

ACTION PLAN

FOR

PROVIDING 100% SAFE DELIVERIES

&

REDUCING MATERNAL MORTALITY

RATE

(2014-15)



Jammu and Kashmir

NATIONAL HEALTH MISSION

ACTION PLAN FOR PROVIDING 100% SAFE DELIVERIES

Introduction:

The National Rural Health Mission (NRHM) was launched in April 2005 at National Level and in December 2005 in the J&K State and has been further extended up to 2017. The programme aims at strengthening State Health Systems with a special focus on Reproductive, Maternal, Newborn, Child & Adolescent Health (RMNCH+A) services and Disease Control Programmes. NRHM has a clear set of measurable objectives, like reduction of MMR, IMR and TFR and targets for National Disease Control Programmes. The mission is focussing on empowerment of people through effective mechanism of Rogi Kalyan Samitis, decentralized planning and implementation, strengthening of physical infrastructure and ensuring fully functional facilities at the door steps of the people not withstanding odds of topography & situational constraints.

Towards the achievement of goal of MMR less than 100 by 2017, the State has adopted the strategies framed by the Ministry of Health and Family Welfare Govt. of India and achieved an MMR of 70 as per the interim report of Directorate of Economics & Statistics, 2008 which is better than national average of 178 as per SRS 2012. There has been substantial improvement in mother and child health indicators. As per HMIS 2012-13, institutional deliveries reported out of total estimated deliveries is 68% which has increased to 70% during the year 2013-14. However, the percentage of institutional deliveries out of total reported deliveries is much higher and stands at 90% as per HMIS 2013-14.

The **Millennium Development Goals (MDGs)** place health at the heart of development and represents commitment by Governments throughout the world to contribute effectively towards the achievement of these goals. Two of the eight **MDGs** concern Maternal, New born and Child Health:

Goal - 4 – Reduce Child Mortality

Goal - 5 -- Improve Maternal Health

Keeping in view the existing level of indicators and the availability of funds under NRHM the following targets has been fixed for the outcome indicators.

Outcome Indicators

Indicators	Current status as on latest available data	Cumulative Target for next three years	2014- 15	2015-16	2016-17
Maternal Mortality Ratio (MMR)	70*	<100	<100	<100	<100

**2008 - Interim Report of Department of Economics & Statistics, Govt. of J&K*

Under NRHM, we strive to bring a dramatic improvement in the health status of people, especially women and children living in rural and remote areas of the country. One of the objectives of the Mission being Reduction in Maternal Mortality.

Promotion of maternal and child health is most important component of the RMNCH+A Strategy. Provision of quality antenatal care (early Registration, three antenatal checkups, two tetanus toxoid injections and IFA tablets) has been envisaged under the programme. The Reproductive and Child Health Programme seeks to promote safe institutional delivery conducted by Skilled Birth Attendants. The safe deliveries could be provided by avoiding the three basic delays in provision of maternal health Services.

The three basic delays are:

A. Delay in receiving adequate treatment once a woman has arrived at the health facility:

- Lack of infrastructure
- Lack of Manpower (skilled doctors and nurses)

B. Delay in reaching the health facility:

- Lack of transportation
- Difficult terrain

C. Delay in recognizing the problem and lack of decision making and decision to seek care:

- Lack of awareness of danger signs
- No control over resources
- Health facility inaccessible
- Fear of costs

Three delays could be avoided by:

A. Strengthening of Functional delivery points (according to the bench marks set by Govt. of India)

Detailed gap analysis has been already done for the 150 functional delivery points in the state which will be strengthened first so that 100% safe deliveries can be conducted there and then the other delivery points will be taken in the phased manner. Respective Directorates will be intimated regarding the shortcomings which are coming in way of provision of 100% safe deliveries, so that timely action is taken.

(i) Infrastructure:

Detailed gap analysis has been done in the existing infrastructure including requirement and supplies of the functional delivery points. This information will be shared with the procurement committee/ Controller Provincial Medical Stores of both the Directorates for procurement of identified items as per facility.

Under RMNCH+A strategy, gap analysis of functional & potential delivery points of six High Priority Districts (HPDs) viz. Ramban, Doda, Kishtwar, Rajouri, Poonch & Leh, has been done with support of NIPI-PHFI, Development Partner identified for J&K identified by MoH&FW, GoI. Based on the gap analysis report, plan for strengthening & improving services in these six HPDs has been submitted to GoI.

The funds for strengthening of labour rooms of 14 (Fourteen) old District Hospitals and 8 (Eight) CHCs were made available to both the Directorates of the state out of 13th Finance Commission Award in addition to regular funding of NRHM funds in the year 2013-14.

The proposals were also submitted by Principal Medical College, Jammu/Srinagar for strengthening of labour room, Gynae wards and operation theatres of Gynae and Obst. Department in GMC Jammu/ Srinagar which has been approved by the HLMC. (copy enclosed as annexure “D”).

(ii) Blood Storage Centers (BSCs)

In order to provide Comprehensive Emergency Obstetric Care services in the FRUs, the Blood Storage Centers (BSCs) for 26 FRUs have been approved and the list of approved BSCs have been shared with the Director Health Service Jammu/ Kashmir, for their early establishment in the facility. The funds were transferred to DHS of concerned FRUs in year 2012-13.

(iii) Manpower

Rationalization of the staff engaged under NRHM from the non functional to the functional delivery points for their strengthening to ensure availability of the staff round the clock in these functional delivery points. Rationalization of the staff was done and staff from non-performing institutes was shafted to functional DPs. Still there is lot of scope in improving facilities after rationalization of regular staff and involvement of regular paramedics. Directorates are required to revisit the functional responsibilities of available cadres in health deptt. like CHOs, LHVs, MMPWs, BHWs and so on.

(iv) Capacity Building

➤ **SBA Training**

NRHM is committed to ensure universal coverage of all births with skilled attendants both in the institution and at community level and provide access to Emergency Obstetric and Neonatal Care services for the women and the newborn. With this objective in mind, SBA training for ANMs/LHVs/SNs and ISM Doctors is presently being undertaken in the State. This is to equip them with the skills for managing normal deliveries, identifying complications, do basic management and then refer the cases to higher facilities, thereby empowering them to save the life of both the mother and the newborn.

In order to strengthen the delivery points the Government of India has approved the budget for SBA trainings for ISM Doctors, Staff Nurses, ANMs//LHVs in SBA with the condition that State must ensure SBA training at delivery points first and then other facilities. In this regard letter has been already circulated to all the districts regarding the SBA trainings and all the trainings are being monitored by officials from SHS and Directorate of Health Services.

➤ **BEmOC Training**

BEmOC training is being imparted to the MBBS Doctors posted in 24X7 PHCs/FRUs. This BEmOC training provides basic skills to the Medical Officers, to handle the common obstetric emergencies and provide the requisite care such as administration of parenteral oxytocics, antibiotics and anti-convulsant drugs, manual removal of the placenta, the conduction of assisted vaginal deliveries, etc.

24 MOs will be trained in BEmOC in the current financial year. Facilities from where doctors for trainings have to be selected are already been identified & nominations for trainees has been sought from Director Health Services, Jammu/ Kashmir. BEmOC training will be completed by 31st March, 2015.

