



# FIROZABAD

## CITY HEALTH PLAN 2019-21

District Health Society – Firozabad







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2019-2021

District Health Society - Firozabad



## **Mr Chandra Vijay Singh (IAS)**

District Magistrate  
Firozabad, Uttar Pradesh



## FOREWORD

Urbanization is an outcome of economic development. Nearly 34 percent of country population lives in urban areas and the numbers are continuously increasing every day. Growing population in urban has put the pressure of proper infrastructural reform in the cities. A large population of the cities lives in slums but often deprived of basic services. With growing slum population, our cities are facing challenges constantly in providing quality basic services for urban poor. However, urban issues are being given due recognition in policy domain nowadays. National Urban Health Mission (NUHM) is the flagship program running in the cities with the objective of making quality and affordable health services available to all.

Firozabad city has remarkably progressed towards quality health services delivery in last few years. There are Urban Primary Health Centres (UPHCs) functioning with qualified and trained manpower in the city to serve the community. Considered to be the backbone of the program, various ANMs and ASHAs are appointed in the urban and attached with UPHCs to organize calendared and need based outreach activities. I am pleased to share that Health Department in Firozabad has been proactively working in strengthening urban health systems through convergence with various stakeholders. District has delivered some notable results in streamlining urban health program and City Health Plan is among one of those results.

We have come up with a comprehensive City Health Plan in accordance to the NUHM guideline. There was a need also to have a practical and implementable plan in place that can define the roles of various stakeholders. After rigorous exercise at city level and various consultation with stakeholders, we have been able to produce a practical plan. I would like to congratulate Health Department for developing this City Health Plan with the support of various stakeholders. I would like to thank 'The Challenge Initiative for Healthy Cities (TCIHC)', led by PSI for giving technical support in developing this plan document. They are profoundly engaged in the city to trigger health system strengthening processes. My sincere acknowledgement to the departments and UPHC level staffs also for their valuable contribution time to time. I extend my best wishes to health department, especially to NUHM cell for using this plan effectively and delivering quality results.

## **Mr Chandra Vijay Singh (IAS)**

District Magistrate



TCI

जलसंधारण

**Dr S. K. Dixit**  
Chief Medical Officer  
Firozabad, Uttar Pradesh



## ACKNOWLEDGEMENT

National Urban Health Mission (NUHM) envisages to ensure equitable access to quality health services to all residing in urban areas. Despite of being at nascent stage, NUHM has been able to provide health services at door step especially to the community belong to poor socio-economic strata. Firozabad is amongst those upcoming cities in Uttar Pradesh which has observed remarkable infrastructural transformation. Compounded with quality outreach services and evidence-based service delivery mechanism, city based health programs has gained momentum in recent years. Firozabad Urban Health Cell is persistently engaged in strengthening implementation of the program through program convergence.

Firozabad City Health Plan is a step towards designing and developing convergent actions of various stakeholders at city level in health program strengthening. This plan has been developed in consultation with stakeholders at various level. It does have details of the potential areas convergence among the departments and short/long term actions on mutually agreed aspects. This document provides the various tools to monitor the progress at UPHC level and draw the suitable actions to counter emerging issues. It critically examines the existing resources at department level and suggests the way to utilize those optimally.

I would like to acknowledge the engagement of team members of NUHM cell, specially Dr Ashok Kumar (ACMO & Nodal Officer-Urban Health) and Mr Praval Pratap Singh (Urban Health Coordinator) for their contribution in developing this City Health Plan. Dr Ashok Kumar (ACMO & Nodal Officer-Urban Health & Family Planning) and Mr Praval Pratap Singh (Urban Health Coordinator) have been quite instrumental in making this happen in such a short span of time. I must acknowledge the hard work of 'The Challenge Initiative for Healthy Cities (TCIHC)', led by PSI for providing its technical expertise in developing this document quite effectively. Their tiresome efforts in collating the information, conducting dialogues with stakeholders, drafting the document and incorporating various concerns on regular basis have been well recognized by the department. I am heartily thankful to Municipal Corporation, ICDS, DUDA-NULM, SBM-Urban, IMA, Education Department, UPHC's staff and outreach workers also for sparing their valuable time to provide required information and on discussing this plan thoroughly, as and when required.

I am sure this city health plan will be helpful to bring the synergies of various departments in effective manner, in order to strengthen health service delivery at city level. This guiding document will serve as a resource document for other departments too. Health department will review the plan document time to time and make necessary changes as per requirement. I am pleased to endorse this plan officially and hope this will be benchmark for others to learn and follow.

**Dr S. K. Dixit**  
Chief Medical Officer

# ABBREVIATIONS

ANC	:	Ante-natal Care
ANM	:	Auxiliary Nurses Midwife
ASHA	:	Accredited Social Health Activist
ALF	:	Area Level Federation
AMRUT	:	Atal Mission for Rejuvenation and Urban Transformation
BCC	:	Behavior Change Communication
CCC	:	City Health Coordination Committee
CPR	:	Contraceptive Prevalence Rate
C-BAC	:	Community Based Assessment Checklist
DAY-NULM	:	Deendayal Antyodaya Yojana: National Urban Livelihood Mission
DH	:	District Hospital
DLC	:	Differential Leukocyte Count
DHS	:	District Health Society
DUDA	:	District Urban Development Agency
EDL	:	Essential Drug List
ESR	:	Erythrocyte Sedimentation Rate
FP	:	Family Planning
FMR	:	Financial Management Report
FOGSI	:	Federation of Obstetric and Gynaecological Societies of India
HIV	:	Human Immunodeficiency Virus
HR	:	Human Resource
HWC	:	Health & Wellness Centre
ICDS	:	Integrated Child Development Scheme
IEC	:	Information, Education and Communication



IPC	:	Inter Personal Communication
IUD	:	Intrauterine Device
IFA	:	Iron Folic Acid
IMA	:	Indian Medical Association
LT	:	Lab Technician
MAA	:	Mother's Absolute Affection
MAS	:	Mahila Arogya Samiti
MBBS	:	Bachelor in Medicine, Bachelor in Surgery
MCP	:	Mother Child Protection
MNCH	:	Maternal, Neo-natal and Child Health
MOIC	:	Medical Officer In-charge
MHUPA	:	Ministry of Housing and Urban Poverty Alleviation
MWRA	:	Married Woman of Reproductive Age
NFHS	:	National Family Health Survey
NGO	:	Non-Government Organization
NCD	:	Non-Communicable Disease
NHM	:	National Health Mission
NVBDCP	:	National Vector Borne Disease Control Programme
OCP	:	Oral Contraceptive Pills
OBC	:	Other Backward Caste
O&G	:	Obstetrician and Gynecologist
O&M	:	Operation and Maintenance
OPD	:	Outpatient Duty
ORS	:	Oral Rehydration Solution
OT	:	Operation Theatre
PIP	:	Programme Implementation Plan
PMAY	:	Pradhanmantri Awaas Yojna
PMSMY	:	Pradhanmantri Surakshit Matritva Abhiyan
PMSSY	:	Pradhanmantri Swasthya Suraksha Yojana
PNC	:	Post-natal Care
PNDT	:	Pre-Natal Diagnostic Technique
PW	:	Pregnant Woman
RBSK	:	Rashtriya Bal Swasthya Karyakram

RCH	:	Reproductive Child Health
RI	:	Routine Immunization
RKSK	:	Rashtriya Kishor Swasthya Karyakram
RNTCP	:	Revised National Tuberculosis Control Programme
ROPs	:	Record of Proceedings
SC	:	Schedule Caste
SDG	:	Sustainable Development Goal
SDM	:	Sub-Divisional Magistrate
SHC	:	Sub-Health Centre
SHGs	:	Self Help Groups
SJSRY	:	Swarna Jayanti Shahari Rojgaar Yojana
SOE	:	Statement of Expenditure
SN	:	Staff Nurse
SPMU	:	State Project Management Unit
ST	:	Schedule Tribe
SUDA	:	State Urban Development Agency
SWOT	:	Strength, Weakness, Opportunity & Threat
TCIHC	:	The Challenge Initiative for Healthy Cities
TFR	:	Total Fertility Rate
TLC	:	Total Leucocyte Count
TT	:	Tetanus Toxoid
UHC	:	Universal health Coverage
UHND	:	Urban Health & Nutrition Day
UPHC	:	Urban Primary Health Centre
ULBs	:	Urban Local Bodies
USAID	:	United States Agency for International Development



# TABLE OF CONTENTS

<b>Foreword</b>	<b>iii</b>
<b>Acknowledgement</b>	<b>v</b>
<b>Abbreviations</b>	<b>vi</b>
<b>Executive Summary</b>	<b>xi</b>
<b>Chapter 1: About City Health Plan</b>	<b>1</b>
Background	1
Purpose of the Plan	2
Usage of City Health Plan	2
Process adopted for health plan development	2
<b>Chapter 2: Firozabad City Profile</b>	<b>5</b>
City at a Glance	5
Key Health & Nutrition Indicators at a glance	6
Maternal and Child Health Indicators	6
Status of Slum in the city	8
<b>Chapter 3: Departments, their functions and Infrastructure in the city</b>	<b>9</b>
Key Departments under ULB/Urban Development Department	9
Existing Urban Governance Structure in Municipal Corporation	10
Health Department: Implementing agency under NUHM	11
City Health Coordination Committee (CCC) and Role in convergence in the city	15
District Health Society (DHS)	15
<b>Chapter 4: Key Government supported Flagship Programs in Urban</b>	<b>17</b>
National Urban Health Mission (NUHM)	17
Deendayal Antyodaya Yojana-National Urban Livelihood Mission (DAY-NULM)	20
Pradhan Mantri Awas Yojana (PMAY)	20

Swachh Bharat Mission- Urban (SBM-U) including Kayakalp	20
Ayushman Bharat	21
e-UPHC	23
Pradhanmantri Jan Arogya Yojana (PM-JAY)	23
Atal Mission for Rejuvenation and Urban Transformation (AMRUT)	24
Pradhanmantri Swasthya Suraksha Yojana (PMSSY)	24
<b>Chapter 5: Current Status of Health Services at facility level and Actions required</b>	<b>25</b>
UPHCs: OPD Footfall, UHNDs Session and Immunization Sessions Status	25
Status of Maternal Health Services at UPHCs	29
Status of Family Planning Services at UPHCs	31
Status of Services Medical College (Earlier District Woman Hospital/ District Hospital)	34
Quality Improvement Committee (QIC)	35
Budget Allocation and Fund Utilization Status	36
<b>Chapter 6: Convergence among departments/stakeholders &amp; Proposed Activities</b>	<b>37</b>
Inter-Departmental Convergence	44
<b>Chapter 7: Action Plan with Result &amp; Activity Matrix</b>	<b>49</b>
Result and Activities Matrix	52
<b>Chapter 8: Monitoring &amp; Knowledge Management</b>	<b>57</b>
Key areas of reviews	58
Knowledge Management	59
<b>Annexures</b>	<b>61</b>
Annexure 1 : CCC Meeting minutes–3 pages (21/05/2019)	61
Annexure 2 : Stakeholders Consultation Minutes	64
Annexure 3 : Directives/Government Letters regarding departmental Convergence	65
Annexure 4 : Director-ULB Letter Regarding Convergence between Municipal Corporation and NUHM	66
Annexure 5 : MD-NULM Letter Regarding Convergence with NUHM-Making provision of Place for Health Kiosk	67
Annexure 6 : MD-NHM Letter regarding NUHM-NULM letter for MAS strengthening	68
Annexure 7 : MD-NHM-GOI Letter regarding strengthening of UHND sessions	69
Annexure 8 : CMO letter regarding QIC formation	70
Annexure 9 : List of medical & paramedical staff of district hospital & Trauma Centres	71
Annexure 10 : UPHC Wise LiSt of MAS	75
Annexure 11 : UPHC Wise Staff List (As on May 2018)	82

# EXECUTIVE SUMMARY

Goal-3 of Sustainable Development Goals raise the concern of interconnectedness of the good health with other development agendas. Concerns like social and economic inequalities, rapid urbanization, threat of climate change and other various others emerging challenge are still have visible disconnects with core health programs. There are counties where life expectancies vary with fair margin. India is among those countries which have shown encouraging results in last one decade. National Urban Health Mission (NHUM) envisages equitable access to quality health services to all irrespective of their social and economic conditions. It offers a range of health services and product to vulnerable community through health facilities spread across cities and connected outreach activities at doorstep. It enormously caters the health needs of women and children through evidence based intervention and focuses on most vulnerable sections. In larger terms, we can



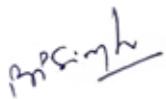
strongly mention that NUHM, directly or indirectly, contributes in attaining Goal 3- Good Health and Wellbeing, Goal 5- Gender Equality and Goal 10- Reduced Inequalities. On the basis of local needs and socio economic condition of community, urban specific health plan is required in the cities as per NUHM guideline. Such plan is expected to be aligned with the SDG goals.

Health Plan has been envisioned in NUHM as an indispensable document at city level. It aims to build convergence among stakeholders in order to ensure effective implementation of activities using the existing resources optimally. There have been experiences of developing city health plans in cities by using varied methodologies, however, apprehensions exist around implementation and buy-in by stakeholders. The key question is whether these health plans are implementable at micro level and explicitly contributing in system strengthening or not and likewise, have these plan been useful at macro scenario in establishing an effective convergence model in the city?

Firozabad Urban Health Cell has tried to give the answers through developing this city help plan with the technical support of The Challenge Initiative for Health Cities (TCIHC)'. This implementable plan is simple to understand, user friendly and easily relatable with day to day functions. Participatory way of document preparation right from the beginning has been one of key essence. Consultation with varied section of stakeholders helped in building the content on various themes and finalize short and long term activities around identified gaps and issues. Plan is helpful in assessing the city's current scenario in terms of health

delivery, quality of outreach, access to the community and convergence issues. Nature of the document is as dynamic as it does not only unfold micro level solutions but also covers macro issues of expansion of facility level services. Document unequivocally describes the areas of convergence among the stakeholders too. There is a separate section in the document on convergence actions.

First chapter of the document describes about basics of city health plan, its purpose, process and scope of usage. Further it helps users get acquainted with the city's scenario based on demographic and health indicators in next chapter. Gaining ground from the first two chapters, third chapter indicates around key departments & institutions and their respective roles around health issues. Followed to this chapter, there are details of flagship programs with key provisions. Scope of convergence among the programs starts emerging from this section only. For example, SHGs under DAY-NULM and Mahila Arogya Samitis under NUHM may potentially help each other in many ways due to membership and functions overlap. Fifth chapter is about the quantitative performance of UPHCs and district level facilities on various health indicators. Users may observe easily in this section that this is not merely a plan document but also a tool to check the performances of facilities and guide to plan the corrective measures. Forward looking approach of the plan is reflecting in this section where it envisages



**Dr. B.P. Singh**  
**Dy. CMO**  
**Nodal Officer, NUHM Firozabad**

to create more number of UPHCs and staffs in the cities to cater large slum population. Section also critically examines the distribution of outreach workers such as ANMs and ASHAs on the basis of population load which gives an important insight for taking corrective actions towards it immediately. Section slightly touches the budget utilization status also at city level which suggests to improve absorption capacity of the department. Sixth chapter is about the areas of convergence among departments, ULB and private players. It shows the ways departments can contribute in other department's activities and the kind of support can receive in return. It is important to mention here that the convergence actions were drafted in consultation with department and finalized after their consent.

Last chapter strives to suggest the way of review and monitoring mechanism of the activities suggested in the plan. It also includes an activity and indicator matrix covering key expected results, performance indicators, time-bound activities with responsibilities. A separate knowledge management cell attached with NUHM cell has been suggested in this section. This cell will largely help NUHM cell in making monitoring plans, developing reports and accumulating learnings from the field. In nut shell, Firozabad city health plan has ability to acclimatize with the changing situation as it can be updated periodically and referred as resource document in many ways.



**Dr. Ashok Kumar**  
**ACMO**  
**(Nodal Officer-NUHM and FP, Firozabad)**

# ABOUT CITY HEALTH PLAN

## BACKGROUND

Urbanization is the effect of globalized market and growing economy worldwide. Expansion of urban area is proportionate to the population growth of the city. However, increasing trend of migration from rural areas and even from distant locations also has strong contribution in population growth in the urban areas. In many countries including India, migration in urban is known as one of the best adaptive strategies of the rural community to get diverse options of livelihood and thus, this phenomena cannot be stopped. However, ironically, urban areas are still not prepared enough for accommodating the increasing number of inward population. Existing infrastructures, deployed resources and available services are still old and not sufficient to cater the need of the population. Especially health infrastructure need serious attention to get revamped. In last one decade, urban

areas are being given due importance by policy makers and government has launched several programs focussing on urban health, urban housing, basic infrastructure, livelihood and related sectors. The National Urban Health Mission aims to improve the health status of the urban population in general, and poor and other disadvantaged sections in particular. It envisages to facilitate equitable access to quality health care through a revamped public health system, partnerships, and community based mechanism with the active involvement of the urban local bodies.

As a mandate for the state under NUHM (NUHM PIP 2013-14, Annexure-1), every city is supposed to develop a city level health plan comprising of the key activities related to health service delivery at city level in convergence with the key departments and national flagship programs. Health Department as a leading agency, is liable to develop this plan and update time to time for ensuring quality services, optimal utilization of departmental resources and strengthening coordination among the stakeholders. Convergence is considered to be the key strategy in NUHM around key health determinants which is being promoted to ensure equitable, easily accessible and quality health services to the urban dwellers. So far convergence among wider determinants of health has been minimal despite its core emphasis on the need of creating common institutional arrangements. Provision has been made to bring all players including urban local body under one umbrella, to cover all the wider determinants such as water, sanitation, nutrition, health care, education, skill development, and housing through convergent actions.

## PURPOSE OF THE PLAN

Larger purpose of the City Health Plan is “to develop an implementable health plan at city level in participatory manner through effective convergence among departments and programs in order to ensure optimal use of available resources, capacity building of stakeholders and community engagement.”

**To attain the above purpose, key objectives are as follows:**

1. To understand the current status of urban health services delivery at city level through a situation analysis.
2. To analyse the gaps and challenges in service delivery and demand generation especially focused on FP and MNCH services with probable solutions.
3. To establish a package of essential health services with special focus on FP & MNCH services, to be provided at city level based on the need assessment through convergent actions.
4. To develop a multiyear plan for provision of the essential health services at various levels (household, community, primary facility and referral), including institutional framework for planning and monitoring through active participation of stakeholders.

## USAGE OF CITY HEALTH PLAN

City Health Plan has intrinsic elements like existing infrastructure spread across cities, manpower deployed for community services, financial outlays along with expenditure pattern, stakeholders' respective roles and component wise/UPHCs wise gaps and suggested actions. City Health Plan is a resource cum guide book for the departments and institutions that identify local health needs, aggregate available local resources and suggests their optimum utilization, describe the way to reach out to the population in need, describe well tested model of service delivery and ensure access to key health services to the urban poor families. City Health Plan can be used:

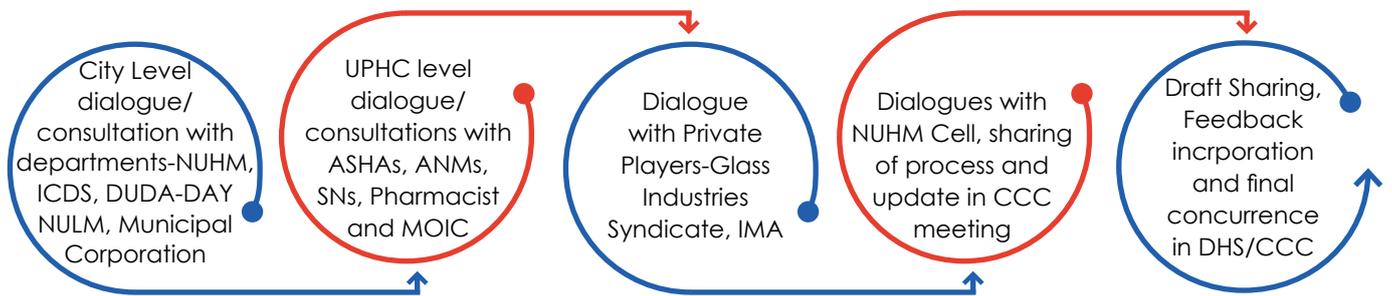
1. To understand the city profile with key demographic and health indicators.
2. To get stock of available local resources (Infrastructure, Manpower, Institutions, sharing forums, partners, etc) under one umbrella.
3. To assess the gaps and plan participatory strategies to improve community level interventions and UPHC level performances.
4. To understand areas of convergence and coordination among different stakeholders including departments and programs.
5. To help stakeholders to understand their specific roles and responsibilities.
6. To monitor and periodic review of the programmatic progress and gaps.

Information given in City Health Plan are usable in such a manner that any department or agency can refer the available information in their planning, implementation and monitoring/ review. Referring this plan document, resources can be utilized in shared manner to realize the results in more effective way and avoid duplication.

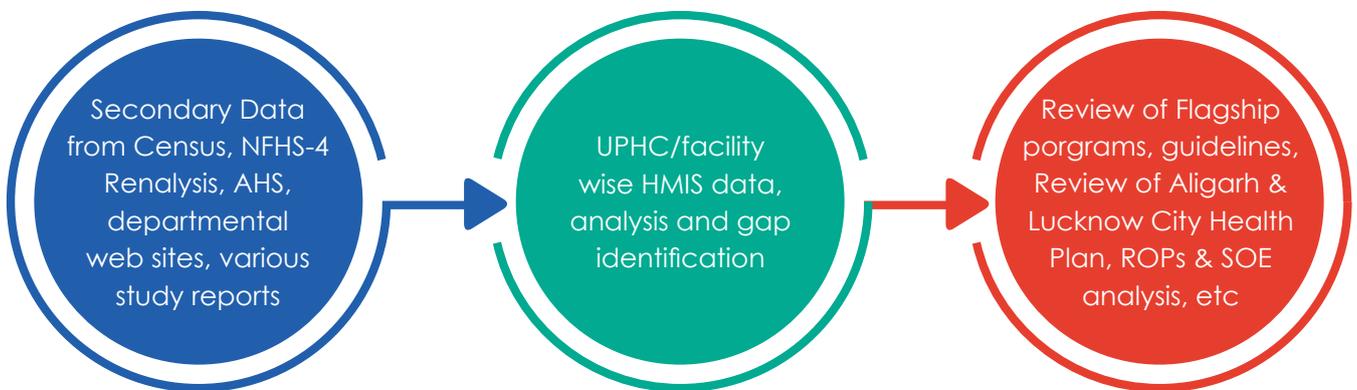
## PROCESS ADOPTED FOR HEALTH PLAN DEVELOPMENT

City Health Plan in Firozabad was developed in participatory manner by involving key stakeholders at various stages. Various consultations were conducted with the departments, ASHAs, ANMs along with UPHC's staffs, NUHM cell and private players followed by identification of key gaps, plan development and sharing of a draft with stakeholders separately to discuss around their respective roles. Simultaneously other documents such as various city health plans, government flagship programs, related guidelines and departmental information were reviewed and referred. Final approval of city health plan was taken after sharing with District Magistrate (DM), Chief Medical Officer (CMO), Additional CMO and members of City Health Coordination Committee (CCC). In nut shell, following process was adopted in developing the plan:

## Primary Level Information collection and conducting dialogues



## Secondary level data collection and information used





# FIROZABAD CITY PROFILE

## CITY AT A GLANCE

The city of bangles, Firozabad city is an industrial hub of Uttar Pradesh and popularly known for its Glass industries. Glass bangles of Firozabad are famous across the country and globe. Firozabad

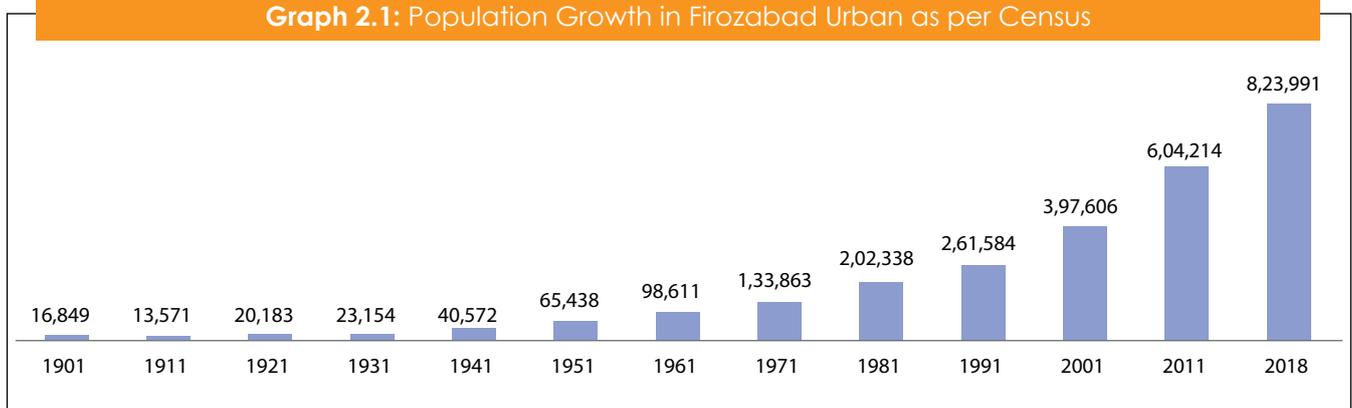
district touches the boundary of Agra, Etawah, Etah and Mainpuri. Detailed background information of district and city are as follows:

**Historical Background:** The ancient name of Firozabad town was Chandwar nager. The name of Firozabad was given in the regime of Akbar by Firoz Shah Mansabdar in 1566. Firozabad district was established on 1989 and became Nagar Nigam on 2015. Firozabad has witnessed freedom struggle of many prominent local persons in movements like Khilafat Andolan, Namak Satyagrah and Quit India movement.

**Religion:** Firozabad city has Hindu population in dominance. However, Muslims are also present in good numbers in the town areas. 62.36% population of Firozabad are Hindus whereas 33.8% population belong to Muslims community. Remaining population comes under other communities.

**Population Growth:** As per census 2011, population of Firozabad district is 24,98,256.

**Graph 2.1:** Population Growth in Firozabad Urban as per Census



Note: Population in 2018 has been projected on the basis of decadal growth rate of 52% in 2011 census

Nearly 33% of district population lives in urban agglomeration whereas city population is almost 82 percent of total urban agglomeration of the district which is quite high. City has observed Continuous increase in urban population since 1971 onward. Decadal growth rate in Firozabad was 28.15% in 1991, 19.73% in 2001 and around 27.5% in 2011 census. Urban population of Firozabad is 833,169 and city population is 604,214. Decadal growth rate of urban population in 2011 was 52 percent, quite higher than district growth rate of 21.6 percent.

City population growth rate is quite high in comparison with state which was 20.4 percent as per census 2011. Graph above is showing the trend of Firozabad's urban population in last 5 decades and the projected population in year 2018. From 2001 onwards, population has increased drastically in the city. Globalization has imposed population load on Firozabad city. As per projection of census 2011, population of Firozabad in 2018 would be 8, 23,991 on the basis of decadal growth rate.

Firozabad was declared Municipal Corporation in year 2015. Firozabad city is known for its good governance model, citizen's participation and active service delivery institutions at city level. This is one of the fastest growing city of the country.

## KEY HEALTH & NUTRITION INDICATORS AT A GLANCE

Table below is related to some key health facts of Firozabad urban in comparison with district and state. Population growth of the city is comparatively on higher side. NFHS-4 data reveals that anaemic children (Age 06-59 months) in the city are quite high and above the district & state average. Similarly anaemic pregnant women are also high in numbers and very close to state and district average.

### Maternal and Child Health Indicators

Following graph shows that situation of MWRA of urban poor section do not have much access to the services as compared to urban non-poor and state average. Above graph is showing that only 31% women of urban poor section in the state receiving at least 4 ANC's in a year which is very low. Whereas overall 36% women in the state receives the same service in a year and 56% urban non-poor receive the same. Percentage of children not received any vaccine is highest in urban poor section whereas underweight children are also much higher than other sections. (Source: NFHS-4 reanalysis; USAID India)

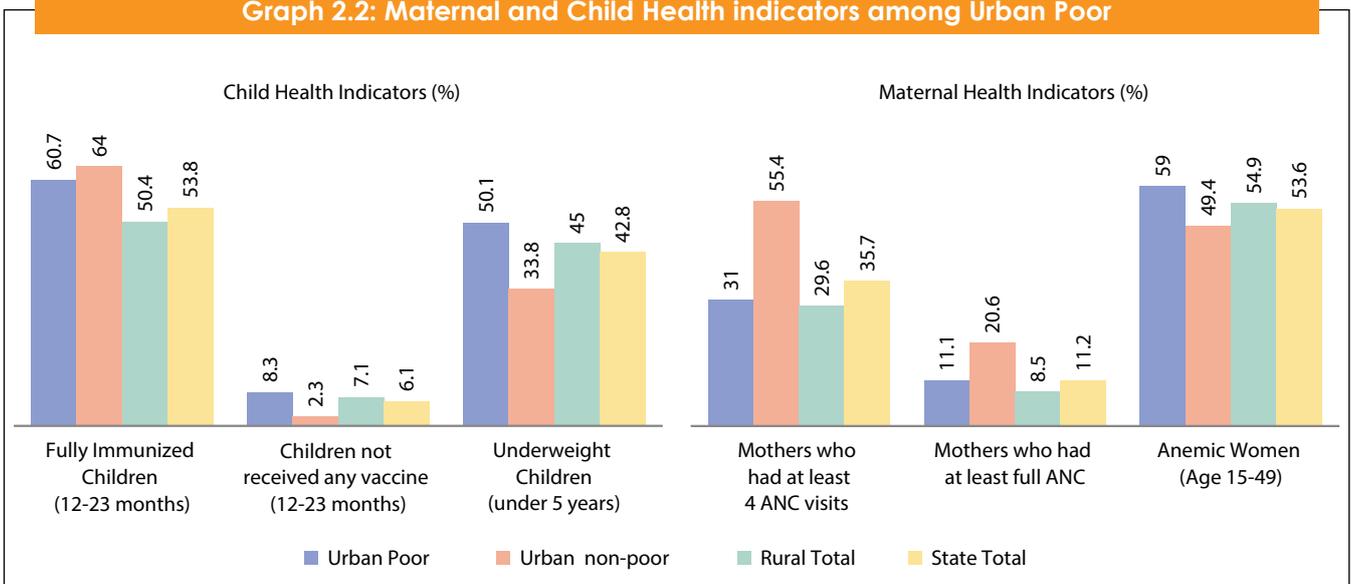
Urban poor continues to be deprived in receiving basic health facilities. Family Planning and other key health indicators of urban poor is quite grim in terms of getting benefits from the services.

