

**ACTION PLAN**

**FOR**

**REDUCING INFANT MORTALITY RATE**

**&**

**NEONATAL MORTALITY RATE**

**(2012-13)**



**Jammu and Kashmir**  
**NATIONAL RURAL HEALTH MISSION**

**Introduction:**

Different strategies adopted for child health under NRHM are directed to reduce the IMR in the country. Towards the achievement of goal of IMR less than 30 by 2012, the State adopted the strategies framed by the Ministry of Health and Family Welfare Govt. of India and achieved an IMR of 43, though not exactly what was to be achieved but definitely a better indicator than national average and many other States.

**Situational Analysis:** Infant Mortality Rate of the State was 51 in 2007 and has declined to 43 in 2010, Neonatal Mortality rate was 39 in the year 2007 and has declined to 35 in the year 2010. Under 5 Mortality rate declined from 55 in 2008 to 48 in 2010. These indicators show the impact of services provided under NRHM. Although the current IMR at 43/1000 live births is lower than National Average of 47/1000 live births, the Neonatal Mortality rate is still higher.

<b>J&amp;K</b>	<b>TREND</b>				<b>TARGETS</b>				
<b>Child Mortality Indicator</b>	<b>SRS 2008</b>	<b>SRS 2009</b>	<b>SRS 2010</b>		<b>SRS 2011</b>	<b>SRS 2012</b>	<b>SRS 2013</b>	<b>SRS 2014</b>	<b>SRS 2015</b>
			<b>National Level</b>	<b>J&amp;K</b>					
<b>E-NMR</b>	33	32	<b>25</b>	<b>30</b>	28	26	24	22	20
<b>NMR</b>	39	37	<b>33</b>	<b>35</b>	32	29	27	25	23
<b>IMR</b>	49	45	<b>47</b>	<b>43</b>	40	37	34	31	28
<b>U5MR</b>	55	50	<b>59</b>	<b>48</b>	44	40	37	34	31

As per SRS 2010 Neonatal Mortality Rate (NMR) of our State is 35 which is higher than that of the national average of 33. After analysing the data more deaths are taking place in the age group of 0-7 days which is reflected by E-NMR 30 of our State against the national average of 25. Our main focus in the coming years is to provide better health care to infants with more focus on neonates, the State proposes to address this issue by providing better Facility Based Neonatal Care (FBNC) & Home Based Neonatal Care (HBNC).

**Strategies:-**

In order to reduce the IMR & NMR of the State, Facility Based Newborn Care Units will be strengthened in all functional delivery points besides increase in Institutional deliveries & follow up of the Neonates for 42 days as per the guidelines of HBNC will be followed strictly.

### **Facility Based Newborn Care:-**

Emphasis is on strengthening of existing Facility Based Newborn Care Units (SNCUs/NBSUs/NBCCs) at different levels, as most of these units have been established but need to be operationalised so that desired outputs are achieved.

List of district wise established & under progress FBNC units are placed as **Annexure 'A'**

**Special Newborn Care Units:** - Eight SNCUs have been established till date & 07 more are to be established during this year of which work is under progress in 6 SNCUs whereas work on SNCU at Govt. Hospital Sarwal (Budget approved this year) will be taken up shortly. Operational cost for 5 functional SNCUs @ Rs 10 lakhs (Gandhi Nagar Jammu, DH Udhampur, DH Kathua, DH Anantnag, and DH Leh) whereas for other 3 established SNCUs @ Rs 5 lakhs (DH Kargil, DH Baramulla & DH Poonch) have been approved this year.

**Newborn Stabilization Units:-** 68 NBSUs have been established till date in the State whereas work is in progress in 15 NBSUs. Strengthening of existing NBSUs will be carried out this financial year for this purpose an amount @ Rs 1.75 lakhs /unit have been approved as operational cost for 45 NBSUs. **List placed as Annexure 'B'**.