➤ **EmOC Training**

EmOC training is being imparted to the MBBS Doctors posted in CHC FRUs/ District Hospitals. This EmOC training provides basic skills to the Medical Officers, to handle the common obstetric emergencies and provide the requisite comprehensive emergency obstetric cases.

8 MOs will be trained in EmOC in the current financial year. Nominations for trainees has been sought from Director Health Services, Jammu/ Kashmir. EmOC training will be completed by 31st March, 2015.

Directorates must take a final call for refresher training of 30 already EmOC trained doctors and their posting at appropriate FRUs or they must be removed from the list.

➤ **Life Saving Anesthetic Skills Training**

In some of the FRUs where trained anesthetists are not available, State is planning to train MBBS doctors for LSAS. 4 MOs will be trained in LSAS in the current financial year. Nominations for trainees has been sought from Director Health Services, Jammu/ Kashmir. LSAS training will be completed by 31st March, 2015.

Directorates must take a final call for refresher training of 30 LSAS trained doctors and their posting at appropriate FRUs or they must be removed from the list.

➤ **MDR Trainings**

Maternal Death Review is a method of finding the medical causes of death and ascertaining the personal, family or community factors that may have contributed to the maternal deaths. Community based reviews will be carried out for all deaths that occur in the specified geographical area, irrespective of the place of death, be it at home, facility or in transit. It has been felt that prompt reporting and review of maternal Deaths can provide insight into the cause of death and the possible corrective measures can be taken at all the levels to ensure safe delivery.

3 divisional level workshops were conducted in the year 2013-14 in which 195 officers including Medical Superintendents of Med. Colleges, DHs, CMOs, Dy.CMOs, BMOs, Gynaecologists, Paediatricians & DPMs participated. MDR Trainings for this year has also been proposed.

➤ **MDR Software:**

MDR software, a GoI initiative is to support the States in reporting maternal deaths, analysis and planning actions to improve maternal health outcomes. Initially the software will be rolled out on pilot basis in selected districts where reporting of maternal deaths is high and processes for reporting are well established and later the state shall scale up the project to other districts. Trainings for the same have been proposed in SPIP 2014-15 which will be conducted at State & District Level with the technical support of MoHFW, GoI.

B. Referral transport

(i) 102 call centres

The objective of the Scheme is to devise a system by which the beneficiary, even in rural areas, can have easy and timely access to an ambulance by dialing a single toll free number. Hence, timely access to proper medical care during health emergencies and accidents will help in reducing deaths on the whole. Focus will remain on maternal and child health related emergencies thereby augmenting institutional deliveries and reduction of MMR and IMR.

About 500 Ambulance vehicles have been fitted with VTMS and 2 call centres at both the divisions are established and functional.

Janani Shishu Suraksha Karyakarm (JSSK) has been implemented in the State with view to encourage all pregnant women to deliver in Public Health Facilities and full fill the commitment of achieving cent percent Institutional deliveries. Drop back facilities are being provided to all pregnant women from facility to home as well since 1st Oct 2011. Operational guidelines for JSSK have been drafted and uploaded on website (www.jknrm.com) too.

C. Tracking of Severely Anaemic Women & High Risk Pregnancies

The state has initiated the line listing of severe anaemic pregnant cases who are being followed till the outcome. The list is being uploaded on MCTS and updated regularly. This strategy is in its infancy stage and there are many hurdles in proper follow up of the anaemic and high risk pregnancies. The state proposes incentives for ANMs for better tracking of such cases till final outcome @Rs.100/ per case after identification, line listing of severely anemic pregnant women and confirmation of Hb percentage (<7gm %) at PHC/CHC/SDH/DH by MO and will ensure timely referral of all the identified high risk pregnancies. The activity has been proposed to reduce severe anaemia during pregnancy.

D. Prevention of Postpartum Haemorrhage (PPH) through Community Based Distribution of Misoprostol

In order to reduce the maternal deaths due to post partum haemorrhage because of imminent home deliveries in the difficult and inaccessible areas of J&K, the state has proposed the requirement of Misoprostol for Community based distribution through ASHAs in the areas where home delivery is high. Advanced distribution of Misoprostol to the targeted women during 8th month of pregnancy through home visits by ASHA with all the necessary instructions in regard to dose and timing of the drug shall be carried out in such cases. It will be a new activity from this year. Under this activity orientation of CMOs/ Dy.CMOs/ MSs/ Gynaecologists, BMOs, Medical Officers and DPMs shall be carried out at divisional level. Trainings of ANMs/ASHAs at district/ block level shall be conducted during the monthly meetings of ASHAs/ANMs at block level.

E. Strengthening Pre-Service Education for Nursing and Midwifery Cadre in J&K

In the state, strengthening and up gradation of the quality of Nursing infrastructure and training is a priority strategy to further reduce IMR, MMR & TFR, it is therefore proposed to upgrade, during this year 2014-15, the existing AMT schools of Medical Colleges of Jammu/ Srinagar. The State Nursing Council will also be approached for inclusion of RMNCH+A trainings/ guidelines in the curriculum of ANM & GNM courses. These upgraded nodal centres will provide trainings as well as supportive supervision to district training centres at ANMTCs of the districts.

F. Services & BCC/IEC for more awareness

(i) Schemes:

a) ASHA

ASHA is a trained female health activist in the community who creates awareness on health and its social determinants and mobilizes the community towards local health planning. There are 12,000 ASHAs engaged in the State. ASHAs are not paid any fixed monthly remuneration, however they are paid performance based incentives. ASHA is paid Rs 600/- for escorting the pregnant women for institutional delivery.

b) Jannai Suraksha Yojana (JSY)

The scheme is an intervention for safe motherhood and seeks to reduce Maternal and Neo-natal Mortality by promoting institutional deliveries by providing cash incentive to mothers who deliver their babies in a public health facility. To promote institutional deliveries cash benefits are being provided to the mother beneficiaries at Rs 1400/- in Rural areas and Rs 1000/- in Urban areas.

Physical verification of JSY beneficiaries is being by the State and district level health authorities as per the following norms:

- i) State level officers - 2%.
- ii) Chief Medical Officer - 5%.
- iii) District Nodal Officer (Deputy CMO) - 5%
- iv) Block Medical Officer - 10%

Regular monitoring and analysis is being done at State Health Society.

c) Janani Shishu Suraksha Karyakaram (JSSK)

With the launch of the Janani Suraksha Yojana (JSY), the number of institutional deliveries has increased significantly. There are however about 20 to 25% pregnant women who still hesitate to access health facilities. Those who have opted for institutional delivery are not willing to stay for 48 hours, hampering the provision of essential services both to the mother and neonates, which are critical for identification and management of complications during the first 48 hrs after delivery.

To encourage women to stay for 48 hrs at the facility after delivery and to make zero expenditure, Janani Shishu Suraksh Karyakram (JSSK) has been implemented in the State vide Govt. Order No. 516-HME of 2011 since October 2011, with view to encourage all pregnant women to deliver in Public Health Facilities and full fill the commitment of achieving cent percent Institutional deliveries. JSSK aims at mitigating the burden of out of pocket expenses incurred by pregnant women and infants, and is acting as a major factor in enhancing access to public health institutions and helps in bringing down the Maternal and Infant Mortality.

Grievance cells at facility level are in place. At state level a toll free no: 1800-1800-102/104 are in place for grievances from public/ employees/ ASHAs.