**Table 2.1:** Key Health indicators at a glance

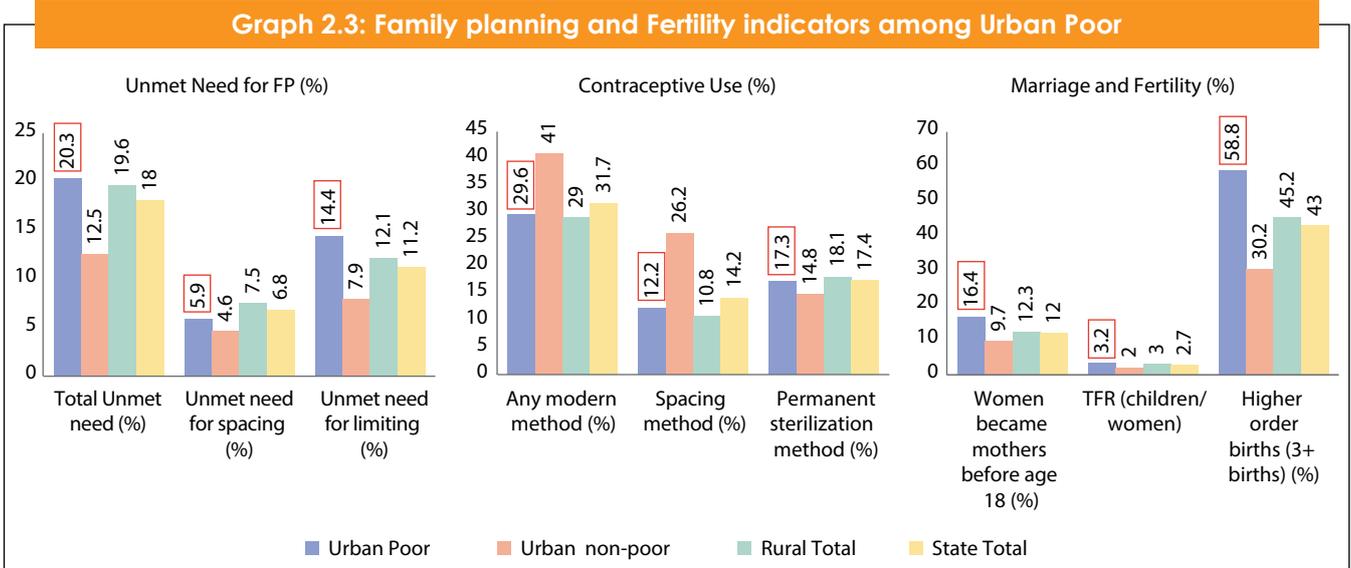
Indicator	Firozabad Urban	District	State
Population Growth Rate	52	21.6	17.6
Institutional Delivery Percentage	63.1	62.6	67.8
Crude Birth Rate	20.5	27.1	26.2
Neo-Natal Mortality Rate**	28.9	37.6	48.9
Infant Mortality Rate**	49.3	56.5	68
Under-5 Mortality Rate**	74	115	90
Maternal Mortality Rate	-	-	258
Anemic Children (Age 6-59 months)***	50.1	47.2	63.2
Anemic Women of Age 15-49***	36.1	35.8	52.4
Anemic Pregnant Women of Age 15-49 years***	41.3	27.7	51.0

Note: \*Census; \*\*AHS 2012-13; \*\*\* NFHS-4

**Graph 2.2: Maternal and Child Health indicators among Urban Poor**



**Graph 2.3: Family planning and Fertility indicators among Urban Poor**



## Family Planning Indicators

As figures reveal in graph below (Source: NFHS-4; USAID India), city needs immediate attention on fulfilling unmet need of eligible couples for spacing and limiting. As per NFHS-4 the Total Fertility Rate (TFR) of the state is estimated at 2.7 whereas urban poor's TFR is 3.2. The higher births of order 3 and above was reported by 43% in state and 58.8% in urban poor specifically. Further the women became mothers before 18 years of age is 12% in state and around 16.4% in urban poor. Above three graphs are related to the status of contraceptive use among urban poor, unmet need and marriage & fertility for Uttar

Pradesh. Data has been taken from Reanalysis of **NFHS-4** (USAID India)

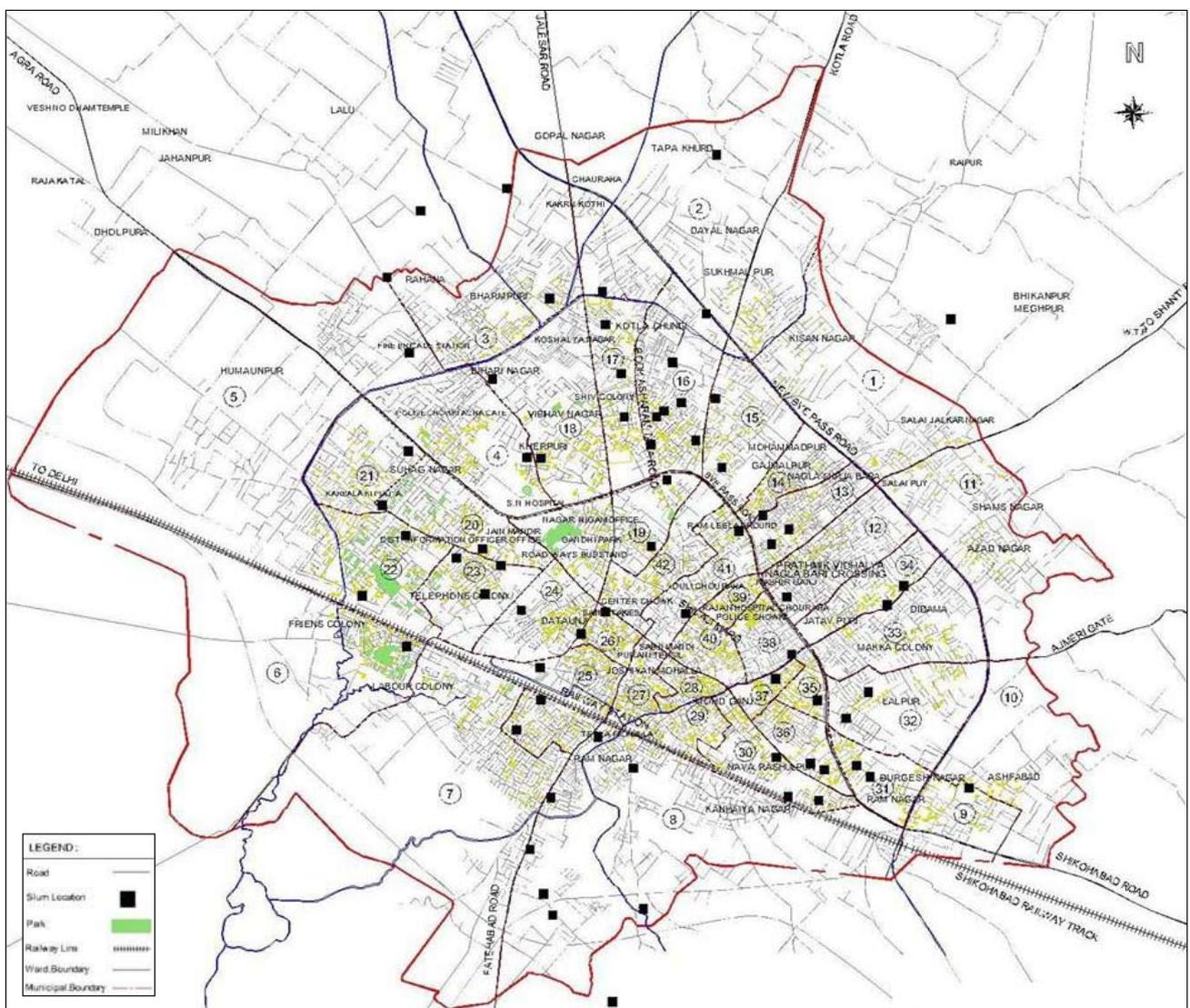
Above graphs clarifies the status of urban poor as compared to the state overall, rural and urban non-poor. It reveals that 'Contraceptive Use' in urban poor (29.6%) is low as compared to urban non-poor (41%) where as permanent acceptors are less than rural and state total. Likewise, 'Unmet Need' of urban poor in the state is higher than rural and state total. Unmet need of Limiting is higher than rural and state total. Graph also depicts that 58.8% women of urban poor community have higher birth order, more than 3 parity. On the other hand, TFR among urban poor is also high.

## STATUS OF SLUM IN THE CITY

According to Census 2011, 13.7 million slum households in India living without adequate amenities, poor health conditions and insufficient and uncertain incomes. Slums are located across urban areas in the country, with 63 per cent of home to these dwellings. Indian cities are overcrowded; With over 53 million population, Cities account for 13 per cent of the population but occupy just 0.2 per cent of the land<sup>1</sup>. Firozabad city is populated with large number

of slum residents. More than one third of the city population lives in slum. As per NUHM PIP, number of slums in Firozabad city is 99, and as per TCIHC's mapping, there are 154 slums in Firozabad city with a population of 5,23,693. Slum population is around 86.7 percent of entire city population. As per census, **Household size in the city is 4.9 whereas population density is 11,558 persons per square kilometer.** However it has been observed during stakeholder's consultation that there are non-uniform information on number of slums within the departments.

### Slum map of Firozabad city<sup>2</sup>



Map source: Nagar Nigam, Firozabad.

1. Climate-Change-Resilience-and-Urban-Governance, UNICEF/GEAG, 2016.
2. Firozabad City Sanitation Plan, Nagar Nigam.

# DEPARTMENTS, THEIR FUNCTIONS AND INFRASTRUCTURE IN THE CITY

There are multiple agencies responsible for urban governance and provision & management of infrastructure and services. Firozabad Nagar Nigam, Firozabad Jal Sansthan and Firozabad Development Authority (FDA) are the key agencies for city level developmental planning and implementation of services related to basic amenities. On the other hand there are line departments performing their roles at city level in coordination with local administration and local government. It has been observed that there is significant overlap of roles and responsibilities and fragmentation in service provision and management of infrastructure, which makes it difficult to make institutions accountable and to coordinate with each other. Below table is related to city level planning and implementing institutions and their functions under ULB.

## KEY DEPARTMENTS UNDER ULB/URBAN DEVELOPMENT DEPARTMENT

**Table 3.1:** Key Departments and their functions

Institution	Key Function
<b>City Level</b>	
Firozabad Jal Sansthan (JS)	Nodal agency for water supply in the city. Key functions include Operation & Maintenance (O&M) of water supply and sewerage assets. JS proposes tariffs and collects revenues – however, tariffs need to be approved by the UP Jal Nigam and the State Government.
Firozabad Municipal Corporation	Nodal agency for municipal service delivery and O&M. Its key functions include: <ul style="list-style-type: none"> <li>▪ Primary Collection of Solid Waste</li> <li>▪ Maintenance of Storm Water Drains</li> <li>▪ Maintenance of internal roads</li> <li>▪ Allotment of Trade Licenses under the Prevention of Food Adulteration Act</li> <li>▪ Collection of Property tax</li> <li>▪ O&amp;M of internal sewers and community toilets, Segregation of Solid waste and composting (Reduce, Reuse and Recycle)</li> <li>▪ Management of Ghats</li> <li>▪ Construction of Community Toilets</li> </ul>

## Institution

## Key Function

Firozabad Development Authority (FDA)	Responsible for preparing spatial Master Plans for land use and development of new areas as well as provision of housing and necessary infrastructure.
District Urban Development Authority (DUDA)	Implementing agency for plans prepared by SUDA. Responsible for the field work relating to community development – focusing on the development of slum communities, construction of community toilets, assistance in construction of individual household latrines, awareness generation etc.

## EXISTING URBAN GOVERNANCE STRUCTURE IN MUNICIPAL CORPORATION

The purpose of municipal governance and strategic urban planning in India is to create effective, responsive, democratic, transparent, accountable local governance framework organized according to a rational structure that promotes responsiveness and accountability; to provide responsive policy guidance and assistance to sub-national entities; to strengthen the legal, fiscal, economic and service delivery functions of municipalities; and to foster greater citizen participation in the governance of local bodies. Similar to the Panchayati Raj system, the Nagar Palika Act or the Municipalities Act, 1992 set up through the 74th Amendment Act also provides for a three tier municipal system in the urban centers. The size and criteria of these municipal bodies are decided by the state legislature as it is set up under an Act of the state legislature. The Twelfth Schedule of Constitution (Article 243 w) provides an illustrative list of eighteen functions, which may be entrusted to the municipalities. Reservation of seats for ST, SC, OBC & women are similarly provided as is for the Panchayati Raj system. The Nagar Palikas/Municipals are to work as instruments of development and planning and also to handle funds for local activities.<sup>3</sup>

Municipal Corporation in the city, managing local infrastructure related to basic services, have 9 key areas around which corporation has been given power to execute the key activities. Nine areas around which municipal

## KAY ACTIVITIES OF FIROZABAD MUNICIPAL CORPORATION UNDER PUBLIC HEALTH (SOURCE: NAGAR NIGAM WEB SITE)

- ♦ Sanitation and cleaning of public streets and drains.
- ♦ Cleaning of public toilets and urinals
- ♦ Emancipation of dead dogs.
- ♦ Selling of degraded / rotten fruits, expired drinks and adulterated food should be banned.
- ♦ Other works related to public health. Registering Birth and Death and issuing Birth and Death Certificate.
- ♦ Measures to control spreading of contagious / infectious diseases.
- ♦ Controlling the enterprise / professionals which are harmful for public health.
- ♦ Issuing licenses under Food Adulteration Impediment Act.
- ♦ Issuing licenses under By-Laws.
- ♦ Restraining the places allotted for the disposal of dead bodies.
- ♦ Controlling the enterprises / entrepreneurs which are harmful for the health.
- ♦ To remove the heaps of garbage, Segregation of Solid waste at source, Composting.
- ♦ To remove the debris.
- ♦ Sanitation and cleanliness of Garbage Houses.
- ♦ Sprinkling of water at public places and festivals.
- ♦ Other works related to garbage disposal.
- ♦ Supply of clean drinking water in parks and water supply for individual and commercial purpose.
- ♦ Maintenance, running and repair of Jalkal Department, water supply etc. Public water points.
- ♦ Repair and maintenance of drains.

3. Mattewada Chandrakala; Administrative System of Municipal Corporations in India; Asian Review of Social Sciences, ISSN: 2249-6319 Vol. 6 No. 2, 2017.



corporation functions are: Drinking Water Supply, Health, Roads, Street Lighting, Drainage under liquid waste management, Fire Brigade, Market Places. Birth and Death registration and Solid Waste Management. Before going through the list of these operative areas, it is important to mention here that city municipal corporation has been actively involved in strengthening city infrastructure as well as improving basic service delivery in the city. City has a specific City Sanitation Plan which was developed in 2016 covers key issues and existing infrastructural setups to ensure solid and liquid waste. City has three institutional arrangement at large:

1. **Municipal Corporation:** The apex body at city level to implement the government scheme related to urban infrastructure and basic services. This institutions has been given rights under 74th Constitutional Amendment Act to perform service delivery activities within the city periphery in coordination with existing departments. There are appointed staffs working for secretariat as well as for the field level service deliveries.
2. **Mayor and Municipal Commissioner:** Mayor heads the corporation and is an elected member in this corporation. This position changes in every 5 years normally. To assist

and ensure smooth implementation of the activities, there is an executive lead in the corporation popularly known as Nagar Ayukt (Municipal Commissioner). This person is usually an officer from Indian Administrative Services. In exceptional cases, any senior state administrative level officer can also take charge of this position. Commissioner works in close coordination with Mayor.

3. **Councilors or Ward Members:** Wards are the micro level planning unit in the city. Ward members are elected from the residents of these wards and work as Ward Councilors for five years. These members represent their wards and responsible for developmental planning, implementation, fund utilization and audit process of their respective areas and they participate in periodic meetings as well as annual meetings.

### HEALTH DEPARTMENT: IMPLEMENTING AGENCY UNDER NUHM

In Firozabad city, health related infrastructure has got revamped after the onset of NUHM. At community level, infrastructure and institutions prevail under ICDS, health, education and DUDA. Following at three levels:

**Table 3.2:** Health infrastrucutor at different levels

Level	Infrastructure/Institution	Role	Proximity
Community	ASHAs	<ul style="list-style-type: none"> <li>▪ Community outreach</li> <li>▪ Client mobilization</li> <li>▪ Mobilizing Pregnant women for Routine Medical Check-ups, Institutional Deliveries</li> <li>▪ MAS meetings</li> <li>▪ Support to ANMs in UHND and RI days</li> <li>▪ FP client mobilization, and counselling</li> <li>▪ Organize various activities at slum level</li> </ul>	Slum
	Mahila Arogya Samiti (MAS)	<ul style="list-style-type: none"> <li>▪ Mobilising community</li> <li>▪ Organizing mobilization activities</li> <li>▪ Counselling women on ANC/PNC services and eligible women/couple on FP services</li> </ul>	Slum
Primary (1st tier facilities)	Urban Primary Health Centres (No-9) <ul style="list-style-type: none"> <li>▪ Medical Officer</li> <li>▪ Staff Nurse</li> </ul>	<ul style="list-style-type: none"> <li>▪ To provide Outpatient curative services on MH, RCH, FP, etc</li> <li>▪ Counselling and Referrals to secondary level service providers</li> </ul>	Ward/ Slums

Level	Infrastructure/Institution	Role	Proximity
	<ul style="list-style-type: none"> <li>Lab technicians</li> <li>Pharmacist</li> <li>ANMs</li> </ul>	<ul style="list-style-type: none"> <li>Facilitation of Fixed Day Services related to Family Planning with availability of basic medicines, IUD insertion, contraceptives pills and condoms</li> <li>Consulting services</li> <li>Micro Planning and Implementation unit of UHND and other community outreach activities</li> </ul>	
Secondary/ Tertiary (2 <sup>nd</sup> /3 <sup>rd</sup> tier facilities)	SN Medical College (Integration of DWH and DH)-Under Autonomous body of State Medical College Society and created under PMSSY	<ul style="list-style-type: none"> <li>To provide Outpatient curative services on MH, RCH, FP, NCD, etc.</li> <li>ANC, Deliveries, FP Services like sterilization, NSV (only at DH/MC), IUD insertions etc.</li> <li>All consulting and surgical procedures</li> </ul>	City/District level
Accredited Hospitals/ Nursing homes	6 Accredited Hospitals and 4 empanelled surgeons	<ul style="list-style-type: none"> <li>Working under Hausala Sajheedari</li> <li>For better linkage and referral</li> <li>Managing referral from secondary/2nd tier facilities</li> </ul>	City

**Table 3.3:** List of Health Facilities in the City

Type of Facility	Total Number	Name/Place	Services Available
Urban Primary Health Centres (UPHCs)	9	<ol style="list-style-type: none"> <li>Dammamal Nagar;</li> <li>Hazipura;</li> <li>Himayapur;</li> <li>Kaushlyanagar;</li> <li>Nagalabari;</li> <li>Ramnagar;</li> <li>Rasulpur;</li> <li>Sailiai</li> <li>Santnagar</li> </ol>	<ul style="list-style-type: none"> <li>General OPD Services</li> <li>Counselling &amp; Referral</li> <li>ANC &amp; PNC</li> <li>Immunization</li> <li>FP services such as IUD insertion, Injectable, pills, condoms</li> <li>Essential Drugs including for TB patients</li> </ul>
District Woman Hospital (Now converted into Firozabad Medical College)	1	City	<ul style="list-style-type: none"> <li>Preventive, curative and inpatient services</li> <li>Emergency Services</li> <li>Counselling</li> <li>ANC &amp; PNC, Deliveries</li> <li>Immunization</li> <li>FP services such as Female, Sterilization, IUD insertion, Injectable, pills, condoms,</li> <li>Essential Drugs including for TB patients</li> </ul>
Sarojini Naidu Memorial (SNM) District Hospital (Now converted into Firozabad Medical College)	1	City	<ul style="list-style-type: none"> <li>Preventive, curative and inpatient services</li> <li>Emergency Services</li> <li>Counselling</li> <li>ANC &amp; PNC, Deliveries</li> <li>Immunization</li> <li>FP services such as Female, Sterilization, IUD insertion, Injectable, pills, condoms</li> <li>Essential Drugs including for TB patients</li> </ul>

Type of Facility	Total Number	Name/Place	Services Available
Private Accredited Hospital/Nursing Home	6 Accredited Hospitals and 4 empaneled surgeon	Jeevan Dhara Hospital	<ul style="list-style-type: none"> <li>Woking under Hausala Sajheedari</li> <li>For better linkage and referral</li> <li>Managing referral from secondary/ 2nd tier facilities</li> <li>FP services</li> </ul>
		Jeevan Jyoti Hospital	
		Kamlesh Nursing Home	
		Mittal Nursing And Maternity Home	
		Rama Darshan Nursing and Maternity Home	
Hospital accredited under Ayushman Bharat	11	Shanti Nursing	
		SN Medical College	
		District Male Hospital under SN Medical	
		Phaco Eye Surgery Center	
		Raghu Shanti Hospital	
		Geeta Netra Chikitsalaya Pvt. Ltd.	
		Sevarth Sansthan Trauma and Physiotherapy Dharmarth Samiti	
		Dr M C Agarwal Hospital & Research Center Pvt Ltd	
		Jeevan Jyoti Hospital	
		Unity Hospital	
		Jeewan Dhara Hospital	
Om Hospital & Research Center			

**Table 3.4:** List of UPHCs and details of Human Resource and Population Covered

UPHC	Number of Human Resource						Popn. Covered
	Medical & Paramedical Staff				Outreach Staff		
	MOIC	Staff Nurse	Pharmacist	LT	ANMs	ASHAs	
Sailai	1	2	1	1	6	28 (11 more required)	78,909
Nagalabari	0	4	1	1	7	22	47,392
Rasulpur	1	1	1	1	6	16 (4 more required)	48,812
Humayunpur	1	2	1	1	6	27 (1 more required)	68,946
Kaushlyanagar	1	2	1	1	6	15	31,668
Hazipura	1	2	1	1	6	20 (6 more required)	64,653
Damammal nagar	1	1	1	1	6	17	38,114
Santnagar	0	2	1	1	6	21 (6 more required)	68,350
Ramnagar	1	2	1	1	7	22 (9 more required)	76,849

## Firozabad Medical College

Firozabad district had District Woman Hospital (DWH) and Sarojini Naidu Memorial District Hospital (SN District Hospital) serving the community on various health aspects. However

these hospitals have been converted into Medical College under PMSSY scheme. Some key information related to client served and trends in these hospitals are given in subsequent chapter. Key infrastructure and HR details are as follows:

**Table 3.5:** Key Infrastructure/Staff Details

Component	SNM Medical College
No of Indoor Beds Available	45, 105 beds in process to be added
Private Wards	10
Specialised Doctors	<ul style="list-style-type: none"> <li>▪ Ob/Gyn- 1, Vacant-5</li> <li>▪ Paediatrician-1 (Vacant 2)</li> <li>▪ Anaesthetist-0 (Vacant 3)</li> <li>▪ Casualty Doctors / -General -Duty Doctors-0 (Vacant-6)</li> <li>▪ For Trauma Centre, required staff:               <ul style="list-style-type: none"> <li>▪ 2 Orthopaedic Doctor</li> <li>▪ 1 Anaesthetise</li> <li>▪ 1 general surgeon</li> </ul> </li> </ul>
Paramedical Staff	<ul style="list-style-type: none"> <li>▪ Staff Nurse-5 (Vacant 33)</li> <li>▪ Hospital worker (OP/ward +OT+ blood bank)-4 (Vacant-8)</li> <li>▪ Sanitary Worker-3 (Vacant-7)</li> <li>▪ Counsellor-2</li> <li>▪ LT-1 (Vacant-1)</li> <li>▪ ANM-2 (Vacant 2)</li> <li>▪ Pharmacist-8</li> <li>▪ Accountant-1 (Vacant 1)</li> <li>▪ Computer Operator-0 (Vacant 2)</li> <li>▪ OT Assistant- 0 (Vacant 1)</li> </ul>

Table above clearly depicting that there is severe scarcity of trained technical manpower in the hospital. HMIS data shows that doctors of even most critical areas such as Ob/Gyn, Anaesthesia, Casualty departments are either quite less than sanctioned number or absolutely absent.

## CITY HEALTH COORDINATION COMMITTEE (CCC) AND ROLE IN CONVERGENCE IN THE CITY

CCC is supposed to develop mechanism for the convergence among public and private stakeholders involved in delivery of health service and other basic services. It is important to mention here that Government ROP (Record of Proceeding or PIP approval) emphasises to establish Inter-sectoral convergence with Departments of Urban Development, Housing & Urban Poverty Alleviation, Women & Child Development, School Education, Minority Affairs, Labour through city level Urban Health/ Coordination Committees headed by the Municipal Commissioner/Deputy Commissioner/ District Collector/ SDM.

Roles of CCC: City Health Coordination Committee has to play crucial role in streamlining NUHM implementation with mutual convergence efforts by the city players. Following are some key roles of CCC:

- ◆ Periodical review of the implementation NUHM activities.
- ◆ Providing administrative insights and technical guidance to the city level implementing task force for resolving programme related issues and addressing challenges for developing as well as better and effective implementation of NUHM in the city.
- ◆ Mobilizing the city machineries through administrative decisions for greater inter and

intra departmental coordination in order to infuse synergy to the combined city level workforce.

- ◆ Seeking assistance and influencing state level decisions for increased fund allocation for the city and to strengthen city health programme.
- ◆ Guiding and supporting city level workforce to develop and effectively implementing the 'city health action plan' within set timeline.
- ◆ Identification and recognition of urban health champions.

## DISTRICT HEALTH SOCIETY (DHS)

To support the District Health Mission, every district has provision an integrated District Health Society (DHS) and all the existing societies as vertical support structures for different national and state health programmes are merged in DHS. DHS is responsible for planning and managing all health and family welfare programmes in the district, both in the urban as well as rural areas. There are two important implications of this requirement. Ensuring inter-sectoral convergence and integrated planning are some specific tasks of the Governing Body of the DHS which is meant to provide the platform to various departments including health and governance units such as ULBs, Zila Parishad and district administration to plan for the convergence and reviewing the progress. DHS is not an implementing agency; it is a facilitating mechanism for the district health administration and also the mechanism for joint planning by NHM related sectors.





# KEY GOVERNMENT SUPPORTED FLAGSHIP PROGRAMS IN URBAN

There are numbers of central government supported programs and schemes running in the city around health, livelihood, housing, drinking water and infrastructure development issues. Below are the details of key government supported programs and schemes running in Firozabad urban:

## NATIONAL URBAN HEALTH MISSION (NUHM)

Launched in year 2013, National Urban Health Mission is an ambitious program of Government of India to cater the health needs of urban population. Under NUHM, urban areas above the population of 50,000 are covered and remaining cities come under NRHM. NUHM seeks to cater the health needs of urban dwellers, especially slum dwellers through quality health service delivery and effective outreach. Primary

Health Centers (PHCs) are the key to provide health related services to community at local level. In urban, there are Urban Primary Health Centers. For outreach and community level services, ANMs, ASHAs and MAS groups are provisioned. Details of service delivery model in urban areas are given in next sub section.

### Goals of NUHM

Following are the goals of NUHM around which implementation strategy revolves:

- ✦ **Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections** : Urban health care system under NUHM is based on the experience of rural community and also on the population load as compared to rural set ups.
- ✦ **Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population**: NUHM is envisaged to set up a robust mechanism to reach out to the community, ensure access to health services and improve referral system to secondary and tertiary points.
- ✦ **Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities**: NUHM has evolved around the principals of participation and local governance. It has components that allow community strongly to take part in implementation and monitoring. Likewise, municipalities has vital role to play in planning, implementation and review.

- Availability of resources for providing essential primary health care to urban poor:** Government has envisioned to strengthen health care services for urban poor through various ways including public private partnership, leveraging resources through convergence with ongoing programs and use of existing health care systems at city level.
- Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders:** NUHM values and promote the partnership with the non-profit agencies. There are areas like community outreach, supply chain management, capacity building of medical and paramedical staffs, need based infrastructure augmentation where NGOs have crucial role to perform.

### Health care delivery model under NUHM

National Urban Health Mission, as a part of National Health Mission envisage to bring considerable changes in the service delivery infrastructure, quality of delivery and access to the community in urban areas. For planning, municipal Corporations, Municipalities, NACs and Nagar Panchayats have been the city level units and likewise ward committees for micro plans at ward level. There are three levels around which NUHM activities are planned and implemented. Under service delivery on various components, following table describes the components wise structure and strategies in the city under NUHM:

**Table 4.1:** Health care delivery model under NUHM

Services	Community level			U-PHC (Primary Level)	DWH/DH (Secondary Level)
	U-ASHA & MAS	Urban Health & Nutrition Day (UHND)	Outreach camps		
<b>Maternal Health</b>	Counselling & behaviour changes, mobilization for ANC care	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up, PNC care initial management of complicated delivery cases and referral	Delivery (normal and complicated), management of complicated maternal and gynae cases, hospitalization & surgical intervention including blood transfusion
<b>Child care</b>	Home based new born care, postnatal visit, counselling for new-born care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS	Counselling for new-born care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS, immunization	counselling for new-born care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS, immunization	Diagnosis and treatment of childhood illnesses, referral of acute and chronic illness, identification and referral of neonatal sickness	Management of complicated paediatric/ neonatal cases, hospitalization, surgical intervention, blood transfusion



Services	Community level			U-PHC (Primary Level)	DWH/DH (Secondary Level)
	U-ASHA & MAS	Urban Health & Nutrition Day (UHND)	Outreach camps		
<b>Family Planning</b>	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Distribution of OCPs/CCs, IUD insertion, referral for sterilization, management of contraceptives related complication	Sterilization operation, fertility treatment
<b>Nutrition deficiency disorder</b>	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW, promotion of iodized salt	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW, promotion of iodized salt, height and weight measurement, distribution of therapeutic dose of IFA	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW, promotion of iodized salt, height and weight measurement, distribution of therapeutic dose of IFA, screening of malnourished children and treatment and referral	Diagnosis and treatment of seriously deficient patient, referral of acute deficiency	Management of acute deficiency cases, hospitalization, treatment, rehabilitation of severe under nutrition
<b>Other support services– IEC/BCC, counselling</b>	IPC, wall writing, wall posters, women groups discussion, individual and group counselling	Urban Health and Nutrition day individual and group counselling	Outreach health camps / fairs / special screening camps individual and group counselling	Distribution of health education material patient and attendant counselling	Distribution of health education material patient and attendant counselling
<b>Diagnostic facility</b>	Not applicable	Blood and urine test by disposable kit	Blood and urine test by disposable kit	Basic laboratory test	Basic and specific laboratory test, X-rays and Ultrasound
<b>Vital Events reporting</b>	Applicable	Applicable	Applicable	Applicable	Applicable

**Guidelines for UPHC and related staff selection for the city with above 50,000 population (Applicable in Firozabad city context):**

**Table 4.2: Institutions and Criteria**

Institutions/Human Resource	Criteria
UPHC	1 UPHC per 50,000 population
MAS	1 MAS per 50-100 HH or 250-500 slum population
ANM	1 ANM per 10,000 population
ASHA	1 ASHA on 200-250 HH or 1000- 2500 slum population
UPHC-Medical/Paramedical	MBBS Doctor, Staff Nurses, 1 LT and 1 Pharmacist.

### DEENDAYAL ANTYODAYA YOJANA- NATIONAL URBAN LIVELIHOOD MISSION (DAY-NULM)

National Urban Livelihoods Mission (NULM) was launched by the Ministry of Housing and Urban Poverty Alleviation (MHUPA), Government of India on 23rd September, 2013. It replaced the program called Swarna Jayanti Sahabri Rojgaar Yojana (SJSRY). Program is focussing on developing strong slum/ward level community based institutions, creating opportunities for skill development leading to market-based employment and helping them to set up self-employment venture by ensuring easy access to credit.<sup>4</sup>

NULM is closely interlinked and guided by the common objective of promoting sustainable livelihoods of the poor and work with the goal of eradication of urban poverty and empowerment of the urban poor. As health and livelihood are strongly related with each other, NULM can be a strong stakeholder of NUHM. NULM envisages mobilization of urban poor households into a 3- tiered structure with Self-Help Groups (SHGs) at the grass-root level, Area Level Federations (ALFs) at the slum / ward level and City-level Federations (CLFs) at the city-level. These community structures can be used for community mobilization for seeking health care services as well. SHG leaders could also be part of Mahila Arogya Samitis (MAS). There are more than 400 women SHGs in the city developed under NULM as per NULM city level data.

