



स्वास्थ्य एवं  
परिवार कल्याण मंत्रालय  
MINISTRY OF  
HEALTH AND  
FAMILY WELFARE

सत्यमेव जयते



# Aspirational Blocks Programme

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# Vision: Saturating key social services in 500 under-developed Blocks

500 Blocks in 330 Districts across 27 States and 4 UTs

Out of 330 Districts, 112 are Aspirational Districts

154 Blocks out of 500 are from Aspirational Districts

On the basis of Antyodaya data (MoRD), by Inter- Ministerial Committee, in consultation with States.

7.5%

500

Aspirational  
Blocks

329

Districts

31

States and  
Union Territories

5

Thematic  
areas

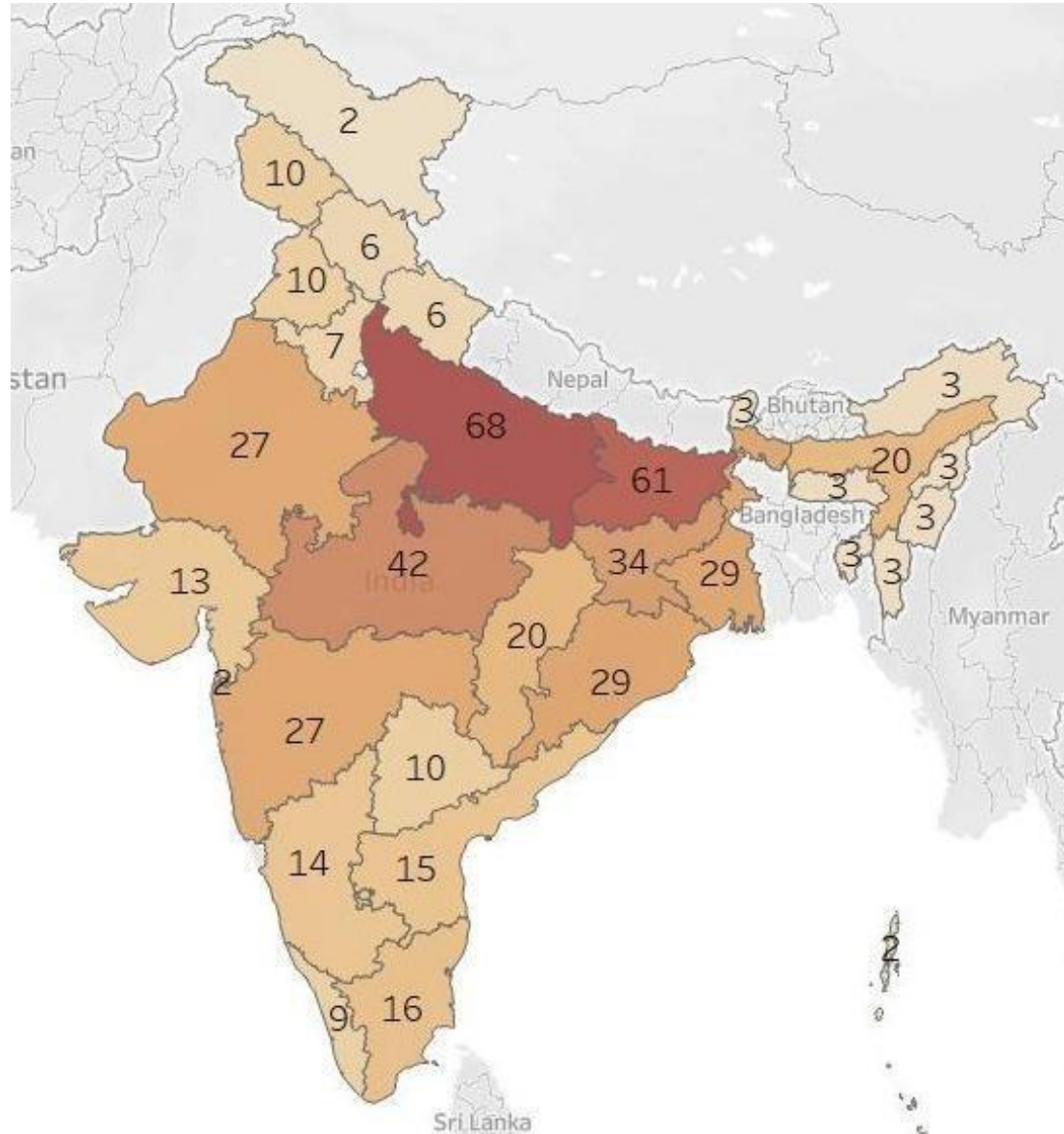
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Performance  
Indicators