**Newborn Care Corners:** 269 Newborn Care Corners have been established in the State till date. In the previous years the grant for setting up of NBCC was only Rs. 25000/- & in most of the facilities the equipment purchased includes Oxygen cylinders, Suction apparatus, Laryngoscope etc whereas in many of the Institutions radiant warmers were not purchased. Since trained staff and radiant warmers are the essential components of NBCC, radiant warmers will be required in these NBCCs. An amount of Rs. 42.50 lakhs @ Rs 85,000 per unit has been approved for procurement of equipments for NBCCs including radiant warmer for 50 delivery points/facilities. **List placed as Annexure 'C'**.

Moreover for strengthening of existing units Operational cost for 200 baby care corners @ Rs 20,000/unit has been approved this financial year. **List placed as Annexure 'D'**.

### **Strengthening of Facility Based Newborn Care in Medical College Hospitals**

For strengthening of tertiary care hospitals of State i.e SMGS Hospital Jammu & GB Pant Hospital Srinagar, Rs 2 Crore each were proposed in the PIP for the year 2012-13 & the amount have been approved by GOI for Strengthening of the paediatrics department during this financial year. Principal GMC Srinagar/ Jammu have already been intimated to submit the DPR in this regard so that the funds are released.

### **Capacity building of health care providers**

For implementation of Facility Based newborn Care capacity building is need of the hour in this regard following trainings have been approved by Govt. of India in current financial year:

- a. Facility Based Newborn Care Training.(Training Staff of SNCU)
- b. Facility based Integrated Management of Neonatal and Childhood Illness Training.(Training Staff for Newborn Stabilization Units).
- c. Navjat Shishu Suraksha Karyakaram (NSSK).

a) **Facility Based Newborn Care Training (SNCU Training):-** All the doctors and nurses posted in SNCUs at District Hospitals and NICUs at GMC Jammu / Srinagar need to undergo a more intensive training programme, including an observership at a recognised centre. The training programme will include skill based training on essential and special new born care. Trained persons can further act as trainers for Staff at CHC and PHC Level for operationalization of Newborn Stabilization Units & Newborn baby Care Corners.

**The Details of the Training Plan for FBNC (SNCU):**

Total 4 batches with batch Strength of 10 Paediatricians/ Medical Officers and 14 Staff Nurses each

<b>FBNC training plan 18 days (4 days training followed by 2 weeks observership) with batch size 24 each</b>			
Cadre	Total training load 2012-2013	To be achieved in	
		Q2	Q3
Paediatricians/ Medical Officers	40	20	20
Staff Nurses	56	28	28
<b>Total</b>	<b>96</b>	<b>48</b>	<b>48</b>

Total 96 Staff members (40 Doctors and 56 Staff Nurses) shall be trained in 4 batches with batch Strength of 10 Paediatricians/ Medical Officers and 14 Staff Nurses each. Category wise No. of Staff to be trained shall be nominated from the functional delivery points. **The list placed as Annexure ‘E’.**

**b) F- IMNCI Training Clubbed with Navjaat Shishu Suraksha Karyakaram (NSSK) Training for Medical Officers & Staff Nurses.**

Capacity building of service providers at NBSUs is essential to ensure quality care for normal and sick newborns. Keeping in view of non availability of specialists at many FRUs, it becomes important to build skills of medical officers and staff nurses at these facilities.

<b>Training</b>	<b>Facility Based Newborn Care (FBNC)</b>
Trainees	Paediatricians/ Medical Officers and Staff Nurses posted in NICU/ SNCU
Trainers	National facilitators from National Neonatology Forum (NNF) and Indian Association of Neonatal Nurses (IANN), Faculty members from Department of Neonatology of National & Regional SNCU Collaborative Centres.
Venue & Duration	4 days Training in a SNCU followed by 2 weeks observership in an SNCU / collaborative centre or a medical college hospital with level- 3 neonatology unit (PGI Chandigarh/ Lady Hardinge Medical College, New Delhi)
Batch Size	24 participants per batch of training and 4 participants per batch of observership.