NULM also covers shelters for homeless and livelihood opportunities for street vendors. This is a multifaceted program with shared sponsorship of central and state in a ratio of 75:25. Currently there are 790 cities being covered under this mission including Firozabad. At state level, there is mission directorate led by Mission Director to manage the entire program in the state. Key components of the mission are: (i) Social Mobilization & Institution Development, (ii) Capacity Building & Training, (iii) Employment through skill training and placement, (iv) Self-Employment Program, (v) Support to street vendors, (vi) Scheme for shelter for homeless and (vii) Innovative and special project.

### PRADHAN MANTRI AWAS YOJANA (PMAY)

Pradhan Mantri Awas Yojana (PMAY) is a Central Government scheme with the aim to provide Housing for All in urban areas by 2022. The PMAY mission provides central assistance across different states and UTs for providing houses to all eligible families and beneficiaries. Firozabad is amongst the urban where PMAY is being implemented through urban local bodies. Financial assistance is provisioned at the state which allocates the assistance to different cities. The PMAY mission is implemented across different agencies.

### SWACHH BHARAT MISSION- URBAN (SBM-U) INCLUDING KAYAKALP

Managed by Ministry of Housing and Urban Affairs, Swachh Bharat Mission-Urbanis envisaged to ensure the elimination of open defecation practices in

4. <http://mohua.gov.in/cms/about-day-nulm.php>



urban and establish effective solid and liquid waste management system with treatment of sewages. In the cities, urban local bodies are given the responsibility to work in collaboration with other departments and community participation. Directorate of Urban Local Bodies is the nodal office at state level in Uttar Pradesh. There are various International agencies partnering with Government of India in attaining Swachh Bharat Mission goals. Partners are BMGF, USAID, ADB, WHO and UNICEF. Under SBM, infrastructural transformation of institutions like schools, health facilities and Anganwari Centres is provisioned under Kayakalp. Facilities of separate toilets for male, female and Divyang, drinking water facility, waste management and other essential service are to be developed in these institutions.

### AYUSHMAN BHARAT

On the recommendation of National Health Policy 2017, Ayushman Bharat or Healthy India was launched across the states by Government of India. To achieve the vision of Universal Health Coverage (UHC) this initiative was designed on the lines as to meet SDG and its underlining

commitment, which is “leave no one behind. Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. Ayushman Bharat aims to undertake path breaking interventions to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are: (i) Health & Wellness Centre and, (ii) Pradhan Mantri Jan Arogya Yojana (PMJAY)<sup>5</sup>

- 1. Health & Wellness Centre:** Under Ayushman Bharat, Government of India has decided to upgrade the SHCs and UPHCs into Health and Wellness Centre. Under this, there are several provisions to strengthen infrastructure, outreach and clinical services at UPHC level. As per the letter from Mission Director-NHM (Letter number-SPMU/NUHM/HWC/2018-19/76), UPHCs are to be upgraded in Health & Wellness Centres as per the Government of India Guideline. Following activities are to be done at UPHC level as per the guideline:

Table 4.3: Health & Wellness Centre		
Component	Provision	How
<b>Infrastructure</b>	<p>A separate wellness room will be developed for patient's screening, counselling, etc work will be done</p> <p>A separate place for Health promotion related activities where Yoga &amp; other activities will be conducted</p>	<ul style="list-style-type: none"> <li>UPHC wise Gap Analysis to be done nu Urban Health Coordinator with the help of MOIC-UPHC, as per the checklist given in letter</li> <li>On the basis of the Gap Analysis, need based activities (small repairing, running water equipment, room separation, furniture, electricals and telephone related work, Logistics, Yoga mats, etc) can be done as per standard and financial guidelines</li> <li>Work will be done as per Government India guideline for Internal &amp; External Branding related work of UPHCs</li> </ul>
<b>Human Resource</b>	<p>At least 1 MBBS Doctor, 1 Staff Nurse, 1 Pharmacist and 1 Lab Technician are essential at HWCs. All ANMs of respective UPHCs will also be part of the HWCs</p>	<ul style="list-style-type: none"> <li>City team has to ensure that the essential staffs are in place in HWC</li> </ul>

5. <https://ab-hwc.nhp.gov.in/home>

Component	Provision	How
<b>Lab Tests</b>	Haemoglobin, TLC, DLC, ESR, Peripheral Smere, Blood Grouping, Urine Pregnancy Rapid Test, Urin Dipstick, Blood glucose and HBAiC, Malaria smear, Rapid Diagnostic Kit (RDK), Serology for Vector borne diseases-Dengue, Chikungunya, Filariasis, Rapid Syphilis Test, HIV Serology-Rapid test, Hepatitis Testing-basic HBs Ag, TB Microscopy-AFB Smear	To be done in HWC labs by lab technician. This list of lab test can be changed as per the available services at UPHC level
<b>Drugs</b>	Additional to the all those medicines enlisted in EDL list of UPHCs, Anti-hypertensive, Antidiabetic and Anti-Epileptic drugs will also be included	This drugsin the list can be changed as per the available services at UPHC level
<b>IT Systems</b>	1 computer system for HWC and 1 tablet to each ANM with internet connection is provisioned. ANMOL application/RCH portal & NCD module of HWC will be done through this	<ul style="list-style-type: none"> <li>Computer, tablets and Internet connection specification are given in attached with the letter</li> </ul>
<b>IEC</b>	For each HWC, guideline and budget will be issued separately	
<b>Training</b>	Each medical, para-medical staff at UPHCs/ HWC and all ANMs will be given training on Non-Communicable Diseases. ANMs will be trained on ANMOL and NCD application	Guideline and budget will be issued separately
<b>Community Outreach Activities</b>	<p>Line listing and Registration (by ASHAs) of all families living in wards/slums</p> <ul style="list-style-type: none"> <li>ASHAs will do the survey work, line list the families and put the information of families in Family Folder after registration</li> <li>Community Based Assessment Checklist (C-BAC) of Persons above the age of 30 will be filled to assess the risk-assessment of non-communicable diseases.</li> </ul>	C-BAC forms will be made available to ASHAs from HWC. ANM to procure C-BAC forms and feed the information in NCD mobile application. On the basis of the information, NCD patients will be identified and further process will be done (Please refer to the letter for detailed information)
<b>Performance based incentives to ASHAs</b>	There are 6 areas where ASHAs will be compensated by performance based incentive (List is given in the letter)	<ul style="list-style-type: none"> <li>All incentives to be paid after verification of respective ANMs and MOIC of HWCs. (Please refer to the letter for detailed information)</li> </ul>
<b>Services to be provided at HWC</b>	<ul style="list-style-type: none"> <li>Pregnancy and Delivery related services (ANC services)</li> <li>New born and infants related services</li> <li>Childhood and Adolescents related health services</li> <li>Family Planning, Contraceptive and other reproductive health related services</li> <li>General NCD management and OPD for general patients</li> <li>Under national program, management of communicable disease</li> <li>NCD's tests, prevention, control and management</li> </ul>	Please refer to the letter for detailed information



Component	Provision	How
<b>Financial Arrangement</b>	Rs 2.22 Lakh per UPHCs is provisioned for conversion into HWC	<b>IT Support</b> 1,00,000 recurring & 10,000 non-recurring (FMR Code:U.6.6) Infrastructural strengthening of UPHC-Res 1,00,000-non recurring to H&WC support (FMR Code:U.5.4) <b>Lab</b> -12,000 recurring (FMR Code:U.6.4.5)
<b>Monitoring &amp; Evaluation</b>	All services at HWCs level are to be monitored and evaluated on regular basis	<ul style="list-style-type: none"> <li>▪ <b>Nodal Officer:</b> NUHM/Urban Health Coordinator or any other to review through 'Monthly Review Meeting'.</li> <li>▪ All MOICs to take part in the monthly review meeting</li> <li>▪ Update on HWC are essential to be shared in DHS meeting</li> </ul>
<b>Financial Management</b>	All approvals/expenses should be as per government's guideline. CMO, Nodal Officer, Urban Health Coordinator and concerned officials will be responsible for any financial irregularities (Please refer to the letter for detailed information)	

**Table 4.4:** List of UPHCs to be upgraded in Health and Wellness Centres and Kayakalp

Sl. No.	Name of District	Name of City	UPHC upgraded as HWC	Under Kayakalp
1.	Firozabad	Firozabad	Himayunpur	-
2.	Firozabad	Firozabad	Ramnagar	Ramnagar
3.	Firozabad	Firozabad	Nagla Bari	Nagalbari
4.	Firozabad	Firozabad	Sailai	-
5.	Firozabad	Firozabad	Hazipura	-

## e-UPHC

Firozabad is amongst the 18 cities of Uttar Pradesh where E-UPHC will be developed. Under this provision, selected UPHCs in the city will be equipped with IT facilities such as computer systems, printer, and internet connection. Purpose of this provision is to transitioning of manual record entry to computerised system of OPD registration, drug purchase receipt, other client's details, drug record keeping and reporting. This will enhance the efficiency and reduce the work load from the UPHC staff. In Firozabad there are 4 UPHCs (Ramnagar, Nagalbari, Sailai, Himayupur) selected for e-UPHC presently.

## PRADHANMANTRI JAN AROGYA YOJANA (PM-JAY)

Under the ambit of Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (PM-JAY) aims to reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services. PM-JAY seeks to accelerate India's progress towards achievement of Universal Health Coverage (UHC) and Sustainable Development Goal-3 (SDG3). PM-JAY is committed to provide financial protection (Swasthya Suraksha) to 10.74 crore poor, including identified occupational

categories of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data (approx. 50 crore beneficiaries). It offers a benefit cover of 500,000 per family per year (on a family floater basis). To know the eligibility, people may visit website of the scheme or visit nearest public health facility. There is provision of free health services at all public and empanelled private health facilities.

## ATAL MISSION FOR REJUVENATION AND URBAN TRANSFORMATION (AMRUT)

AMRUT program is designed to develop and ensure basic amenities like water supply, sewerage and transport in the cities. This scheme was launched in June 2015 and being implemented currently in 61 districts of the state including Firozabad. At state level, this project is being looked after by Town and Country Planning Department of under the Department of Housing and Urban Planning. At city level, Urban Local Bodies are implementing agency. Key purpose of the programs are to: (i) ensure that every household has access to a tap with assured supply of water and a sewerage connection; (ii) increase the amenity value

of cities by developing greenery and well maintained open spaces (e.g. parks); and (iii) reduce pollution by switching to public transport or constructing facilities for non-motorized transport (e.g. walking and cycling).<sup>6</sup> One of the key unique feature of the project is that state has been given authority to sanction the project for the cities, which was under the national purview in earlier program.

## PRADHANMANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

PMSSY was launched in 2003 with the purpose of establishing affordable and reliable tertiary health care centres and also to augment facilities for quality medical education in the country. Under this scheme, Firozabad District Woman Hospital and SNM District Hospital have been merged and converted into Medical College which is governed by an autonomous body of State Medical College Society. Initially, a batch of 100 students have been sanctioned in the college. In Firozabad, Medical College will provide all the facilities of what district hospitals were giving earlier. Infrastructure and staff are being upgraded/recruited.



6. <http://amrut.gov.in/writereaddata/The%20Mission.pdf>

# CURRENT STATUS OF HEALTH SERVICES AT FACILITY LEVEL AND ACTIONS REQUIRED

Urban Primat Health Centres (UPHCs) are the micro level planning units as well as primary health service delivery points in the cities. After the onset of NUHM, UPHCs came into existence after infrastructural transformation where various activities are organized around UPHCs on different health issues. These activities have been the back bone of visibility and turnout of patients in UPHCs. Urban Health and Nutrition Day (UHND) sessions and Outreach Camps (ORC) in the

slums are two important activities associated with the overall performance of UPHCs such as client footfall in OPD and service acceptors at UPHC level. These activities primarily facilitated by health and ICDS front line workers to actuate community have a long-lasting impact. However, there have been challenges at UPHCs level in managing the client load effectively but cities have gradually strengthened Urban PHCs with deploying required number of medical and paramedical staff, essential drugs, equipment's and infrastructures and human resources. Entire exercise of developing city plan has envisaged to figure out the status of UPHCs in terms of service delivery quality, effectivity of outreach activities and clientele footfall. Following are some critical analysis of UPHCs on the basis of last two years data:

## UPHCS: OPD FOOTFALL, UHNDS SESSION AND IMMUNIZATION SESSIONS STATUS

Table below has some important insights regarding effectivity check of UHNDS, Immunization status and turn out of patients in UPHCs. Insights are given below the table:

**Table 5.1:** OPD Footfall, UHNDS Session and Immunization Sessions

Components	2017-18	2018-19	Current change
OPD footfall in all 9 UPHCs	1,96,434	2,07,399	5%
UHND Sessions held	2,525	2,324	-8%
Immunization Sessions held	4,755	2,777	-42%

- Overall number of UHND sessions declined by 8% in 2018-19 as compared to 2017-18.
- However, OPD footfall has increased by 5% despite the decline of UHND sessions.
- Immunization Sessions has drastically gone down by 42%.

Health plan must look into the reasons of downfall in UHND and Immunization sessions and plan out the activities to improve the performances of UPHCs. Here are UPHC wise performance analysis given below on key indicators which depict clear picture about the gaps and poor performing UPHCs. It may further be used to develop UPHC wise strategy.

### UPHC wise status

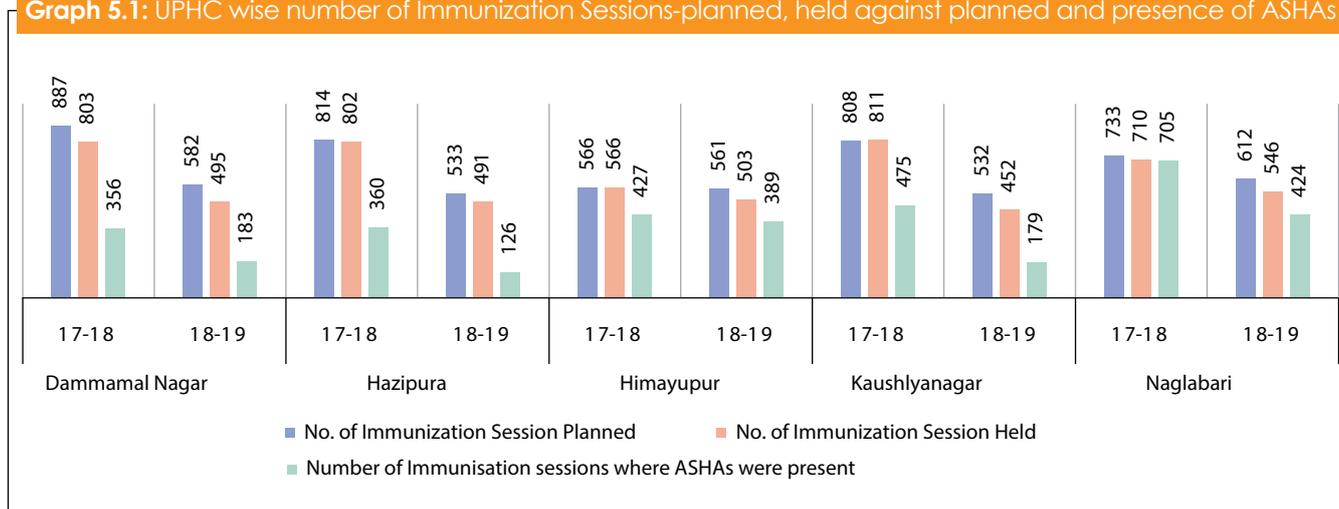
Following table is revealing the comparative analysis of performance of UPHCs in OPD footfall, UHND Sessions and Immunization sessions.

Highest Number of OPD footfall is reflecting in Nagalabari, Sailai, Ramanagar, Hazipura UPHCs whereas Dammamal Nagar and Santnagar UPHCs have lowest footfall. Santnagar and Rasulpur UPHCs have increasing trend of OPD footfall whereas remaining 7 UPHCs have declining trend. Hazipura, Dammamal Nagar and Kaushlyapur have lesser number of immunization sessions than UHND sessions.

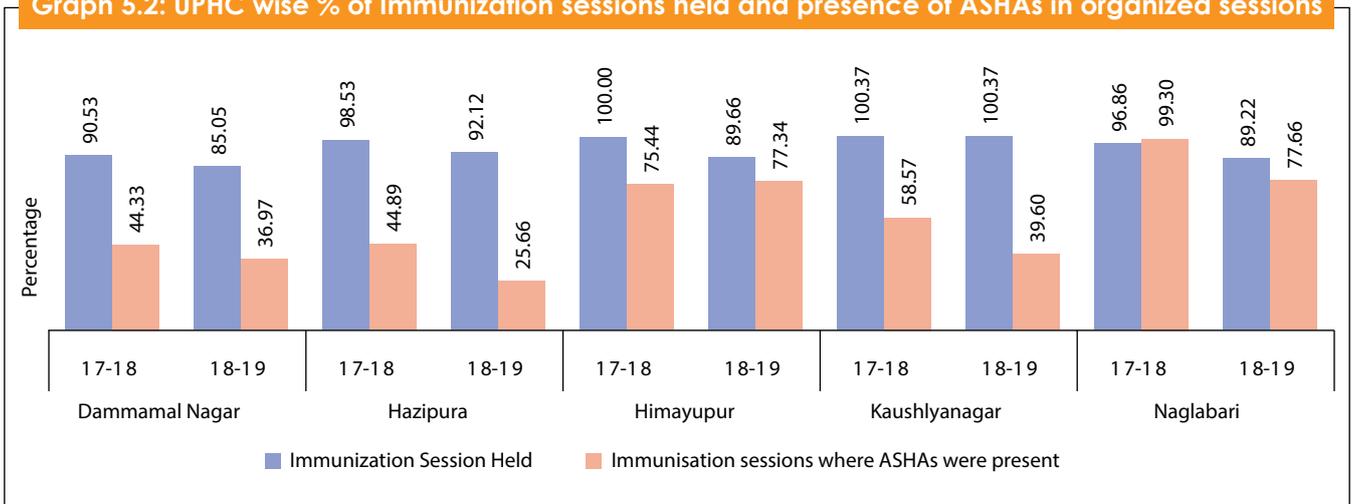
**Table 5.2:** Performances of UPHCs

UPHC	OPD footfall in UPHCs		% Change	UHND Sessions		% Change	Immunization Sessions held (where ASHAs were present)		% Change
	17-18	18-19		17-18	18-19		17-18	18-19	
Dammamal Nagar	15541	18383	18.3	302	266	-11.9	356	183	-48.6
Hazipura	32297	25355	-21.5	304	257	-15.5	360	126	-65.0
Himayupur	22804	21337	-6.4	292	284	-2.7	427	389	-8.9
Kaushlyanagar	23312	20584	-11.7	277	267	-3.6	475	179	-62.3
Nagalabari	27553	31856	15.6	292	252	-13.7	705	424	-39.9
Ramnagar	27315	25719	-5.8	245	211	-13.9	665	384	-42.3
Rasulpur	17777	20132	13.2	254	261	2.8	710	312	-56.1
Sailai	14185	27148	91.4	300	235	-21.7	449	372	-17.1
Santnagar	15650	16885	7.9	259	271	4.6	608	408	-32.9

**Graph 5.1:** UPHC wise number of Immunization Sessions-planned, held against planned and presence of ASHAs



**Graph 5.2: UPHC wise % of Immunization sessions held and presence of ASHAs in organized sessions**



As per graphs above which covers 5 UPHCs reveals that there is significant decline in the number of immunization where ASHAs were present. Immunization sessions which are also in declining trend in 2018-19 as compared to last year, ASHAs presence in the sessions has been in declining trend in every UPHCs. Dammamal Nagar, Hazipura and Kaushlyanagar have observed maximum declining trend. There is a decline of 19% in Hazipura and Kaushlyanagar UPHC areas.

As per graph 5.3 and 5.4 below which cover 4 UPHCs reveal that there is significant decline in the number of immunization sessions and ASHAs presence. Immunization sessions are in declining trend in 2018-19 as compared to last year, ASHAs presence in the sessions has been observing

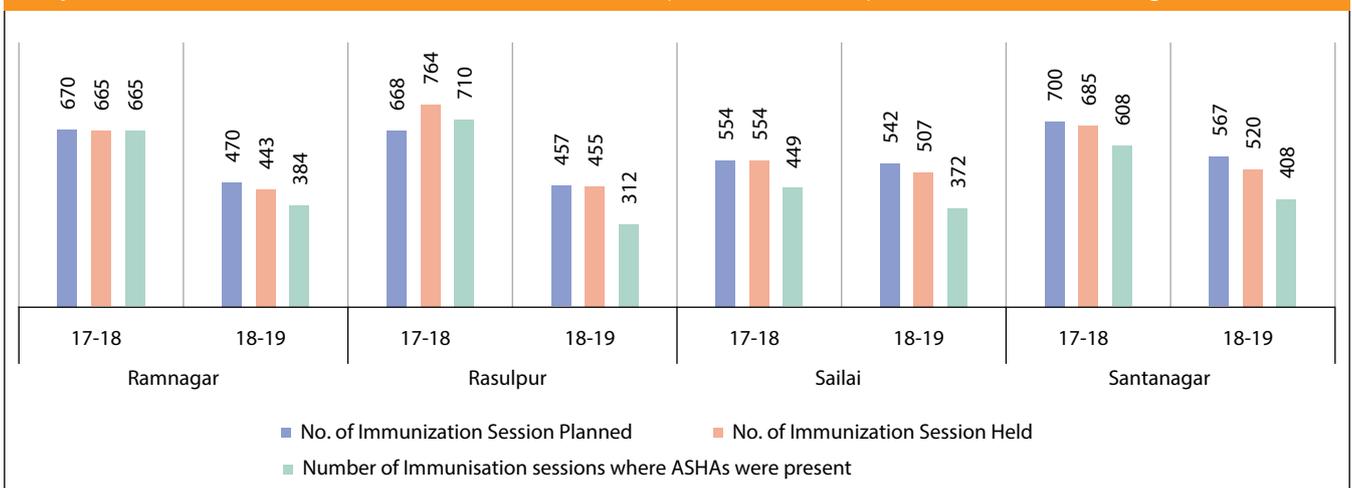
declining trend at every UPHCs. Rasulpur, Sailai and Santnagar have observed maximum decline. Highest decline has been observed of 31% and 20% in Rasulpur and Sailai UPHCs respectively.

**Immunization Sessions against Micro Plan**

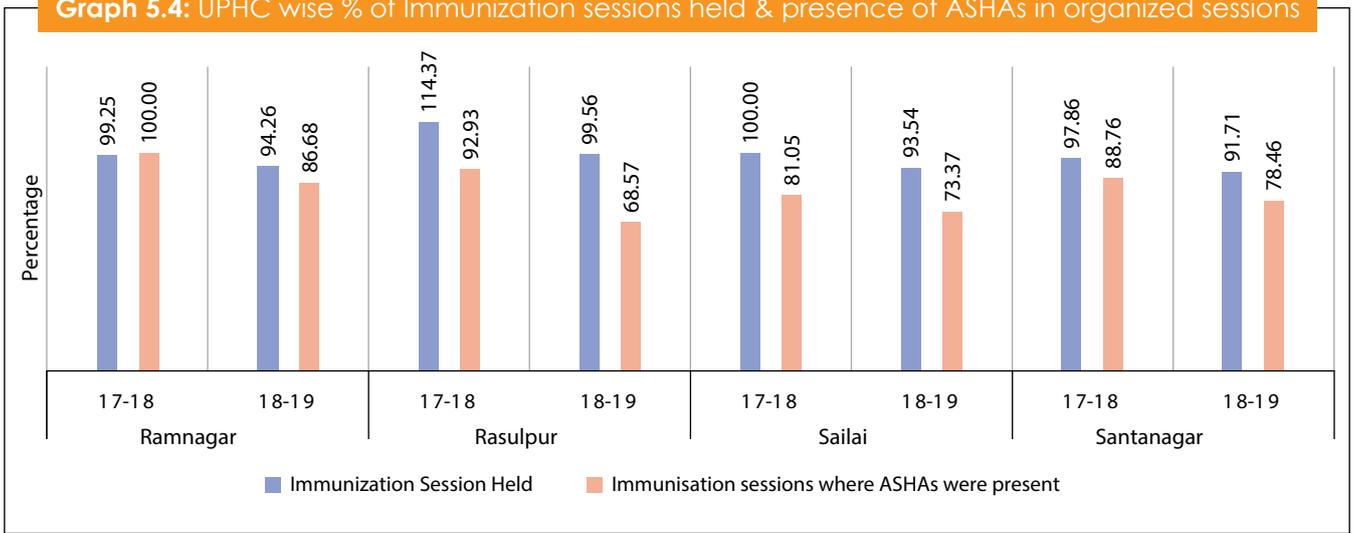
Graph below is indicating that there is significant decline in the immunization sessions against the planned sessions. Maximum decline has been observed in Himayupur and Kaushlyanagar UPHC areas.

In the graph 6 related to remaining 4 UPHCs, Sailai and Santnagar have shown lowest percentage of Immunization sessions held against the planned.

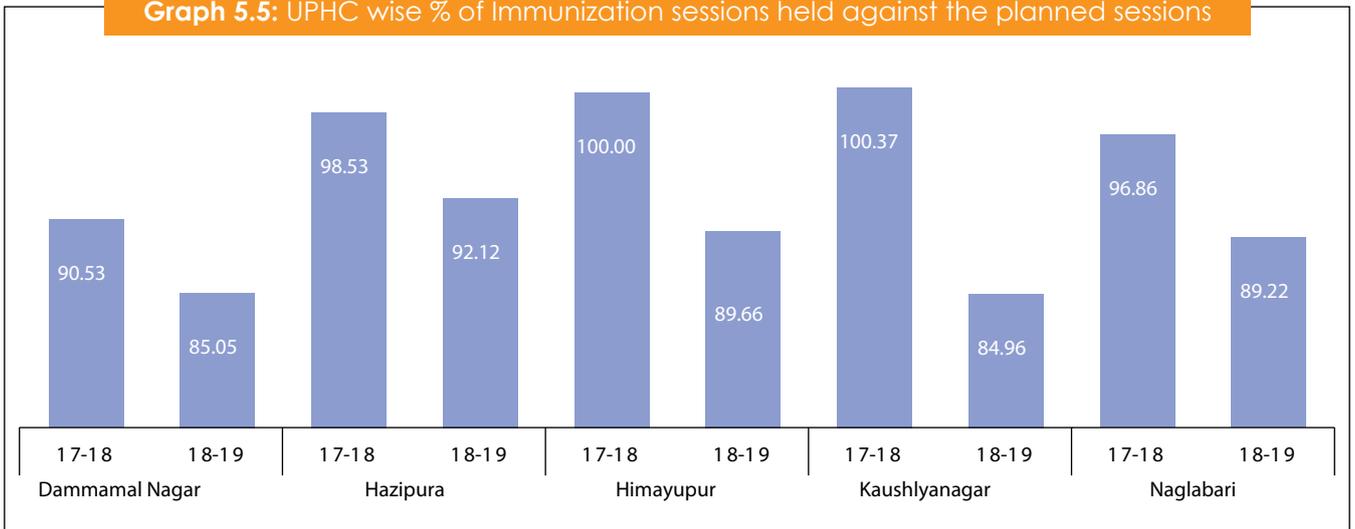
**Graph 5.3: UPHC wise number of Immunization sessions planned, held & presence of ASHAs in organized sessions**



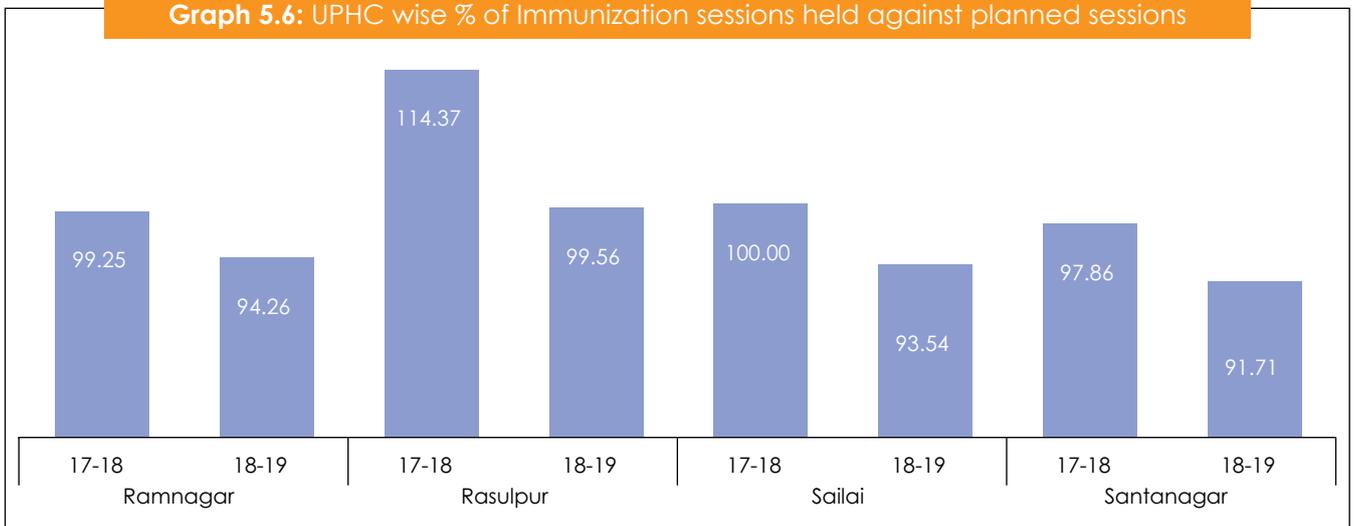
**Graph 5.4: UPHC wise % of Immunization sessions held & presence of ASHAs in organized sessions**



**Graph 5.5: UPHC wise % of Immunization sessions held against the planned sessions**



**Graph 5.6: UPHC wise % of Immunization sessions held against planned sessions**



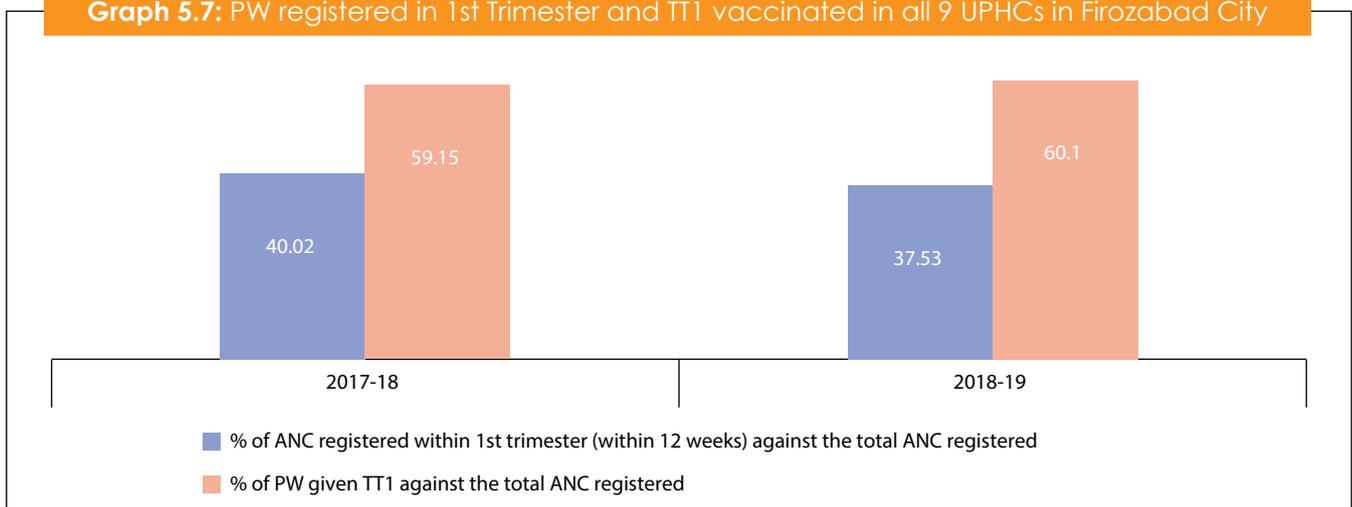
## STATUS OF MATERNAL HEALTH SERVICES AT UPHCs

Maternal health services has been key service areas of the health facilities. UPHCs are also supposed to register pregnant women and provide them routine check-up for monitoring, necessary vaccines and dietary advice except emergency obstetric services. Urban PHCs are primary point of services for pregnant women. Graph below is showing the status of pregnant women of Firozabad city getting registered in 1st trimester and vaccinated by TT1.