# Aspirational Blocks

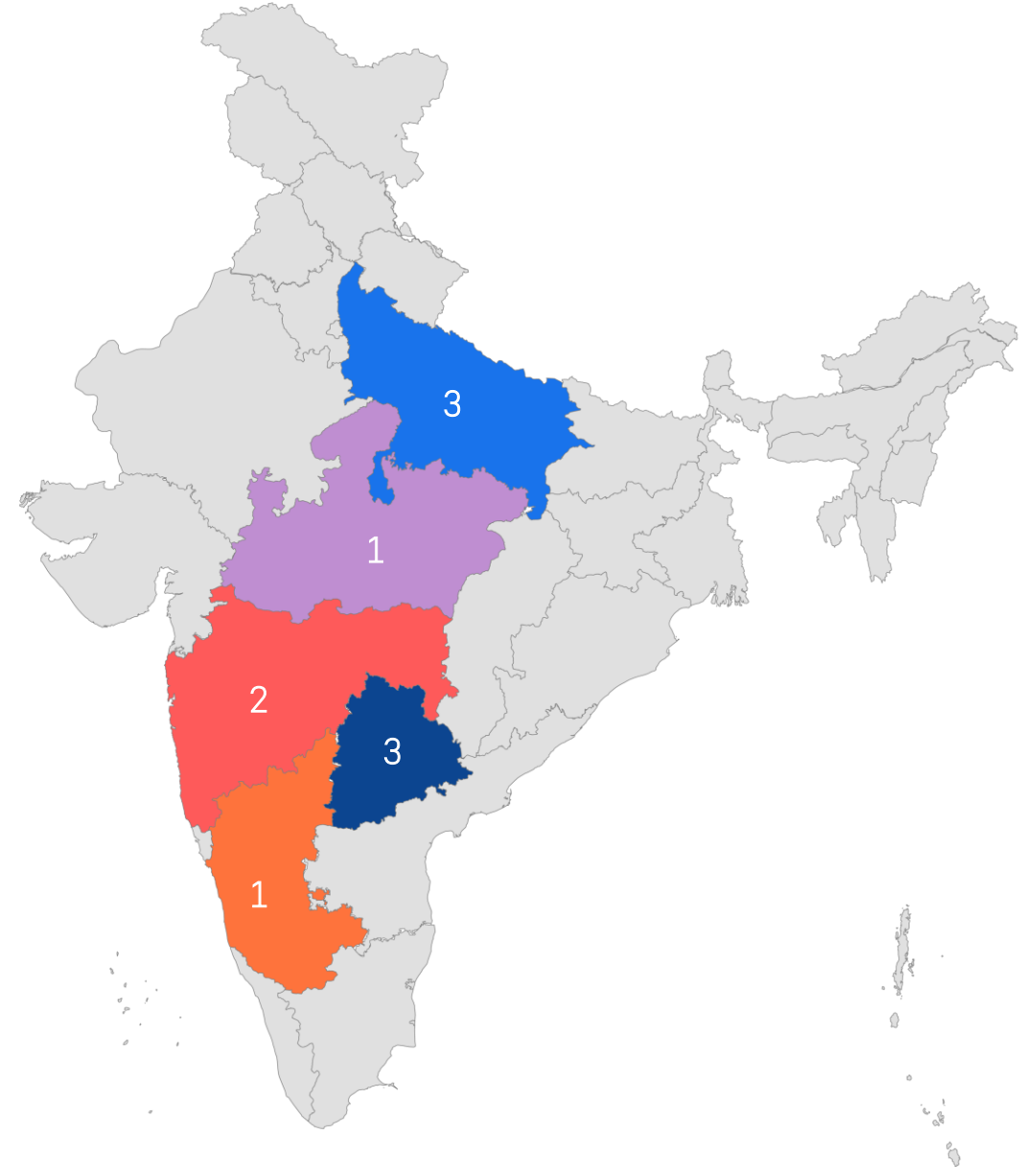
Uttar Pradesh and Bihar contribute to over a quarter (25.8%) of Aspirational Blocks.

6 states (Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Odisha, West Bengal) contributed 52.6%.



# Best Performing Blocks

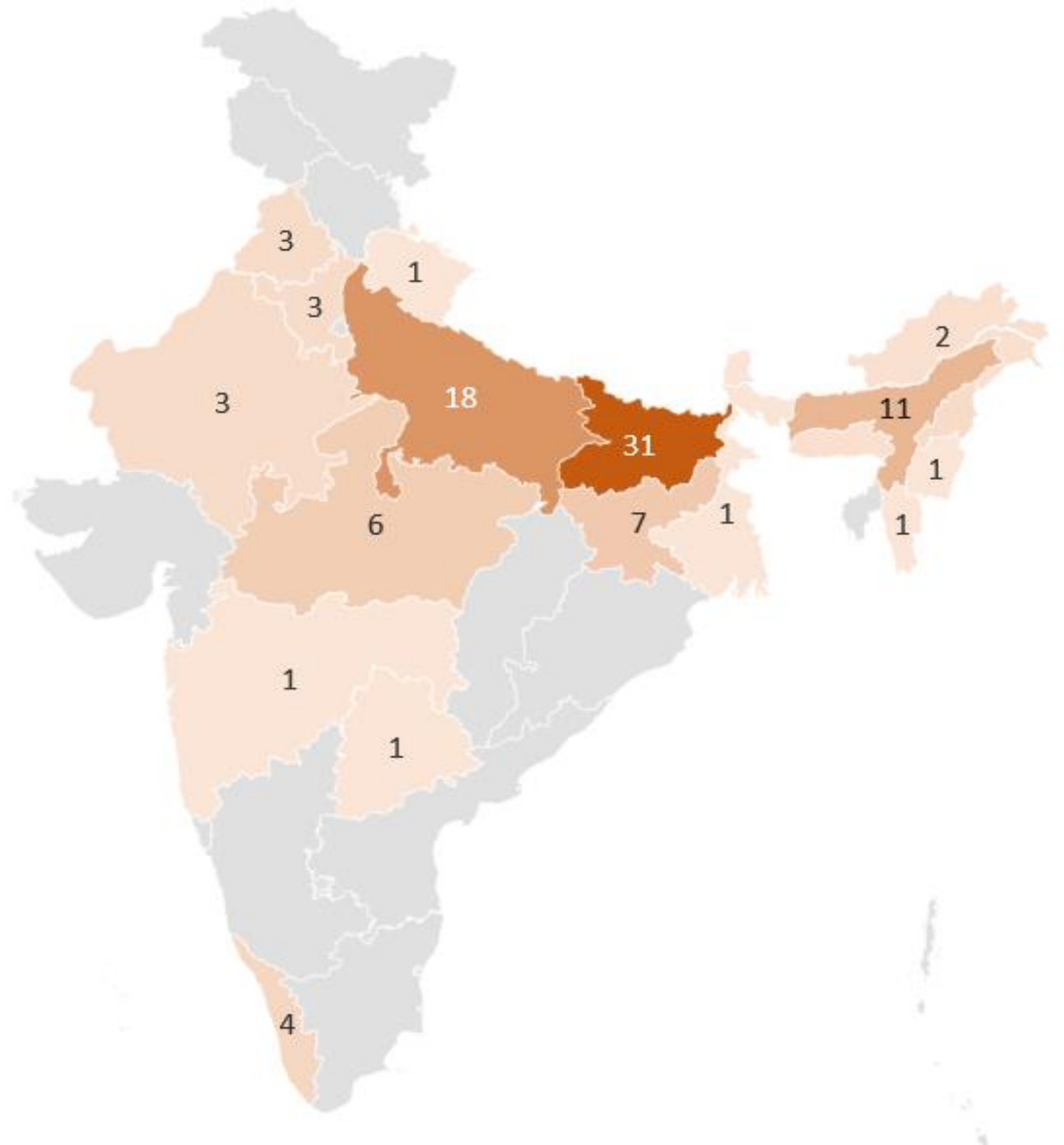
	Block	District	State
Rank 1	Tiriyani	Kumuram Bheem - Asifabad	Telangana
Rank 2	Kaushambi	Kaushambi	Uttar Pradesh
Rank 3	Harraiya	Basti	Uttar Pradesh
Rank 4	Tirla	Dhar	Madhya Pradesh
Rank 5	Maski	Raichur	Karnataka
Rank 6	Sironcha	Gadhichiroli	Maharashtra
Rank 7	Virno	Ghazipur	Uttar Pradesh
Rank 8	Narnoor	Adilabad	Telangana
Rank 9	Aheri	Gadhichiroli	Maharashtra
Rank 10	Pembi	Nirmal	Telangana