During the financial year 2013-14, the scheme was extended vide **Govt. Order No. 491-HME of 2013 dated: 30-08-2013**, to cover the infants & complications during antenatal, postnatal period, the entitlements under the programme for infants (0-1 year) are:-

1. Free and zero expense treatment.
2. Free drugs and consumables.
3. Free diagnostics.
4. Free provision of blood.
5. Free transport from home to health institution, between health institutions in case of referrals and drop back home
6. Exemption from all kinds of user charges.

Regular monitoring and analysis is being done at State Health Society.

d) Village health and Nutrition Days

The VHND has been implemented in the State with view to ensure an effective platform for providing first-contact primary health care. The village Health & Nutrition days are held every month (Thursdays) at prefixed AWW Centre of the village. During VHNDs the following services are provided:

- All pregnant women are to be registered.
- Registered pregnant women are to be given ANC.
- Dropout pregnant women eligible for ANC are to be tracked and services are to be provided to them.

Counseling of pregnant women also done regarding:

- Danger signs during pregnancy.
- Importance of institutional delivery and where to go for delivery.
- Importance of seeking post-natal care.

(ii) Mother Child Protection Cards

The State has initiated Joint MCP card of Ministry of Health & Family Welfare for Monitoring the Services of MCH and Nutrition interventions. This year about 1.5 Lakhs cards in Hindi, English & Urdu have been printed and distributed to all the Health Institutions including both Medical Colleges of the State. This card is being filled at the time of registration (Ist ANC) and ASHA incentives & JSY benefits to the mother are being given after verification of entries in the MCP card by the ANM. Separate funds for the printing of MCP cards are being reflected as per the estimated pregnancies of the State.

(iii) Safe Motherhood Booklet

This book informs a pregnant mother about her rights on the quality of service delivery being imparted during Antenatal care, postnatal care and Immunization. This year about 1.35 Lakhs booklets in Hindi, English & Urdu have been printed and distributed to all the Health Institutions including both Medical Colleges of the State.

(iv) Production of Video spots and Audio spots on Mother's Health, Child Health, JSY, small family norms, Breast feeding and NSV for creating awareness among the masses. It is an ongoing Activity.

(v) For creating awareness among pregnant women regarding various programmes. The hoardings have been installed in all the DPs of the state and also at prominent places in the towns of the state. About 150 hoardings have been installed in the state.

All the above mentioned activities are focused for ensuring 100% safe deliveries. Detailed action plan for achieving this is attached as "Annexure 1".

ANNEXURES

Annexure I - Action Plan (2014-15) for providing 100% Safe Deliveries

Category	Activity		Current Status	Responsibility	Remarks
Strengthening of Functional delivery points (according to the bench marks set by Govt. of India)	Identification of delivery points		150 in total (Annexure A)	SHS	As per benchmark set by GoI & information shared with Directorates Jammu/Kashmir & District Health Societies. Uploaded on website of jknrm.com
	Gap Analysis	Infrastructure	Detailed gap analysis already done regarding the infrastructure of the functional delivery points (Annexure B)	Director Health Services Jammu/Kashmir	As per the data received from District Health Societies, shortfall of following items were noted: <ul style="list-style-type: none"> • 125 Additional labor tables required • 225 Sterilizer/autoclave required • 185 Doptone required • 102 outlet forceps required • 82 ventouse machine required • 97 Ceasarean instrument set required • 120 OT lights required. This year procurement committee/Controller Provincial Medical Stores of both the Directorates will be shared this information for procurement of identified items as per facility.

		Blood Storage Centres (BSCs)	Line listing of 26 BSCs already done. (Annexure C)	Director Health Services/DHS	Blood Storage Centers (BSCs) for 26 FRUs have been approved and the list of approved BSCs have been shared with the Directorates and DHS for their early establishment in the facility.
		Manpower	Medical Officers, Specialists & Paramedics are being deployed as per the case load.	SHS/Director Health Services	Rationalization of the staff was done and staff from non-performing institutes was shafted to functional DPs. Rationalization and reallocation of job responsibilities of the regular staff can improve the RMNCHA services.
Strengthening of Labour Rooms, Gynae Ward & OT Of Gynae & Obs Deptt. GMC, Jammu/ Srinagar	Gap Analysis	Infrastructure	Proposal submitted by Principal, Govt. Medical College, Jammu/ Srinagar (Annexure D)	Principal, GMC, Jammu/ Srinagar	Procurement of items shall be carried out as per the proposal submitted under 13th Finance Commission.
Strengthening of Functional delivery points (according to the bench marks set by Govt. of India)	Capacity Building	SBA Trainings	771 ANMs/SNs/ISM doctors have been trained in SBA and all the FDPs are being saturated with SBA trained staff to ensure safe deliveries. Against the target of 216 for the FY 2013-14, 120 persons have been trained in SBA and rest have been kept as committed unspent for the year 2014-15.	DHS	In order to strengthen the delivery points the Government of India has approved the budget for SBA trainings for ISM Doctors, Staff Nurses, ANMs//LHVs in SBA with the condition that State must ensure SBA training at delivery points first and then other facilities. In this regard letter has been already circulated to all the districts regarding the SBA trainings and all the trainings are being monitored by officials from SHS and Directorate of Health Services.

		EmOC & BEmOC Trainings	Facilities from where nominees for trainings have to be selected are already been identified (Annexure E) & nominations for trainees will be sought from Director Health Services, J/K	SHS/ Medical Colleges	8 MOs will be trained in EmOC & 24 MOs will be trained in BEmOC in the current financial year.
		LSAS Training	Nominations will be sought from the Directorates and dates of trainings from the medical colleges.	SHS/ Medical Colleges	4 MOs will be trained in LSAS in the current financial year.
		MDR Training	2 divisional level workshops are proposed for training/sensitization of Medical Superintendents of Med. Colleges, DHs, CMOs, Dy.CMOs, BMOs & DPMs on MDR.	DHS/ SHS	3 divisional level workshops were conducted in which 195 officers including Medical Superintendents of Med. Colleges, DHs, CMOs, Dy.CMOs, BMOs & DPMs. Trainings completed.
Referral Transport	Operationalizing 102 call centres		Established at Jammu & Srinagar	SHS/ DHS	About 500 Ambulances have been fitted with VTMS and 2 call centres at both the divisions are established and functional.
	Providing Free referral transport under JSSK		Being provided	DHS	Janani Shishu Suraksha Karyakram (JSSK) has been implemented in the State with view to encourage all

				pregnant women to deliver in Public Health Facilities and full fill the commitment of achieving cent percent Institutional deliveries.
Schemes	ASHA	Ongoing Activity.	DHS	ASHAs are not paid any fixed monthly remuneration, however they are paid performance based incentives. ASHA is paid Rs 600/- for escorting the pregnant women for institutional delivery.
	Jannani Suraksha Yojana (JSY)	Ongoing Activity.	DHS	Physical verification of 5% beneficiares is being monitored by District Nodal Officers (JSY) & District Monitors. Regular monitoring and analysis is being done at SHS.
	Jannani Shishu Suraksha Karyakaram (JSSK)	Ongoing Activity.	DHS/Medical Colleges/ SKIMS Srinagar	Operational guidelines for JSSK have been drafted and uploaded on website too. Regular monitoring and analysis is being done at State Health Society.
IEC/ BCC for Awareness	MCP Cards	Ongoing Activity.	SHS	The State has initiated Joint MCP card of Ministry of Health & Family Welfare for Monitoring the Services of MCH and Nutrition interventions. This year about 1.5 lakhs cards in Hindi, English & Urdu have been printed and distributed to all the Health Institutions including both Medical Colleges of the State.
	Safe Motherhood Booklet	Ongoing Activity.	SHS	This book informs a pregnant mother about her rights on the quality of service delivery being imparted during Antenatal care, postnatal care and Immunization. This year about 1.35 lakhs books in