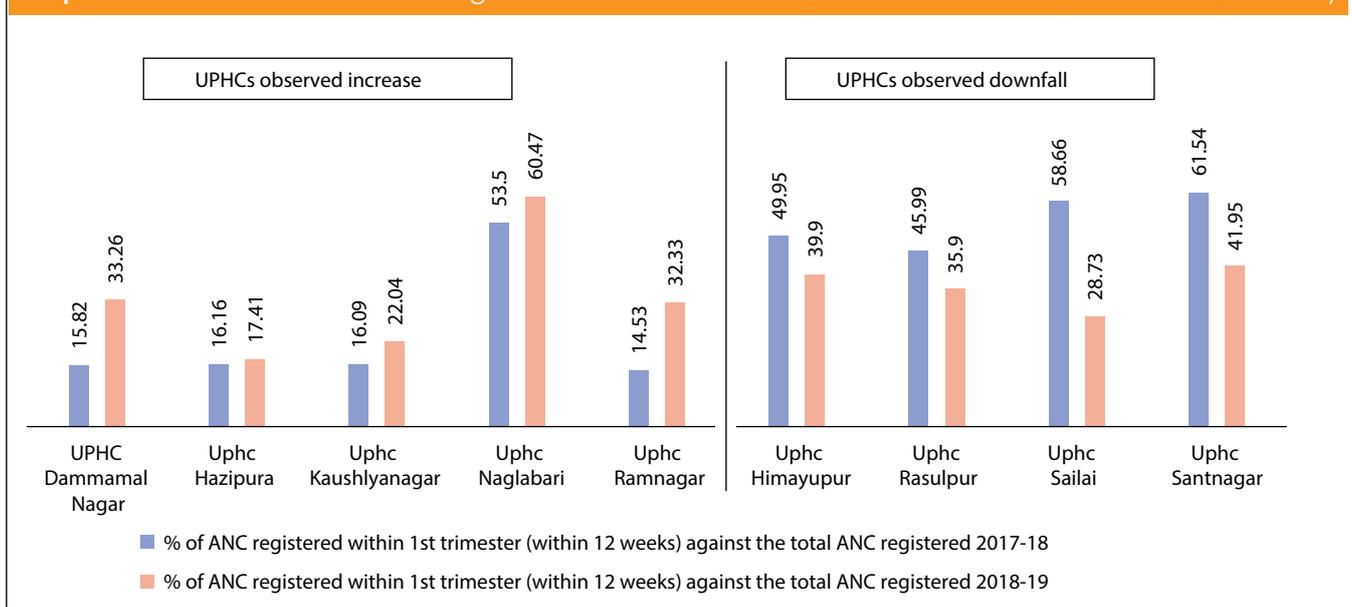
Registration of Pregnant Women in their 1st trimester, out of total registered for ANC, has gone down by 2.5% in 2018-19. However TT1 vaccination has gone slightly over than last year's figure. However some UPHCs have observed significant improvement in overall registration and TT1 vaccination but a few has observed downfall as well.

**UPHC wise status:** There are five UPHCs which have observed increase in overall ANC registration in 1st trimester. As per graph below, 4 UPHCs – Himayupur, Rasulpur, Sailai and Santnagar have observed downfall this year and remaining 5 UPHCs have observed increase comparing to last year's performance.

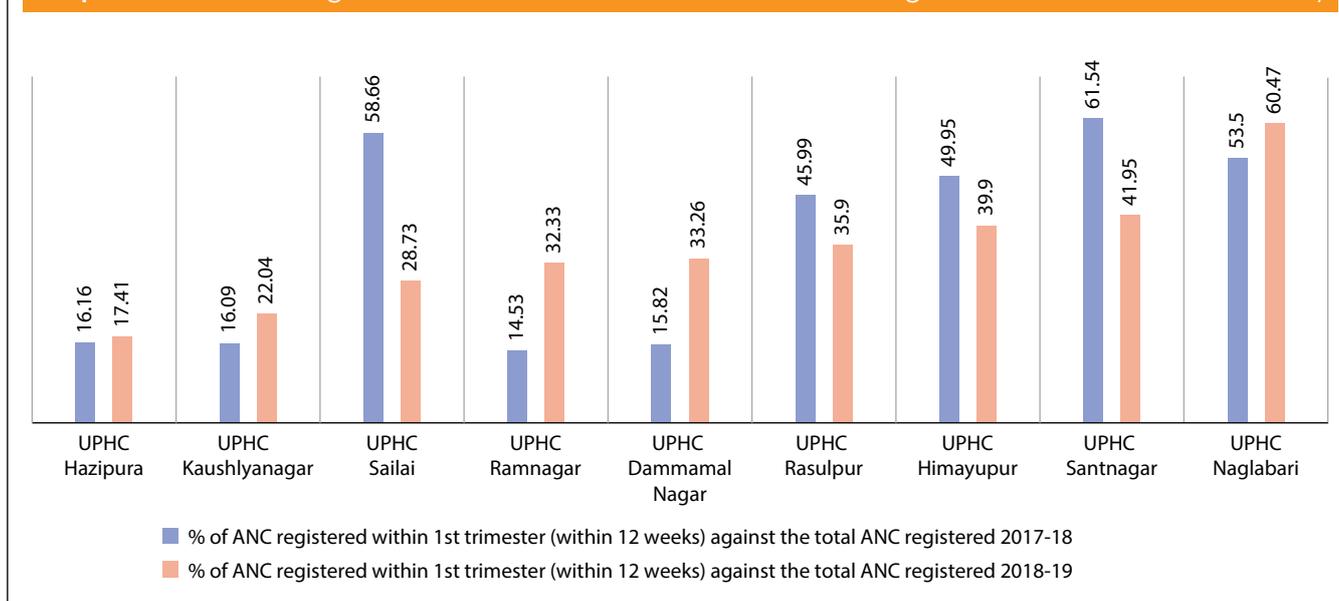
**Graph 5.7:** PW registered in 1st Trimester and TT1 vaccinated in all 9 UPHCs in Firozabad City



**Graph 5.8:** UPHC wise status of ANC registration in 1st trimester and % PWs received TT1 vaccine in Firozabad city



**Graph 5.9: % of ANC registration within 1st trimester out of total PW registered for ANC in Firozabad city**



Graph 5.9 reveals the UPHCs in an order of lowest to highest percentage of registration of pregnant women in 1st trimester. Hazipura, Kaushlyanagar and Sailai UPHCs have the lowest percentage of registered pregnant women for ANC in their 1st trimester of pregnancy. Out of 9 UPHCs, only Naglabari UPHC has more than 60 percent of pregnant women registered in their 1st trimester. Key reasons for a lesser number of registrations in the 1st trimester in UPHCs are lack of effective coordination among ANMs, ASHAs and AWWs in planning and implementation, low visibility of UPHCs, lack of data sharing among front-line workers and scarcity of staff in UPHCs to an extent. In another analysis as given in the table below,

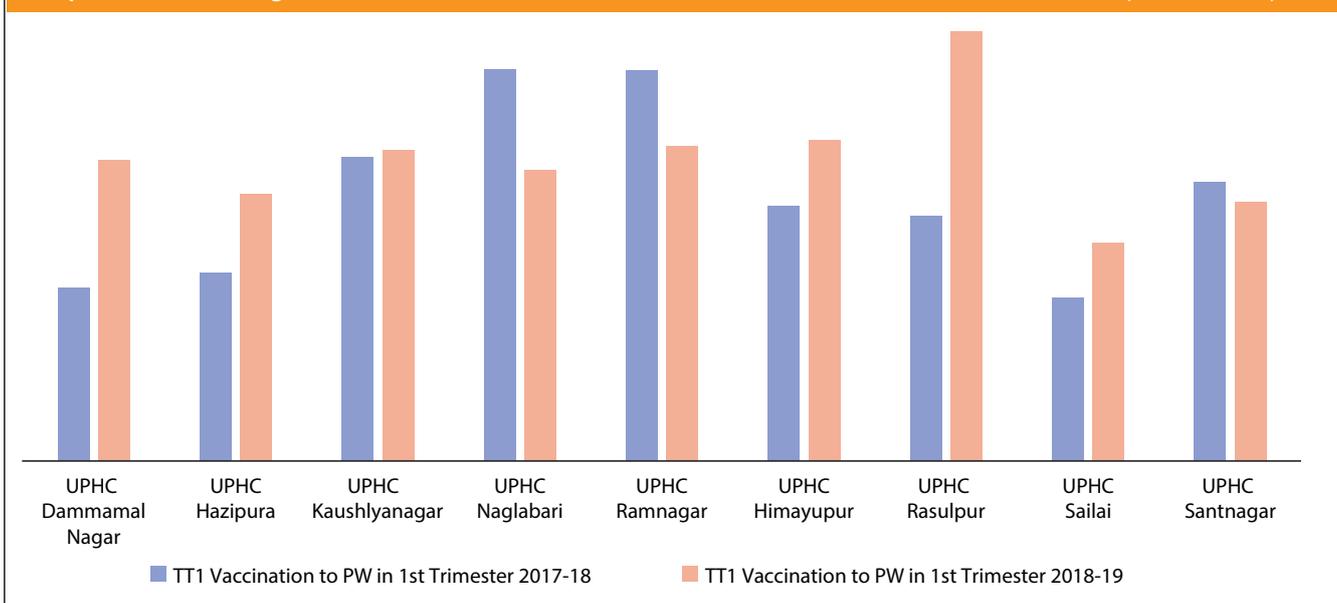
most of the UPHCs are falling under the category of 25%-50% in registering pregnant women of the 1st trimester for ANC. 2 UPHCs, Dammalnagar and Ramnagar UPHCs have improved their percentage as they are now in 2nd category from 1st, but Santanagar UPHC has observed a massive decline and it is now falling in category 2. The City NUHM team needs to give focus on bringing more numbers of UPHCs in category 3 to 4.

**TT1 Vaccination Status:** There are mixed figures of UPHCs in TT1 vaccination after registering PW of the 1st trimester. 3 UPHCs (Naglabari, Ramnagar and Santanagar) have observed a downfall and 5 UPHCs (Dammamal Nagar, Hazipura,

**Table 5.3: Number of UPHCs with respective percentage of registered PWs for ANC in 1st trimester**

Category	% of PW women registered for ANC in UPHCs in 1st Trimester	
	2017-18	2018-19
1. Less than 25%	4	2
2. In between 25%-50%	3	6
3. In between 50%-75%	2	1
4. More than 75%	0	0

**Graph 5.10:** % of PW given TT1 vaccine after ANC within 1st trimester at UPHCs in Firozabad city in last two years



Himayunagar, Rasulpur, Saillai) have observed upward trend. However, this figure is not a complete picture of performance unless we compare it with the number of ANC happened and TT1 vaccine given.

### STATUS OF FAMILY PLANNING SERVICES AT UPHCS

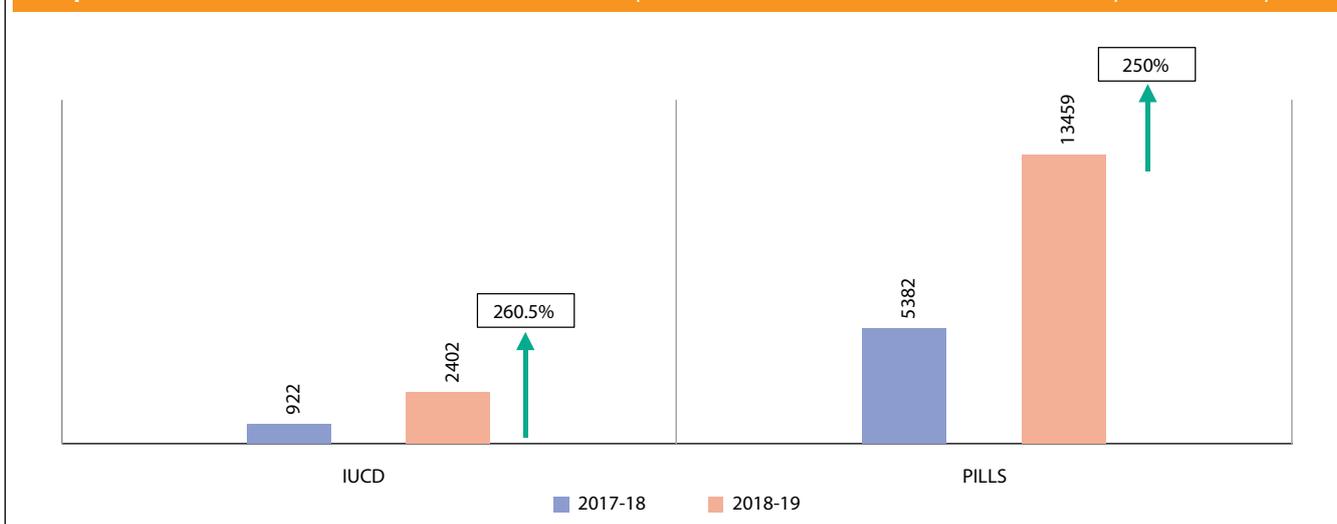
Family Planning services are one of the major components in UPHCs. In vicinity of local community residing in slums, UPHCs are the first

point of contact with medical experts on the issues. Key services being given by UPHCs on family planning are counselling on services, IUCD insertion, Contraceptive Injections, Contraceptive Pills and Condoms and referral to district woman hospital/other higher facilities for sterilization and other services. Here is given the UPHC wise uptake of FP services:

#### IUCD acceptors and Pills distributes in UPHCs

**IUCD methods received by acceptors at various UPHCs:** UPHCs have observed quite visible

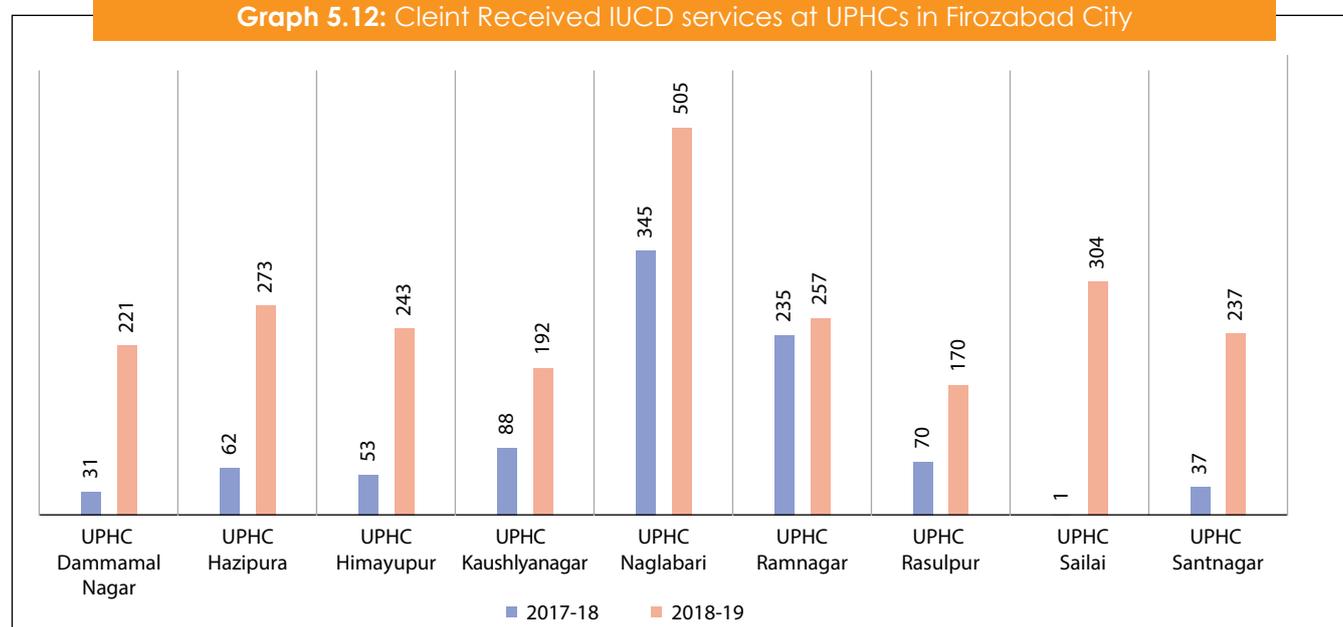
**Graph 5.11:** Clients received IUCD and Contraceptive Pills in all 9 UPHCs in Firozabad city in last two years



changes in FP services in last two years. Such changes are due to intensive intervention at UPHCs level to build the capacity of FLWs, effective community outreach, strengthen UPHCs with bundles of services and trainings of medical and paramedical staffs. TCIHC as a technical agency has been instrumental at city level in providing support to the NUHM team in micro level planning, capacity need assessment, ASHA mentoring and coaching, periodic trainings of FLWs and medical/paramedical staffs, monitoring

and review at local and city level. As a result of focused approach, IUCD acceptors have increased at all UPHCs in 2018-19 as compared to last year. Fixed Day Service (FDS) approach has simulated at every UPHCs to increase the methods acceptors. Saiali, Dammamal Nagar, Santnagar, Hazipura and Himayupur UPHCs have observed maximum increase in method acceptors. Sailai UPHC has seen drastic increase and managed to get 304 acceptors in 2018-19 as compared to merely 1 in 2017-18.

**Graph 5.12: Cleint Received IUCD services at UPHCs in Firozabad City**



**Table 5.4: Status of ANMs distribution in the city: (Data to be validated from city team)**

UPHC	No of ANM	No of ASHAs	Slum Population Covered	Slum Population Load/ANM	Slum Population Load/ASHA
Sailai	5	35	78909	15782	2255
Dammamal Nagar	6	17	38114	6352	2242
Hazipura	6	27	64653	10776	2395
Himayupur	5	27	68946	13789	2554
Kaushalyanagar	6	14	31668	5278	2262
Naglabari	5	19	47392	9478	2494
Ramnagar	4	24	76849	19212	3202
Rasoolpur	6	22	48812	8153	2219
Santnagar	5	25	68350	17087	2734

**Note:** 23 ASHAs positions are vacant so actual population load on each ASHA may have significant increase.

**Table 5.5:** Detailed UPHC wise list

UPHC Name	ANM Name	No of Slum Covered	Slum Population Covered
Sailai	Aarti	7	21475
Sailai	Meera	7	18260
Sailai	Nirmala	2	5091
Sailai	Neelam	4	9650
Sailai	Nirmesh	7	24433
<b>ANM-Slum Population Ratio: 1:15782</b>		<b>27</b>	<b>78909</b>
Dammamal Nagar	Poonam	3	12740
Dammamal Nagar	Reema Rajavat	3	6004
Dammamal Nagar	Mridul	2	7060
Dammamal Nagar	Pratigya Saxena	2	3650
Dammamal Nagar	Hemlata	1	4020
Dammamal Nagar	Manisha	2	4640
<b>ANM-Slum Population Ratio: 1:6352</b>		<b>13</b>	<b>38114</b>
Hazipura	Aarti	5	11273
Hazipura	Ganga	2	10086
Hazipura	Gauri Tomar	3	7554
Hazipura	Kamal Lata	3	11079
Hazipura	Neelam	4	10236
Hazipura	Reena	6	14425
<b>ANM-Slum Population Ratio: 1:10776</b>		<b>23</b>	<b>64653</b>
Himayupur	Aarti Awasthi	4	17520
Himayupur	Pankaj Kumari	2	10440
Himayupur	Pinky Yadav	2	8580
Himayupur	Meena	1	14010
Himayupur	Sapana Tiwari	3	18396
<b>ANM-Slum Population Ratio: 1:13789</b>		<b>12</b>	<b>68946</b>
Kaushalyanagar	Priyanka	1	2350
Kaushalyanagar	Brajesh Kushwaha	2	3212
Kaushalyanagar	Shalini	1	1860
Kaushalyanagar	Seema	4	9980
Kaushalyanagar	Mamta	3	5842
Kaushalyanagar	Shilpi Yadav	3	8424
<b>ANM-Slum Population Ratio- 1:5278</b>		<b>14</b>	<b>31668</b>

UPHC Name	ANM Name	No of Slum Covered	Slum Population Covered
Naglabari	Ashish Yadav	2	9940
Naglabari	Jyoti Bhardwaj	2	9963
Naglabari	Kusum Yadav	3	7239
Naglabari	Leelawati	3	8470
Naglabari	Pinki	1	11780
<b>ANM-Slum Population Ratio- 1: 9478</b>		<b>14</b>	<b>47392</b>
Ramnagar	Geeta Yadav	4	25474
Ramnagar	Manju Rajauriya	3	21400
Ramnagar	Radha Rathour	1	12236
Ramnagar	Sangeeta Gupta	3	17739
<b>ANM-Slum Population Ratio: 1:19212</b>		<b>11</b>	<b>76849</b>
Rasoolpur	Anju	5	10940
Rasoolpur	Anuj	6	10931
Rasoolpur	Sapana Parihar	2	6912
Rasoolpur	Mamta	2	7895
Rasoolpur	Seetu	4	10434
Rasoolpur	Jyoti Gupta	1	1700
<b>ANM-Slum Population Ratio: 1:8153</b>		<b>20</b>	<b>48812</b>
Santnagar	Manorama	4	12930
Santnagar	Nirmala	11	39440
Santnagar	Soni	4	13140
Santnagar	Sonam	2	2840
<b>ANM-Sum Population Ratio: 1:17087</b>		<b>21</b>	<b>68350</b>

## STATUS OF SERVICES MEDICAL COLLEGE (EARLIER DISTRICT WOMAN HOSPITAL/ DISTRICT HOSPITAL)

There were one woman hospital and district male hospital in Firozabad namely Sarojini Naydu Memorial District Hospital and TB Sanatorium. However these hospitals have been recently converted and serving as Medical College. These hospitals are serving large population of the district since long. In table below, OPD and other data related to performances of these two facilities are given. OPD footfall in SNM district hospital is very high however a decline of was

observed 2018-19. On the other hand OPD footfall for allopathic treatment has gone up in district woman hospital in 2018-19 as compared to last year. Institutional delivery has also gone down by 6.4 % this year. Similarly, Female Sterilization in both the methods-Laparoscopic and Mini Lap have observed downfall. Especially, minilap has observed downfall of around 88% this year. In contrary, increasing trend has been observed in PP Sterilization, Interval IUCD and PPIUCD as compared to last year. HMIS do not have data of SNM District Hospital on these component. Hence only OPD footfall data have been taken from HMIS which shows slight decline of 3.45 % in OPD footfall in Allopathic.

**Table 5.6:** Showing OPD and other services status in DWH and DH: Data source (UP-HMIS)

Area	District Woman Hospital			SNM District Hospital		
	2017-18	2018-19	% Change	2017-18	2018-19	% Change
OPD (Allopathic)	134179	154550	15.18	483373	466696	(3.45)
Number of Institutional Deliveries conducted (Including C-Sections)	6987	6541	(6.38)	0	0	0
Number of Laparoscopic sterilizations (excluding post abortion) conducted	348	321	(7.76)	0	0	0
Number of Interval Mini-lap (other than post-partum and post abortion) sterilizations conducted	66	8	(87.88)	0	0	0
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	233	509	118.45	0	0	0
Number of Postpartum sterilizations (within 7 days of delivery by minilap or concurrent with caesarean section) conducted	0	13		0	0	0
Number of Postpartum (within 48 hours of delivery) IUCD insertions	3336	3604	8.03	0	0	0

## QUALITY IMPROVEMENT COMMITTEE (QIC)

Under National Health Mission, Ministry of Health and Family Welfare has made it mandatory for every state to develop and execute Quality Assurance Framework for health programs under National Quality Standards Framework (NQAS). Uttar Pradesh is amongst those states where Quality Improvement Committees have been formed at various levels across the state for monitoring and ensuring quality standards of service delivery at institutional level. In Firozabad city, Quality Improvement Committees have been formed at each UPHCs.

These committees were formed in the month of January 2019. Letter of CMO is attached in Annexure 8 which is linked with the letter issued from SPMU (letter No- SPMU/NUHM/Q.A./2018-19/60/970 dated 30-11-2018). Committee members of QIC (UPHCs staffs) have been assigned specific roles to perform in order to ensure quality service delivery to the client. Regular meetings of these committees are being held in UPHCs and proceedings of these meetings are recorded. NUHM cell at city level collects the proceeding of QIC meeting every month. Functioning of these committees is required to be reviewed in the monthly review meeting of UPHC.



## BUDGET ALLOCATION AND FUND UTILIZATION STATUS

**Table 5.7:** Program wise budget allocation and utilization in 2016-17 and 2017-18 (in Lakh)

Programs	Allocation 2016-17	Expenditure 2016-17	% Utilization in 2016-17	Allocation 2017-18	Expenditure 2017-18	% Utilization in 2017-18
<b>Total</b>	<b>4596.8</b>	<b>3621.29</b>	<b>78.78</b>	<b>4754.03</b>	<b>4053.96</b>	<b>85.27</b>
MCH	1110.28	696.77	62.76	833.12	610.64	73.30
CH	22.34	11.69	52.33	23.43	15.12	64.53
FP	70.99	65.61	92.42	176.66	106.37	60.21
RKSK	16.77	16.17	96.42	1.10	0.00	-
RBSK	65.62	45.96	70.04	72.35	42.96	59.38
PNDT	1.92	1.39	72.40	1.96	1.48	75.51
Training	6.81	9.98	146.55	7.11	17.91	251.90
RI	178.01	120.34	67.60	146.67	152.32	103.85
IDSP	7.35	5.15	70.07	8.37	7.19	85.90
NVBDCP	23.24	3.68	15.83	2.03	2.28	112.32
RNTCP	199.04	197.46	99.21	222.87	190.78	85.60
NUHM	410.25	372.58	90.82	467.94	374.19	79.97

**Source:** District DHAP and SOE.

Table above shows the program wise distribution of budget allocation in Firozabad district. District has observed the increase in the utilization of the budget of key programs in 2017-18 except FP and RBSK. Overall allocation and utilization in FP has increased but percentage utilization against allocation has gone down by more than 32%. In RBSK, allocation was more but utilization was lesser than last year. RKSK did not get any budget in 2017-18. Table above shows the overall change in the allocated budget & utilized amount in 2018-19 than 2017-18. Increase in the allocation was 11.2% in 2018-19.

**Table 5.8:** FP & NUHM Budget allocation and utilization in 2018-19 in Firozabad (in Lakh)

Programs	Allocation 2018-19	Expenditure 2018-19	% Utilization
FP	236.76	203.92	86%
NUHM	520.15	417.45	80.25%

As per figures in table above, district has spent 86% of FP budget in rural and urban. It is significantly higher than the last year's utilization. It shows a progressive trend in family planning trend. District needs to plan activities and spend money as per the allocation mentioned in PIP. Review of activities and deliverables in PIP can be the effective tool to track the operational and financial progress. Periodic financial utilization tracking and review is required at district level. Budget of the program like NUHM should be separately reviewed.

# CONVERGENCE AMONG DEPARTMENTS/ STAKEHOLDERS & PROPOSED ACTIVITIES

Convergence among departments is, though challenging, but an intrinsic element for smooth and effective implementation of urban health service delivery. Departments have their own mandate within the city and it is always community at the receiver end. Basic service delivery institutions such health, drinking water supply & sewerage, education, transport and social security often lack a defined system of working in mutual coordinated way through converging their resources and strengths in each other's program. Despite the fact that the end receivers of these services are same, it has been observed that convergence and coordination among these departments is still an issue of discussion in district level forums. Though various efforts have been initiated by state and districts, no significant progress is evident at city level. This chapter is about the

details of the areas of convergence, respective roles of stakeholders with measurable results within stipulated time. This will help public and private stakeholders in getting information on local resource, utilizing each other's resources in activities planning, enhancing capacity of the ground force and jointly review of the progress. This section also reveals the process of identification of city level convergence issues and establishment of City Health Coordination Committee. A series of consultation was organized with departments, Front line workers, UPHC's paramedical and medical staff and private stakeholders in the process of developing city health.

### **Consultations with Stakeholders in Firozabad City and Key Findings:**

It is believed that convergence can be established through frequent communication among the departments on possible areas of support and mutually agreed roles to cater the community need. In last few years, several dialogues amongst departments were held to take required steps towards inter and intra departmental coordination and convergence issues. In 2017, a day long stakeholders consultation was organized under 'Know Your City' program. Consultation had involved various preparatory steps to identify the key actors at city level and establishing primary dialogue. Some important information of city health plan has been taken from the stakeholder consultation report also. SWOT analysis of various stakeholders, which was one of the output of the program, is given below:

**Table 6.1: Summary of top findings of Swot Analysis**

Name of Stakeholder	Strength	Weakness	Opportunity	Threat (Challenge)
<b>Department of Health &amp; Family Welfare + NHM</b>	Support of other organizations like WHO, UNICEF, ICDS	Infrastructure and human resources are not as per the provisions	Private Hospital partnerships	Chemicals used in glass industry cause skin problems
	Regular trainings of staff by the department	Quality of services compromised due to workload	Hausala Sajheedari	Public unaware
	Provision of ORCs	Less effective coordination among FLWs	PMSMY	Interference of local leaders
	Placement & Training of ANM and Urban ASHA	Periodic review of urban program at city level is intermittent	Establishing City Health Coordination Committee for convergence and monitoring	Active participation of all departments will be a challenge
<b>DUDA-NULM</b>	Reach to most vulnerable 2886 families through 288 SHGs	Lack of staff	SHG members can easily be trained on health issues	No threat
	Availability of revolving fund		SHG women can be part of MAS	Poor education
<b>NGO/CBO/ Civil Society Organizations</b>	Volunteers, SHG Groups	Limited resources	Convergence	Not able to take independent action
	Coordination skills	Poor follow up (project base working)	Coordination with health department in organizing joint events, trainings, etc	–
<b>IMA/FOGSI/ Pvt. Hosp.</b>	Hausala Sajheedari	Coordination with ASHA, MAS, SHGs	Tapping UPHC's presence in conducting health camps and mobilization activities	–
<b>NAGAR NIGAM/ SBA</b>	Cleaning personal-1356	Non-trained cleaning personal	Door to door garbage collection started	Unavailability of garbage dumping ground
	Vehicle for garbage transport	No coordination with health departments local staff	Mixing of municipal waste with medical waste as per the rule 1998	Non- cooperation by public
	Enough resources for Fogging and anti-larva treatment to prevent VBDs	Health facilities should be given priority but not happening	Community involvement, Garbage segregation at source	–
	Enough resources for IEC	–	Segregation of waste under solid waste management	–



Name of Stakeholder	Strength	Weakness	Opportunity	Threat (Challenge)
	12 Wards have been declared ODF	-	Technical support to health facilities under Kayakalp- Waste and Hygiene Management, Infection prevention	-
	170 Cleaning Friends	-	-	-
	Supply of Chlorine water in place	-	-	-
	Placement of RO Water ATM	-	-	-

**Gap Analysis in the consultation and current status:** During the consultation, various gaps were identified in outreach and service delivery in Maternal & Child Health and Family Planning services at facility level. This analysis was done by the participants themselves in group work. Identified bottlenecks were further taken care of by health department, especially NHUM cell.