## Lowest 100 Aspirational Blocks

100 lowest-ranked  
Aspirational Blocks  
across 19 States & 68  
districts



# The three Cs



## CONVERGENCE

Create convergence among State and Central Government initiatives at the district level to overcome constraints



## COLLABORATION

This implies forging of cooperation between the civil society and the functionaries of Central & State Governments including district government bodies.)



## COMPETITION

Promote competition among states and districts using the “Champions of Change” monitoring dashboard

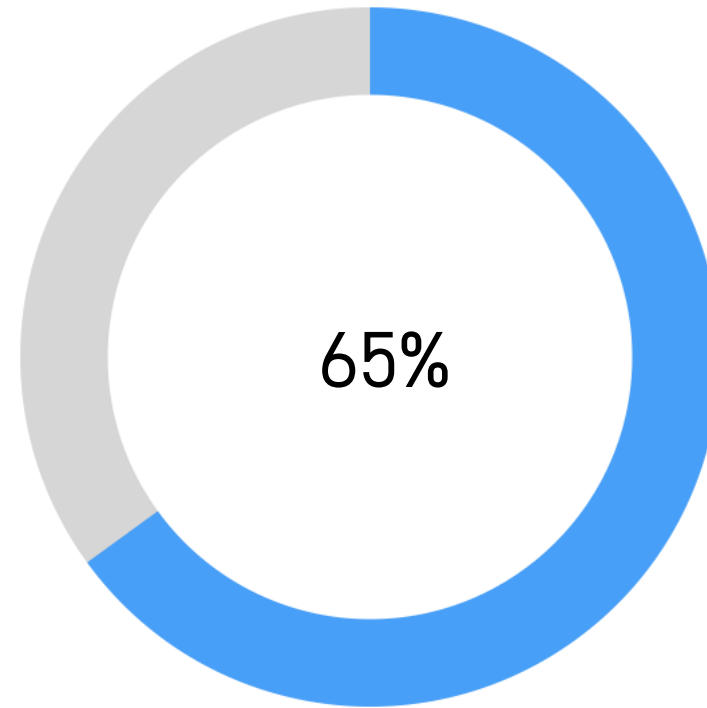
# Key Performance Indicators for Health

S. N	Key Performance Health Indicators	Frequency	Source
1	Percentage of <b>ANC registered within the first trimester</b> against total ANC registrations	Monthly	HMIS
2	Percentage of <b>institutional deliveries</b> against total reported deliveries	Monthly	HMIS
3	Percentage of <b>low-birth weight babies</b> (less than 2500g)	Monthly	HMIS
4	Percentage of <b>Tuberculosis (TB) cases treated successfully</b> against TB cases notified a year ago	Monthly	Nikshay Portal
5	Percentage of <b>National Quality Assurance Standards (NQAS)</b> certified facilities in Block	Monthly	Saksham Portal
6	Percentage of persons screened for <b>Hypertension</b> against targeted population in the Block	Monthly	NCD Portal
7	Percentage of persons screened for <b>Diabetes</b> against targeted population in the Block	Monthly	NCD Portal

## Indicator 1

ANC registered within the first trimester against total registration (June 2023)

308 blocks have  
achieved the State  
Average



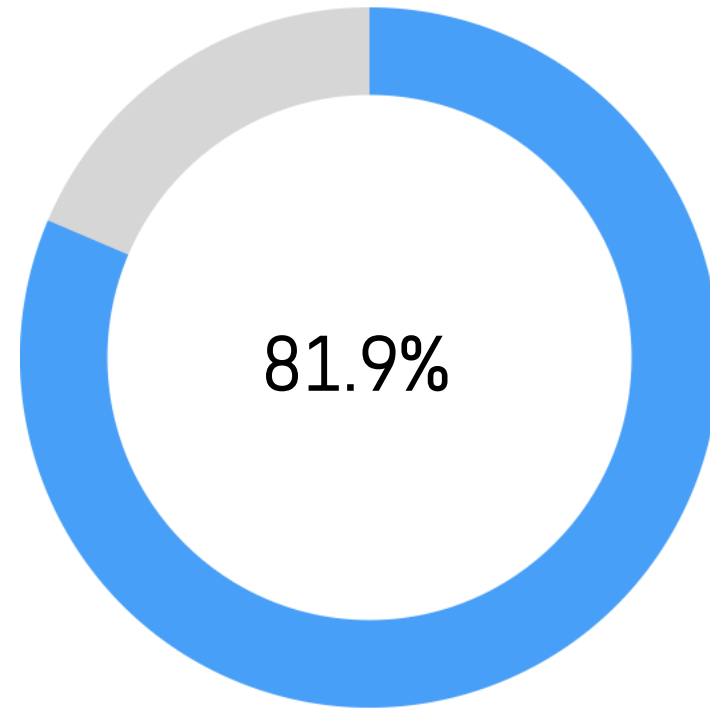
% of Aspirational Blocks have achieved the State average\*



## Indicator 2

### Institutional deliveries against total reported deliveries (June 2023)

387 blocks have  
achieved the State  
Average



% of Aspirational Blocks have achieved the State average\*

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# Interventions

Surakshit Matritava Aashwasan (SUMAN)-Quality of care with grievance redressal mechanism

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for ANC Registration and detection of High Risk Pregnancies

Cash less services under Janani Shishu Suraksha Karyakram (JSSK) & Janani Suraksha Yojana

LaQshya Programme: Labour room Quality Improvement Initiative

Birth Waiting homes

Referral Transport mechanism

Capacity building trainings- Daksh, DAKSHATA, SBA, LSAS, BEmONC Etc.