**The details of the Training Plan for F-IMCI/ NSSK:**

Total 4 batches with batch Strength of 06 Medical Officers and 10 Staff Nurses each

<b>F-IMNCI/ NSSK training plan 13 days training with batch size 16</b>			
Cadre	Total training load 2012-2013	To be achieved in	
		Q2	Q3
Medical Officers	24	12	12
Staff Nurses	40	20	20
<b>Total</b>	<b>64</b>	<b>32</b>	<b>32</b>

Total 64 Staff Members (24 Doctors and 40 Staff Nurses) shall be trained in 4 batches with batch Strength of 06 Medical Officers and 10 Staff Nurses each. Staff to be trained shall be nominated from the functional delivery points. **The list placed as Annexure 'F'.**

c) **Navjaat Shishu Suraksha Karyakaram (NSSK):**

As per the directions of Ministry of Health & Family Welfare GoI, in current ROP all the delivery points must have a functional New Born Care Corner consisting of essential equipment and staff trained in NSSK. All the staff must be trained in NSSK training package for skill development in providing essential care. In compliance to that the State has prepared a training plan for Medical Officers, Staff Nurses and ANMs working at PHCs functioning as delivery points and equipped with New Born Baby Care Corners.

### The details of the Training Plan for NSSK:

<b>Training</b>	<b>Navjaat Shishu Suraksha Karyakaram</b>
Trainees	Medical Officers, Staff Nurses and ANMs posted in PHCs functioning as Delivery Points equipped with NBCC.
Trainers	Paediatricians from district hospitals and medical colleges.
Venue	District Hospital or Medical Colleges
Duration	2 days
Batch Size	20 participants per batch (5 MOs, 5 SNs and 10 ANMs)

### Training Schedule

2 Days NSSK training with batch size of 20 each				
Category of Staff	Total training load	To be achieved in		
		Q2	Q3	Q4
Medical Officers	30	10	10	10
Staff Nurses	30	10	10	10
ANMs	60	20	20	20
<b>Total</b>	<b>120</b>	<b>40</b>	<b>40</b>	<b>40</b>

Total 120 Staff Members (30 Doctors, 30 Staff Nurses and 60 ANMs) shall be trained in 6 batches with batch Strength of 20 each (05 Medical Officers, 05 Staff Nurses and 10 ANMs in each batch). Category wise No. of Staff to be trained shall be nominated from the functional delivery points. **The list placed as Annexure 'G'.**

### Home Based Newborn Care:-

Home Based New Born Care is an effective approach for achieving the desired reduction in infant mortality in rural and poor population. 10,000 ASHAs are working in the State .Training of Module 6 & 7 is being rolled out shortly. 5 State trainers have attended HBNC round 1 & 2, 225 DRPs have been trained in round 1 and 462 ASHA facilitators have been trained till date in round 1. By the end of this financial year it is expected that most of the ASHAs will bet trained in Module 6 & 7 to implement effectively Home Based New Born Care. Training on filling up of MCP cards will be imparted to the ASHAs and ANMs during monthly meetings. HBNC visit will be monitored by the ASHA facilitators, MCP cards will be filled up by the ANM & ASHA in order to ascertain their Home visit. ASHA will be entitled for Rs. 250 on completion of her six visits (Day 3, 7, 14, 21, 28, 42) in case of Institutional deliveries and seven visits (Day 1, 3, 7, 14, 21, 28, 42) in case of Home deliveries.

### Janani Suraksha Yojna (JSY):

Under this scheme the beneficiaries are entitled to Rs.1400.00 and Rs. 1000 for institutional deliveries in public sector in Rural and Urban areas respectively. ASHAs

are being paid Rs. 350 and Rs. 600 (high focus districts only) as incentives for counseling and escorting the pregnant ladies to health institutions for institutional deliveries in order to decrease the MMR, NMR & IMR.