In last two years after consultations, various steps were taken by the department to improve the outreach and service delivery quality. Scarcity of Infrastructural and human resource at facility level was attained through deploying new staffs, training of staffs and outreach workers, and strengthening outreach activities.

**Table 6.2:** Urban Health Focus Area: Maternal and Child Health

Thematic Area	Gaps	Solutions	Status
Service Delivery	Inadequate staff	Hiring of staff	Training and capacity building of staff
	Improper supply against demand of drugs and consumables	Supply and maintenance	Supply follow up through e-portal
	No follow up mechanism for services provided	Review of services	Quality audit to be conducted time to time
Demand Aggregation	Poor utilization of resources for community mobilization- no coordination between urban AWW and UASHA	Coordinated efforts	On ground support to establish convergent efforts
	UHND site is not AWC	Coordination between AWC, ANM and UASHA	MO- UPHC and CDPO together need to take initiative
	UASHA is not properly equipped to identify and mobilize client	Training of UASHA as they are new	Handholding and supportive supervision of ASHA

Thematic Area	Gaps	Solutions	Status
Service Delivery	Lack of lady Doctors/ Untrained staff at UPHCs	UPHC Doctors and ANMs need to appropriately trained on spacing methods of FP	Training done
	Interrupted Supply	FP products inventory also to be maintained along with others	Supply is streamlined and adequate
	No specific day and time for FP service delivery	There must be fixed day service provisioning for FP like immunization	FDS started at UPHC
Demand Aggregation	Lack of IEC material at UPHC		
	Lack of information of FP service provisioning at UPHC among community	UASHA, MAS, SHG all need to spread information on availability of FP services at UPHC	Handholding and mentoring support to frontline worker like UASHA and training MAS & SHG
	Proper IEC activities are not happening at UPHCs and surrounding areas as many UPHCs are very new	To be started as soon as possible	Materials can be provided by partners

### Consultations under City Health Plan

**Development:** Recently during the process of developing the city health plan, separate dialogues with departments and stakeholders were

organized in Firozabad city to identify the gaps and possible measures to strengthen the coordination and convergence among the department. Details of the consultation is given below:

**Table 6.3:** Individual consultations with stakeholders

Stakeholders	Date	Key points
<b>NUHM</b> (Dr Ashok Kumar, Nodal Officer)	07th May 2019	<ul style="list-style-type: none"> <li>▪ Information of clients getting FP services in DWH after referral from UPHCs is usually absent and not reflecting in UPHC database, so we do not get the exact data of actual conversion as clients after referral. He emphasized that we must stick with some mechanism to get the client data from higher facilities.</li> <li>▪ Coordination among the teams at lower level-slum and ward level exists in informal manner. They help each other but formal plan and review is absent.</li> <li>▪ Actual requirement of ANMs and ASHAs should be mapped and suggested in City Health Plan. This plan document should also identify the gaps in the population distribution among existing of ANMs &amp; ASHAs.</li> <li>▪ Need of a separate formats on data collection/monitoring of UPHC level (Mapping).</li> <li>▪ Mechanism of UPHC profile development (mapping of institutions, population, service providers, etc.) is required.</li> </ul>



Stakeholders	Date	Key points
<b>Nagar Nigam</b> (Dr Mukesh Kumar, Nagar Swasthaya Adhikari)	07th May 2019	<ul style="list-style-type: none"> <li>▪ Inter departmental Coordination must be strengthened and included in reviewing the performances of departments.</li> <li>▪ Letter to be issued by Municipal Commissioner to have a meetings with concerned departments on city health plan.</li> <li>▪ Ward wise resource mapping-SHG, ASHAs, ANMs, Swachhata Door, Sanitary Supervisor (to supervise safaikarmis) is required every year.</li> <li>▪ Municipal Corporation is planning to convert Ward offices as Immunization centers/UHNDs centre-we need to include this in Health Plan.</li> <li>▪ UPHCs are running in isolation as even Sanitary Supervisors have no idea where are UPHCs and what are these UPHCs doing.</li> <li>▪ There are discrepancies in data of number of slum at departmental level. We must counter this and bring everyone on common number.</li> </ul>
<b>ICDS-Ms Abha Singh, DPO-Incharge, ICDS</b>	07th May 2019	<ul style="list-style-type: none"> <li>▪ There are supply issues of Iron Tablets at urban AWWs. Health plan must cover AWCs issues like supplies, UHNDs, staff requirement, etc.</li> <li>▪ For effective planning, avoid resource wastage and increase work efficiency beneficiaries list of AWWs and ASHAs to be tallied regularly (at least twice a year).</li> <li>▪ There are vacant places of AWWs and supervisors at city level which must get place in health plan document.</li> <li>▪ Infrastructure related issues at Anganwadi centres: Weighing scale, MUCP tapes, etc are not available at most of the centres. Usually ANMs carry these items in UHNDs.</li> <li>▪ AW centers also need to have these equipments so that AWWs can perform</li> <li>▪ AWW supervisors can participate in UPHC meetings to discuss the issues and actions on AWWs involvement. In return ANMs and ASHAs can help in UHND strengthening. (DPO can instruct their supervisors to attend the meeting).</li> <li>▪ Joint plan of ICDS &amp; Health on some issues-UHNDs, FDS will be helpful to increase the footfall and UPHC visibility.</li> </ul>
<b>DAY-NULM, Mr Manoj Kumar Singh, City Mission Manager,</b>	08th May 2019	<ul style="list-style-type: none"> <li>▪ There are more than 400 SHGs, developed by DUDA, are actively functioning in the city.</li> <li>▪ DUDA does not have any slum listing. Plan is made on the basis of areas and population specific targets. However list of slums with details of ASHAs will be quite helpful in forming and strengthening SHGs relates work.</li> <li>▪ Health plan must include how urban ASHAs can help us strengthening SHGs and in return, SHGs member can help those in mobilizing clients.</li> </ul>
<b>NUHM, Mr Praval Pratap Singh, Urban Health Coordinator</b>	08th May, 2019	<ul style="list-style-type: none"> <li>▪ Ramnagar and Naglapadi are UPHCS under Kayakalp which is on priority currently.</li> <li>▪ Mapping and further inclusion of ward wise departmental resources in plan would be helpful for urban cell to make effective micro plan.</li> <li>▪ AWWs distribution are uneven in wards which affects UHNDs and client mobilization.</li> <li>▪ Slum list to be finalized and shared with other agencies for uniform understanding and specific planning.</li> <li>▪ DUDA SHGs and our efforts of MAS should be merged and jointly operated. This must get space in plan document.</li> <li>▪ Some AWWs are not supporting ANMs, we can have meetings with AWW supervisors to tackle this issue. This should also come in Action Plan.</li> <li>▪ Bank Accounts of majority of MAS group yet to be opened, then plan of MAS meeting to be implemented.</li> </ul>



Stakeholders	Date	Key points
		<ul style="list-style-type: none"> <li>There are 210 ASHAs in the city but actual working ASHAs are around 125 only.</li> <li>System of referral, reporting and feedback- from UPHC to DWH, DH and conversion at DWH/DH need to be developed</li> <li>AWW supervisors can participate in UPHC meetings to discuss the issues and actions on AWWs involvement. In return ANMs and ASHAs can help in UHND strengthening. (DPO can instruct their supervisors to attend the meeting)</li> <li>How to activate MOs at UPHC level-They are not taking interest-Can we include suggestions in action plan?</li> <li>Urban health is not being given due importance by all thematic lead which causes interrupted coordination. Allocation/share of resources in urban health is sometimes not happened in the absence of awareness. Intra-departmental convergence is required. An orientation training of all Nodal/ACMOs is required on NUHM.</li> <li>Training of ANMs on RCH portal is essential.</li> <li>Urban MO's training is required on including their roles and responsibilities as mandated under NUHM.</li> <li>How to develop system of referral, reporting and feedback- from UPHC to DWH, DH and conversion at DWH/DH.</li> </ul>
<b>IMA</b> , Dr Deepak Gupta, Ex-Chairman and Senior Surgeon	08th May 2019	<ul style="list-style-type: none"> <li>Dr Gupta offered his help in mobilizing doctors for health camps and other activities.</li> <li>Urban Health Coordinator and TCHIC people to be invited in IMA members meeting where these things can be discussed.</li> </ul>
<b>President</b> , Firozabad Glass Industries Syndicate	08th June 2019	<ul style="list-style-type: none"> <li>UPHC Coordinator informed him about city level activities and UPHCs details. He expressed pleasure after knowing these facts.</li> <li>On the issue of required support to strengthen UPHCs and sponsor activities, he suggested to come up with a proposal and present in upcoming meeting of association.</li> <li>CMO office and TCHIC will be invited in the meeting. Before this meeting, proposal will be required from CMO office.</li> </ul>

**Consultation with UPHCs staff and ASHAs:** We hold discussion with medical and paramedical staff of 2 UPHCs, Nagalabari and Sailai in Firozabad in the month of May 2019. Discussion was mostly around the operational issues at facility and ground level and coordination issues amongst the departments. Consultations gave us some strong insights on the current practice and bottlenecks. Following are the key points emerged during the discussion:

- Patient's referral record is being maintained in UPHC, but there is no list of the number of the patients/clients actually visited DWH/DH and availed services. There is need to develop any mechanism of getting official information of the same from the facility. This could be in

the form of triplets, a part of which can be submitted by the facility/collected by UPHC time to time.

- There are slums where MAS are active but DUDA's SHGs are not active or present. MAS group can also work as SHG and the same can be facilitated by technical person of DUDA. Similarly, slums where SHGs are active, MAS groups can be strengthened/linked.
- Several MAS are still to get their bank account opened.
- ASHAs informed that they usually have good rapport with AWWs working in their respective areas and they work together at several

occasions but at the same time, there are slums where cooperation from AWWs are not up the mark and needs further facilitation from departmental level.

- ✦ ANMs informed that there is no supply of Vitamin A syrups since long and even first dose of Vitamin A is not being given with measles, which is a big area of concern.
- ✦ ASHAs raised the concern about involvement of midwives in delivery. These midwives track their clients and intervene just before the time of delivery. It is not only causing economical loss for ASHAs but also contributing in increasing number of Home Deliveries.
- ✦ On follow up cases and recording the client information, pharmacist suggested that we may use a small booklet sort of prescription instead of current one which patients often get misplaced.
- ✦ Facilities should give due recognition to MCP Cards and ASHAs while admitting and giving services to the clients.
- ✦ There are infrastructural issues in Naglabari UPHC such as tin shed at drug distribution point, drinking water availability, dysfunctional toilets, etc.
- ✦ No separate place of OPD for TB patients which may cause health issues for other patients.

- ✦ ASHAs emphasized that issue of menstrual hygiene among adolescent girls is an issue to be countered on priority basis. Making sanitary napkins available to them would impact largely to their physical and mental wellbeing.

### City Health Coordination Committee (CCC)

**Meeting:** CCC is supposed to develop mechanism for the convergence among public and private stakeholders involved in delivery of health service and other basic services. It is important to mention here that Government ROP (Record of Proceeding or PIP approval) emphasises to establish Inter-sectoral convergence with Departments of Urban Development, Housing & Urban Poverty Alleviation, Women & Child Development, School Education, Minority Affairs, Labour through city level Urban Health/ Coordination Committees headed by the Municipal Commissioner/Deputy Commissioner/ District Collector/ SDM. Process and update City Health Plan was discussed with various stakeholders in CCC meeting held on 21st May in CMO office (Meeting minutes is attached in Annexure 1). Committee nodded quite positively towards plan and hoped to get this plan as a useful resource document for critical areas of planning, implementation and review. Document will help a quite in ensuring convergence with various departments and stakeholders.

**Table 6.4:** Existing Non-Governmental Organizations in the city

Name of the Organization	Intervention around health issues
Chirag Society	Child Help Line,
Disha Society	Quality improvement and Child Health, Education, Dash Karyakram, support in Immunization and FP awareness.
SM Net work	Immunization,
Nutrition International	Support in BSPM, WIFS and Diarrheal Management
UNICEF-Nutrition Mission	Nutrition- PMSMA and MAA Program
UNDP-eVIN PFI	Vaccine Supply Management Family Planning
Population Services International/ TCiHC	Family planning, System Strengthening

## INTER-DEPARTMENTAL CONVERGENCE

### **Convergence between ULBs and Health**

**Department:** While health is not perceived as a core function functional areas by the ULBs, the impact of ill health on urban development is immense. Therefore by coordinating and converging with the NUHM ULBs stand to ensure that the urban developmental activities meet with success as well as optimal solutions are identified to ensure productive populations, especially in resource poor contexts.<sup>7</sup> As per the NUHM guideline, ULBs are given power to execute NUHM in 6 mega cities. In other cities, including Firozabad, Health department remains the authority to implement NUHM. However there are areas where convergence between NUHM and ULBs can be defined and developed. Detailed proposed actions are given in table below.

### **Convergence among ULB, DAY-NULM and**

**Health Department:** DAY-NULM is a flagship program in urban areas to improve economic and social security of urban poor, homeless and other vulnerable groups. Target population of the programs like NUHM and DAY-NULM are the same hence there are immense potential to have a convergent strategy in place where both the program can help each other in attaining required results. As per letter of Government of India (Letter number-L.19017/26/2014-NUHM Dated the 24th October, 2017), both the programs need to be conversed to strengthen the institutional base of the program –MAS and SHGs/ ALF. Detailed proposed actions are given in table in next section.

### **Convergence between SBM-U and Health**

**Department:** In ODF first phase, there were various areas of convergence among SMB-Urban and Health Department. In the second phase, continuum of convergence will remain intact between health department and SBM-Urban. Details of the proposed actions under convergence are given in table.

### **Convergence among Health, Education &**

**SBM-U:** Education department has to play important role in implementing health programs as well as getting schools transformation under Mission 'Kayakalp'. Education department in urban blocks will implement WIFS and other micro nutrient programs with the help of RKSK team. Department will also work in close coordination with SBM-urban team to ensure compliance of Kayakalp program under Swachh Bharat Mission. School will provide space for the activities also.

### **Convergence among Health, Bangle Industry**

**Association and IMA:** Firozabad Bangles Industrialists manages an association called Firozabad Bangles Industries Syndicate which actively takes part in social activities. In recent meeting with the President, syndicate indicated its interest towards providing need based support to the health department in improving UPHCs. Department will send a concept note to the President-Industry and nominate NUHM cell to participate in Syndicate's periodic meeting to present. It will establish good relation with industries which may be of great help. Similarly, IMA is also willing to provide doctors and organize need based health camps.

7. FAQs document-NUHM/MHFW

**Table 6.5: Departments/Stakeholders and Areas of convergence**

Department	Health	ICDS	DUDA-NULM-ULB	SBM-Urban	Education	IMA/Industries
Health	-	<ul style="list-style-type: none"> <li>ASHAs to support AWWs in planning, HH visits and survey</li> <li>Organizing need based outreach camps at AW centres with the help of UPHC/private partners</li> <li>ASHAs/ANMs to participate in AWWs monthly meeting on need basis.</li> </ul>	<ul style="list-style-type: none"> <li>Existing MAS groups to be converted into SHGs wherever applicable</li> <li>ASHAs/ANMs to orient/train SHG members on MCH, FP and other health issues</li> <li>Sharing of update information about UPHC, ANMs and ASHAs</li> <li>Counselling and Referral support</li> <li>Demand based Participation of ASHAs/ANMs in SHG/ Federations meeting</li> <li>Special Outreach Camp to be organized in newly identified areas or left out population</li> </ul>	<ul style="list-style-type: none"> <li>Compliance of SBM guidelines in infection prevention and other component mentioned in Kayakalp</li> <li>Visits to UPHCs to monitor the progress under Kayakalp</li> <li>ASHAs, ANMs and MOs to participate in community triggering exercise</li> <li>SBM promotion through various platforms</li> </ul>	<ul style="list-style-type: none"> <li>Organize demand based Health Check-up camps in the schools (Basic/Upper Primary/Higher Education)</li> <li>Organizing counselling sessions for Adolescent youths, specially girls (Upper Primary and Inter colleges)</li> <li>As per requirement, organizing vaccination camps (Primary)</li> <li>Organize sessions on Menstrual hygiene for Adolescent girls in schools</li> </ul>	<ul style="list-style-type: none"> <li>To Provide space for the health camps</li> <li>Felicitation/ recognition of Private doctors for their contribution</li> </ul>
ICDS	<ul style="list-style-type: none"> <li>Joint Planning by ASHAs &amp; AWWs with sharing of HH data</li> <li>AWW to Support in RI and UHNDS and distribution of 'Poshahar' in sessions</li> <li>To engage 50 MAS groups in with 'Cooked Food Program'</li> </ul>	-	<ul style="list-style-type: none"> <li>AWWs to support ASHAs/ANMs in training/orientation of SHG members</li> <li>AWWs to help SHG members in getting information and services from AW centres</li> </ul>	<ul style="list-style-type: none"> <li>AWWs to support in Kayakalp activities at schools/AW centres</li> <li>AWWs will disseminate the information regarding ODF practices and hygiene practices in community and</li> </ul>	<ul style="list-style-type: none"> <li>On demand, AWWs will visit local school and disseminate the information on Micro nutrients/ nutrition issues</li> </ul>	-

Department	Health	ICDS	DUDA-NULM-ULB	SBM-Urban	Education	IMA/Industries
	<ul style="list-style-type: none"> <li>▪ Support ANMs in validating the number of beneficiaries in Due list before and after sessions</li> <li>▪ ICDS supervisors or CDPO to undertake monitoring visits to the sessions</li> <li>▪ Participation of AWWs supervisors in monthly meeting at UPHCs</li> <li>▪ DPO/CDPO to participate in CCC meeting and monthly NUHM review meeting at city level</li> <li>▪ AW Centres to be used for ORCs/UHND/Immunization sessions</li> </ul>	<ul style="list-style-type: none"> <li>▪ SHGs members to be converted/ included into MAS, wherever required</li> <li>▪ Existing MAS to be trained/oriented on livelihood and other related issues and linkage with financial services</li> <li>▪ Participation of SHGs members in UHND sessions, Outreach Camps and other relevant activities</li> <li>▪ Shelters of Homeless People to be utilized by health department for ORC/UHND as per need</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation of AWWs in SHG/ALF meetings as per requirement, for seeking support in mobilization activities, disseminating information about services, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ AWWs to support in organizing community meeting and triggering process as per requirement</li> </ul>		
<b>DUDA-NULM-ULB</b>	<ul style="list-style-type: none"> <li>▪ SHGs groups/ members to be converted/ included into MAS, wherever required</li> <li>▪ Existing MAS to be trained/oriented on livelihood and other related issues and linkage with financial services</li> <li>▪ Participation of SHGs members in UHND sessions, Outreach Camps and other relevant activities</li> <li>▪ Shelters of Homeless People to be utilized by health department for ORC/UHND as per need</li> </ul>	<ul style="list-style-type: none"> <li>▪ SHGs members to mobilize the beneficiaries for AW services</li> </ul>		<ul style="list-style-type: none"> <li>▪ SHG members to be identified as Swachhagarahis and support in ODF plus and sustainability phase</li> <li>▪ Monitoring of the ODF practices and ODF plus activities by SHG members</li> </ul>		

Department	Health	ICDS	DUDA-NULM-ULB	SBM-Urban	Education	IMA/Industries
<b>Nagar Nigam/ SBM-ULB</b>	<ul style="list-style-type: none"> <li>▪ Technical &amp; mentoring support in Kayakalp activities</li> <li>▪ Maintain hygienic environment around health facilities</li> <li>▪ Sharing of the list of sanitary inspectors/ cleaning staffs/ sweeper and instruction for timely garbage collection from UPHCs/other health facilities points</li> <li>▪ Assessment of UPHCs and identify required activities under Kayakalp</li> <li>▪ Provide Ward Offices for Urban Health Kiosk/ RI Sessions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supporting functional AWWs in infection prevention and other Kayakalp Indicator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training of active SHG members on SBM components and Involving them in community educator role</li> </ul>	-	<ul style="list-style-type: none"> <li>▪ Facilitate Schools to be converted under Mission Kayakalp</li> <li>▪ Organizing awareness drives and various schools in schools and colleges</li> </ul>	-
<b>Education</b>	<ul style="list-style-type: none"> <li>▪ Implement adolescent nutrition program in UPS and Inter Colleges</li> <li>▪ Provide space to ANMS/ASHAs for conducting Outreach Camps</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide space on need basis to AWWs to organize events, etc</li> </ul>	-	<ul style="list-style-type: none"> <li>▪ Close Coordination for Kayakalp activities</li> </ul>	-	-
<b>IMA/Bangle In dustry</b>	<ul style="list-style-type: none"> <li>▪ Providing doctors in outreach camps and UPHCs</li> <li>▪ Participating in CCC and other meetings and provide inputs for Program improvement</li> <li>▪ Support in UPHC's visibility enhancement and other activities</li> </ul>	-	-	-	-	-

For convergence points among NULM & NULM please refer Gol letter number: L.19017/26/2014-NULM Dated the 24th October, 2017. For more details on convergence, please visit following link:[https://nhm.gov.in/images/pdf/NUHM/INTER\\_SECTORAL\\_CONVERGENCE\\_UNDER\\_NULM.pdf](https://nhm.gov.in/images/pdf/NUHM/INTER_SECTORAL_CONVERGENCE_UNDER_NULM.pdf)



# ACTION PLAN WITH RESULT & ACTIVITY MATRIX

On the basis of the findings in different components at UPHC level as well as in secondary/tertiary level service delivery facilities, an action plan has been developed through consultative process with the departments. Countering the issues of convergence along with outreach services have also tried to be dealt in the chapter.

**Overall findings on OPD footfall, UHND and Immunization Sessions and FP Services:** Table below are related to the required action on the basis of the above findings on OPD footfall, UHND sessions and Immunization sessions.

**Table 7.1:** Required Actions against findings

Findings	UPHCs	Probable Reason	Strategy/Action required
<b>Highest Number of Footfall</b>	Nagalabari	<ul style="list-style-type: none"> <li>▪ Good visibility</li> <li>▪ Easily Accessible</li> <li>▪ Quality service and outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhancing Visibility through branding</li> <li>▪ Reviews and analysis at UPHC level</li> </ul>
	Sailai		
	Ramanagar		
	Hazipura		
<b>Lowest number of footfall</b>	Santnagar	<ul style="list-style-type: none"> <li>▪ Poor Visibility</li> <li>▪ Less effective outreach services</li> </ul>	
	Dammamal Nagar		
<b>Increasing trend of UHND sessions</b>	Santangar	<ul style="list-style-type: none"> <li>▪ Improved planning and implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need to organize more sessions in left out areas</li> </ul>
	Rasulpur		
<b>Declining trend of UHND sessions</b>	Dammamal Nagar	<ul style="list-style-type: none"> <li>▪ Dearth of Micro planning review</li> <li>▪ Non/ low participation of ASHAs/AWWs</li> <li>▪ Lack of data sharing and review</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ward/Slum wise planning of Sessions</li> <li>▪ Identification of vulnerable areas and planning of sessions</li> <li>▪ Mores sessions on those places</li> <li>▪ Micro Planning can be reviewed and revised at least 2 times a year</li> </ul>
	Hazipura		
	Himayupur		
	Kaushlyanagar		
	Nagalabari		
	Ramnagar		
Sailai			

Findings	UPHCs	Probable Reason	Strategy/Action required
<b>Highest number of Immunization Sessions</b>	Nagalabari Santnagar Himayapur Ramnagar Sailai Rasulpur	<ul style="list-style-type: none"> <li>Effective planning and implementation</li> </ul>	<ul style="list-style-type: none"> <li>Identification of vulnerable areas and planning of sessions:</li> <li>More Sessions to be organized on those places where coverage is less</li> <li>Micro Planning can be reviewed and revised at least 2 times a year</li> <li>More sessions for left out populations to increase coverage</li> </ul>
<b>Lowest number of Immunization Sessions (less than UHND sessions)</b>	Hazipura Dammamal Nagar Kaushlyanagar	<ul style="list-style-type: none"> <li>Non-effective UHND sessions</li> <li>Less number of UHND sessions</li> </ul>	
<b>Declined trend of Immunization Sessions</b>	All UPHCs	<ul style="list-style-type: none"> <li>Counselling quality</li> <li>Poor planning</li> </ul>	

**Table 7.2:** Findings and recurrent actions required of FP services

Action Required	UPHCs	Timeline	Responsibility
<b>Indenting of FP Products through FPLMIS</b>	All	Every month	MOIC with support of Pharmacist
<b>Organizing Fixed Service Days at UPHCs</b>	All	Every month	MOIC with support of UPHC team
<b>QI Committee Meeting</b>	All	Every month	MOIC along with QI Members
<b>Joint planning among ANMs, ASHAs and AWWs:</b> <ul style="list-style-type: none"> <li>Micro Planning development</li> <li>Mid-term review of micro planning</li> <li>Due list sharing and validation</li> </ul>	All UPHCs	Timeline as per actions <ul style="list-style-type: none"> <li>Once in a year</li> <li>Every six month</li> <li>Every month</li> </ul>	MOIC
<b>Joint review meeting of ANMs, ASHAs and AWWs supervisors</b>	All UPHCs	Every month	MOIC & CDPO to ensure with the support of AWWs supervisors
<b>Monitoring visits by NUHM officials</b>	All	Every month	<b>Responsibility in order:</b> <ul style="list-style-type: none"> <li>NUHM Nodal person</li> <li>Urban Health Coordinator</li> <li>MOIC</li> </ul>
<b>Review meeting at UPHC level</b> (Review of ASHA-FP status, outreach performance and incentive received) & OPD footfall, UHND coverage, FP coverage, etc)	All UPHCs	Every month	MOIC <ul style="list-style-type: none"> <li>Nodal officer/Urban Health Coordinator to participate on random basis</li> </ul>



On the basis of the findings of UPHCs and field level, below are some suggested actions at UPHC level with timeline and responsibility of officials

in respective areas. This has been developed in consultation with Urban Health Cell and UPHC teams.

**Table 7.3: Finding & Actions required: OPD footfall and improving UHND & Immunization Sessions**

Component	Short Term	Responsibility	Long Term	Responsibility
<b>Improving OPD Footfall in UPHCs</b>				
Increasing footfall and enhancing quality	<ul style="list-style-type: none"> <li>UPHC wise review for gap analysis</li> </ul>	<ul style="list-style-type: none"> <li>MOICs along with UH Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Periodic Review at UPHC level (one meeting/UPHC/quarter)</li> </ul>	<ul style="list-style-type: none"> <li>Urban Health Coordinator and Nodal Officer-NUHM</li> </ul>
Enhancing visibility of UPHCs	<ul style="list-style-type: none"> <li>Displaying list of all UPHCs with address at every UPHCs</li> <li>Developing flex/banner for UHNDs</li> </ul>	<ul style="list-style-type: none"> <li>MOICs with the help of UH Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing visibility of UPHCs</li> </ul>	<ul style="list-style-type: none"> <li>Using branding materials at UPHCs</li> <li>Branding of UPHCs through UHNDs and ORCs</li> </ul>
Monitoring and Review	<ul style="list-style-type: none"> <li>Develop &amp; implement a monitoring and review calendar</li> <li>Organizing monthly review meeting to review the data</li> </ul>	MOIC	<ul style="list-style-type: none"> <li>City level monitoring calendar including field visit plan, UPHC review and city level review</li> </ul>	<ul style="list-style-type: none"> <li>Nodal Officer-ACMO NUHM</li> <li>Urban Health Coordinator</li> </ul>
<b>Improving UHND and Immunization Sessions:</b>				
Micro-plan development and Review	<ul style="list-style-type: none"> <li>Micro Plan of UHND &amp; Immunization sessions need to be developed in consultation with ASHAs and AWWs. Plan must be reviewed and cross checked with the updated data available</li> </ul>	<ul style="list-style-type: none"> <li>ANM</li> <li>ANM Supervisor</li> <li>MOIC on random basis</li> <li>AWWs and ASHAs will be in support role</li> </ul>	<ul style="list-style-type: none"> <li>UHND sessions must be held against the plan. NUHM cell will ensure review of UHNDs at UPHC level every month to monitor the sessions against the plan</li> </ul>	<ul style="list-style-type: none"> <li>ANM Supervisor</li> <li>MOICs</li> <li>UH Coordinator</li> </ul>
Monitoring and Review	<ul style="list-style-type: none"> <li>Monitoring and Review Calendar to be developed and displayed</li> </ul>	MOIC and SNs	<ul style="list-style-type: none"> <li>Monitoring visits/Sessions site visits by Urban Health Coordinator and Nodal-NUHM</li> <li>Joint departmental monitoring visits</li> </ul>	<ul style="list-style-type: none"> <li>8 Sessions every months (UH Coordinator)</li> <li>8 Sessions every month (By Nodal and Urban Health Co-ordinator)</li> <li>Health+ICDS (UHND sessions and UPHC visits)-once every month</li> <li>Health: ANM Supervisor</li> <li>ICDS: AWW Supervisor</li> </ul>
Review of Micro Planning			<ul style="list-style-type: none"> <li>On pilot basis, Micro plan of UHND &amp; Immunization sessions can be reviewed and revised in the mid-term</li> </ul>	

\*Monitoring and Review Indicators must be related to the UPHC's performances/ANMs/ASHAs performances, UHND effectiveness, coverage, etc.

**Table 7.4: Action required at UPHCs level to improve Maternal Health Services**

Action Required	UPHCs	Timeline	Responsibility
<b>Joint planning &amp; implementation by ANMs, ASHAs and AWWs-</b> 1. Micro Planning development & implementation 2. Mid-term review of micro planning 3. Due list sharing and validation	All UPHCs	1. Once in a year 2. Every six month 3. Every month	MOIC
<b>Follow up with women for availing services at UPHC level (by ASHAs &amp; ANMs with the help of AWWs)</b>	All	Regular	ANMs & ASHAs
<b>Joint review meeting of ANMs, ASHAs and AWWs supervisors</b>	All UPHCs	Every month	MOIC & CDPO to instruct AWWs supervisors
<b>Monitoring visits by NUHM officials</b> (Priority to the poor performing UPHCs)- Once in a fortnight Priority 2: Once in a month in remaining UPHCs	<b>Priority 1:</b> Hazipura, Kaushlyanagar, Sailai Ramnagar	<b>Priority 1:</b> Twice in month <b>Priority 2:</b> Once in a month	<b>Responsibility in order:</b> ▪ NUHM Nodal person ▪ Urban Health Coordinator ▪ MOIC
<b>Review meeting at UPHC level</b> (To review ASHA wise performance UPHC OPD footfall, UHND coverage, FP coverage, etc)	All UPHCs	Every month	MOIC ▪ Nodal officer/Urban Health Coordinator to participate on random basis

## RESULT AND ACTIVITIES MATRIX

Below are the descriptions of the key results, related performance indicators, activities, timelines and responsibilities at city level. This will be base of overall implementation and helpful in performance review, analysis and strategic decisions on regular basis. This table can also be used as activity calendar.