				Hindi, English & Urdu have been printed and distributed to all the Health Institutions including both Medical Colleges of the State.
	Production of Video spots and Audio spots on Mother's Health for creating awareness among the masses.	Ongoing Activity.	IEC Consultant, SHS	For creating awareness.
	Flex Hoardings	Ongoing Activity.	SHS	For creating awareness among pregnant women regarding various programmes. The hoardings have been installed in all the DPs of the state and also at prominent places in the towns of the state. About 150 hoardings have been installed in the state.

**ANNEXURE A: LIST OF FUNCTIONAL DELIVERY POINTS FOR THE
YEAR 2013-14
Total :150**

Bench Marks	S.N o.	District	Institutions	Deliveries	C- Section	Remarks
SCs conducting more than 3 deliveries per month	1	Kishtwar	SC Sigdi	73		
	2	Rajouri	SC Tatapani	43		
	3	Reasi	SC Kotali	37		Newly added in 4th Quarter of 2013-14
	4	Udhampur	SC Kudwah	28		
	5	Udhampur	SC Loudra	36		
	6	Udhampur	MAC Sarar	48		
	7	Udhampur	SC Meer	33		
	8	Udhampur	SC Latyar	42		
	9	Udhampur	SC Galyote	48		
	10	Udhampur	SC Sria	24		Newly added in 1st Quarter of 2013-14
	11	Udhampur	SC Panjar	36		Newly added in 3rd Quarter of 2013-14
	12	Doda	SC Bajjachirala	38		Newly added in 1st Quarter of 2013-14
	13	Anantnag	S/C Dehwatoo	64		
	14	Bandipora	S/C Ahamsharief	52		
	15	Bandipora	S/C Watapora	51		
	16	Bandipora	S/C Aloosa	39		
	17	Bandipora	S/C Pazalpora	19		
	18	Bandipora	SC Aragma	66		Newly added in 1st Quarter of 2013-14
	19	Bandipora	SC Babuad	50		Newly added in 1st Quarter of 2013-14
	20	Bandipora	SC Malangmabala	48		Newly added in 2nd Quarter of 2013-14
	21	Baramulla	SC Dachi	27		
	22	Kupwara	S/C Thayan	120		
	23	Kupwara	S/C Budnambal	22		
	24	Kupwara	S/C Putushai	67		

	25	Kupwara	S/C Nagsari	67		
	26	Kupwara	SC Chountiwari	45		Newly added in 1st Quarter of 2013-14
	27	Kupwara	SC Sarkuli	39		Newly added in 2nd Quarter of 2013-14
	28	Kupwara	SC Palpora	17		Newly added in 1st Quarter of 2013-14
	29	Kupwara	SC Varnou	52		Newly added in 1st Quarter of 2013-14
PHC 24X7 conducting more than 10 deliveries per month	1	Kishtwar	PHC Chatroo	370		
	2	Kishtwar	PHC Keeru	101		Newly added in 1st Quarter of 2013-14
	3	Udhampur	PHC Majalta	153		
	4	Udhampur	PHC Pancheri	138		
	5	Ramban	PHC Ukheral	402		
	6	Ramban	PHC Khari	95		
	7	Rajouri	PHC Mougla	141		
	8	Rajouri	PHC Budhal	200		
	9	Rajouri	PHC Manjakote	218		
	10	Reasi	PHC Pouni	124		
	11	Jammu	PHC Pallanwala	189		
	12	Jammu	PHC Dansal	130		Newly added in 4th Quarter of 2013-14
	13	Poonch	PHC Loran	98		Newly added in 1st Quarter of 2013-14
	14	Anantnag	PHC Achabal	303		
	15	Anantnag	PHC Larnoo	402		
	16	Anantnag	PHC Aishmuqam	111		
	17	Anantnag	PHC Saller	125		
	18	Anantnag	PHC Verinag	264		
	19	Anantnag	PHC Wandevalgam	183		
	20	Anantnag	PHC Hakoora	70		
	21	Bandipora	PHC Chantimulla	108		
	22	Baramulla	PHC BONIYAR	234		

	23	Baramulla	PHC DANGIWACH A	149		
	24	Baramulla	PHC Rohama	111		
	25	Baramulla	PHC Sheeri	128		Newly added in 2nd Quarter of 2013-14
	26	Budgam	PHC Khag	250		
	27	Budgam	PHC Soibug	222		
	28	Budgam	PHC Hardpanzo	229		
	29	Ganderbal	PHC Gund	298		
	30	Ganderbal	PHC Lar	85		
	31	Ganderbal	PHC Kullan	72		
	32	Kulgam	PHC Qazigund	405		
	33	Kulgam	PHC Qaimoh	68		
	34	Kulgam	PHC Devsar	97		
	35	Kupwara	PHC Kalaroose	262		
	36	Kupwara	PHC Chowgal	87		
	37	Kupwara	PHC Tarthpora	362		
	38	Kupwara	PHC Trehgam	371		
	39	Kupwara	PHC Drugmulla	127		
	40	Kupwara	PHC Panzgam	42		
	41	Kupwara	PHC Machil	116		Newly added in 1st Quarter of 2013-14
	42	Shopian	PHC Vehil	126		Newly added in 2nd Quarter of 2013-14
Other than PHC 24X7 conducting more than 10 deliveries per month	1	Reasi	PHC Gota	88		
	2	Reasi	PHC Budhan	88		Newly added in 1st Quarter of 2013-14
	3	Kupwara	PHC Awoora	134		
No. CHCs (Non-FRU) conducting > 10 deliveries/	1	Budgam	CHC Chattergam	67		
	2	Budgam	CHC Nagam	200		
	3	Bandipora	CHC Hajin	204		Newly added in 3rd Quarter of 2013-14

month						
FRUs conducting more than 20 deliveries per month	1	Poonch	CHC Surankote	654	44	
	2	Poonch	CHC Mendhar	754		
	3	Poonch	CHC Mandi	338		
	4	Ramban	CHC Batote	533	3	
	5	Ramban	CHC Banihal	1200	161	
	6	Doda	CHC Bhaderwah	543	45	
	7	Doda	CHC Gandoh	287		
	8	Rajouri	CHC Sunderbani	1809	329	
	9	Rajouri	CHC Nowshera	1154	55	
	10	Rajouri	CHC Kandi	229		
	11	Rajouri	CHC Darhal	409		
	12	Rajouri	CHC Kalakote	192	8	Newly added in 1st Quarter of 2013-14
	13	Reasi	CHC Katra	348	56	
	14	Samba	CHC Ramgarh	320	74	
	15	Samba	AH (CHC) Vijaypur	288	66	
	16	Kathua	CHC Hiranagar	308	64	
	17	Kathua	CHC Billawar	1123	147	
	18	Kathua	CHC Bani	249		
	19	Udhampur	CHC Ramnagar	762	57	
	20	Udhampur	CHC Chenani	593	110	
	21	Jammu	CHC RS Pura	592	1	
	22	Jammu	CHC Akhnoor	2439	757	
	23	Jammu	CHC Bishnah	327	78	
	24	Anantnag	CHC Bijbehara	842	104	
	25	Anantnag	CHC Kokernag	716	11	
	26	Anantnag	CHC Seer	403	1	