### **Janani Shishu Suraksha Karyakaram (JSSK):**

Under Janani Shishu Suraksha Karyakaram (JSSK) which has been implemented in the State vide Govt. Order No. 516-HME of 2011 following entitlements for sick newborn for 30 days after birth are being provided:-

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.
7. Free diet to mother of sick newborn during admission of newborn.(upto 5 days)

### **Management of Severe Malnutrition by establishment of NRC's**

Two Nutritional Rehabilitation Centres (NRCs) are being established during current financial year in the State. One in G.B.Pant Hospital, Srinagar and one in SMGS Hospital Jammu. Rs 19.6 lakhs have been approved for this activity this financial year @ 2 Lacs as establishment cost & 7.8 lacs as operational cost per unit. The activity have already been intimated to the Principal GMC Jammu/Srinagar.

### **Details of Nutritional Rehabilitation Centre (NRC):**

NRC is a unit in a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. Children are admitted as per the defined admission criteria and provided with medical and nutritional therapeutic care. Once discharged from the NRC, the child continues to be in the nutrition rehabilitation program till the child attains the defined discharge criteria from the program. NRC is a special unit, located in a health facility and dedicated to the initial management and nutrition rehabilitation of children with severe acute malnutrition. In a district hospital/medical college hospital, the NRC would have 10-20 beds. The unit should be a distinct area within the health facility and should be in proximity to the paediatric ward/inpatient facility.

To begin with, the State will establish two Nutrition Rehabilitation Centres (NRCs) this financial year one in G.B Pant Hospital, Srinagar and one in SMGS Hospital, Jammu

### **Infant and young Child Feeding:**

Appropriate infant and young child feeding practices are being promoted through awareness on Breast feeding. Breast feeding weeks (August 1-7, 2012) shall be organised at all delivery points, block & district headquarters for promoting breast feeding. An amount of Rs. 5000/- have been approved for 150 weeks and has been kept

at the disposal of the head of institution for carrying out this activity during this financial year.

### **Infant Death Review:**

One of the prime objectives of NRHM is to reduce the Infant Mortality Rate (IMR). Various attempts are being made to reduce Infant Mortality by improving quality of child health care. However, it has been felt that prompt reporting and review of infant Deaths can provide insight into the cause of death and the possible solutions to check the problem.

The Infant Death Review was started in the State in September 2011 on the pattern of Maternal Death Review both at Community level and Facility level in all Districts of the State. In the year ending March 2012, 1024 infant deaths were reported out of which 119 deaths were reviewed.

For the financial year 2012-13 an incentive of Rs 100 will be provided to the primary informer (ASHA/ANM/AWW/Community Volunteer) for reporting the infant death. Rs 250 has been kept as incentive for the Dy. CMO/ BMO for conducting the verbal autopsy.

This year we are conducting four workshops on MDR and IDR to create awareness among the stake holders. These workshops are being conducted for all the 22 districts of State at Udhampur, Akhnoor, Srinagar and Kargil were all the stake holders from nearby districts will be sensitized about the programme. **It is expected that the workshops will be completed by the end of second quarter of FY 2012-13.**

### **Immunization:**

Government of India has declared 2012-13 as *“Year of Intensification of Routine Immunization”*. The immunization coverage needs to be strengthened all over the State with a special focus on poor performing Districts and Blocks.

Full immunization gives a child one of the best chances for healthy and disease free life. Children are being vaccinated against Seven Preventable diseases Tuberculosis, Tetanus, Whooping Cough, Diphtheria, Polio, and Measles & Hepatitis B which plays important role in decreasing the IMR.

### **Village Health & Nutrition Days (VHNDs)**

VHND is an important activity for mother and child care. The Village Health & Nutrition days are being conducted every month (Thursdays) at prefixed AWW Centre of the village. AWW, ANMs along with ASHAs of the village organize these days so as to cover all the villages / population of the sub centre. VHNDs are being supervised by CMOs/BMOs/ DMEIOs and are regularly submitting the reporting formats to State Health Society. An incentive of Rs 150/ month is being provided to ASHA if no dropout is left in the village at the end of the month.