**Table 7.5: Activity Matrix**

Expected Results	Performance Indicators	Activities	Timeline	Responsibility
<b>Improved Outreach services &amp; quality in the slums</b>	<ul style="list-style-type: none"> <li>▪ # % increase in UHND and RI coverage</li> <li>▪ # % of UHND &amp; Immunization Sessions held against planned</li> <li>▪ # % increase in UHND sessions</li> <li>▪ # % increase in Immunization sessions held against planned</li> <li>▪ # of MAS assessed and linked with 'Hot Cooked Food Program'</li> <li>▪ # of MAS/SHGs strengthened</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review of Micro Planning and implementation</li> <li>▪ Monthly Review of coverage and sharing of findings</li> <li>▪ ANM's Joint planning of sessions with ASHAs &amp; AWWs</li> <li>▪ Joint planning of NUHM cell with ICDS &amp; DUDA-DAY-NULM</li> </ul>	1st week of Every Month By Mar 2020	MOIC and NUHM cell ICDS cell with NUHM



Expected Results	Performance Indicators	Activities	Timeline	Responsibility
<b>Enhanced visibility and improved quality of services at Primary Health Care Facilities</b>	<ul style="list-style-type: none"> <li># % increase in OPD footfall</li> <li># % increase in ANC registration and vaccination</li> <li># % increase in FP clients received services at UPHCs and/or referred to higher facilities</li> </ul>	<ul style="list-style-type: none"> <li>Review of UPHC's performances on various components like OPD footfall, ANC registration &amp; vaccination, procurement, basic amenities, staff availability, etc</li> <li>Random interaction with patients</li> </ul>	1st week of Every month	<ul style="list-style-type: none"> <li>Primarily MOIC with the help of UPHC staff</li> <li>Urban Health Coordinator in support role on need basis</li> </ul>
	<ul style="list-style-type: none"> <li># of UPHCs upgraded into Health and Wellness Centres</li> <li># of UPHCs achieved the kayakalp indicators</li> </ul>	<ul style="list-style-type: none"> <li>UPHC wise gap analysis and resource allocation to be done</li> <li>Ensuring required infrastructure and HR support through HWC budget and Kayakalp respectively</li> </ul>	Already initiated  <ul style="list-style-type: none"> <li>To be finally done by August 2019</li> </ul>	<ul style="list-style-type: none"> <li>CMO with the help of Nodal-NUHM and Urban Health Coordinator</li> </ul>
	<ul style="list-style-type: none"> <li>Upgradation of CHC Didamai and Urban CHC</li> </ul>	<ul style="list-style-type: none"> <li>CMO to request DHS to take necessary action and send request to NHM and to take approval</li> <li>Inclusion of facility requirement in PIP proposal</li> </ul>	July 2019  Feb 2020	NUHM cell with the support of CMO
	<ul style="list-style-type: none"> <li>Improved Service delivery quality at UPHCs</li> </ul>	<ul style="list-style-type: none"> <li>QIC meetings to be held at UPHCs.</li> <li>Review of the current status, gap analysis &amp; actions taken</li> <li>UPHCs to be assessed under Kayakalp on given indicators and gaps to be discussed &amp; action taken</li> <li>Meeting proceeding to be shared with NUHM cell</li> </ul>	<ul style="list-style-type: none"> <li>Every Month</li> </ul>	UPHC NUHM cell to monitor
<b>Enhanced knowledge on vulnerable population pockets</b>	<ul style="list-style-type: none"> <li># of left out population identified and attached with existing UPHCs</li> <li># of UHND/RI and ORCs session organized for left out population</li> </ul>	<ul style="list-style-type: none"> <li>Slum population mapping</li> <li>Review of outreach team distribution and reshuffling</li> <li>UHND, RI and Outreach Camps in left out pockets</li> </ul>	Mapping in April month every year  -ORC, UHND & RI sessions every month or on need basis	City Co-ordination Committee

Expected Results	Performance Indicators	Activities	Timeline	Responsibility
<b>Increased access of slum community to Health facilities and outreach services</b>	<ul style="list-style-type: none"> <li>7 new UPHCs and 1 CHC established with recruitment of all staffs</li> <li># of ANMs &amp; ASHAs recruited</li> </ul>	<ul style="list-style-type: none"> <li>Proposal to be submitted by CMO to DHS</li> </ul>	By Oct	CMO in consultation with and with approval of DHS
		Request letter to be issued from DHS to state for making provisions for additional UPHCs and related manpower	By Nov 2019	
		<ul style="list-style-type: none"> <li>Inclusion of budget in annual PIP proposal</li> </ul>	During PIP development	-
		<ul style="list-style-type: none"> <li>Recruitment of all manpower and procurement of essentials</li> </ul>	Within 2 month approval	
		<ul style="list-style-type: none"> <li>Establishment of UPHCs</li> </ul>	<ul style="list-style-type: none"> <li>Within 2 months of approval (By Aug 2021)</li> </ul>	
<b>Enhanced capacity of NUHM Cell</b>	<ul style="list-style-type: none"> <li>01 City Community Process Manager recruited and functional</li> <li>01 Separate Computer operator provisioned for NUHM cell</li> <li>Procurement of 1 computer and printer</li> </ul>	<ul style="list-style-type: none"> <li>Developing TOR and advertise the position as per guideline and initiate the process</li> </ul>	By Dec 2019	CMO with the help of NUM cell
<b>Enhanced capacity of District health officials</b>	<ul style="list-style-type: none"> <li># of beds increased in general ward</li> <li># of beds increased in ICU/NICU</li> <li># of doctors and nursing staff recruited</li> <li># OPD footfall increased</li> <li># No of ANC and Institutional deliveries</li> <li># of FP clients increased</li> <li>Establishment of ASHA HELP DESK</li> <li>Training of MCH staff of RCH Portal</li> <li>Urban MO's training (from committed budget)</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of the required facilities</li> <li>Proposal/request development from CMS and shared to state</li> <li>Follow up for approval and ensure needed action after approval</li> <li>Improved outreach and health services and improved use of allocated budget in client compensation</li> <li>Principal of SN Medical college to provide space and manpower in the campus</li> <li>NUHM cell to organize and coordinate.</li> </ul>	<ul style="list-style-type: none"> <li>By Jan 2020</li> <li>By Feb 2020</li> <li>Within 6 months of approval</li> <li>Every month</li> <li>Dec' 2019</li> <li>Feb 2020</li> <li>By August 2019</li> </ul>	CMS DWH and DH



Expected Results	Performance Indicators	Activities	Timeline	Responsibility
<b>Effective Monitoring and Review system in place</b>	▪ # of Monthly review meeting organized at city level	▪ Monthly Progress Review meetings	Monthly	NUHM cell- Nodal NUHM and Urban Health Coordinator
	▪ # of UPHCs started monthly review meeting and sharing minutes	▪ UPHC wise MPR meeting	Monthly	
	▪ Monitoring visit calendar developed	▪ Urban Health Coordinator to develop monthly monitoring visit calendar	Monthly	
	▪ # of UPHC review meetings attended by Urban Health Coordinator/ Nodal Officer	▪ UH coordinator and Nodal officer to attend at least 2 UPHC's review meetings separately	Monthly	
	▪ # of monitoring visits organized by NUHM cell at UPHC level	▪ At least 4 visits//month to be carried out by UH coordinator and Nodal officer and report sharing with CMO	Monthly	
	▪ # of monitoring visits by NUHM cell in UHND/RI sessions/ORC	▪ At least 4 visits//month to be carried out by UH coordinator and Nodal officer and report sharing with CMO	Monthly	
	▪ # DGAC meeting organized	▪ To be organized at city level	Monthly	
	▪ # issues of NUHM shared in DHS meeting and corrective measures taken	▪ # CMO to update the NUHM progress and gaps in DHS. Nodal Person-NUHM/UH Coordinator to support in fact sheet/PPT preparation	Monthly	NUHM Cell/ CMO
	▪ # of ANM/ASHA monthly meeting organised	▪ Monthly meeting at each UPHC level	Monthly	MOIC
	▪ # of MAS meeting agenda reviewed	▪ ASHAs to review with the help of ANMs/supervisor	Monthly	ANMs
▪ # of joint AAAM (ANM, AWWs, ASHAs & MAS) meetings planned and conducted	▪ UPHC level as per requirement but at least 2 per UPHC per month		MOIC/ANMs	

#### PRIORITY FOCUS OF NUHM CELL:

- ♦ As per census 2011 population, total number of UPHC should be 12. Similarly, required number of UPHCs for the city should have been 16 in year 2018 as per population but it is currently only 9. Department with the help of NUHM cell to advocate and demand resources from the state to map out the current population and establish 7 new UPHCs in next 2 years.
- ♦ As per population growth, required number of ANMs will be 83, currently 48 ANMs are working. 35 more ANMs will be required.
- ♦ Currently 165 ASHAs are working. At least 100 more ASHAs and same no. of additional MAS will be required.
- ♦ Didamai CHC to be converted into Urban CHC with the help of DHS. CMO/NUHM cell to put the request in front of DHS and facilitate further action.



# MONITORING & KNOWLEDGE MANAGEMENT

The effectiveness of the activities and outcomes should be monitored and evaluated to ensure that the new approaches are meeting the program's objectives within stipulated timeline and on expected indicators. The monitoring includes on-going assessment and review of the progress being made toward achievement of intended program outcomes. Continuous programmatic review provides insights on the needs and existing opportunities for adjusting strategies, inputs, or systems and help in providing technical assistance to projects. It also helps promote best practices and successful outcomes.<sup>8</sup> As per the NUHM guideline, district must have monitoring and evaluation framework in place. There are systems that are used in periodic reviews at district level. District Health Society (DHS) is established at district level where District Magistrate directly reviews the program

8. Aligarh Urban Health Plan.

every month. At departmental level, there is City Health Coordination Committee at city level to monitor the program. UP-HMIS is the functional tool of day to day data management and review.

### Proposed system of monitoring are as follows:

1. Monthly Review meeting of Urban Health Program in the chairmanship of CMO: Facility wise performance review may be discussed on Patient footfall, procurement, outreach activities, HR and Financial issues. NUHM cell to coordinate and ensure the presence of CMS/ any nominated member of DH/DWH. MOICs of UPHCs, Health Partners, etc.
2. Monthly Review Meeting at UPHC level: MOIC to conduct monthly review meeting in UPHCs in the presence of all UPHC staff, ANM and supervisor. ANM wise performance review and feedback, UHND/Immunization Sessions monitoring Feedback sharing by MOICs/Supervisor, Stock and other review Quarterly Meeting of CCC: Convergence and Coordination issues to be shared in the meeting.
3. Monitoring visit to the UHND/Immunization Sessions: Prescribed formats to be used in monitoring of UHND/Immunization Sessions. Feedback of the monitoring visits to be shared in Urban Health Review meeting and UPHC level meetings. Random visits to the UPHCs are also required by Urban Health Coordinator and Nodal officer.
4. Monitoring of Outreach Camps and UPHC: Outreach camp is provisioned under NUHM hence its effectiveness needs to be monitored and support to be provided by the city teams. It can be clubbed during UPHC visits.
5. MAS Meeting: MAS meeting is required to be held once in a month either at UPHC or in slum.

## KEY AREAS OF REVIEWS

**Table 8.1: Key areas of reviews**

Type of Review	Level	Component to be reviewed	Who will do
Monthly Review meeting of UPHCs	UPHC	<ul style="list-style-type: none"> <li>▪ OPD footfall</li> <li>▪ UHND sessions: Planned Vs held &amp; Number of client served (ANM wise)</li> <li>▪ Immunization Sessions: Planned Vs Held, No of beneficiaries served</li> <li>▪ ANC registration and check up</li> <li>▪ ASHA wise Client mobilization and referral</li> <li>▪ FP client mobilized and referred</li> <li>▪ Drugs and other essential</li> </ul>	<ul style="list-style-type: none"> <li>▪ MOIC/MO/ UPHC In-charge with other staff</li> </ul>
Monthly Review meeting of Urban health program	City	<ul style="list-style-type: none"> <li>▪ UPHC wise OPD footfall</li> <li>▪ UPHC wise UHND sessions, Immunization sessions, ORC</li> <li>▪ FP client served and referred</li> <li>▪ Sharing of field visit observations and critical areas of action</li> </ul>	CMO/ACMO/ Nodal officer with Urban Health Coordinator
Monitoring of UHND and RI sessions	Slum	<ul style="list-style-type: none"> <li>▪ UHND's and RI session's essential services</li> <li>▪ Knowledge Assessment of Front Line Workers (ANMs, ASHAs, AWWs) using proscribed formats of Gol</li> </ul>	Urban Health Nodal, Urban Health Coordinator
Monitoring visits to UPHCs	UPHC	<ul style="list-style-type: none"> <li>▪ Quality of ANC services, FP services</li> <li>▪ Upkeep of drugs and essentials</li> <li>▪ Staff attendance and movement</li> <li>▪ Cleanliness and hygiene maintenance</li> <li>▪ Infection Prevention mechanism &amp; waste disposal</li> </ul>	Urban Health Nodal, Urban Health Coordinator
Quality Assurance Review	UPHC	<ul style="list-style-type: none"> <li>▪ Sharing of Assessment and scoring on the basis of given indicators</li> <li>▪ Identification of gaps and cumulate for sharing with DQAC</li> </ul>	MOIC
DQAC meeting	City/District	<ul style="list-style-type: none"> <li>▪ Sharing district facility assessment with SQAC and seek support as per requirement</li> <li>▪ Support Facility based QAC in countering gaps.</li> </ul>	CMO/Nodal Officer-NUHM

### Points to be Reviewed and Areas of Long-Term Actions (to be performed by NUHM Cell)

- ✦ Assessment of the Facility wise requirement of HR, Infrastructure and essential equipment's and initiate for procurement.
- ✦ Facility wise performance of health services and outreach activities to be reviewed and discussed in the review meeting every month.
- ✦ Monthly Dashboard Indicators to be prepared and displayed at each and every facilities.
- ✦ Training need assessment of the staff and augmenting budgets/resources for the same.
- ✦ Strengthening Convergence with Private Players under Hausala Sajheedaari.
- ✦ Organizing monthly reviews at city level involving all facility in-charge.
- ✦ Establishing strong relation with private players like IMA and Bangle Industry Association for generating funds/resources for facility upgradation, visibility and/or outreach activities.

- ✦ Mapping of left out population every year would be quite crucial. This will help department in deputing efforts to cover these population and organizing outreach activities.
- ✦ Review of UPHC wise ANM's/ASHA's load of population and reshuffling the arrangement as per need.
- ✦ Strengthen DQAC and facility based QA Committees through periodic review and support.

**Provision of budget:** There are budget in certain heads that can be used in monitoring and review process. Visits under important days like Population Day celebrations can be done under FP budget. For mobility and other related expenses, there are provisions for Urban Health Coordinator and PMU cell under Program Management (FMR code: 16)

## KNOWLEDGE MANAGEMENT

Knowledge management is a cumulative action of aggregating, analysing and disseminating various sets of information in order to understand them as learning and further use those for improved action and results. Multidimensional nature of city level activities on health has immense potential to be documented. There are the systems in place to create various data sets on activities and services but the use of these data are still to be capitulated in effective manner. City Health Plan advocates to establish a Knowledge Management Centre in the

premise in the CMO office. This centre will be based in NUHM Cell and report to Nodal Officer-NUHM. Urban Health Coordinator will be capacitated to manage the Knowledge Management component with the help of Nodal-officer, Data Entry Operator/any ARO (as suggested by CMO) and any health partner (If required).

### **Key proposed responsibilities under Knowledge Management will be as follows:**

- ✦ Support health department officers in preparing their UHND/Facility/ other field monitoring plan on the basis of priority areas.
- ✦ Data accumulation from HMIS and preparing monthly/periodic/need based reports/ PowerPoint presentations.
- ✦ Prepare and circulate component wise performance to UPHCs every month and provide critical feedback.
- ✦ Preparing PowerPoint presentations for Urban Health Review meetings.
- ✦ Plan and circulate annual monitoring and review of NUHM activities (may be in the form of a calendar).
- ✦ Preparing reports of training, events and circulate to the partners.

Knowledge Management Cell will help city PMU/ Urban Health Cell in disseminating their best practices time to time. There are forums like DHS, CCC and DQAC, those can be used as forum of presentations of findings and best practices.





# ANNEXURES

## ANNEXURE 1: CCC MEETING MINUTES-3 PAGES (21/05/2019)

### राष्ट्रीय शहरी स्वास्थ्य मिशन के अन्तर्गत शहरी स्वास्थ्य समन्वय समिति-फिरोजाबाद बैठक-कार्यवृत्ति

पत्रांक - मु0चि0अ0/एन0यू0एच0एम0/सी0सी0सी0 बैठक/2019-20/1140 दिनांक -15/06/2019

स्थान:-कार्यालय मुख्यचिकित्सा अधिकारी, फिरोजाबाद

संकलन: एन0यू0एच0एम0 सेल- पी0एस0आई0/टी0सी0आई0एच0सी0,

फिरोजाबाद जनपद में संचालित राष्ट्रीय शहरी स्वास्थ्य मिशन के बेहतर क्रियान्वयन हेतु अन्य विभागों के साथ समन्वय स्थापित कर जनसमुदाय को बेहतर स्वास्थ्य सुविधाओं का लाभ प्रदान करने में सुगमता लाये जाने हेतु बैठक का आयोजन मुख्य चिकित्सा अधिकारी महोदय की अध्यक्षता में शहरी स्वास्थ्य समन्वय समिति की बैठक का आयोजन दिनांक 21 मई 2019 को किया गया।

उक्त शहरी स्वास्थ्य समन्वय समिति की बैठक में निम्नलिखित पदाधिकारियों द्वारा प्रतिभाग किया:-

1	पद	प्रमुख विभाग
2	अध्यक्ष	मुख्य चिकित्सा अधिकारी
3	संयुक्त अध्यक्ष	अपर मुख्य चिकित्सा अधिकारी - एन0यू0एच0एम0
4	सदस्य	जिला महिला चिकित्सालय- सी0एम0एस0
5	सदस्य	अपर मुख्य चिकित्सा अधिकारी - आर0सी0एच0 - एन0एच0एम0
6	सदस्य	अपर मुख्य चिकित्सा अधिकारी - आर0के0एस0के0 - एन0एच0एम0
7	सदस्य	नोडल- स्वच्छ भारत मिशन
6	सदस्य	शहरी सी.डी.पी.ओ./ डी.पी.ओ. - आई.सी.डी.एस.
9	सदस्य	बेसिक शिक्षा अधिकारी/अति. बेसिक शिक्षा अधिकारी -शिक्षा विभाग
10	सदस्य	नगर स्वास्थ्य अधिकारी -नगर निगम
11	सदस्य	नगर शिक्षा अधिकारी - शिक्षा विभाग
12	सदस्य	जिला कार्यक्रम प्रबंधक, एन.एच.एम
13	सदस्य	नोडल अफसर-एन0यू0एल0एम0/ प्रतिनिधि डूडा
14	सदस्य	जल संस्थान-कार्यकारी अधिकारी
15	सदस्य	प्रतिनिधि- यूनिसेफ/यू.एन.डी.पी./ टी.एस.यू.
16	सदस्य	मैनेजर प्रोग्राम- टी.सी.आई.एच.सी / पी.एस.आई
17	सदस्य	प्रतिनिधि मान्यता प्राप्त हॉस्पिटल
18	समन्वयक/प्रतिवेदक-	जिला अर्बन हेल्थ कोर्डिनेटर - एन.यू.एच.एम

#### बैठक का एजेंडा इस प्रकार था

- पूर्व में की गयी बैठक की कार्यवाही में लिए गए निर्णयों एवं सम्पादित/अपूर्णकार्यों की समीक्षा की
- फिरोजाबाद शहरी स्वास्थ्य योजना के सम्बन्ध में प्रस्तुतिकरण एवं परिचर्चा

शहरी स्वास्थ्य समन्वय समिति बैठक का प्रारम्भ मुख्य चिकित्सा अधिकारी महोदय द्वारा स्वागत एवं परिचय से हुआ एवं बैठक के दौरान निम्न विन्दुओं पर विस्तृत चर्चा की गई। शहरी स्वास्थ्य समिति की बैठक में पी0एस0आई0 के सलाहकार श्री अमित कुमार ने प्रतिभाग किया।

- शहरी स्वास्थ्य समन्वय समिति का गठन, कार्यान्वयन एवं फिरोजाबाद के लिए बनाए जा रहे स्वास्थ्य योजना के बारे में पी0एस0आई0 से श्री अमित जी ने सभी सदस्यों को बताया।
- टी0सी0आई0एच0सी0 (टी चैलेन्ज इनिशियेटिव फॉर हेल्दी सिटीज) मैनेजर प्रोग्राम श्री मांगे राम एवं श्री प्रबल प्रतापसिंह- जिला अर्बन हेल्थ कोर्डिनेटर, ने प्रजेंटेशन के माध्यम से जनपद स्तर पर एन0यू0एच0एम0 एवं टी0सी0आई0एच0सी0 रूपरेखा पर चर्चा करते हुए शहरी स्वास्थ्य को बेहतर बनाने के लिए जनपद स्तर से लेकर वार्ड एवं समुदाय स्तर तक कार्यरत विभिन्न विभागीय प्रतिनिधियों पर चर्चा किया। उन्होंने बताया कि जन स्वास्थ्य के विभिन्न

## ANSNEXURE 1: CONT....

घटकों पर किस प्रकार विभिन्न विभागों द्वारा सेवा प्रदान की जा रही है तथा यदि इन सभी विभागों में एक साथ समन्वय कर लिया जाए तो शहरी क्षेत्र में स्वास्थ्य सुविधाओं को और बेहतर बनाया जा सकता है।

- अपर मुख्य चिकित्सा अधिकारी एवं नोडल राष्ट्रीय शहरी स्वास्थ्य मिशन डा० अशोक कुमारने बताया कि संयुक्त सचिव (एन०यू०एच०एम०) भारत सरकार के निर्देशनुसार, शहरी स्वास्थ्य समन्वय समिति का गठन स्वास्थ्य विभाग एवं अन्य सम्बन्धित विभागों के साथ समन्वय स्थापित करते हुए शहरी गरीब एवं वंचित वर्गों को मूलभूत स्वास्थ्य सुविधाएँ उपलब्ध कराने हेतु किया गया है।

- (कार्यवाही: एन०यू०एच०एम० लिस्ट के साथ प्रस्ताव साझा करेगा)

- शहरी स्वास्थ्य – जिला अर्बन हेल्थ कोर्डिनेटर श्री प्रबल प्रताप सिंह द्वारा अवगत कराया गया कि शहरी स्वास्थ्य एवं पोषण दिवस में पुष्टाहार का वितरण नहीं हो पा रहा है उक्त के कारण यू०एच०एन०डी० मानक पूर्ण नहीं हो पा रहा है अतएव सी०डी०पी०ओ०—आई०सी०डी०एस० को निर्देशित किया गया कि पुष्टाहार का वितरण यू०एच०एन०डी० के प्रत्येक सत्र पर कराया जाना सुनिश्चित करें। एवं आंगनवाड़ी प्रत्येक यू०एच०एन०डी० सत्र में प्रतिभाग करें एवं सामुदाय को प्रेरित करें। एन०यू०एच०एम० की समीक्षा बैठक में शहरी बाल विकास परियोजना अधिकारी का प्रतिभाग भी सुनिश्चित किया जायें जिसमें यू०एच०एन०डी० का प्लान साझा किया जायें।

(कार्यवाही: आई.सी.डी.एस.विभाग/स्वास्थ्य विभाग)

- अरबन हेल्थ कोआर्डिनेटर श्री श्री प्रबल प्रतापसिंह एवं श्री डा० अशोक कुमारद्वारा अवगत कराया गया कि शहरी स्वास्थ्य एवं पोषण दिवस एवं विशेष आउटरीच कैंम्प के दिन उपयुक्त स्थल न मिल पाने के कारण सत्र प्रभावित हो जाता है यदि प्राथमिक विद्यालय का परिसर उक्त हेतु उपलब्ध हो जाये तो सुगमता रहेगी। उक्त के अनुपालन में वी०एस०ए० प्रतिनिधि ने नगरीय क्षेत्रों में संचालित प्राथमिक विद्यालयों की सूची उपलब्ध कराने का आश्वासन दिया। आउटरीच कैंप की दिनांक एवं शहरी स्वास्थ्य एवं पोषण दिवस का माइक्रोप्लान जहां पर स्थान की उपलब्धता नहीं है एन०यू०एच०एम० सेल द्वारा साझा किया जायेगा।

(कार्यवाही: वी०एस०ए० प्रतिनिधि शिक्षा विभाग)

- बैठक के चर्चा के उपरान्त यह निर्णय हुआ और नगर निगम ने जिम्मेदारी ली की यू०पी०एच०सी० पर लाईट का प्रबन्ध करेगा और राम नगर यू०पी०एच०सी० पर पुल टूटा हुआ है इस पर चर्चा करते हुए दुरुस्त करने का आश्वासन दिया की अगले 20 दिन में वह ठीक किया जायेगा।

(कार्यवाही: प्रतिनिधि जी०एम०जल संस्थान विभाग, समय सीमा— 1 जुलाई 2019)

- अरबन हेल्थ कोआर्डिनेटर ने डूडा एवं –एन०यू०एल०एम० प्रतिनिधि से फेडरेशन एवं स्वयं सहायता समूहों की सूची गांगी जिनको महिला आरोग्य समिति का सदस्य भी बनाया जा सके। –एन०यू०एल०एम० प्रतिनिधि ने सप्ताह के अंदर सूची उपलब्ध कराने का आश्वासन दिया।

- एन०यू०एल०एम० – अपने आर०ओ० की सूची साझा करेगा। एक समस्त आर०ओ० के साथ एक समस्त बैठक का आयोजन करेगा।

(कार्यवाही: –एन०यू०एल०एम० समन्वयक— जुलाई माह)

- अरबन हेल्थ कोआर्डिनेटर ने सभी विभागों से अपील की कि वे अपने विभाग के शहरी क्षेत्रों में कार्यरत कार्मिकों को शहरी स्वास्थ्य एवं पोषण दिवस एवं विशेष आउटरीच कैंम्प के दौरान सहयोग करने हेतु निर्देशित करें। एन०यू०एच०एम० सेल द्वारा कैंपों की सूची माहवार संबंधित विभागा प्रमुख को जानकारी उपलब्ध करा दी जायेगी। प्रमुख विभाग आई.सी.डी.एस.विभाग, शिक्षा एवं डूडा।

- अरबन हेल्थ कोर्डिनेटर द्वारा केन्द्र सरकार द्वारा चलाए जा रहे प्रधान मन्त्री मातृत्व बन्धन योजना एवं आयुष्मान भारत के दिशा-निर्देशों की सम्पूर्ण जानकारी एवं शहरी क्षेत्र के लाभार्थियों को अधिक से अधिक लाभान्वित कराने हेतु अपेक्षा व्यक्त की गयी।

- इसी क्रम में श्री अमित जी द्वारा समस्त विभागों की कार्य योजना के प्रमुख तत्वों का पावर पॉइंट से प्रस्तुत किया गया।

- बैठक में यह चर्चा की गई शहर की स्वास्थ्य योजना काफी हद तक स्वास्थ्य और अन्य विभागों के लिए संसाधन पुस्तक होगी। यह एक संसाधन निर्देशिका की तरह होगी जिसे आगे कार्यक्रम संयुक्त योजना, कार्यान्वयन और इंटर और इंटर कन्वर्जेन्स और सरकारी विभागों के बीच समन्वय में उपयोग किया जा सकता है।

- सभी विभागों से शहरी स्वास्थ्य के लिए कुछ आवश्यक जानकारी साझा करने का अनुरोध किया गया।

- बैठक में सभी सहभागियों के साथ सिटी हेल्थ प्लान पर सकारात्मक प्रतिक्रिया की एवं प्रस्ताव पर सभी ने सहमति रखी।

- बैठक में यह भी सहमति बनी कि सिटी हेल्थ प्लान के ड्राफ्ट को जून माह में विभागों के साथ साझा कर अन्तिम रूप दिया जायेगा। तत्पश्चात स्वास्थ्य विभाग को अंतिम दस्तावेज औपचारिक रूप दिया जायेगा।

## ANSNEXURE 1: CONT.....

- डा० अशोक कुमार ने समस्त आशाओं के लिए महिला अस्पताल में हैल्प ड्रेस केन्द्र स्थापित करने के लिए अपने विचार साझा किया एवं महिला अस्पताल के प्रतिनिधि से अनुरोध किया के वह इस पर विचार करके इसमें सी०एम०एस० कार्यवाही करने का आशवासन दिया
- अगली बैठक में जल निगम के जौनल सैकट्री और जे०ई० को सम्मिलित किया जाय।
- वार्ड लेवल पर एक समस्त कमेटी की बैठक में वार्ड मेम्बर एवं सैकट्री सुपरवाइजर दोनों को सम्मिलित किया जाये ताकि अपने क्षेत्र में दोनों लोगों का सहयोग मिले।
- बैठक में चर्चा हुई की जिस क्षेत्र में आशा है वहां पर आंगनवाड़ी एवं एस०एच०जी० सदस्यों को सहयोग लिया जाये एवं स्वास्थ्य के कार्यक्रम को सफल बनाया जाये।
- अध्यक्ष महोदय ने शहरी स्वास्थ्य समन्वय समिति की बैठक त्रैमासिक बुलाये जाने हेतु निर्णय लिया, जिसके अन्तर्गत आगामी बैठक माह जुलाई 2019 में किये जाने की संस्तुति की गयी। साथ ही यह अनुरोध किया कि विभिन्न विभागों से नामिति सदस्य शहरी स्वास्थ्य समन्वय समिति की बैठक में यथा संभव प्रतिभाग करेंगे। पी०एस०आई०/टी०सी०आई०एच०सी० प्रतिनिधि इस बैठक को करने में एन०यू०एच०एम को सहयोग करेंगे एवं बैठक की कार्यवाही में लिए गये निर्णयों को सुनिश्चित कराने में सहयोग प्रदान करेंगे।

अन्त में अध्यक्ष एवं संयुक्त अध्यक्ष महोदय ने शहरी स्वास्थ्य समन्वय समिति की बैठक में उपस्थित होने के लिए सभी अधिकारियों एवं अन्य विभागों से आये समस्त आगन्तुकों का धन्यवाद करते हुए बैठक के समापन की घोषणा की।

नोडल अधिकारी,  
एन०यू०एच०एम०,फिरोजाबाद

मुख्य चिकित्सा अधिकारी  
फिरोजाबाद

पत्रांक – मु०चि०अ०/एन०यू०एच०एम०/सी०सी०सी० बैठक/कानपुर नगर/2017-18/ दिनांक

प्रतिलिपि : निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है-

1. जिलाधिकारी महोदय फिरोजाबाद के अवलोकनार्थ।
2. अपर निदेशक चिकित्सा स्वास्थ्य एवं परिवार कल्याण फिरोजाबादको सूचनार्थ।
3. अपर मुख्य चिकित्सा अधिकारी/नोडल-राष्ट्रीय शहरी स्वास्थ्य मिशन फिरोजाबाद।
4. अपर मुख्य चिकित्सा अधिकारी, नोडल-एन.एच.एम./आर.सी.एच. फिरोजाबाद
5. मुख्य चिकित्सा अधीक्षक- जिला महिला एवं पुरुष चिकित्सालय फिरोजाबाद।
6. नगर आयुक्त नगर निगम फिरोजाबाद।
7. जी०एम० जल संरक्षण, फिरोजाबाद।
8. नगर स्वास्थ्य अधिकारी- नगर निगम, फिरोजाबाद।
9. महाप्रबन्धक-प्रोग्राम्स, पी०एस०आई०/टी.सी.आई.एच.सी. लखनऊ।
10. मण्डलीय कार्यक्रम प्रबन्धक/अरबन हेल्थ कन्सल्टेंट आगरा मण्डल आगरा।
11. जिला कार्यक्रम अधिकारी, महिला एवं बाल विकास, फिरोजाबाद।
12. बेसिक शिक्षा अधिकारी फिरोजाबाद।
13. जिला कार्यक्रम प्रबन्धक, एन.एच.एम./अरबन हेल्थ कोऑर्डिनेटर, एन.यू.एच.एम. फिरोजाबाद।
14. अध्यक्ष आई.एम.ए., फिरोजाबाद।
15. प्रोग्राम ऑफिसर- यू०एन०डी०पी०, फिरोजाबाद
16. एस०आर०सी०/डी.एम.सी. एस.एम.नेट-यूनिसेफ, फिरोजाबाद
17. प्रतिनिधि -टी०एस०यू० फिरोजाबाद
18. मैनेजर प्रोग्राम - पी०एस०आई०/टी.सी.आई.एच.सी. (दी चैलेन्ज इनिशियेटिव फॉर हेल्दी सिटीज)