Village Health Sanitation & Nutrition Days (VHSND)

# Outcomes

Increased 1<sup>st</sup> trimester registration of pregnancies

Quality services during ANC clinics and VHSNDs

Respectful maternity care at birth

Increased institutional delivery

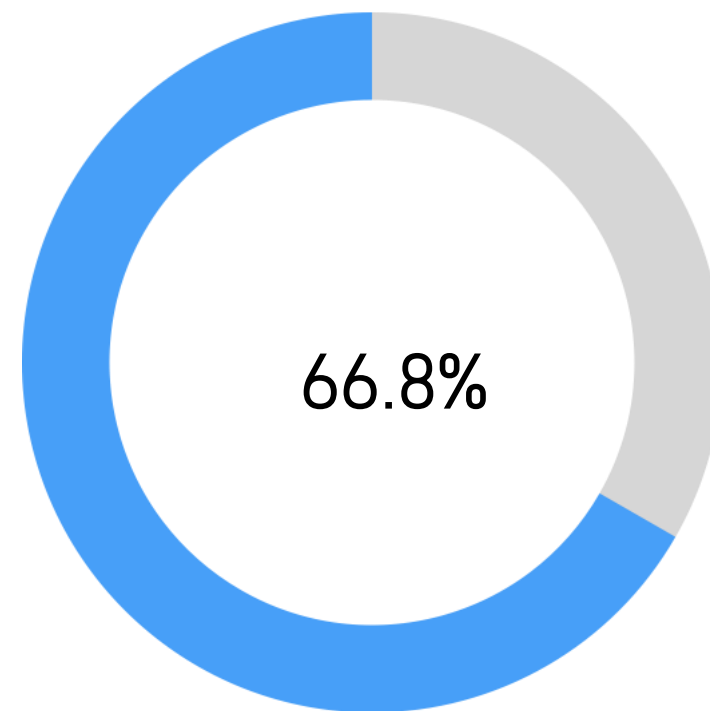
Reduced likelihood of complications during pregnancy and childbirth.

Improved Maternal & Neonatal Health outcomes contributing to overall reduction of Maternal Mortality Ratio (MMR) /Neonatal Mortality Rate (NMR)

## Indicator 3

Percentage of low-birth weight babies (less than 2500g) (June 2023)

318 blocks have  
achieved the State  
Average



% of Aspirational Blocks have achieved the State average\*

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# Interventions

Facility Based Newborn Care (FBNC) at delivery points.

Kangaroo Mother Care (KMC)

Early childhood development (ECD)

Home based Neonatal care visits (HBNC)

Home Based Young childcare visits (HBYC)

Mother Absolute Affection (MAA) Programme for Promotion of breastfeeding

Infant Young Child Feeding (IYCF) practices

# Outcomes

Early detection and management of LBW babies

Higher utilization of nutritional interventions for pregnant women, including iron and folic acid supplementation

Enhanced Kangaroo Mother Care (KMC)

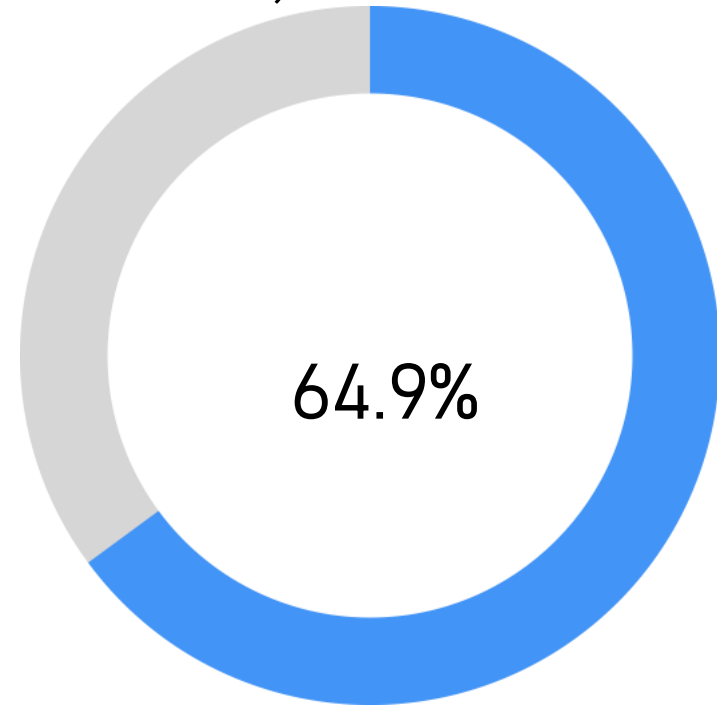
Strengthened FPC (Family Participatory Care)-Family and caregiver support for LBW babies

Reduction of LBW prevalence to <10% by end of the year 2024-25

## Indicator 4

Percentage of cases treated successfully against TB cases identified year ago (June 2023)