**Strengthening of monitoring tools i.e. HMIS & MCTS:**

HMIS portal provides all the information which has been uploaded on the facility level and provides the information about the workload of different institutions and the delivery of services given there. Similarly GoI has developed a programme MCTS which is useful in tracking the mother and child. The basic aim behind developing this system is to track and monitor whether services are been given to the mother and child or not. The State Health Society has initiated uploading of data on MCTS website from June 2011. In order to improve the data quality, the HMIS and MCTS data is being monitored on day to day basis by the officers and officials of State Health Society and GoI.

**Road map for HMIS/MCTS:**

- Data for the month available be uploaded, validated and committed by 15th of the following month.
- Facility based HMIS to be implemented, HMIS data to be analysed, discussed with the concerned staff at State, Divisional, District and Block levels and necessary corrective action be taken.
- Programme Managers at all levels to use HMIS data for monthly reviews.
- MCTS to be made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates.
- Pace of registration under MCTS to be speeded up to capture 100% pregnant women and children.
- Service delivery data to be uploaded regularly.
- Progress to be monitored rigorously at all levels.
- MCTS call Centre to be set up at State level to check the veracity of data and service delivery.

**Mission Director  
NRHM, J&K**

## Annexure A

Status of Facility Based Newborn Care Units in J&K ending June 2012.

S No.	District	SNCUs		Stabilization Units		NBCCs
		Established	Under Progress	Established	Under Progress	Established
1	Anantnag	1	0	5	0	24
2	Bandipora	0	0	3	0	6
3	Baramulla	1*	0	6	0	18
4	Budgam	0	1	6	3	18
5	Doda	0	1	3	0	4
6	Ganderbal	0	0	1	1	9
7	Jammu	1	1#	6	2	20
8	Kargil	1	0	1	1	6
9	Kathua	1	0	3	2	17
10	Kishtwar	0	0	1	0	7
11	Kulgam	0	0	3	1	15
12	Kupwara	0	1	7	0	23
13	Leh	1	0	1	0	11
14	Poonch	0	1	3	0	14
15	Pulwama	0	1	2	0	12
16	Rajouri	0	1	6	0	20
17	Ramban	0	0	3	0	5
18	Reasi	0	0	1	2	6
19	Samba	0	0	3	0	7
20	Shopian	0	0	1	3	7
21	Srinagar	1	0	1	0	8
22	Udhampur	1	0	2	0	12
	<b>TOTAL</b>	<b>8</b>	<b>7</b>	<b>68</b>	<b>15</b>	<b>269</b>
	* SNCU Established and shall be operationalised soon					
	# SNCU at Govt Hospital Sarwal approved this financial year					

## Annexure B

Line listing of Health Institutions having Stabilization Units for whom Operational Cost is approved		
S No.	District	Name of Health Institution
1	Kishtwar	DH Kishtwar
2	Poonch	FRU Mendhar
3	Poonch	FRU Surankote
4	Udhampur	CHC Chenani
5	Udhampur	CHC Ramnagar
6	Ramban	CHC Banihal
7	Ramban	CH Batote
8	Kathua	CHC Billawar
9	Kathua	CHC Hiranagar
10	Doda	CHC Bhaderwah
11	Doda	CHC Gandoh
12	Jammu	CHC Akhnoor
13	Jammu	CHC RS Pura
14	Jammu	CHC Bishnah
15	Rajouri	FRU Sunderbani
16	Rajouri	FRU Nowshera
17	Rajouri	FRU Darhal
18	Rajouri	FRU Kalakote
19	Samba	CHC Ramgarh
20	Samba	DH Samba
21	Anantnag	FRU Brijbehra
22	Anantnag	FRU Shangus
23	Anantnag	FRU Kokernag
24	Bandipora	DH Bandipora
25	Bandipora	CHC Sumbal
26	Baramulla	FRU Tangmarg
27	Baramulla	CHC Pattan
28	Baramulla	CHC Keeri
29	Baramulla	CHC Sopore