नोडल अधिकारी,  
एन०यू०एच०एम०,फिरोजाबाद

मुख्य चिकित्सा अधिकारी  
फिरोजाबाद

## ANNEXURE 2: STAKEHOLDERS CONSULTATION MINUTES

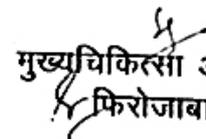
### कार्यालय मुख्य चिकित्सा अधिकारी, फिरोजाबाद

पत्रांक-एन0यू0एच0एम0/स्टेकहोल्डर कार्यशाला बिन्दु/2017-18/1766 दिनांक- 4/7/2017

#### कार्यशाला कार्यवृत्त

दिनांक 20/6/2017 को प्रातः 9 बजे से साँय 4 बजे तक होटल मोनार्क, फिरोजाबाद में पी0एस0आई0 के सहयोग से जिला स्तरीय अरबन हेल्थ स्टेकहोल्डर कन्सल्टेशन के सम्बन्ध में एक दिवसीय कार्यशाला का आयोजन किया गया। बैठक में स्वास्थ्य विभाग से मुख्यचिकित्सा अधीक्षक/अधीक्षिका पुरुष एवं महिला जिला चिकित्सालय फिरोजाबाद, अपर/उप/मुख्यचिकित्सा अधिकारी तथा एन0यू0एच0एम0 नोडल अधिकारी, अरबन हेल्थ कोर्डिनेटर, डी0सी0ए0ए0, डूडा, एवं नगर निगम विभाग से नगर स्वास्थ्य अधिकारी तथा स्वच्छता निरीक्षक, आई0एम0ए0, एन0जी0ओ0 से चिराम एवं दिशा फाउन्डेशन, हेल्थ पार्टनर में यू0एन0डी0पी0, यूनीसेफ, एम0आई0 एच0एल0एफ0पी0पी0टी0 एवं हौरला साडोदारी हारपीटल से प्रतिनिधि तथा पी0एस0आई0 एडवाइजर जार्ज फिलिप एवं कन्सल्टेन्ट मीनाक्षी जी, मैनेजर प्रोग्राम-दीपक तिवारी, सम्मिलित रहे।

- कार्यशाला में पी0एस0आई0 कन्सल्टेन्ट मीनाक्षी जी ने प्रतिभागियों का परिचय कराया एवं शहर के बारे में ऑकडों व प्रजेन्टेशन के माध्यम से सभी प्रतिभागियों को जानकारी उपलब्ध कराई गई।
  - जार्ज फिलिप द्वारा पी0एस0आई0 के सहयोग से चलने वाले नये कार्यक्रम टी0सी0आई0एस0सी0 के बारे में विस्तार पूर्वक प्रजेन्टेशन के माध्यम से जानकारी उपलब्ध करायी।
  - कार्यशाला में मुख्यचिकित्सा अधीक्षक/अधीक्षिका पुरुष एवं महिला जिला चिकित्सालय एवं नगर स्वास्थ्य अधिकारी ने भी महत्वपूर्ण सुझाव दिये।
  - कार्यशाला में प्रतिभागियों को कई समूहों में विभाजित कर SWOT Analysis के माध्यम से समूह चर्चा एवं व्यक्तिगत सुझाव भी प्राप्त किये गये।
  - स्वास्थ्य सेवाओं को सदृढ करने एवं माँग बढ़ाने, एवं सुविधाओं को लोगो तक पहुँचाने में समूह चर्चा के माध्यम से सुझाव भी प्राप्त किये
  - कार्यशाला में प्रतिभागियों द्वारा विभिन्न-विभिन्न प्रकार की समस्याओं पर समूह चर्चा एवं व्यक्तिगत सुझाव भी दिये गये।
  - प्रतिभागियों से अपेक्षित सहयोग एवं शहरी/गलिन बस्तियों में दी जा रही स्वास्थ्य सेवाओं को और सदृढ एवं बेहतर बनाने हेतु तथा समस्याओं के निदान हेतु बेहतर कार्ययोजना पर चर्चा की गयी।
- नोडल अधिकारी एन0यू0एच0एम0 द्वारा सभी आये हुए प्रतिभागियों एवं टी0सी0आई0एस0सी0, पी0एस0आई0 के साथ मिलकर कार्य करने के लिये तथा फिरोजाबाद शहर को इस कार्यक्रम हेतु चुनने के लिये धन्यवाद दिया गया।

  
मुख्यचिकित्सा अधिकारी  
फिरोजाबाद

## ANNEXURE 3: DIRECTIVES/GOVERNMENT LETTERS REGARDING DEPARTMENTAL CONVERGENCE

### I. J.S. Letter Regarding Convergence among the department



**Dr. K. Rajeswara Rao, IAS**

JOINT SECRETARY  
Telefax : 23061723  
e-mail : Kr.rao62@nic.in



सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
कमरा नं. 145-ए, निर्माण भवन,  
नई दिल्ली-110 011  
Government of India  
Ministry of Health & Family Welfare  
Room No. 145-A, Nirman Bhawan,  
New Delhi - 110 011

D.O.No.L.19017/38/2017-NUHM

Date: 25<sup>th</sup> July, 2017

Dear *Colleague,*

The concept of Convergence amongst the ministries who are involved in providing quality social and health structure to the citizens in urban areas is an innovative exercise initiated by the National Urban Health Mission at the national level and requires to be institutionalised at State and City Level to extract highest dividend out of this mechanism. The primary goal of this concept of convergence is to provide a comprehensive health care to the urban populace in an integrated fashion which is influenced by a number of health related social attributes like sanitation, water quality, food adulteration, livelihood, cleanliness & hygiene, and other civic amenities.

The convergence activities shall call for regular meetings with the stakeholders at the state and city levels, joint meetings with the departments concerned at the state level, periodic video conferencing with the functionaries.

The philosophy of the convergence strategy is to work together for the larger benefits of the poor and the vulnerable within the ambit of the Framework of the Guidelines issued in this regard. Regular monitoring of the activities is the key to succeed in providing health in a wholesome manner without misusing the provisions laid down.

With Warm Regards

Yours Sincerely,

*Dr. K. Rajeswara Rao*  
24/7/17  
(Dr. K. Rajeswara Rao)

1. Principal Secretary Health/Urban Development-All States/UTs
2. Municipal Commissioners of 7 Metros & 75 Million Plus Cities
3. Mission Directors DAY-NULM/SBM/NHM- All States/UTs
4. PS to Minister- Urban Development/Health & Family Welfare- All States/UTs

#### Copy for information to:

1. Secretary Urban Development/Health & Family Welfare
2. Addl. Secretary & MD-NHM
3. Chief Secretary- All States/UTs
4. PS to Minister for Urban Development/Health & Family Welfare

## ANNEXURE 4: DIRECTOR-ULB LETTER REGARDING CONVERGENCE BETWEEN MUNICIPAL CORPORATION AND NUHM

शीर्ष प्राथमिकता/ई-मेल

प्रेषक,

निदेशक,  
स्थानीय निकाय उ०प्र०,  
8वां तल इन्दिरा भवन,  
लखनऊ।

सेवा में,

- 1- समस्त नगर आयुक्त,  
नगर निगम, उ०प्र०।
- 2- समस्त अधिशासी अधिकारी,  
नगर पालिका परिषद/नगर पंचायत,  
उ०प्र०।

संख्या-4/26/रा०स्वा०मि०/बैठक/2017,

लखनऊ: दिनांक: 17 जुलाई: 2017

विषय- शहरी स्वास्थ्य मिशन के अन्तर्गत कार्यकारी समिति की बैठक दिनांक-16/06/2017 को स्थानीय निकाय तथा झूडा के अधिकारियों के साथ समन्वय समिति की बैठक के सम्बन्ध में निर्णय लिये जाने विषयक।  
महोदय,

उपर्युक्त विषय के सम्बन्ध में अवगत कराना है, कि राष्ट्रीय स्वास्थ्य मिशन के अन्तर्गत कार्यकारी समिति की बैठक दिनांक-16/06/2017 को हुई जिसमें निम्न निर्णय लिये गये हैं, का सन्दर्भ ग्रहण करने का कष्ट करें।

2- नोडल अधिकारी **NUHM** द्वारा नगरीय प्राथमिक स्वास्थ्य केन्द्रों की सूची नगर निगम/नगर पालिका/नगर पंचायत को उपलब्ध करायी जायेगी, जिससे नगर निगम/नगर पालिका/नगर पंचायत की सीमा में संचालित नगरीय प्राथमिक स्वास्थ्य केन्द्रों के **Solid Waste** का निस्तारण एवं परिसर के आस-पास सफाई करायी जा सके। इस सम्बन्ध में नोडल अधिकारी **NUHM** तथा नगर स्वास्थ्य अधिकारी/कर्मचारी अधिकारी संयुक्त रूप से भ्रमण करेंगे तथा निरीक्षण आख्या उपलब्ध करायेगे।

अतः अनुरोध है, कि नोडल अधिकारी **NUHM** के साथ सहयोग करने हेतु अपने अधिनस्थ, नगर स्वास्थ्य अधिकारी को निर्देशित करने का कष्ट करें।

भवदीय,  
(विशाल भारद्वाज)  
निदेशक।

संख्या व दिनांक तदैव:-

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

- 1 समस्त जिलाधिकारी, उ०प्र० को इस अनुरोध के साथ कि कृपया नोडल अधिकारी **NUHM** के साथ सहयोग करने हेतु सम्बन्धित निकाय के अधिशासी अधिकारी, नगर पालिका परिषद/नगर पंचायत, उ०प्र० को अपने स्तर से भी आवश्यक निर्देश देने का कष्ट करें।
- 2 मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उ०प्र०, 19ए, विधान सभा मार्ग लखनऊ को उनके पत्र संख्या-एस०पी०एम०यू०/एन०यू०एच०एम०/वी०सी०/2017-18/70/1997-2, दिनांक-08/06/2017 के सन्दर्भ में।
- 3 श्री आर०सी०लखचौरा, जूनियर प्रोग्रामर को वबेसाईड पर अपलोड/ई०मेल हेतु।

(विशाल भारद्वाज)  
निदेशक।

## ANNEXURE 5: MD-NULM LETTER REGARDING CONVERGENCE WITH NUHM- MAKING PROVISION OF PLACE FOR HEALTH KIOSK



### राज्य शहरी आजीविका मिशन, (एस०यू०एल०एम०) उ०प्र० (राज्य नगरीय विकास अभिकरण, - सूडा उ.प्र.)

प्रथम तल, पर्यटन भवन, विपिन खण्ड, गोमती नगर, लखनऊ 226010  
दूरभाष एवं फैंक्स: 0522-2307798 e-mail: [nulmup@gmail.com](mailto:nulmup@gmail.com) website: [www.sudaup.org](http://www.sudaup.org)  
पत्रांक: - 418/241/NULM/तीन/2001 (गुप्य) दिनांक 06/07/2017



सेवा में,

जिलाधिकारी/अध्यक्ष

जिला नगरीय विकास अभिकरण, उ०प्र०।

जनपद- आगरा, अलीगढ़, मेरठ, गाजियाबाद, मुरादाबाद, बरेली, कानपुरनगर, झांसी, इलाहाबाद, लखनऊ, गोरखपुर, वाराणसी, सहारनपुर, फिरोजाबाद, शाहजहाँपुर एवं गौतमबुद्ध नगर उ०प्र०।

**विषय: राष्ट्रीय शहरी स्वास्थ्य मिशन के अन्तर्गत Urban Health Kiosk हेतु स्थान उपलब्ध कराने के सम्बंध में।**

महोदय,

अवगत कराना है कि राष्ट्रीय शहरी स्वास्थ्य मिशन के अन्तर्गत दिनांक 16.06.2017 को राज्य स्तर पर आयोजित समन्वय बैठक में शहरी स्वास्थ्य एवं पोषण दिवस के आयोजन हेतु मलिन बस्तियों में 75 Urban Health Kiosk स्थापित किये जाने पर चर्चा की गयी। इन Urban Health Kiosk की स्थापना आगरा, अलीगढ़, मेरठ, गाजियाबाद, मुरादाबाद, बरेली, कानपुर नगर, झांसी, इलाहाबाद, लखनऊ, गोरखपुर, वाराणसी, सहारनपुर, फिरोजाबाद, शाहजहाँपुर एवं गौतमबुद्ध नगर में किया जाना है।

इस सम्बंध में राष्ट्रीय शहरी स्वास्थ्य मिशन द्वारा Prefabricated Material से तैयार किये जाने वाले Urban Health Kiosk हेतु मलिन बस्ती में 15"x12" का निःशुल्क स्थान तथा अन्य हेतु डूडा के कम्युनिटी सेंटर तथा अन्य भवनों में Urban Health Kiosk हेतु निःशुल्क स्थान उपलब्ध कराने का अनुरोध किया गया है, जहाँ एन०एन०एम० बैठकर जनसामान्य को स्वास्थ्य सुविधाएं उपलब्ध करा सके।

उक्त के क्रम में आपसे अनुरोध है कि आप अपने शहर के मलिन बस्ती में 15"x12" का उपलब्ध स्थान तथा डूडा के कम्युनिटी सेंटर तथा अन्य भवनों की सूचना राष्ट्रीय स्वास्थ्य मिशन के जिले स्तर के कार्यालय को उपलब्ध कराने का कष्ट करें ताकि मलिन बस्तियों में रहने वाले शहरी गरीब परिवारों को स्वास्थ्य सेवाएं उपलब्ध हो सकें। साथ ही राष्ट्रीय शहरी स्वास्थ्य मिशन के जिले स्तर के नोडल अधिकारियों के साथ समन्वयन कर शहरों में दीनदयाल अन्त्योदय योजना-राष्ट्रीय शहरी आजीविका मिशन के अन्तर्गत गठित ए०एल०एफ० एवं एस०एच०जी० को राष्ट्रीय शहरी स्वास्थ्य मिशन के अन्तर्गत गठित/गठन होने वाली महिला अरोग्य समिति (एम०ए०एस०) में नामित करने हेतु सम्बन्धित को निर्देशित भी करने का कष्ट करें।

भवदीय

(शैलेन्द्र कुमार सिंह)  
मिशन निदेशक

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित-

1. प्रमुख सचिव, नगरीय रोजगार एवं गरीबी उन्मूलन कार्यक्रम विभाग, उ०प्र० शासन।
2. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उ०प्र०।
3. परियोजना निदेशक/सिटी प्रोजेक्ट आफिसर, डूडा/शहर मिशन प्रबंधन इकाई।
4. महाप्रबन्धक, राष्ट्रीय शहरी स्वास्थ्य मिशन, लखनऊ।
5. परियोजना अधिकारी, जिला नगरीय विकास अभिकरण, उ०प्र०।
6. शहर मिशन प्रबंधक, शहर मिशन प्रबंधन इकाई।
7. सहायक वेबमास्टर को सूडा की वेबसाइट पर अपलोड हेतु।

(शैलेन्द्र कुमार सिंह)  
मिशन निदेशक

ANNEXURE 6: MD-NHM LETTER REGARDING NUHM-NULM LETTER FOR MAS STRENGTHENING



**Manoj Jhalani**

Additional Secretary & Mission Director, NHM  
Telefax : 23063687, 23063693  
E-mail : manoj.jhalani@nic.in



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. letter No:L.19017/26/2014-NUHM  
Dated the 24<sup>th</sup> October, 2017

*Dear Mission Director,*

This is with reference to the letter regarding establishing linkages between National Urban Health Mission (NUHM) and National Urban Livelihood Mission (NULM) especially for strengthening the Mahila Arogya Samitis (MAS) (Copy Enclosed).

Experiences from other states have demonstrated, that states which have co-opted SHGs as MAS, have been able to leverage on the existing network and rapport of the SHGs. This has led to their improved functionality at the community level and provided access to benefits like livelihood development support under NULM. In this regard I would like to reiterate that the state should focus on building linkages with the NULM to facilitate the process of integration of SHG with the MAS groups at field level.

I urge you to initiate the process of coordination with the NULM officials at State and District levels and share an update regarding the progress made in this area.

Please let me know if you need any clarifications and support.

*With regards,*

Yours Sincerely,

(Manoj Jhalani)

Mission Directors (Jharkhand, Maharashtra, J & K, Bihar)

Copy to:

Principal Secretaries (Jharkhand, Maharashtra, J & K, Bihar)

स्वच्छ भारत—स्वस्थ भारत

## ANNEXURE 7: MD-NHM-GOI LETTER REGARDING STRENGTHENING OF UHND SESSIONS



**मनोज झालानी**  
**Manoj Jhalani**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)

*Dear colleague,*



सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011  
D.O letter No.:L.19017/44/2014-NUHM  
Dated the 30<sup>th</sup> May, 2018

Organising of Outreach services been one of major components of NHM. The challenges in urban areas are very different from those in rural areas and therefore the Mission envisages provision of primary healthcare to slum dwellers & vulnerable population through Outreach Services/Urban Health Nutrition Days.

Recently Outreach Service Data reports were obtained from States/UTs. Analysis of this Data shows around 25% - 30% of UHND's have been conducted against those approved in FY 2017-18. It has been observed that UHNDs are providing immunization centric services whereas the focus should be on providing comprehensive primary care consisting of RCH services, NCD screening, Services under National Disease Control programmes, counselling sessions with focus on IEC/BCC etc.

Though UHND's are being conducted, it needs strengthening in various aspects such as micro-planning, provision of privacy in conduction of ANC check-ups, monitoring by Medical Officers /Public Health Managers / Ward Members, provision of mobility support @ Rs500/month to ANMs, involvement of ASHA / MAS /AWW, quality and timely data reporting and timely dissemination of funds for conduction of UHND. For good quality UHND, the vulnerability mapping of all slum/urban areas also becomes important.

The States/UTs are encouraged to utilize existing buildings constructed under schemes of the Ministry of Housing & Urban Affairs, Women & Child Development, Social Welfare etc. for successful implementation of Outreach services.

In this regard, I urge you all to focus on the above said points for strengthening the delivery of Outreach Services to slum population in urban areas which would in turn facilitate delivery of comprehensive primary health care services. The States/UTs may also share the Best Practices/Cross learning on Outreach Services, if any, with NUHM Division & NHSRC.

*With regards,*

Yours Sincerely,

*MJ*  
(Manoj Jhalani)

Addl. Chief Secretary/Principal Secretary/Secretary (Dept. of Health), All States / UTs.

स्वच्छ भारत—स्वस्थ भारत

Telefax : 23063687, 23063693 E-mail : manoj.jhalani@nic.in

## ANNEXURE 8: CMO LETTER REGARDING QIC FORMATION

### कार्यालय मुख्य चिकित्सा अधिकारी, फिरोजाबाद।

दिनांक- गु वि अ / एन०यू०एच०एम० / Qwility Team / 2018-19 / 6949

दिनांक- 10/01/2019

1. सेक्टर प्रभारी सेक्टर 1, 2, 3, फिरोजाबाद।

2. समस्त प्रभारी चिकित्सा अधिकारी, नगरीय प्रा०सा० केन्द्र फिरोजाबाद, शिकोहाबाद, दण्डला।

**विषय- राष्ट्रीय शहरी स्वास्थ्य मिशन के अन्तर्गत, नगरीय प्राथमिक स्वास्थ्य केन्द्र पर Quality Improvement Committee के गठन के सम्बन्ध में।**

उपरोक्त विषयक, महाप्रबन्धक राष्ट्रीय स्वास्थ्य मिशन उ०प्र० लखनऊ के पत्राक-SPMU/NUHM/Q.A./2018-19/60/9070 दिनांक:-30/11/2018 के क्रम में निर्देशित किया जाता है कि, जिला फिरोजाबाद में संचालित समस्त यू.पी.एच.सी. स्तर पर कार्याकल्प कार्यक्रम के तहत एक Quality Improvement Committee का गठन किया जाना है। जिसके माध्यम से, समिति में शामिल प्रत्येक सदस्य द्वारा गुणवत्तापरक सेवाएं प्रदान करने हेतु जिम्मेदारी निभायी जायेगी तथा अपने कार्य एवं दायित्वों का पूर्णतह निर्वहन करना सुनिश्चित किया जायेगा। उक्त समिति के निम्न सदस्य होंगे-

क्र०स०	पदाधिकारी	पद	जिम्मेदारियाँ
1.	प्रभारी चिकित्सा अधिकारी / सेक्टर प्रभारी	अध्यक्ष	समस्त स्टाफ की मासिक बैठक, क्वालिटी टीम की मासिक बैठक, रिकार्ड को ससमय अपडेट करना एवं यू.पी.एच.सी. संचालन की समस्त आवश्यकताओं को पूर्ण करना एवं समस्त प्रशासनिक कार्य।
2.	सी.सी.पी.एम.	सदस्य	आर.के.एस. की बैठक आयोजित करना एवं कार्ययोजना बनवाने में सहयोग प्रदान करना।
3.	फार्मासिस्ट	सदस्य	समस्त यू.पी.एच.सी. स्टॉक रजिस्टर एवं आवश्यक मोंग पत्र एवं रिकार्ड को अद्यतन करना
4.	स्टाफ नर्स	सदस्य	प्रसव कक्ष एवं पी.एन.सी. वार्ड, परिवार नियोजन कार्यक्रम हेतु समस्त आवश्यकताओं को पूर्ण करना
5.	लेब टेक्नीशियन	सदस्य	प्रयोगशाला कक्षा एवं रिकार्ड
6.	सपोर्ट स्टाफ	सदस्य	साफ-सफाई यू.पी.एच.सी. की साफ-सफाई एवं समस्त यूनिट से तालमेल विधान।

अतः आपको निर्देशित किया जाता है कि, उक्त समिति के अनुसार सम्बन्धित को, उपरोक्तानुसार जिम्मेदारी निभाने हेतु निर्देशित करें तथा रिकार्ड रजिस्टर बनाकर, माह में एक बार क्वालिटी टीम की मासिक बैठक का आयोजन करते हुए, सूचनाएं जिला स्तर पर, एन.यू.एच.एम. सैल में भेजना सुनिश्चित करें।

मुख्य चिकित्साधिकारी  
फिरोजाबाद

पत्राक-एन०यू०एच०एम० / क्यू०आई० समि० / 2017-18 /

प्रतिलिपि-निम्नलिखित को सूचनाार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित

1. मिशन निदेशक एन०एच०एम० उ०प्र०.लखनऊ।
2. महाप्रबन्धक एन०यू०एच०एम० उ०प्र०.लखनऊ।
3. अपर निदेशक चिकित्सा स्वास्थ्य एवं परिवार कल्याण आगरा मण्डल।
4. मण्डलीय क्वालिटी सलाहाकार मण्डल, आगरा।
5. नोडल अधिकारी / अरबन हेल्थ कोर्डिनेटर, एन०यू०एच०एम० फिरोजाबाद।
6. मण्डलीय अरबन हेल्थ कन्सल्टेन्ट, एन.यू.एच.एम. आगरा मण्डल आगरा।
7. डिस्ट्रिक्ट क्वालिटी कन्सल्टेन्ट, फिरोजाबाद को इस निर्देश के साथ कि यू.पी.एच.सी. का क्वालिटी असिसमेन्ट कर, पायी जाने वाली समस्याओं को प्रभारी को अवगत कराना सुनिश्चित करें।
8. जिला कार्यक्रम प्रबन्धक, एन.एच.एम., फिरोजाबाद।
9. मैनेजर प्रोग्राम, टी.सी.आई.एच.सी., पी.एस.आई., फिरोजाबाद।

मुख्य चिकित्साधिकारी  
फिरोजाबाद

## ANNEXURE 9: LIST OF MEDICAL & PARAMEDICAL STAFF OF DISTRICT HOSPITAL & TRAUMA CENTRES

### एस.एन.एम. चिकित्सालय एवं क्षयरोग्याश्रम, फिरोजाबाद

क्र.सं.	पद का नाम	स्वीकृत	वर्तमानकार्यरत	रिक्त	कर्मचारी का नाम
1	मुख्य चिकित्सा अधीक्षक	1	1	0	डॉ. आर.के. पाण्डेय
2	अधीक्षक एवं प्रभारी अधिकारी (भण्डार)	1	0	1	—
3	रेडियोलोजिस्ट	2	1	1	डॉ. नसीम अहमद
4	ऐनस्थेटिस्ट	2	1	1	डॉ. आलोक कुमार
5	बाल रोग विशेषज्ञ	2	1	1	डॉ. आर.ए. शर्मा
6	आर्थोपैडिक सर्जन	2	1	1	डॉ. शशि कुमार
7	पैथोलॉजिस्ट	2	1	1	डॉ. नवीन जैन
8	चेस्ट फिजीशियन/एलर्जी विशेषज्ञ	1	1	0	डॉ. संजय कुमार सिंह
9	जनरल सर्जन	2	2	0	डॉ. राजवीर सिंह डॉ. हंसराज सिंह
10	ई.एन.टी. सर्जन	2	0	2	—
11	आई सर्जन	2	2	0	डॉ. राकेश यादुवेन्दु डॉ. प्रमोद भदकारिया
12	फिजीशियन	2	1	1	डॉ. मनोज कुमार
13	कार्डियोलोजिस्ट	2	1	1	डॉ. विष्णु रावत
14	ई.एम.ओ.	4	1	3	डॉ. राहुल जैन
15	डेंटल सर्जन	1	1	0	डॉ. अभिषेक सिंह
16	स्किन/एस.टी.डी.	1	1	0	डॉ. रामआसरे
	<b>योग</b>	<b>29</b>	<b>16</b>	<b>13</b>	

### ट्रामा सेन्टर (चिकित्साधिकारी)

क्र.सं.	पद का नाम	स्वीकृत	कार्यरत	रिक्त	कर्मचारी का नाम
1	निश्चेतक	2	1	1	डॉ. अमिताभ चौहान
2	ऑर्थोपैडिक सर्जन	2	0	2	—
3	जनरल सर्जन	2	1	1	डॉ. राजपाल सिंह
4	कैज्युल्टी मेडिकल ऑफीसर (ई.एम.ओ.)	3	0	3	—
		<b>9</b>	<b>2</b>	<b>7</b>	

एस.एन.एम. जिला चिकित्सालय फिरोजाबाद में तृतीय एवं चतुर्थ श्रेणी की पदवार स्थिति (नियमित)

क्र.सं.	पदनाम	स्वीकृत पद	वर्तमानकार्यरत	रिक्त	कर्मचारी का नाम
1	प्रभारी अधिकारी फार्मसी	1	0	1	—
2	चीफ फार्मासिस्ट	5	4	1	श्री जयवीर सिंह श्री रमाकान्त गौतम श्री विजय सिंह श्री देवेन्द्र सिंह
3	फार्मासिस्ट	3	3	0	श्री अरविन्द कुमार श्री आनन्द मोहन श्री यतेन्द्र कुमार
4	वरिष्ठ प्रयोगशाला प्राविधिक	1	1	0	श्री राजीव पचौरी
5	प्रयोगशाला प्राविधिक	3	1	2	श्री प्रदीप कुमार सिंह
6	एक्सरे टैक्नीशियन	1	1	0	श्री देवेश प्रकाश
7	फिजियोथेरपिस्ट	1	0	1	—
8	ऑप्टोमेटिस्ट	1	0	1	—
9	डेन्टल हाईजिनिस्ट	1	1	0	श्रीमती सपना शर्मा
10	मैट्रन	1	1	0	श्रीमती रागिनी तिवारी
11	सिस्टर	7	2	5	श्रीमती शकुन्तला राठौर श्रीमती मंजूबाला
12	स्टाफ नर्स	25	4	21	श्री रामगोपाल सिंह श्रीमती कृष्णा बंसल श्रीमती कल्पना खरै श्रीमती पूजा
13	ओ0टी0 सुपरवाइजर	1	0	1	—
14	सहायक अधीक्षक	1	0	1	—
15	प्रधान लिपिक	1	0	1	—
16	प्रधान सहायक	1	0	1	—
17	वरिष्ठ सहायक	2	1	1	श्री रविकान्त उपाध्याय
18	कनिष्ठ सहायक	3	1	2	श्रीमती शशी पाठक
19	स्टीवर्ड	1	0	1	—
20	स्टीवर्ड कम स्टोर कीपर	1	0	1	—
21	हाउस कीपर	1	0	1	—
22	वाहन चालक	1	1	0	श्री तारा सिंह
23	क्लीनर	1	0	1	—
24	इलैक्ट्रीशियन	1	1	0	श्री उमेश कुमार
25	चपरासी	2	1	1	श्री खलील खां



क्र.सं.	पदनाम	स्वीकृत पद	वर्तमानकार्यरत	रिक्त	कर्मचारी का नाम
26	वार्ड बॉय/वार्ड आया	44	18	26	श्री सुनील कुमार श्री राम निवास श्री दुर्गवीर सिंह श्री राम प्रसाद श्री दिनेश चन्द्र श्री हरी शंकर श्री गैदा सिंह श्री राना प्रताप सिंह श्री करुणेश शुक्ला श्री सराफत अली श्री शमशाद श्री संदीप कुमार श्री दयाराम श्रीमती उर्मिला देवी श्रीमती सरोज देवी श्रीमती राममूर्ति श्रीमती नीरज देवी श्रीमती बेबी
27	चौकीदार	6	1	5	श्री राम प्रसाद
28	माली	3	3	0	श्री संतोष कुमार श्री सुरेश कुमार श्री मुकेश कुमार
29	कुक/कहार	17	8	9	श्री सुरेश बाबू श्री भगवती प्रसाद श्री नवीन कुमार श्री मेवालाल श्री अजय पाल श्री अशोक श्री चन्द्र प्रकाश श्री राम कुमार
30	धोबी	7	4	3	श्री पप्पू श्रीमती बसन्ती देवी श्री सुमित कुमार श्री मनोज कुमार
31	सफाई कर्मचारी (पुरुष/महिला)	29	26	03	श्री राम सिंह श्री सुनील कुमार श्री पातीराम श्री मुन्नेष कुमार श्री सुधीर राही श्री किशन गोपाल श्री रविन्द्र कुमार श्री विमल कुमार श्री भारत कुमार श्री हेमन्त कुमार श्री बबलू श्री हरी किशन

क्र.सं. पदनाम

स्वीकृत पद

वर्तमानकार्यरत

रिक्त

कर्मचारी का नाम

श्री ज्ञान चन्द्र  
श्री अमित कुमार  
श्री शेखर  
श्री शशीकान्त  
श्री दीपक  
श्री मुकेश  
श्री धर्मेन्द्र  
श्री हरी सिंह  
श्री सुनील  
श्री अशोक  
श्रीमती मुन्नी देवी  
श्रीमती मीना देवी  
श्रीमती सुषमा देवी  
श्रीमती वैष्णो देवी