	27	Anantnag	CHC Shangus	671		
	28	Anantnag	CHC Dooru	142		
	29	Bandipora	CHC Sumbal	700	124	
	30	Baramulla	CHC URI	796	34	
	31	Baramulla	CHC SOPORE	2671	598	
	32	Baramulla	CHC KREERI	514	181	
	33	Baramulla	CHC PATTAN	662	22	
	34	Baramulla	CHC TANGMARG	616	78	
	35	Budgam	CHC Beerwah	360	60	
	36	Budgam	CHC Chadora	413	179	
	37	Budgam	CHC Ch.Sharif	314	57	
	38	Budgam	CHC Magam	634	54	
	39	Budgam	CHC Kh.Sahib	426	32	
	40	Ganderbal	CHC Kangan	845	121	
	41	Kulgam	CHC D H Pora	301		
	42	Kupwara	CHC Kupwara	2572	617	
	43	Kupwara	CHC Kralpora	391		
	44	Kupwara	CHC Sogam	1128	185	
	45	Kupwara	CHC Tangdar	951	81	
	46	Kupwara	CHC Langate	223		
	47	Pulwama	SDH Pampore	836	213	
	48	Pulwama	CHC Tral	661	35	
	49	Shopian	CHC Keller	232	10	
	50	Srinagar	CHC-Gousia Hosital Khanyar	313	154	
DHs conducting more than	1	Poonch	DH Poonch	4410	1046	
	2	Doda	DH Doda	2450	640	

50 deliveries per month	3	Ramban	DH Ramban	1023	76	
	4	Rajouri	DH Rajouri	3603	328	
	5	Reasi	DH Reasi	805	61	
	6	Samba	DH Samba	1331	272	
	7	Kathua	DH Kathua	3030	1332	
	8	Kishtwar	DH Kishtwar	2855	685	
	9	Udhampur	DH Udhampur	3757	982	
	10	Jammu	DH G Nagar	3002	1820	
	11	Jammu	DH Sarawal	1747	773	
	12	Anantnag	MCCH (DH) Ananatnag	11591	3653	
	13	Bandipora	DH Bandipora	1320	183	
	14	Baramulla	D.H. BARAMULLA	3220	1315	
	15	Budgam	Distt.Hospital	903	243	
	16	Ganderbal	DH Ganderbal	822	199	
	17	Kargil	D Hospital	1661	215	
	18	Kulgam	District Hospital	2028	241	
	19	Kupwara	District Hospital Handwara	1970	410	
	20	Leh	District Hospital (SNM)	1654	315	
	21	Pulwama	District Hospital Pulwama	2767	1390	
	22	Shopian	DH SHOPIAN	940	279	
	23	Srinagar	District Hospital	2702	2299	

ANNEXURE – B

GAP ANALYSIS OF DELIVERY POINTS FOR THE YEAR 2013-14 as per HMIS report																						Total :150		
Bench Marks	S. No.	District	Institutions	Deliveries	C-Section	Fn LR (Y/N)	Fn LR with NBC C (Y/N)	Fn OT (Y/N)	Fn BS U (Y/N)	Fn BB (Y/N)	Availability of Essen. Drugs (Y/N)	B M W (Y/N)	MOs & Specialist(Mention No of Anesth. OBG, Pedia. LSAS / EmOC Trained MO and other MO								NO. of SNs/ ANMs posted at the facility			
													Mos		Anas		Paeds		Gyane		SNs		ANMs	
													NRHM	REG	NRHM	REG	NRHM	REG	NRHM	REG	NRHM	REG	NRHM	REG
SCs conducting more than 3 deliveries per month	1	Kishtwar	SC Sigdi	73		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	2	Rajouri	SC Tatapani	43		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	3	Reasi	SC Kotali	37		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	4	Udhampur	SC Kudwah	28		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	0
	5	Udhampur	SC Loudra	36		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	0
	6	Udhampur	MAC Sarar	48		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	0	0
	7	Udhampur	SC Meer	33		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	8	Udhampur	SC Latyar	42		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	0
	9	Udhampur	SC Galyote	48		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	10	Udhampur	SC Sria	24		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
	11	Udhampur	SC Panjar	36		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1

12	Doda	SC Bajjachirala	38		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
13	Anantnag	S/C Dehwatoo	64		N	Y	N	N	N	N	N	0	0	0	0	0	0	0	0	0	0	1	0
14	Bandipora	S/C Ahamsharief	52		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
15	Bandipora	S/C Watapora	51		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	1	0	1	1
16	Bandipora	S/C Aloosa	39		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
17	Bandipora	S/C Pazalpura	19		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
18	Bandipora	SC Aragma	66		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	1
19	Bandipora	SC Babuad	50		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	0
20	Bandipora	SC Malangmabala	48		Y	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	1	0
21	Baramulla	SC Dachi	27		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
22	Kupwara	S/C Thayan	120		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
23	Kupwara	S/C Budnambal	22		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
24	Kupwara	S/C Putushai	67		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
25	Kupwara	S/C Nagsari	67		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
26	Kupwara	SC Chountiwari	45		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	0	1
27	Kupwara	SC Sarkuli	39		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1

	28	Kupwar a	SC Palpora	17		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
	29	Kupwar a	SC Varnou	52		Y	N	N	N	N	Y	Y	0	0	0	0	0	0	0	0	0	0	1	1
PHC 24X7 conducting more than 10 deliveries per month	1	Kishwar	PHC Chatroo	370		Y	Y	N	N	N	Y	Y	2	1	0	0	0	0	0	0	2	0	0	1
	2	Kishwar	PHC Keeru	101		Y	Y	N	N	N	Y	Y	2	0	0	0	0	0	0	0	1	1	0	1
	3	Udhampur	PHC Majalta	153		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	1	0	1	2
	4	Udhampur	PHC Pancheri	138		Y	Y	N	N	N	Y	Y	2	0	0	0	0	0	0	0	0	0	2	0
	5	Ramban	PHC Ukheral	402		Y	Y	N	N	N	Y	Y	4	1	0	0	0	0	0	0	2	0	0	1
	6	Ramban	PHC Khari	95		Y	Y	N	N	N	Y	Y	4	0	0	0	0	0	0	0	2	1	0	1
	7	Rajouri	PHC Mougla	141		Y	Y	N	N	N	Y	Y	1	0	0	0	0	0	0	0	2	1	0	1
	8	Rajouri	PHC Budhal	200		Y	Y	N	N	N	Y	Y	1	0	0	0	0	0	0	0	2	1	0	2
	9	Rajouri	PHC Manjakote	218		Y	Y	N	N	N	Y	Y	1	1	0	0	0	0	0	0	1	1	0	1
	10	Reasi	PHC Pouni	124		Y	Y	Y	N	N	Y	Y	1	0	0	0	0	0	0	0	0	0	2	1
	11	Jammu	PHC Pallanwala	189		Y	Y	N	N	N	Y	Y	1	4	0	0	0	0	0	0	1	5	0	1
	12	Jammu	PHC Dansal	130		Y	Y	N	N	N	Y	Y	1	4	0	0	0	0	0	0	2	1	1	1
	13	Poonch	PHC Loran	98		Y	Y	N	N	N	Y	N	1	0	0	0	0	0	0	0	2	0	0	1
	14	Anantnag	PHC Achabal	303		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
	15	Anantnag	PHC Larnoo	402		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	0