## Annexure B

Line listing of Health Institutions having Stabilization Units for whom Operational Cost is approved		
30	Baramulla	CHC Uri
31	Budgam	FRU Beerwa
32	Budgam	FRU Chadoora
33	Budgam	FRU Ch. Sharief
34	Budgam	FRU Magam
35	Ganderbal	FRU Kangan
36	Kulgam	CHC DH Pora
37	Kupwara	FRU Kupwara
38	Kupwara	FRU Sogam
39	Kupwara	FRU Tangdar
40	Kupwara	FRU Kralpora
41	Leh	SDH Disket
42	Pulwama	FRU Pampore
43	Pulwama	FRU Tral
44	Shopian	DH Shopian
45	Srinagar	FRU Khanyar

## Annexure C

### List of NBCCs for whom Cost is approved for procurement of equipments

S No.	District	Health Facility
1	Anantnag	PHC Akingam
2	Anantnag	PHC Ashmuqam
3	Anantnag	PHC Hapatnar
4	Anantnag	PHC Wandevalgam
5	Anantnag	PHC Hakoora
6	Bandipora	PHC Naidkhai
7	Baramulla	PHC Mohra
8	Budgam	PHC Hardpanzoo
9	Budgam	PHC Soibugh
10	Jammu	PHC Pargwal
11	Jammu	PHC Mera Mandrian
12	Kargil	PHC Panikhar
13	Kathua	PHC Budhi
14	Kathua	PHC Dinga amb
15	Kishtwar	PHC Chatroo
16	Kishtwar	PHC Atholi
17	Kishtwar	PHC Keeru
18	Kishtwar	PHC Dachhan
19	Kishtwar	PHC Nali
20	Kulgam	PHC Qazigund
21	Kulgam	PHC Devsar
22	Kulgam	PHC Mpora
23	Kulgam	PHC K B Pora
24	Kulgam	PHC Killam
25	Kulgam	PHC Qaimoh
26	Kupwara	PHC Tarthpora
27	Kupwara	PHC Trehgam
28	Kupwara	PHC Drugmulla

### List of NBCCs for whom Cost is approved for procurement of equipments

S No.	District	Health Facility
29	Kupwara	PHC Kalaroose
30	Kupwara	PHC Villagam
31	Kupwara	PHC Awoora
32	Kupwara	PHC Magam
33	Kupwara	PHC Kalamabad
34	Kupwara	PHC Machil
35	Kupwara	PHC Harrie
36	Leh	PHC Chushul
37	Poonch	PHC Dhargloon
38	Poonch	PHC Hari Marhote
39	Poonch	PHC Mankote
40	Poonch	PHC Harni
41	Poonch	PHC Loran
42	Poonch	PHC Sawjian
43	Poonch	PHC Bandichachian
44	Rajouri	PHC Manjakote
45	Rajouri	PHC Dalhori
46	Rajouri	PHC Gambir Mughlan
47	Samba	PHC Mansar
48	Srinagar	PHC zadibal
49	Udhampur	PHC Latti
50	Udhampur	PHC Basantgarh