306 blocks have  
achieved the State  
Average



% of Aspirational Blocks have achieved the State average\*

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## Interventions

National TB Elimination Programme-  
Strategic roadmap

Nikshay Poshan Yojana

PM-TB Mukht Panchayat

PM- TB Mukht Bharat Abhiyaan

## Outcomes

Treatment success rate  
reaching more than 90%

Reduction in rate of  
loss-to-follow-up

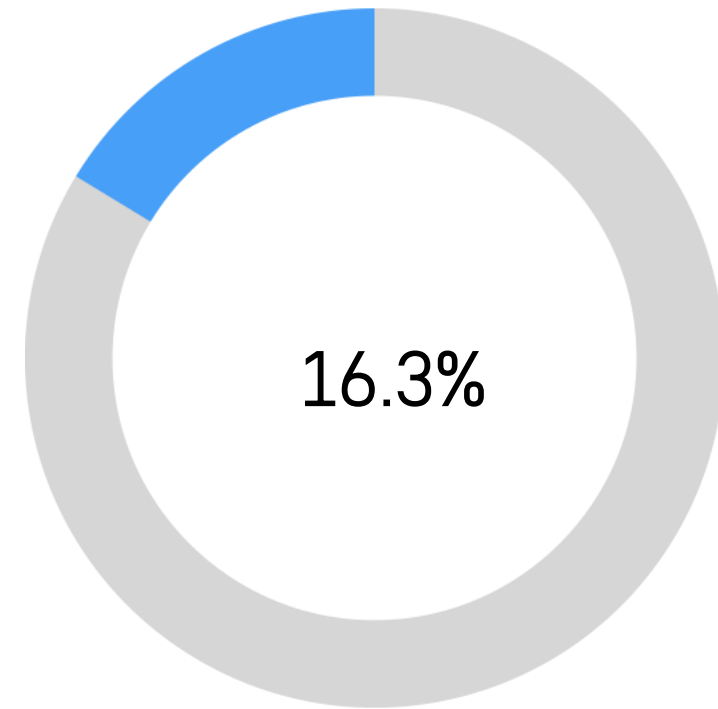
Reduction in death rate



## Indicator 5

### Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block (June 2023)

80 blocks have  
achieved the State  
Average



% of Aspirational Blocks have achieved the State average\*

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# Interventions

Plan for Achieving National Quality Assurance Standards

Quality Improvement teams

Training of HR on National Quality Assurance

Standards

Internal & External Assessments

Certification

# Outcomes

Improved Patient Safety

Enhanced Infection Control

Better Staff Training and Competence

Patient-Centred Care

Reduce out of pocket expenditure

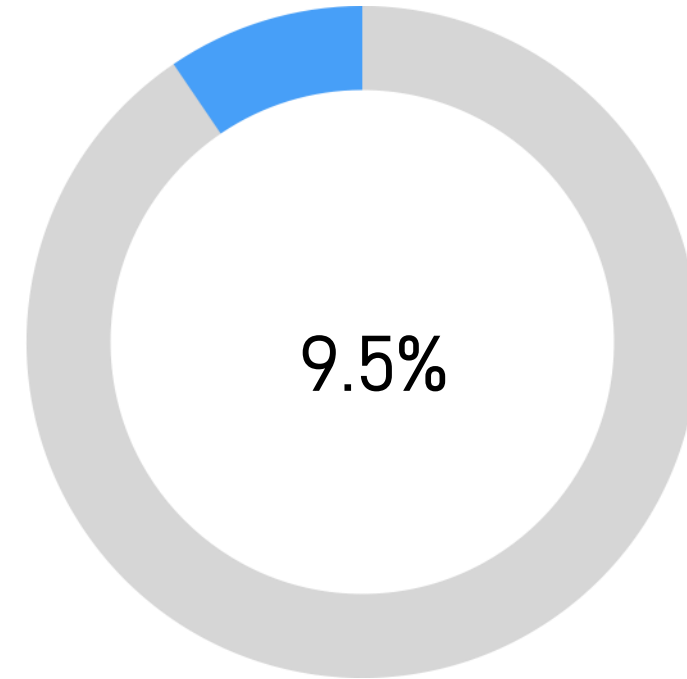
Enhanced Healthcare Quality- Improved clinical outcomes and patient satisfaction

60% of health facilities to achieve NQAS certification in Aspirational Block by 31st March 2026

## Indicator 6

Percentage of persons screened for Hypertension against targeted population in the Block (June 2023)

48 blocks have  
achieved the State  
Average

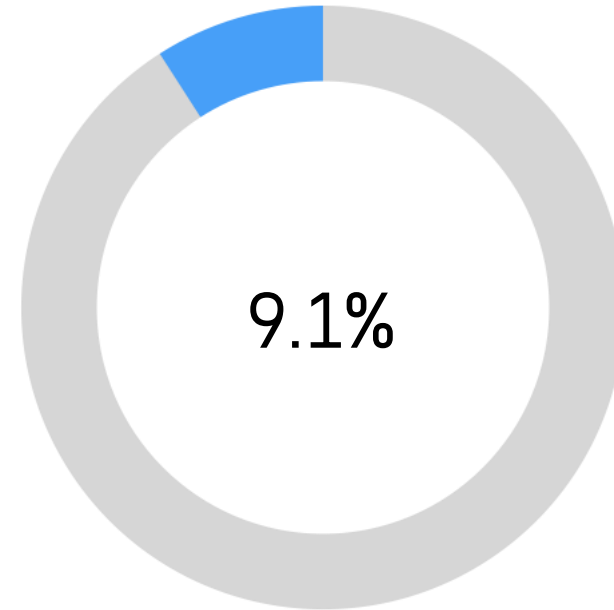


% of Aspirational Blocks have achieved the State average\*

## Indicator 7

Percentage of persons screened for Diabetes against targeted population in the Block (June 2023)

44 blocks have  
achieved the State  
Average



% of Aspirational Blocks have achieved the State average\*

## Indicator 7

### Interventions

Health Promotion & Awareness

Population-based screening

Non Communicable Disease (NCD) screening

Linking with ABHA ID

75 million people on Standard of Care for Hypertension and Diabetes by 2025

Continuum of Care

### Outcomes

100% enrolment along with screening of 30+ individuals for Hypertension and Diabetes

100% patients put on treatment and/or lifestyle modifications after getting diagnosed

