligarh	C2	Alambagh	Registered
5	Aligarh	C2	Ambedkar Colony I & II	Registered
6	Aligarh	C2	Ashok Vihar	Registered
7	Aligarh	C2	Babri Mandi	Registered
8	Aligarh	C2	Badam nagar	Registered
9	Aligarh	C2	Bapu Nagar	Registered
10	Aligarh	C2	Barola Jafrabad 2nd	Registered
11	Aligarh	C2	Barola Jafrabad Ist	Registered
12	Aligarh	C2	Begpur 2	Registered
13	Aligarh	C2	Begpur Kajola	Registered
14	Aligarh	C2	Begum Bagh	Registered
15	Aligarh	C2	Bhaghwan Nagar	Registered
16	Aligarh	C2	Bhamola mafi loco	Registered
17	Aligarh	C2	Bhujpura	Registered
18	Aligarh	C2	Bihari Nagar	Registered
19	Aligarh	C2	Champa Bagh	Registered
20	Aligarh	C2	Chandaniya	Registered
21	Aligarh	C2	Christian Colony	Registered
22	Aligarh	C2	Chuharpur	Registered
23	Aligarh	C2	Chuharpur new colony	Registered
24	Aligarh	C2	Dayaram Chawni	Registered
25	Aligarh	C2	Dharam Puri Vikas Nagar	Registered
26	Aligarh	C2	Dhaura Mafi	Registered
27	Aligarh	C2	Dori Nagar	Registered
28	Aligarh	C2	Durga Nagar	Registered
29	Aligarh	C2	Durgesh Colony	Registered
30	Aligarh	C2	Dwarika Puri	Registered
31	Aligarh	C2	Firdosnagar A	Registered
32	Aligarh	C2	Firdosnagar B	Registered
33	Aligarh	C2	Gandhi Nagar & Gandhi Nagar New Colony	Registered
34	Aligarh	C2	Gopal puri	Registered
35	Aligarh	C2	Guatam Nagar	Registered
36	Aligarh	C2	Gular Road G T Road	Registered
37	Aligarh	C2	Gular road Marwari Gali	Registered
38	Aligarh	C2	Gulshanbad	Registered
39	Aligarh	C2	Hadi Hasan Hall	Registered

40	Aligarh	C2	Hanuman puri	Registered
41	Aligarh	C2	Hanuman puri Balmiki Basti (GAMBHIR PURA)	Registered
42	Aligarh	C2	Hari Nagar Charaywala	Registered
43	Aligarh	C2	Hazeera I	Registered
44	Aligarh	C2	Hodil Nagar	Registered
45	Aligarh	C2	Humdard Nagar	Registered
46	Aligarh	C2	Jagjeevan Ram Colony	Registered
47	Aligarh	C2	Jamalpur1	Registered
48	Aligarh	C2	Jamalpur2	Registered
49	Aligarh	C2	Jeevan garh 1 & 2	Registered
50	Aligarh	C2	Jeevan Garh New Colony	Registered
51	Aligarh	C2	Johra Bagh	Registered
52	Aligarh	C2	Junglegarhi I	Registered
53	Aligarh	C2	Junglegarhi II	Registered
54	Aligarh	C2	Jyoti Nagar	Registered
55	Aligarh	C2	Kailash gali	Registered
56	Aligarh	C2	Kailash Gali Khatikan	Registered
57	Aligarh	C2	Kalideh	Registered
58	Aligarh	C2	Kalyan nagar	Registered
59	Aligarh	C2	Kasim Nagar Bhujpura Bypaas	Registered
60	Aligarh	C2	Kasim Nagar I	Registered
61	Aligarh	C2	Kela Nagar1st	Registered
62	Aligarh	C2	Kela Nagar2nd	Registered
63	Aligarh	C2	Kila road New Colony	Registered
64	Aligarh	C2	kishan pur 2	Registered
65	Aligarh	C2	kishan pur1	Registered
66	Aligarh	C2	Krishna vihar	Registered
67	Aligarh	C2	Kundan Nagar	Registered
68	Aligarh	C2	Kuwar Nagar	Registered
69	Aligarh	C2	Ladiya Abbas Nagar	Registered
70	Aligarh	C2	Laksim pur	Registered
71	Aligarh	C2	Mahendra Nagar	Registered
72	Aligarh	C2	Mathiya (Krishana Puri)	Registered
73	Aligarh	C2	Maya puri	Registered
74	Aligarh	C2	Mother Teresa	Registered
75	Aligarh	C2	Nagla Ashique Ali	Registered
76	Aligarh	C2	Nagla Ashique Ali New Colony	Registered
77	Aligarh	C2	Nagla Maan Singh	Registered
78	Aligarh	C2	Nagla Mallah 1st	Registered
79	Aligarh	C2	Nagla Mallha 2	Registered
80	Aligarh	C2	Nagla Masani I & II	Registered
81	Aligarh	C2	Nagla Masani New Colony	Registered