## Annexure D

### List of Health Institutions having NBCC for whom Operational Cost Sanctioned

S No.	District	Name of Health Institution
1	Kishtwar	PHC Chatroo
2	Kishtwar	PHC Dachan
3	Kishtwar	PHC Atholi
4	Kishtwar	PHC Nali
5	Kishtwar	PHC Keeru
6	Kishtwar	PHC Afti
7	Poonch	PHC Chandak
8	Poonch	PHC Fazalabad
9	Poonch	PHC Dhargloon
10	Poonch	PHC Loran
11	Poonch	PHC Mankote
12	Poonch	PHC Sawajian
13	Poonch	PHC Bandichachian
14	Poonch	PHC Harimarote
15	Poonch	PHC Harni
16	Poonch	PHC Lassana
17	Poonch	PHC Batadhurian
18	Reasi	PHC Laiter
19	Reasi	PHC Dharmari
20	Reasi	PHC Arnas
21	Reasi	PHC Pouni
22	Udhampur	PHC Sudhmahadev
23	Udhampur	PHC Bharnara
24	Udhampur	PHC Ghordi
25	Udhampur	PHC Bhugtrain
26	Udhampur	PHC Majalta
27	Udhampur	PHC Tikri
28	Udhampur	PHC Basantgarh
29	Udhampur	PHC Hartryan
30	Udhampur	PHC Pancheri
31	Udhampur	PHC Latti
32	Ramban	PHC Ukheral
33	Ramban	PHC Ramsoo
34	Ramban	PHC Kheeri
35	Ramban	PHC Mangit
36	Kathua	PHC Parole
37	Kathua	PHC Budhi
38	Kathua	PHC Dingaamb
39	Kathua	PHC Hutt
40	Kathua	PHC Ramkote
41	Kathua	PHC Sandhar
42	Kathua	PHC Koti Chadyar
43	Kathua	PHC Macheedi
44	Kathua	PHC Bhoond
45	Kathua	PHC Lakhampur
46	Kathua	PHC Kough
47	Kathua	PHC Marheen
48	Kathua	PHC Sanonghat
49	Kathua	PHC Lohai

**List of Health Institutions having NBCC for whom  
Operational Cost Sanctioned**

S No.	District	Name of Health Institution
50	Kathua	PHC Dhani
51	Doda	PHC Assar
52	Doda	PHC Bhagwah
53	Doda	PHC Chinta
54	Jammu	PHC Sungal
55	Jammu	PHC Mera Mandrian
56	Jammu	PHC Kanachak
57	Jammu	PHC Sai
58	Jammu	PHC Chowki Choura
59	Jammu	PHC Arnia
60	Jammu	PHC Dhanger
61	Jammu	PHC Rehal
62	Jammu	PHC Pargwal
63	Jammu	PHC Dansal
64	Jammu	PHC Kotbhalwal
65	Jammu	PHC Pallanwala
66	Jammu	PHC Ambgarota
67	Jammu	Gol Gujral
68	Rajouri	PHC Manjakote
69	Rajouri	PHC Budhal
70	Rajouri	PHC Moughla
71	Rajouri	PHC Gambhir Mughlan
72	Rajouri	PHC Tralla
73	Rajouri	PHC Upper Hathal
74	Rajouri	PHC Balshama
75	Rajouri	PHC Shadra Sharief
76	Rajouri	PHC Seeri
77	Rajouri	PHC Dalhori
78	Rajouri	PHC Peeri
79	Rajouri	PHC Lamberi
80	Rajouri	PHC Bagla Nadyal
81	Rajouri	PHC Kallar Chattyar
82	Rajouri	PHC Laroka
83	Samba	EH Vijaypur
84	Samba	PHC Purmandal
85	Samba	PHC Sanoora
86	Samba	PHC Mansar
87	Anantnag	PHC Sallar
88	Anantnag	PHC D.K.Pora
89	Anantnag	PHC Mattan
90	Anantnag	PHC Srigufwara
91	Anantnag	PHC Larnoo
92	Anantnag	PHC Achabal
93	Anantnag	PHC Verinag
94	Anantnag	PHC Sirhama
95	Anantnag	PHC Nowgam
96	Anantnag	PHC Ashmugam
97	Anantnag	PHC Hakroo
98	Anantnag	PHC Brakpora
99	Anantnag	PHC Sirhama
100	Anantnag	PHC Akingam
101	Anantnag	PHC B. Kalan
102	Anantnag	PHC Sagam