At least one month of drug supply to the patients

Data capturing on NCD portal on daily basis

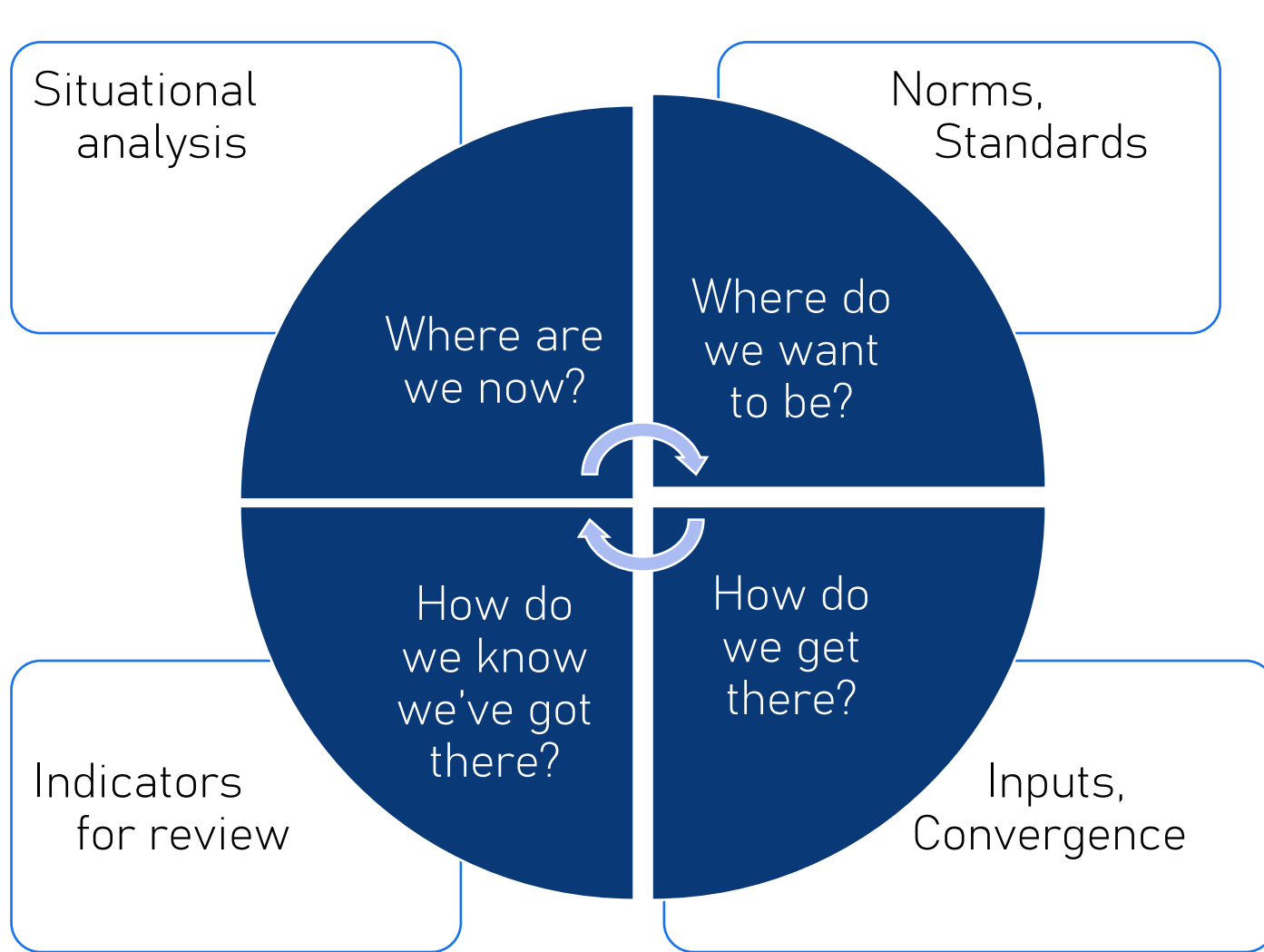
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# Aspirational Blocks: Need of comprehensive approach