82	Aligarh	C2	Nagla Mehtab	Registered
83	Aligarh	C2	Nagla Tikona	Registered
84	Aligarh	C2	Nagla Tikona-2	Registered
85	Aligarh	C2	Naurangabad	Registered
86	Aligarh	C2	New Begum Bagh	Registered
87	Aligarh	C2	New Slaughter House	Registered
88	Aligarh	C2	Niranjanpuri Goshala	Registered
89	Aligarh	C2	Pachauri Nagar	Registered
90	Aligarh	C2	Pala Nai Abadi	Registered
91	Aligarh	C2	Pala Shahibabad	Registered
92	Aligarh	C2	Panch Nagri	Registered
93	Aligarh	C2	Pannaganj	Registered
94	Aligarh	C2	Rajeev Nagar Loco Colony	Registered
95	Aligarh	C2	Rambagh	Registered
96	Aligarh	C2	RamNagar	Registered
97	Aligarh	C2	Rathi Nagar	Registered
98	Aligarh	C2	Ravan Tila (Pradumn Vihar)	Registered
99	Aligarh	C2	Rawan teela 2nd	Registered
100	Aligarh	C2	Rorawar	Registered
101	Aligarh	C2	Saket Colony	Registered
102	Aligarh	C2	Sanjay Gandhi Collony	Registered
103	Aligarh	C2	Sarai gadhi	Registered
104	Aligarh	C2	Sarai Kaba Hanuman Nagar	Registered
105	Aligarh	C2	Sarai Miya	Registered
106	Aligarh	C2	Sarai Miya Junglegarhi	Registered
107	Aligarh	C2	Sarai Rehman Harijan Basti	Registered
108	Aligarh	C2	Sarai Sultani	Registered
109	Aligarh	C2	SaraiBhokhi	Registered
110	Aligarh	C2	Saroj nagar	Registered
111	Aligarh	C2	Sarsol	Registered
112	Aligarh	C2	Shahjamal	Registered
113	Aligarh	C2	Shakti Nagar	Registered
114	Aligarh	C2	Shastri Nagar	Registered
115	Aligarh	C2	Sonpal Nagar Anarkali	Registered
116	Aligarh	C2	Tikaram Colony	Registered
117	Aligarh	C2	Turkman Gate I & II	Registered
118	Aligarh	C2	Van Vibhag Colony	Registered
119	Aligarh	C2	Vikas Nagar	Registered
120	Aligarh	C2	Zakir Nagar	Registered