16	Ana ntn ag	PHC Aishmuqam	111		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
17	Ana ntn ag	PHC Saller	125		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	0
18	Ana ntn ag	PHC Verinag	264		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
19	Ana ntn ag	PHC Wandevlgam	183		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
20	Ana ntn ag	PHC Hakoora	70		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
21	Ban dipo ra	PHC Chantimulla	108		Y	N	N	N	N	Y	y	1	2	0	0	0	0	0	0	2	0	0	1
22	Bar am ulla	PHC BONIYAR	234		Y	Y	N	N	N	Y	Y	1	2	0	0	0	0	0	0	2	0	0	2
23	Bar am ulla	PHC DANGIWACHA	149		Y	Y	N	N	N	Y	Y	2	3	0	0	0	0	0	0	2	0	0	4
24	Bar am ulla	PHC Rohama	111		Y	N	N	N	N	Y	Y	2	3	0	0	0	0	0	0	0	0	0	1
25	Bar am ulla	PHC Sheeri	128		Y	Y	N	N	N	Y	Y	1	2	0	0	0	0	0	0	1	1	0	3
26	Bud gam	PHC Khag	250		Y	Y	N	N	N	Y	Y	1	2	0	0	0	0	0	0	2	0	0	3
27	Bud gam	PHC Soibug	222		Y	Y	N	N	N	Y	Y	1	2	0	0	0	0	0	0	2	0	0	3
28	Bud gam	PHC Hardpanzo	229		Y	Y	N	N	N	Y	Y	1	0	0	0	0	0	0	0	2	0	0	1
29	Gan der bal	PHC Gund	298		Y	Y	N	N	N	Y	Y	1	3	0	0	0	0	0	0	1	1	0	1
30	Gan der bal	PHC Lar	85		Y	Y	N	N	N	Y	Y	1	3	0	0	0	0	0	0	0	1	0	1
31	Gan der bal	PHC Kullan	72		Y	Y	N	N	N	Y	Y	1	3	0	0	0	0	0	0	1	0	0	0

	32	Kulgam	PHC Qazigund	405		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	1	0	2	1	0	1
	33	Kulgam	PHC Qaimoh	68		Y	Y	N	N	N	Y	Y	2	3	0	0	0	0	0	0	2	1	0	2
	34	Kulgam	PHC Devsar	97		Y	Y	N	N	N	Y	Y	2	1	0	0	0	0	0	0	2	0	0	1
	35	Kupwara	PHC Kalaroose	262		Y	Y	N	N	N	Y	Y	2	1	0	0	0	0	0	0	2	1	0	1
	36	Kupwara	PHC Chowgal	87		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
	37	Kupwara	PHC Tarthpora	362		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
	38	Kupwara	PHC Trehgam	371		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	1
	39	Kupwara	PHC Drugmulla	127		Y	Y	N	N	N	Y	Y	2	1	0	0	0	0	0	0	2	1	0	1
	40	Kupwara	PHC Panzgam	42		Y	Y	N	N	N	Y	Y	2	1	0	0		0	0	0	2	1	0	1
	41	Kupwara	PHC Machil	116		Y	Y	N	N	N	Y	Y	4	0	0	0	0	0	0	0	2	1	0	1
	42	Shopian	PHC Vehil	126		Y	Y	N	N	N	Y	Y	1	1	0	0	0	0	0	0	2	0	0	1
Other than PHC 24X7 conducting more than 10 deliveries per month	1	Reasi	PHC Gota	88		N	N	N	N	N	Y	N	3	0	0	0	0	0	0	0	0	1	0	1
	2	Reasi	PHC Budhan	88		N	N	N	N	N	Y	N	0	0	0	0	0	0	0	0	0	0	0	1
	3	Kupwara	PHC Awoora	134		Y	Y	N	N	N	Y	Y	0	2	0	0	0	0	0	0	0	0	0	2
No. CHCs	1	Budgam	CHC Chattergam	67		Y	Y	N	Y	N	Y	Y	2	3	0	0	0	0	0	0	2	1	0	3

(Non-FRU) conducting > 10 deliveries/month	2	Budgam	CHC Nagam	200		Y	Y	Y	Y	N	Y	Y	2	6	0	1	0	0	0	0	2	4	0	1
	3	Ban dipora	CHC Hajan	204		Y	Y	Y	N	N	Y	Y	2	6	0	0	0	0	0	0	2	0	0	0
FRUs conducting more than 20 deliveries per month	1	Poonch	CHC Surankote	654	44	Y	Y	Y	Y	N	Y	Y	2	3	0	1	0	0	0	0	2	6	0	1
	2	Poonch	CHC Mendhar	754		Y	Y	Y	Y	N	Y	Y	2	7	0	0	0	0	0	0	1	7	0	4
	3	Poonch	CHC Mandi	338		Y	Y	Y	N	N	Y	Y	2	1	0	0	0	0	0	1	2	1	0	1
	4	Ramban	CHC Batote	533	3	Y	Y (Sta b. UNit)	Y	N	N	Y	Y	2	1	0	1	0	0	0	1	2	1	0	1
	5	Ramban	CHC Banihal	1200	161	Y	Y	Y	N	N	Y	Y	2	3	0	1	0	1 PG	0	1	2	3	0	3
	6	Doda	CHC Bhaderwah	543	45	Y	Y (Sta b. UNit)	Y	N	N	Y	N	2	11	0	1	0	1	0	0	1	5	0	11
	7	Doda	CHC Gandoh	287		Y	Y	Y	N	N	Y	N	2	5	0	0	0	1	0	0	1	6	2	3
	8	Rajouri	CHC Sunderbani	1809	329	Y	Y	Y	Y	N	Y	Y	1	6	0	1	0	1	0	1	2	7	0	2
	9	Rajouri	CHC Nowshera	1154	55	Y	Y	Y	Y	N	Y	Y	2	3	1	1	0	1	0	2	2	2	0	3
	10	Rajouri	CHC Kandi	229		Y	Y	N	N	N	Y	Y	1	3	0	0	0	0	0	0	2	1	0	3
	11	Rajouri	CHC Darhal	409		Y	Y	Y	N	N	Y	Y	2	2	0	0	0	1	0	0	2	3	0	1
	12	Rajouri	CHC Kalakote	192	8	Y	Y	Y	N	N	Y	Y	0	1	0	1	0	0	1	0	2	3	0	4
	13	Reasi	CHC Katra	348	56	Y	Y	Y	Y	N	Y	Y	1	3	0	1	0	1	1	1	2	4	0	2
	14	Sambara	CHC Ramgarh	320	74	Y	Y	Y	N	N	Y	Y	2 (+2 Sp)	6	0	0	0	1	0	1	1	4	0	1