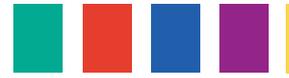


## ANNEXURE 10: UPHC WISE LIST OF MAS

### महिला आरोग्य समिति एन.यू.एच.एम. फिरोजाबाद

क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
<b>यू.पी.एच.सी. का नाम – रामनगर</b>						
1	रामनगर	ओमबती	8456253257	बनेनी बगीची	शालिनी	गीता यादव
2	रामनगर	विरमा देवी	9864325632	चिरपूरन मन्दिर के पास	नीतू शर्मा	गिरजा वर्मा
3	रामनगर	विनीता देवी	8265826970	श्याम नगर गली न. 5	ज्योती गुप्ता	सर्गीता गुप्ता
4	रामनगर	ाकीला	9453143231	नगला विष्णु-1	तुलसी शर्मा	राधा राठौर
5	रामनगर	रेखा कुमारी	9416328812	नगला विष्णु-2	शोभा देवी	राधा राठौर
6	रामनगर	अनीता रानी	9084321570	आजाद नगर-1	छाया	गीता यादव
7	रामनगर	अनीता देवी	9020823242	नगला विष्णु-3	लक्ष्मी	गीता यादव
8	रामनगर	आरती	9216329811	छार बाग-2	सन्तोषी शर्मा	सर्गीता गुप्ता
9	रामनगर	मुन्नी देवी	8865835210	आजाद नगर-2	आरती	गीता यादव
10	रामनगर	अनीता रानी	9914326816	आजाद नगर-1	गीता	गीता यादव
11	रामनगर	रीता	9432351611	छार बाग-2	प्रियकां रानी	सर्गीता गुप्ता
12	रामनगर	जलदेवी	8532824028	श्याम नगर	देवी कुमारी	सर्गीता गुप्ता
13	रामनगर	रानी	8449946055	आजाद नगर-3	नीता गुप्ता	सर्गीता गुप्ता
14	रामनगर	अनीता देवी	9457322942	मेहताब नगर	मनोज सविता	सर्गीता गुप्ता
15	रामनगर	नीलम	9020304520	राम नगर	मोहिनी सविता	गीता यादव
16	रामनगर	मीना देवी	8816121132	लेवर कोलोनी-1	कंचन	सन्तोषी कुमारी
17	रामनगर	राधा	9514321613	लेवर कोलोनी-3	यशोदा देवी	सन्तोषी कुमारी
18	रामनगर	श्यामवती	9837773552	एस.आर.डी.वाली गली रामनगर	पूनम	गिरजा वर्मा
19	रामनगर	मेहरुनिशा	9851887612	लेवर कोलोनी	तबरसुम	सन्तोषी कुमारी
20	रामनगर	आरती शर्मा		हिमंयूपुर	प्रीती देवी	गिरजा वर्मा
21	रामनगर	मन्जू देवी	9514321613	बोहरान गली	राजकुमारी	गिरजा वर्मा
<b>यू.पी.एच.सी. का नाम – सन्तनगर</b>						
22	सन्तनगर	काबूल राजपूत	9917963896	मालवीय नगर	विनीता	निर्मला
23	सन्तनगर	ममता	8832163516	मोहल्ला टीला	निशा सिंह	सोनम गुप्ता
24	सन्तनगर	अखिलेश कुमारी	9412163211	शास्त्री मार्केट	प्रीती गुप्ता	रीता
25	सन्तनगर	मिथलेश	9675278508	कटरा पठानन-1	रेनूदुवे	मनोरमा

क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
26	सन्तनगर	विमलेश	9413151611	फुलवारी	मालती यादव	सरजू
27	सन्तनगर	विनीता देवी	8411161288	गोवर्धन की ठार	ज्योती देवी	सरजू
28	सन्तनगर	सुनीता	7037076132	सन्त नगर	सन्नो	सोनी
29	सन्तनगर	प्रेमलता	7415131132	ओम नगर/मोहन नगर-1	रेखा रानी	सोनी
30	सन्तनगर	रजनी	7037616230	ओम नगर/मोहन नगर-2	नीतू	सोनी
31	सन्तनगर	शोभा गुप्ता	7466905058	मोहल्ला टीला	मधू सिंह	निर्मला
32	सन्तनगर	सुनीता	9816321115	भोज पुरा	रेखा यादव	मनोरमा
33	सन्तनगर	अनीता	9816321115	नई बस्ती-1	संगीता गुप्ता	रीता
34	सन्तनगर	विजय लक्ष्मी	7520319495	नई बस्ती-2	सुनीता राठोर	रीता
35	सन्तनगर	श्री मती देवी	9413151632	कोटला पंजाबा	आयशा	मनोरमा
36	सन्तनगर	सुमन शिवहरे	9634888232	छोटी छपेटी	मीनेश झा	सोनम गुप्ता
37	सन्तनगर	सबाना	8865881839	कुरैशियान	गरिमा देवी	सोनम गुप्ता
38	सन्तनगर	रिजवाना	8411163213	मुस्लिमा बार राजपूताना	राधा तिवारी	निर्मला
39	सन्तनगर	सुनीता	9516321615	नई बस्ती-3	अनीता देवी	रीता
40	सन्तनगर	संगीता	8914138800	कटरा पठानन-2	रूमा	गीता यादव
41	सन्तनगर	मनोरमा	8413321111	मोहम्मद गजं	पूजा कुमारी	सोनम गुप्ता
<b>यू.पी.एच.सी. का नाम – हिमाँयूपुर</b>						
42	हिमाँयूपुर	नीतू	9413131613	असर्फी नगर	ममता पाठक	पिकी
43	हिमाँयूपुर	पूनम	8477815388	करबला-1	मजू देवी	शालिनी
44	हिमाँयूपुर	नीरू	7409664922	करबला-3	सपना	शालिनी
45	हिमाँयूपुर	ममता	9416181314	देव नगर-1	पुजा गुप्ता	पंकज
46	हिमाँयूपुर	सुशीला	8416321632	देव नगर-2	सन्तोषी	सपना तिवारी
47	हिमाँयूपुर	सीमा	7417423008	करबला-4	रामप्यारी	शालिनी
48	हिमाँयूपुर	सोनी	9316121432	हिमाँयूपुर-1	वीना राठौर	पिकी
49	हिमाँयूपुर	सध्या राठौर	8816113216	नगला मोती	पूजा देवी	सपना तिवारी
50	हिमाँयूपुर	देवी	9314113211	दादू नगर	अन्नू कुमारी	पिकी
51	हिमाँयूपुर	सन्तोषी कुमारी	8413113213	हिमाँयूपुर-2	चमन भारती	पिकी
52	हिमाँयूपुर	आरती	8613151632	भीम नगर-1	सिमता	सपना परिहार
53	हिमाँयूपुर	चमन कुमारी	8432163132	भीम नगर-2	शशी देवी	सपना परिहार
54	हिमाँयूपुर	सीमा	9413131612	भीम नगर-3	वेताम्बरी सागर	सपना परिहार
55	हिमाँयूपुर	गुडडी देवी	9316113218	सुहाग नगर-1	नीरू वाला	पंकज तिवारी



क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
56	हिमायूपुर	रीनू सिंह	9816128416	असफ़ी नगर	अनुपम सिंह	सपना परिहार
57	हिमायूपुर	राखी	9758236979	सुहाग नगर-2	बबिता गुप्ता	पंकज तिवारी
58	हिमायूपुर	बन्दना	9516328816	हिमायूपुर-3	विजय जैन	सपना परिहार
59	हिमायूपुर	कमला देवी	9638121416	ठेके वाली गली-1	नीरज देवी	आरती अवस्थी
60	हिमायूपुर	बीना देवी	9412151813	ठेके वाली गली-2	सत्यम देवी	पिकी
61	हिमायूपुर	नीरू शर्मा	9812191431	सुहाग नगर-4	नीतू शर्मा	पंकज तिवारी
62	हिमायूपुर	विमला	8632888896	नगला पचिया	विपिन	आरती अवस्थी
63	हिमायूपुर	विमलेश	9005211164	नगला मोती-2	नीरज यादव	आरती अवस्थी
64	हिमायूपुर	मीना देवी	9812163213	हिमायूपुर	अशू	सपना तिवारी
65	हिमायूपुर	रिकी राठौर	9411320015	करबला	ललिता	शालिनी
66	हिमायूपुर	सुनीता	9618326511	करबला	अर्चना गुप्ता	शालिनी

**यू.पी.एच.सी. का नाम – कौशलानगर**

67	कौशलानगर	अजंजा देवी		ककरउ कोठी	अर्चना	सीमा देवी
68	कौशलानगर			विभव नगर गडडा	डोली शर्मा	ब्रिजेश कुमारी
69	कौशलानगर	रहीशा बेगम		ककरउ कोठी-2	शबनम	सीमा देवी
70	कौशलानगर	गीता देवी		इन्द्रा नगर	इन्द्रदेवी	सीमा देवी
71	कौशलानगर	सुनीता		न्यू राम गण	स्नेह लता	ब्रिजेश कुमारी
72	कौशलानगर	कुसमा देवी		कौशलानगर	कल्पना शाक्य	ब्रिजेश कुमारी
73	कौशलानगर			शिव नगर	मीना	प्रियकां मिश्रा
74	कौशलानगर			आर्य नगर	गीता शर्मा	प्रियकां मिश्रा
75	कौशलानगर	सुनीता		बिहारी नगर	रेनू शर्मा	ब्रिजेश कुमारी
76	कौशलानगर	नीलम देवी		एलानी नगर	अजंजा शर्मा	ब्रिजेश कुमारी
77	कौशलानगर	किशोरी देवी		झलकारी नगर	ममता	सीमा देवी
78	कौशलानगर	निशी		जैन नगर खेडा	सुधा मिश्रा	
79	कौशलानगर	अर्चना		रेहना नई आबादी	सध्या रानी	
80	कौशलानगर	नूरी		पुराना रसूल पुर	संगीता	
81	कौशलानगर	सोमबती		पुराना रसूल पुर	कुसुमलता	

**यू.पी.एच.सी. का नाम – दम्मामल नगर**

82	दम्मामल नगर	अशोक कुमारी		तिलक नगर	नीतू	मृदुल
83	दम्मामल नगर	मुन्नी देवी		कबीर नगर खेडा	वीरमती	मृदुल
84	दम्मामल नगर	नीलेश देवी		खेडा	आरती	मृदुल

क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
85	दम्मामल नगर	सुधा देवी		रानी नगर	पूजा देवी	पूनम देवी
86	दम्मामल नगर	रेखा कुमारी		कृष्णा नगर	मीरा देवी	पूनम देवी
87	दम्मामल नगर	देवकी		सत्या नगर-1	नीरज देवी	हेमलता
88	दम्मामल नगर	सुधा देवी		सत्या नगर-2	खुशबू रानी	हेमलता
89	दम्मामल नगर			हनूमान गढ	सर्वेश तिवारी	रीमा रजावत
90	दम्मामल नगर	शान्ती देवी		दम्मामल नगर-1	चंचल कुमारी	रीमा रजावत
91	दम्मामल नगर	मन्जू देवी		दम्मामल नगर-2	अन्जूदेवी	रीमा रजावत
92	दम्मामल नगर	भूरी देवी		सत्यानगर टापाकला	रजनी कुशवाह	पूनम देवी
93	दम्मामल नगर	ललितेश		दयालनगर	बॉबी राधव	प्रतिज्ञा
94	दम्मामल नगर	सविता देवी		सुदामा नगर	प्रीती देवी	पूनम
95	दम्मामल नगर	सपना देवी		टापा कला	मालती तिवारी	हेमलता
96	दम्मामल नगर	सुनीता देवी		टापा कला	नीलू	हेमलता
97	दम्मामल नगर	मौना जादौन		ओझा नगर	अर्चना दुबे	मनीषा देवी
<b>यू.पी.एच.सी. का नाम – हाजीपुरा</b>						
98	हाजीपुरा			सैयद गजं	ममता देवी	गंगादेवी
99	हाजीपुरा			तीस फुटा	विमलेश	गोरी तोमर
100	हाजीपुरा			मसरूर गजं	स्नेह लता	नीलम यादव
101	हाजीपुरा			रसूलपुर पुराना	कुमकुम	नीलम यादव
102	हाजीपुरा	मुवीना	8923288211	राही नगर	मधु	कमललता
103	हाजीपुरा	मुमताज	9756911041	शीतल खॉ	नरगिस	कमललता
104	हाजीपुरा	रेनू	8923903101	मिर्जा नगला छोटा	मनोज कुमारी	कमललता
105	हाजीपुरा	सेनाज सुल्तान	9045469580	मशरूर गजं	शबाना	नीलम यादव
106	हाजीपुरा	तहजीब		हाजीपुरा	खुशबू फरहीन	गंगा
107	हाजीपुरा	मुमताज		सैयद गजं	रूबी खानम	गोरी तोमर
108	हाजीपुरा	निषा खान		तीस फुटा	नसीम बानो	गोरी तोमर
109	हाजीपुरा	नगीना		तीस फुटा	रासदा खानम	रीना
110	हाजीपुरा	आशिया		गली अन्डियाई	सना	रीना
111	हाजीपुरा	नफीस बेगम		शीतल खॉ	आसिया परवीन	
112	हाजीपुरा	किस्वर जहाँ		असरफ गजं	बुसरा हरीम	
<b>यू.पी.एच.सी. का नाम – नगलाबरी</b>						
113	नगलाबरी	बबीता देवी		नगलाबरी	कमलेश	लीलावती



क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
114	नगलाबरी	शाबाब फातिमा		कशमीरी गेट	नीतू	लीलावती
115	नगलाबरी	रेखा देवी		कशमीरी गेट	मिथलेश	लीलावती
116	नगलाबरी	रुखसाना		चिस्ती नगर	आशा	लीलावती
117	नगलाबरी	रेखा देवी		चिस्ती नगर	मिथलेश	लीलावती
118	नगलाबरी	खुशनुमा		नूर नगर	शमीमम बानो	पिकी
119	नगलाबरी	रुबीना		नूर नगर	जाहिरा खातून	पिकी
120	नगलाबरी	मुबीना		नूर नगर	परवीन	पिकी
121	नगलाबरी	खुशनुमा		हबीब गजं	मनोरमा	प्रियकां
122	नगलाबरी	तरन्नुम		हबीब गजं	चौदनी	प्रियकां
123	नगलाबरी	शादाब		सरीफाबाद	किरन	प्रियकां
124	नगलाबरी	शाबाना		उर्दू नगर	शमशुल निशा	ज्योति भारद्वाज
125	नगलाबरी	सबीला		अजमेरी गेट	मुबीना बेगम	ज्योति भारद्वाज
126	नगलाबरी	रिहाना		अजमेरी गेट	रेखा	ज्योति भारद्वाज
127	नगलाबरी	साहना बेगम		दीदा मई	ऐश्वर्या बधेल	कुसुम देवी
128	नगलाबरी	रुकसार बेगम		दीदा मई	आमरीन	
129	नगलाबरी	गुलशन		दीदा मई	सोनी बेगम	
130	नगलाबरी	शबीना बेगम		दीदा मई	कमरून	
131	नगलाबरी	नगमा बानो		दीदा मई	परबीन	
<b>यू.पी.एच.सी. का नाम – रसूलपुर</b>						
132	रसूलपुर	शगुफता		मोमीन नगर	साहिन बोबी	ज्योति गुप्ता
133	रसूलपुर	शादमा बेगम		छिदामुल नगर	लक्ष्मी	ज्योति गुप्ता
134	रसूलपुर	कमलेश		ऐलानी नगर	नीलम	ज्योति गुप्ता
135	रसूलपुर	सुमन		ऐलानी नगर	मन्जू	ज्योति गुप्ता
136	रसूलपुर	किरन देवी		राठौर नगर	सुमन	ममता
137	रसूलपुर	सोनी		शान्ती नगर	प्रिया	ममता
138	रसूलपुर	उषा		मठमन्दिर वाली गली	जमुना देवी	ममता
139	रसूलपुर	सुधा राठौर		हाथी वाली गली	शान्ती	अन्जू
140	रसूलपुर	नुसरत		नगला कोठी	मनोज कुमारी	मीना
141	रसूलपुर	मिथलेश देवी		एदल नगर	अन्जूदेवी	अनुज
142	रसूलपुर	अनीता देवी		किशन नगर	उषा देवी	अनुज
143	रसूलपुर	मिथलेश		दुर्गेश नगर	प्रियंका सागर	अनुज

क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
144	रसूलपुर	मुन्नी देवी			कमला देवी	
145	रसूलपुर	शादाप			किरन कुमारी	
146	रसूलपुर	राजेश्वरी			अनीता देवी	

**यू.पी.एच.सी. का नाम – सैलई**

147	सैलई	अन्जू		विजय नगर	सीमा गुप्ता	रमा
148	सैलई	सन्जू		विजय नगर पानी की टंकी	अरुणा गुप्ता	रमा
149	सैलई	सीमा देवी		सैलई	विमलेश	निर्मेश
150	सैलई	अंगूरी देवी		सैलई	गीता	निर्मेश
151	सैलई	ममता		सैलई	सोनिया	नीलम
152	सैलई	रेखा कुमारी		प्रताप नगर	हेमान्द्री	निर्मेश
153	सैलई	ज्ञान देवी		अम्बे नगर	रबिता	निर्मेश
154	सैलई	भूरी परवीन		अब्बास नगर	ज्योति	निर्मेश
155	सैलई	सुशीला		उत्तम नगर	आकॉक्षा	निर्मेश
156	सैलई	मछला देवी		नगला करन सिंह	सरिता	नीलम
157	सैलई	मालती		सन्तोष नगर	आरती	नीलम
158	सैलई	रानी		बोद्ध नगर	सोमबती	नीलम
159	सैलई	पुष्पा		सम्राट नगर	निर्मला	आरती
160	सैलई	जय देवी		नरायण नगर	ममता	आरती
161	सैलई	सपना देवी		नगला मिर्जा बडा	बेजन्ती	आरती
162	सैलई	मधु देवी		नगला मिर्जा बडा	मधू जाटव	आरती
163	सैलई	मिथलेश		नगला मिर्जा बडा	प्रीती	आरती
164	सैलई	प्रीती देवी		अम्बेडकर पार्क	ज्योति	आरती
165	सैलई	सर्वेश देवी		अम्बेडकर पार्क	रेखा	आरती
166	सैलई	रामबती		सरजीबन नगर	गायत्री	आरती
167	सैलई	तबस्सुम		दीदा मई	शायरा परवीन	सीतू
168	सैलई	मिथलेश		कुशवाह नगर	शशी कान्ती	मीरा
169	सैलई	हरभेजी		द्वारिका पुरी	पदम श्री	मीरा
170	सैलई	शारदा देवी		ठारफूटा	शशीवाला	मीरा
171	सैलई	निर्मला देवी		ठारफूटा	प्रीती	मीरा



क्र.स.	नगरीय प्राथमिक स्वास्थ्य केंद्र	महिला आरोग्य समिति के अध्यक्ष का नाम	महिला आरोग्य समिति के अध्यक्ष का मो.न.	महिला आरोग्य समिति का नाम	आशा का नाम	ए.एन.एम. का नाम
<b>यू.पी.एच.सी. का नाम – नगलाकिला शिकोहाबाद</b>						
172	नगलाकिला	लक्ष्मी	9557951817	ओम पब्लिक स्कूल न. केंवर प्रसाद	सुमन जादौन	नीतू यादव
173	नगलाकिला	वीना चोपडा	8265867273	मोहम्मद माह	शीलू यादव	रोशनी
174	नगलाकिला	नीलम	9012622714	नगलाकिला	रेखा	पूजा
175	नगलाकिला	मिथलेश	8445147826	ओमनगर	रेखा यादव	रिचा
176	नगलाकिला	ज्योति	7409672993	मेहराबाद	रजनी	नीलू यादव
177	नगलाकिला	नेमवती	9719267631	कटरा मीरा, बाल्मीकि बस्ती	रियकां	रोशनी
<b>यू.पी.एच.सी. का नाम – रूकनपुरा शिकोहाबाद</b>						
178	रूकनपुरा	विमला	9917034066	शकुन्तला वाला स्कूल माधैगजं	अर्चना तिवारी	रीतू
179	रूकनपुरा	शिवधारा	9634971088	गोगा जी धर्मशाला खेडा मोहल्ला	शिवानी	ममता कुमारी यादव
180	रूकनपुरा	ममता	7078462692	प्राइमरी स्कूल पडाव	परवीन वेगम	पूजा
181	रूकनपुरा	पूजा	9897101950	बोझिया	रेखा शर्मा	रिचा
182	रूकनपुरा	चौदवी वेगम	7895632070	आजाद मेम्बर चौक, रूकनपुरा	चौदवी	अल्का
183	रूकनपुरा	गीता गुप्ता	9719273180	स्वामी नगर	आशा देवी	नीतू यादव
<b>यू.पी.एच.सी. का नाम – कच्चा टूण्डला</b>						
184	कच्चा टूण्डला	राजाबेटी	9997752006	नई बस्ती टूण्डला	कमलेश	अन्जू
185	कच्चा टूण्डला	उमा कान्ती	9084375992	गुलाब नगर टूण्डला	रिचा यादव	अन्जू
186	कच्चा टूण्डला	हरदेवी	8057221380	कच्चा टूण्डला	रजनी पाल	अनीता नागर
187	कच्चा टूण्डला	सरिता	9719061911	गान्धी टोला	लक्ष्मी	अनीता नागर
188	कच्चा टूण्डला	चिंकी	9058642403	टूण्डली	सत्यप्रभा	रेनू
189	कच्चा टूण्डला	शकुन्तला	8899370141	न्यू शिव नगर	मीनू वर्मा	रेनू
190	कच्चा टूण्डला	शीला देवी	9058661295	राधे लाल	शैलेश	मिथलेश
191	कच्चा टूण्डला	सामन्ती देवी	9259473865	मस्जिद मढैयाऐटा रोड	रेखा रानी	वेवी
192	कच्चा टूण्डला	शशी वाला	9286125930	सविता नगर	ममता	वेवी
193	कच्चा टूण्डला	राकेश कुमारी	8650388654	सविता नगर	नीरू देवी	वेवी

## ANNEXURE 11: UPHC WISE STAFF LIST (AS ON MAY 2018)

Sr No	City Name	UPHC Name	Staff Name	Designation	Mobile
1	Firozabad	Dammamal Nagar	Kamlesh	STAFF NURSE	9690739261
2	Firozabad	Dammamal Nagar	Dr Nagendra Maheshwari	MOIC	8923566008
3	Firozabad	Dammamal Nagar	Manish Kumari	ANM	8533018264
4	Firozabad	Dammamal Nagar	Poonam	ANM	9411693175
5	Firozabad	Dammamal Nagar	Hemlata	ANM	9761438073
6	Firozabad	Dammamal Nagar	Pratiga Saxena	ANM	9411922858
7	Firozabad	Dammamal Nagar	Reema Rajput	ANM	9012082951
8	Firozabad	Dammamal Nagar	Mridul	ANM	9675877016
9	Firozabad	Dammamal Nagar	Anoop Kumar Ksahyap	Pharamasist	9568519919
10	Firozabad	Dammamal Nagar	Swadesh Kumar	Lab Tachnician	9897085895
11	Firozabad	Dammamal Nagar	Prem Singh	Support Staff	9634932179
12	Firozabad	Dammamal Nagar	Vimal	Support Staff	
13	Firozabad	Hazipura	Meera Devi	STAFF NURSE	7983027116
14	Firozabad	Hazipura	Dr Nagendra Maheshwari	MOIC	8923566008
15	Firozabad	Hazipura	Kusham Kumari	STAFF NURSE	9084220323
16	Firozabad	Hazipura	Saroj	ANM	9997112426
17	Firozabad	Hazipura	Gauri Tomar	ANM	8006628159
18	Firozabad	Hazipura	Neelam Yadav	ANM	9760486458
19	Firozabad	Hazipura	Reena	ANM	7037097700
20	Firozabad	Hazipura	Kamlata	ANM	9452906829
21	Firozabad	Hazipura	Arti Yadav	ANM	8273231042
22	Firozabad	Hazipura	Pawan Kr Chaudhary	Pharamasist	8865022332
23	Firozabad	Hazipura	Ajay Kumar	Lab Tachnician	8445903652
24	Firozabad	Hazipura	Brijesh Kumari	Support Staff	8533901648
25	Firozabad	Hazipura	Geetam Singh	Support Staff	8273995319
26	Firozabad	Hazipura	Pankaj Kumar	Support Staff	8533901724
27	Firozabad	Humayupur	HEMLATA	STAFF NURSE	8192927581
28	Firozabad	Humayupur	Meena	STAFF NURSE	9837885437
29	Firozabad	Humayupur	Dr. Pallvi Yadav	LMO	8126992864
30	Firozabad	Humayupur	Aman Singh	Lab Tachnician	7895549693
31	Firozabad	Humayupur	Narender	Pharamasist	9412493594
32	Firozabad	Humayupur	Pankaj Kumari	ANM	7500581172



Sr No	City Name	UPHC Name	Staff Name	Designation	Mobile
33	Firozabad	Humayupur	Arti Awasti	ANM	8193916671
34	Firozabad	Humayupur	Sapna Tiwari	ANM	8445492216
35	Firozabad	Humayupur	Pinki	ANM	9927201467
36	Firozabad	Humayupur	Ashok Khuswah	Support Staff	9286584619
37	Firozabad	Naglabari	Kiran Devi	STAFF NURSE	9897577804
38	Firozabad	Naglabari	Dr.M.K Mathur	Sector Incharge	9837026595
39	Firozabad	Naglabari	Madhu	STAFF NURSE	7520772515
40	Firozabad	Naglabari	Geeta	STAFF NURSE	7455907884
41	Firozabad	Naglabari	Sangeeta	STAFF NURSE	
42	Firozabad	Naglabari	Jyoti Bhardwaj	ANM	9760054581
43	Firozabad	Naglabari	Fizya	ANM	
44	Firozabad	Naglabari	Kusham Lata	ANM	9927371798
45	Firozabad	Naglabari	Sunita Parihar	ANM	8435359316
46	Firozabad	Naglabari	Pinki Khuswah	ANM	8120423644
47	Firozabad	Naglabari	Leelawati	ANM	7078747590
48	Firozabad	Naglabari	Rahul Kumar	Pharamasist	9412448581
49	Firozabad	Naglabari	Deeplata	Lab Tachnician	7852208311
50	Firozabad	Naglabari	Vikram Singh	Support Staff	9457108283
51	Firozabad	Naglabari	Rekha Devi	Support Staff	
52	Firozabad	Naglabari	Shiva	Support Staff	8534847869
53	Firozabad	Ram Nagar	Radha Rathur	ANM	8445608441
54	Firozabad	Ram Nagar	Dr Dhara Singh Verma	Sector Incharge	9411637105
55	Firozabad	Ram Nagar	Girja Varma	ANM	9759197719
56	Firozabad	Ram Nagar	Dr Kamlesh Verma	M.O.	7055544888
57	Firozabad	Ram Nagar	Sanygita	ANM	8445786743
58	Firozabad	Ram Nagar	Geeta Yadav	ANM	8273898702
59	Firozabad	Ram Nagar	Sangeeta Gupta	ANM	8445950439
60	Firozabad	Ram Nagar	Majik Sbramannayam	Pharamasist	8923890835
61	Firozabad	Ram Nagar	Rakesh	Support Staff	9562345049
62	Firozabad	Ram Nagar	Veenta	Support Staff	9012773796
63	Firozabad	Ram Nagar	Sarvesh Kumar	Support Staff	8923010302
64	Firozabad	Ram Nagar	Chandni	STAFF NURSE	7534019623
65	Firozabad	Ram Nagar	Monika	STAFF NURSE	
66	Firozabad	Ram Nagar	Ansuman	Lab Tachnician	
67	Firozabad	Sant Nagar	Harendera	Lab Tachnician	8755898921
68	Firozabad	Sant Nagar	Kr, Maneesha Sharma	STAFF NURSE	7017994521

Sr No	City Name	UPHC Name	Staff Name	Designation	Mobile
69	Firozabad	Sant Nagar	Dr Dhara Singh Verma	Sector Incharge	9411637105
70	Firozabad	Sant Nagar	Geeta	STAFF NURSE	9756306311
71	Firozabad	Sant Nagar	Soni	ANM	8951595053
72	Firozabad	Sant Nagar	Sonam Gupta	ANM	8454989826
73	Firozabad	Sant Nagar	Sarju	ANM	8057174456
74	Firozabad	Sant Nagar	Manhorma Devi	ANM	9917923244
75	Firozabad	Sant Nagar	Nirmala Devi	ANM	7017022570
76	Firozabad	Sant Nagar	Ajay Kuhswah	Pharamasist	8534010813
77	Firozabad	Sant Nagar	Seema Devi	Support Staff	8958965585
78	Firozabad	Sant Nagar	Seema Varma	Support Staff	
79	Firozabad	Sant Nagar	Girja	ANM	9759197719
80	Firozabad	Sailai	RAMA	STAFF NURSE	9837585694
81	Firozabad	Sailai	Dr Greesh Srivastava	MOIC	8979557932
82	Firozabad	Sailai	Shivnagi	STAFF NURSE	8840540106
83	Firozabad	Sailai	Meera Kumari	ANM	945206829
84	Firozabad	Sailai	Nirvmesh Kumari	ANM	9627861880
85	Firozabad	Sailai	Arti Devi	ANM	8718067191
86	Firozabad	Sailai	Neelam Rawat	ANM	9926408229
87	Firozabad	Sailai	Nirmala	ANM	8273433192
88	Firozabad	Sailai	Shurab Yadav	Pharamasist	9411961047
89	Firozabad	Sailai	Afzal Rajawat	Lab Tachnician	9926408229
90	Firozabad	Rasool Pur	Dr. Abhisek	MOIC	6397295947
91	Firozabad	Rasool Pur	Neeraj	STAFF NURSE	9027358121
92	Firozabad	Rasool Pur	Dr Priyanka Pandey	LMO	9219489069
93	Firozabad	Rasool Pur	Jitendera Kumar	Pharamasist	9027795103
94	Firozabad	Rasool Pur	Arvind Kuamr	Lab Tachnician	9456801701
95	Firozabad	Rasool Pur	Anju	ANM	9759343535
96	Firozabad	Rasool Pur	Aasish	ANM	9997603389
97	Firozabad	Rasool Pur	Mamta	ANM	7248038980
98	Firozabad	Rasool Pur	Shitu	ANM	7302385257
99	Firozabad	Rasool Pur	Anju	ANM	6398668530
100	Firozabad	Rasool Pur	Pintu	Support Staff	
101	Firozabad	Kaushalya Nagar	Neelam Sharma	STAFF NURSE	8881545444
102	Firozabad	Kaushalya Nagar	Manju	STAFF NURSE	8791304518
103	Firozabad	Kaushalya Nagar	Dr Nagendra Maheshwari	MOIC	8923566008
104	Firozabad	Kaushalya Nagar	Shilpi Yadav	ANM	9058013090

Sr No	City Name	UPHC Name	Staff Name	Designation	Mobile
105	Firozabad	Kaushalya Nagar	Brijesh Khuswah	ANM	8439912981
106	Firozabad	Kaushalya Nagar	Mamta	ANM	9754391365
107	Firozabad	Kaushalya Nagar	Seema	ANM	9457081502
108	Firozabad	Kaushalya Nagar	Shalini	ANM	9058206084
109	Firozabad	Kaushalya Nagar	Bhavesh Kumar	Pharamasist	8532827628
110	Firozabad	Kaushalya Nagar	Vishnu Kumar Verma	Lab Tachnician	9761471566
111	Firozabad	Kaushalya Nagar	Seema	Support Staff	8448077984
112	Firozabad	Kaushalya Nagar	Manoj Kumar	Support Staff	8439335071
113	Firozabad	Kaushalya Nagar	Priyanka	ANM	7500107447