Annex 7: List of Unregistered Slum- Aligarh

S. No.	City Name	City ID	Slum Name	Slum Status
1	Aligarh	C2	Abbas Ngar	Unregistered
2	Aligarh	C2	Avtar Nagar	Unregistered
3	Aligarh	C2	Azad Nagar	Unregistered
4	Aligarh	C2	Bala ki Sarai	Unregistered
5	Aligarh	C2	Baniya Pada	Unregistered
6	Aligarh	C2	Banni Israyil	Unregistered
7	Aligarh	C2	Barai	Unregistered
8	Aligarh	C2	Biwi ki Sarai	Unregistered
9	Aligarh	C2	Brahmanpuri	Unregistered
10	Aligarh	C2	Chahgarmaya	Unregistered
11	Aligarh	C2	Dahiwali Gali	Unregistered
12	Aligarh	C2	Danpur Compound	Unregistered
13	Aligarh	C2	Dehli Gate	Unregistered
14	Aligarh	C2	Gihara Nagar	Unregistered
15	Aligarh	C2	Govind Nagar	Unregistered
16	Aligarh	C2	Gudiya Baag	Unregistered
17	Aligarh	C2	Hakeem Ki Sarai	Unregistered
18	Aligarh	C2	Hazeera 2nd	Unregistered
19	Aligarh	C2	Jaiganj	Unregistered
20	Aligarh	C2	Jwala puri	Unregistered
21	Aligarh	C2	Kankarwali Gali	Unregistered
22	Aligarh	C2	Kazi Pada	Unregistered
23	Aligarh	C2	Khai dora	Unregistered
24	Aligarh	C2	Lalu pada	Unregistered
25	Aligarh	C2	Lodhi puram	Unregistered
26	Aligarh	C2	Lodhi vihar	Unregistered
27	Aligarh	C2	Madar Gate	Unregistered
28	Aligarh	C2	Madinabad	Unregistered
29	Aligarh	C2	Mahfooz Nagar	Unregistered
30	Aligarh	C2	Mali pada	Unregistered
31	Aligarh	C2	Maulana azad Nagar & Islam Nagar	Unregistered
32	Aligarh	C2	Mohalla Gauhar Ali	Unregistered
33	Aligarh	C2	Mushtaq Nagar	Unregistered
34	Aligarh	C2	Nagla Klar	Unregistered
35	Aligarh	C2	Nagla Pala	Unregistered
36	Aligarh	C2	Nai Basti	Unregistered
37	Aligarh	C2	Nuner Gate	Unregistered
38	Aligarh	C2	Parkattan	Unregistered
39	Aligarh	C2	Qurishyaan	Unregistered
40	Aligarh	C2	R.k.Puram-I	Unregistered
41	Aligarh	C2	Saiyad Bada	Unregistered

42	Aligarh	C2	Samna pada	Unregistered
43	Aligarh	C2	Sanichari Paith	Unregistered
44	Aligarh	C2	Sarai Bhatt	Unregistered
45	Aligarh	C2	Sarai Bhola Nath	Unregistered
46	Aligarh	C2	Sarai Jawa	Unregistered
47	Aligarh	C2	Sarai Kale Khan	Unregistered
48	Aligarh	C2	Sarai Khirni	Unregistered
49	Aligarh	C2	Sarai Lavaria	Unregistered
50	Aligarh	C2	Sarai Maan Singh	Unregistered
51	Aligarh	C2	Sarai Mishr	Unregistered
52	Aligarh	C2	Sarai pakki	Unregistered
53	Aligarh	C2	Sarai Pathan	Unregistered
54	Aligarh	C2	Sarai Pitambar	Unregistered
55	Aligarh	C2	Sarai Rai	Unregistered
56	Aligarh	C2	Sarai Rajaram	Unregistered
57	Aligarh	C2	Sarai Rehman (Machli wali)	Unregistered
58	Aligarh	C2	Sarai Virindavan	Unregistered
59	Aligarh	C2	Shahanshabad	Unregistered
60	Aligarh	C2	Shishiyapada	Unregistered
61	Aligarh	C2	Surya Vihar	Unregistered
62	Aligarh	C2	Tamoli Pada	Unregistered
63	Aligarh	C2	Tandon Pada	Unregistered
64	Aligarh	C2	Upper fort	Unregistered
65	Aligarh	C2	Usman pada	Unregistered
66	Aligarh	C2	Vishambar Nagar	Unregistered