												eci alis t)												
15	Sam ba	CHC Vijaypur	288	66	Y	Y	Y	N	N	Y	Y	2	9	0	1	0	1	0	1	1	3	0	5	
16	Kat hua	CHC Hiranagar	308	64	Y	Y	Y	N	N	Y	Y	2	4	0	1	0	1	0	1	1	6	0	3	
17	Kat hua	CHC Billawar	1123	147	Y	Y	Y	N	N	Y	Y	2	3	1	1	0	1	0	0	2	4	0	2	
18	Kat hua	CHC Bani	249		Y	(Sta b. UNit)	Y	N	N	Y	Y	1	2	0	1	0	0	0	0	1	2	0	2	
19	Udh amp ur	CHC Ramnagar	762	57	Y	Y	Y	Y	N	Y	Y	2	5	0	0	0	0	0	1	1	4	1	6	
20	Udh amp ur	CHC Chenani	593	110	Y	Y	Y	Y	N	Y	Y	2	6	0	1	0	1	0	0	0	5	2	4	
21	Jam mu	CHC RS Pura	592	1	Y	Y	Y	N	N	Y	Y	2	6	0	1	0	1	0	1	1	12	0	3	
22	Jam mu	CHC Akhnoor	2439	757	Y	Y	Y	Y	N	Y	Y	2	9	0	2		2		2	1	9	0	7	
23	Jam mu	CHC Bishnah	327	78	Y	Y	Y	N	N	Y	Y	2	5	0	1	0	1	0	1	1	3	0	7	
24	Ana ntn ag	CHC Bijbehara	842	104	Y	Y	Y	Y	N	Y	Y	2	7	0	1	0	1	0	1	8	7	0	0	
25	Ana ntn ag	CHC Kokernag	716	11	Y	Y	Y	Y	N	Y	Y	2	9	0	0	0	0	0	1	2	6	0	0	
26	Ana ntn ag	CHC Seer	403	1	Y	Y	N	N	N	Y	Y	2	8	1	1	1	0	0	1	2	7	0	0	
27	Ana ntn ag	CHC Shangus	671		Y	Y	N	N	N	Y	Y	2	4	0	0	0	0	0	0	2	5	0	0	
28	Ana ntn ag	CHC Dooru	142		Y	Y	Y	N	N	Y	Y	2	7	0	1	0	1	0	1	1	1	0	3	
29	Ban dipo ra	CHC Sumbal	700	124	Y	Y	Y	y	N	Y	y	2	7	0	2	0	0	0	1	2	7	0	0	
30	Bar am ulla	CHC URI	796	34	Y	Y	Y	Y	N	Y	Y	2	3	0	1	0	0	0	0	0	2	0	2	

31	Bar am ulla	CHC SOPORE	2671	598	Y	Y	Y	Y	N	Y	Y	2	4	0	1	1	0	0	3	2	4	0	7
32	Bar am ulla	CHC KREERI	514	181	Y	Y	Y	Y	N	Y	Y	2	4	0	2	0	0	0	2	2	5	0	4
33	Bar am ulla	CHC PATTAN	662	22	Y	Y	Y	Y	N	Y	Y	2	7	0	1	0	0	0	1	2	6	0	1
34	Bar am ulla	CHC TANGMARG	616	78	Y	Y	Y	Y	N	Y	Y	3	9	0	2	0	1	0	1	2	2	0	2
35	Bud gam	CHC Beerwah	360	60	Y	Y	Y	Y	Y	Y	Y	2	3	0	1	1	0	0	1	2	3	0	2
36	Bud gam	CHC Chadora	413	179	Y	Y	Y	Y	Y	Y	Y	2	6	0	1	0	0	0	1	2	4	0	2
37	Bud gam	CHC Ch.Sharif	314	57	Y	Y	Y	Y	N	Y	Y	2	11	0	1	0	0	0	0	2	2	0	0
38	Bud gam	CHC Magam	634	54	Y	Y	Y	Y	N	Y	Y	2	9	0	1	0	1	0	1	8	2	0	2
39	Bud gam	CHC Kh.Sahib	426	32	Y	Y	Y	Y	N	Y	Y	2	3	0	1	0	1	0	1	2	0	0	2
40	Gan der bal	CHC Kangan	845	121	Y	Y	Y	Y	N	Y	Y	2	10	1	1	0	0	1	1	1	3	0	1
41	Kul gam	CHC D H Pora	301		Y	Y	N	N	N	Y	Y	2	4	0	0	0	0	1	0	2	2	0	1
42	Kup war a	CHC Kupwara	2572	617	Y	Y	Y	Y	Y	Y	Y	2	5	2	1	0	0	0	4	10	2	0	2
43	Kup war a	CHC Kralpora	391		Y	Y	N	N	N	Y	Y	2	2	0	0	0	0	0	0	2	1	0	2
44	Kup war a	CHC Sogam	1128	185	Y	Y	Y	Y	N	Y	Y	2	4	1	0	0	0	1	0	0	1	0	2
45	Kup war a	CHC Tangdar	951	81	Y	Y	Y	N	N	Y	Y	2	4	0	1	0	0	1	1	2	1	0	1
46	Kup war a	CHC Langate	223		Y	Y	N	N	N	Y	Y	2	4	0	0	0	0	0	0	2	2	0	1
47	Pul wa ma	CHC Pampore	836	213	Y	Y	Y	Y	N	Y	Y	2	7	0	2	0	1	0	2 (DG O)	2	6	0	0

	48	Pul wa ma	CHC Tral	661	35	Y	Y	Y	N	N	Y	Y	2	7	0	1	0	1	0	1	2	7	0	1
	49	Sho pian	CHC Keller	232	10	Y	Y	Y	N	N	Y	Y	2	2	1	0	0	0	0	1	2	6	0	1
	50	Srin agar	CHC-Gousia Hosital Khanyar	313	154	Y	Y	Y	Y	N	Y	Y	2	6	0	2	0	1	0	1	2	4	0	2
DHs condu cting more than 50 delive ries per mont h	1	Poo nch	DH Poonch	4410	104 6	Y	Y(SN CU)	Y	N	Y	Y	Y	2	6	0	2	0	2	0	3	14	14	0	8
	2	Dod a	DH Doda	2450	640	Y	Y	Y	Y	Y	Y	N	2	10	0	1	1	1	0	2	10	16	0	9
	3	Ra mba n	DH Ramban	1023	76	Y	N	Y	N	Y	Y	Y	1	4	0	0	0	1 PG	0	2(1P G)	9	7	0	4
	4	Rajo uri	DH Rajouri	3603	328	Y	Y	Y	N	Y	Y	Y	4	9	0	2	1	3	0	4	15	17	0	8
	5	Rea si	DH Reasi	805	61	Y	Y	Y	Y	N	Y	Y	1	7	0	1	0	1	0	1	2	4	6	4
	6	Sam ba	DH Samba	1331	272	Y	N	Y	Y	N	Y	Y	2 (+1 Sp eci alis t)	7	0	1	0	1	0	2	4	2	0	3
	7	Kat hua	DH Kathua	3030	133 2	Y	Y (SN CU)	Y	N	Y	Y	Y	2	12	1	1	0	1	0	3	5	16	0	7
	8	Kis htw ar	DH Kishtwar	2855	685	Y	Y	Y	Y	Y	Y	Y	5	3	0	1	0	1	0	1	14	9	0	6
	9	Udh amp ur	DH Udampur	3757	982	Y	Y (FN LR with SNC U)	Y	N	Y	Y	Y	0	12	0	1	0	2	0	3	1	15	14	11
	10	Jam mu	DH G Nagar	3002	182 0	Y	Y (SN CU)	Y	N	Y	Y	Y	4	26	0	2	1	3	0	4	8	26	0	3
	11	Jam mu	DH Sarawal	1747	773	Y	Y	Y	Y	N	Y	Y	0	11	0	1	0	2	0	3	9	15	1	6