# Planning at Block level

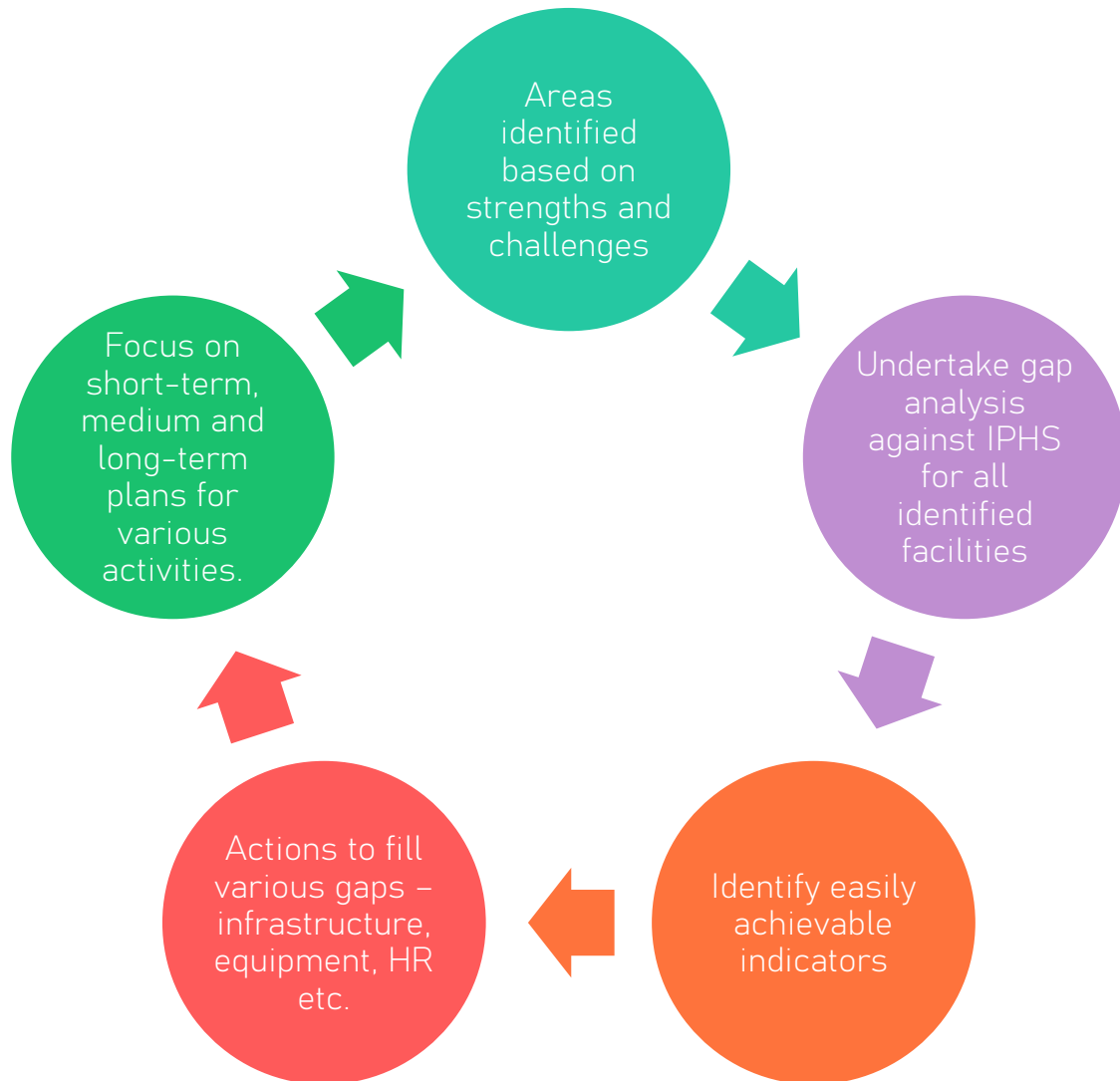


Limited resources,  
opportunity costs

Need Priority setting

Evidence Based Planning

# A Block Health Action Plan must include...



Identify focus area, map opportunities and Quantify targets

Define the available resources under various heads (e.g. CSR, centrally sponsored, MP/MLA funds, local revenue, etc.)

Mapping of the Outcomes with Schemes /Activities and Available Financial Resources

Develop a monitoring and review mechanism ( from block level upwards ) using various data sources

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# Plan with a health systems approach



SERVICES



INFRASTRUCTURE



HUMAN RESOURCE



MEDICINES &  
DIAGNOSTICS



SUPPLY CHAIN  
MANAGEMENT



QUALITY  
ASSURANCE



MONITORING FOR  
QA & SUSTENANCE

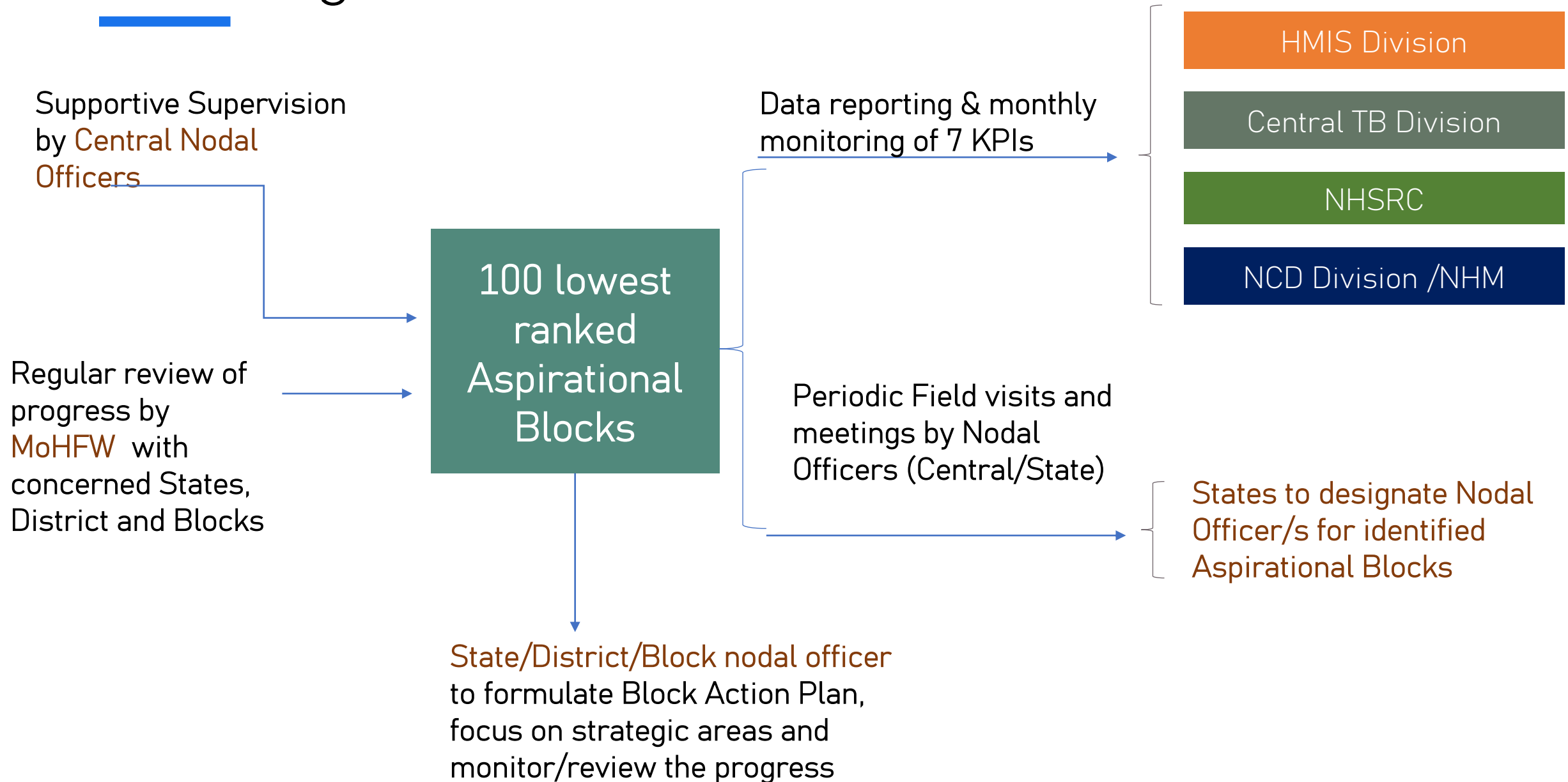


ACHIEVING IPHS  
STANDARDS



INTERSECTORAL  
LINKAGES

# Monitoring Framework



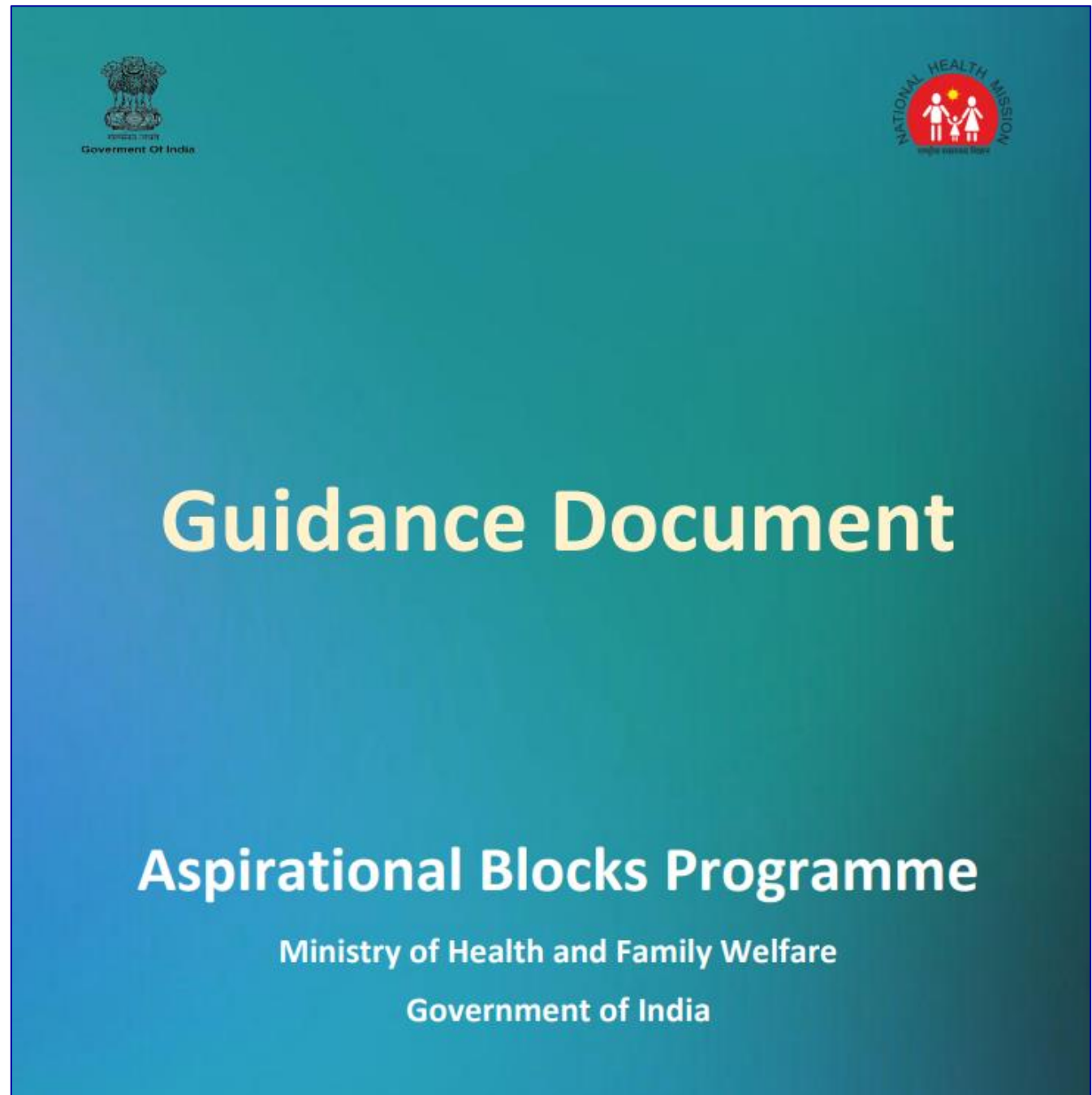


# Reporting and review

State level	Frequency
Supportive supervision visits by State Nodal Officers	Bi-Monthly
Review of progress of Aspirational Blocks on KPIs	Monthly
Review meeting with Blocks/District officials	Quarterly
District/Block level	Frequency
Supportive supervision visits by District/Block Nodal Officers	Monthly
Review of progress of Aspirational Blocks on KPIs	Monthly
Review meeting with Health functionaries	Quarterly

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Reference material





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# Role of States/UTs

Identify State Nodal Officer for regular coordination with Central team and District/Block team.

Prioritization in fund allocation through District NHM RoP against the proposals and ensure adequate fund utilization

Support Programme planning and implementation in Aspirational Blocks thorough Supportive Supervision visits

Support Ranking of Blocks and development of annual report cards

Documentation of best practices and dissemination

Engage Development Partners working in the State/Districts

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# Role of Development Partners

Development Partners have been assigned to all the identified Aspirational District for providing technical assistance and supportive supervision activities.

Similarly, there is need to support the Aspirational Blocks under Aspirational District.

The development partners supporting the State may also extend support to Non Aspirational Districts having Aspirational Blocks.

Each Development Partner to provide technical assistance to State/District/Blocks to develop Block Action Plan and improve KPIs

# Way forward



Blocks to plan their needs based on the “**health systems approach**”



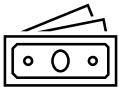
To ensure assured services, identify the **gaps against IPHS 2022**



Assess the training needs for all block-level Human Resources for Health



Periodic Supportive Supervision visits. Handhold in **data documentation, verification and record keeping**



Plan to utilize the funds available under XVFC and PM-ABHIM. Also, the untied funds for MoPR under XVFC



Institutionalize mechanism to **develop a fully functional Block Public Health Unit**



**Saturating the health programmes** with enhanced collaboration with PRIs and other line ministries



Leveraging **Development Partners** to improve the overall health system

# Visits to Aspirational Blocks by CNOs



Briefing session at Aspirational Blocks

Interactions with field workers and PRIs

Visit to health facilities



START WHERE YOU ARE. USE  
WHAT YOU HAVE. DO WHAT YOU  
CAN – ARTHUR ASHE