12	Anantnag	MCCH Ang	11591	3653	Y	Y	Y	Y	N	Y	Y		7		2		2		2		6		0
13	Bandipora	DH Bandipora	1320	183	Y	Y	Y	y	N	Y	Y	2	7	0	2	0	1	0	1	10	7	0	1
14	Baramulla	D.H. BARAMULLA	3220	1315	Y	Y	Y	Y	Y	Y	Y	3	30	0	2	1	1	0	4	11	15	0	5
15	Budgam	Distt.Hospital	903	243	Y	Y	Y	Y	N	Y	Y	4	22	0	2	1	1	0	2	11	2	0	2
16	Ganderbal	DH Ganderbal	822	199	Y	Y	Y	N	N	Y	Y	2	6	0	1	0	1	0	1	0	7	0	1
17	Kargil	D Hospital	1661	215	Y	Y	Y	N	Y	Y	Y	2	15	0	0	0	2	0	3	2	30	0	5
18	Kulgam	District Hospital	2028	241	Y	Y	Y	N	Y	Y	Y	2	11	1	1	1	1	1	2	10	10	0	5
19	Kupwara	District Hospital Handwara	1970	410	Y	Y	Y	Y	Y	Y	Y	4	17	0	2	1	0	0	5	15	3	0	1
20	Leh	District Hospital (SNM)	1654	315	Y	Y	Y	Y	Y	Y	Y	3	21	-	2	0	2	0	3	15	32	0	11
21	Pulwama	District Hospital Pulwama	2767	1390	Y	Y	Y	Y	Y	Y	Y	0	23	0	2	0	1	0	2	10	7	0	2
22	Sho pian	DH SHOPIAN	940	279	Y	Y	Y	N	N	Y	Y	3	7	1	1	0	1	1	1	10	6	0	1
23	Srinagar	District Hospital	2702	2299	Y	Y	Y	Y	Y	Y	Y	4	15	0	4	1	2	0	6	10	0	0	2

ANNEXURE – C

Line listing of Blood Storage Centres to be established in the State		
S.No.	Division	Name Of FRU
1	Jammu	FRU Bishnah
2		FRU R.S Pura
3		FRU Chennani
4		FRU Ramgarh
5		FRU Hiranagar
6		FRU Basohli
7		FRU Billawar
8		FRU Gandoh
9		FRU Thathri
10		FRU Kalakote
11		FRU Thannamandi
12		FRU Banihal
13		FRU Katra
14	Kashmir	FRU Bijbehara
15		FRU Kokernag
16		FRU Magam
17		FRU Ch. Sharief
18		FRU Sogam
19		FRU Tangdhar
20		FRU Kralpora
21		FRU Pampore
22		FRU Khalsti
23		FRU Uri
24		FRU Sopore
25		FRU Kreeri
26		FRU Tangmarg

Annexure "D"

Strengthening of Labour Rooms / Recovery ward and Operation Theatre of Gynae and Obstetric in SMGS Hospital Jammu and Lalla Ded Hospital Srinagar

S.No	Name of Item	SMGS Hospital Jammu						Lalla Ded Hospital Srinagar			Grand Total (Rs. in Lakhs)
		Quantity Required				Unit Cost (Rs)	Tentative Cost (Rs. in lakhs)	Quantity Required	Unit Cost (Rs)	Tentative Cost (Rs. in lakhs)	
	High Risk Pregnancy Room		Required	In House	Deficiency						
1	Fowler's Beds with Monitors	4	4	1	3	50000	2.00	5	50000	2.50	4.50
Post operative Recovery and eclampsia room											0.00
1	Fowler's Beds with Monitors	6	1	0	1	50000	3.00	7	50000	3.50	6.50
2	CTG machines	2	1	0	1	60000	1.20	2	60000	1.20	2.40
3	Infusion pumps	5	2	0	2	30000	1.50	2	30000	0.60	2.10
Obstetric ICU room											0.00
1	ICU beds with monitors	2	1	0	1	150000	3.00	2	150000	3.00	6.00
2	Ventilators	2	1	0	1	1500000	30.00	2	1500000	30.00	60.00
3	Infusion pumps	2	1	0	1	30000	0.60	2	30000	0.60	1.20
4	ABG machine	1	1	0	1	400000	4.00	1	400000	4.00	8.00
5	Defibrillator	1	1	0	1	110000	1.10	2	110000	2.20	3.30
Second Stage Room										0.00	0.00
1	New labour beds	10	2	2	0	30000	3.00	10	30000	3.00	6.00
2	CTG machines	8	2	0	2	60000	4.80	8	60000	4.80	9.60
3	Infusion pumps	8	2	0	2	30000	2.40	8	30000	2.40	4.80

4	Fetal Dropper	2				15000 0	3.00	2	15000 0	3.00	6.00
For delivery suites											0.00
1	Delivery beds	8	1	0	1	30000	2.40	8	30000	2.40	4.80
2	High intensity lamps	8	1	0	1	10000	0.80	8	10000	0.80	1.60
3	Boyles apparatus	1	1	0	1	15000 0	1.50	1	15000 0	1.50	3.00
Establish a new Elective Cesarean OT Table											0.00
1	Operation Table Hydraulic with Remote Control	1				40000 0	4.00	1	40000 0	4.00	8.00
2	Boyles apparatus	1				1000 000	10.00	1	10000 00	10.00	20.00
3	Defibrillator	1				1000 00	1.00	1	10000 0	1.00	2.00
4	Multichannel monitor	1				1500 00	1.50	1	15000 0	1.50	3.00
	Total						80.80			82.00	162.80

ANNEXURE – E

Nominees for BeMOC Trainings to be selected from following functional delivery points		
S.No.	District	Name of Facility
1	Anantnag	PHC Achabal
2		PHC Larnoo
3		PHC Aishmuqam
4		PHC Saller
5		PHC Verinag
6	Bandipora	PHC Chantimulla
7		PHC Hajin
8	Baramulla	PHC Boniyar
9		PHC Dangiwacha
10	Budgam	PHC Khag
11		PHC Soibug
12	Ganderbal	PHC Gund
13		PHC Lar
14	Kupwara	PHC Kalaroose
15		PHC Chowgal
16		PHC Tarthpora
17		PHC Vilgam
18		PHC Trehgam
19		PHC Drugmulla
20		PHC Panzgam
21		PHC Awoora
22	Jammu	PHC Dansal
23		PHC Pallanwala
24	Kishtwar	PHC Chatroo
25		PHC Atholi
26	Rajouri	PHC Manjakote
27	Udhampur	PHC Majalta
28		PHC Pancheri
29	Ramban	PHC Ukerhal
30		PHC Khari
31		PHC Ramssoo