**List of Health Institutions having NBCC for whom  
Operational Cost Sanctioned**

S No.	District	Name of Health Institution
103	Anantnag	PHC Khiram
104	Anantnag	PHC Haptnar
105	Bandipora	PHC Astangoo
106	Bandipora	PHC Badugam
107	Bandipora	PHC Hajin
108	Bandipora	PHC Naidkahi
109	Baramulla	PHC Mora
110	Baramulla	PHC Bijhama
111	Baramulla	PHC Shrakwara
112	Baramulla	PHC GK Kasim
113	Baramulla	PHC Hardbora
114	Baramulla	PHC Kahitangan
115	Baramulla	PHC Fategarh
116	Baramulla	PHC Tujar Shrief
117	Baramulla	PHC Seriwarpora
118	Baramulla	PHC Dangiwachha
119	Baramulla	PHC Boniyar
120	Baramulla	PHC Sheeri
121	Baramulla	PHC Kalantra
122	Budgam	PHC Kralnewa
123	Budgam	PHC Khag
124	Budgam	PHC Soibugh
125	Budgam	PHC Hardapanzoo
126	Budgam	PHC OM Pora
127	Budgam	PHC Poshker
128	Budgam	PHC Surasyar
129	Budgam	PHC Lasjan
130	Budgam	PHC Narbal
131	Budgam	PHC Hafroo
132	Budgam	PHC Wadwan
133	Ganderbal	PHC Kullan
134	Ganderbal	PHC Gund
135	Ganderbal	PHC Lar
136	Ganderbal	PHC Wussan
137	Ganderbal	PHC Babanagri
138	Ganderbal	PHC Kachen
139	Ganderbal	PHC Wakura
140	Ganderbal	PHC Sonamarg
141	Kargil	PHC Panikhar
142	Kargil	PHC Sargole
143	Kulgam	PHC Qaimoh
144	Kulgam	PHC Katrasoo
145	Kulgam	PHC Bugam
146	Kulgam	PHC Manzgam
147	Kulgam	PHC Kilam
148	Kulgam	PHC Frisal
149	Kulgam	PHC Behibagh
150	Kulgam	PHC Tarigam
151	Kulgam	PHC Qazigund
152	Kulgam	PHC Mahnpora
153	Kulgam	PHC Nehma
154	Kulgam	PHC Razloo
155	Kulgam	PHC Devsar

**List of Health Institutions having NBCC for whom  
Operational Cost Sanctioned**

S No.	District	Name of Health Institution
156	Kulgam	PHC Pahloo
157	Kupwara	PHC Drugmulla
158	Kupwara	PHC Trathpora
159	Kupwara	PHC Maidanpora
160	Kupwara	PHC Awoora
161	Kupwara	PHC Keran
162	Kupwara	PHC Cherakote
163	Kupwara	PHC Harie
164	Kupwara	PHC Machil
165	Kupwara	PHC Kalamchakla
166	Kupwara	PHC Kalaroose
167	Kupwara	PHC Chogal
168	Kupwara	PHC Villagam
169	Kupwara	PHC Trehgam
170	Kupwara	PHC Magam
171	Kupwara	PHC Panzgam
172	Leh	PHC Nyoma
173	Leh	PHC Tangtse
174	Leh	PHC Turtuk
175	Leh	PHC Bogdang
176	Leh	PHC Turtuk
177	Leh	PHC Panamik
178	Leh	PHC Timisgum
179	Leh	PHC Chushul
180	Pulwama	PHC Wuyan
181	Pulwama	PHC Khrew
182	Pulwama	PHC Parigam
183	Pulwama	PHC Kakapora
184	Pulwama	PHC Awantipora
185	Pulwama	PHC Dadsara
186	Pulwama	PHC Aripal
187	Pulwama	PHC Newa
188	Pulwama	PHC Tahab
189	Pulwama	PHC Ladhoo
190	Shopian	PHC Sedow
191	Shopian	PHC Rahmoo
192	Shopian	PHC Singerwani
193	Shopian	PHC D. K. Pora
194	Srinagar	PHC Khanmoh
195	Srinagar	PHC Brane
196	Srinagar	PHC Zadibal
197	Srinagar	PHC Narwara
198	Srinagar	PHC SR Gunj
199	Srinagar	PHC Harwan
200	Srinagar	PHC Hazratbal

## Annexure “ E ”

Staff to be trained from following SNCUs/NICUs

S No.	Facility	Paediatricians/ MOs Proposed	Staff Nurses proposed	Status of SNCU/ NICU
1	SMGS Hospital Jammu	4	4	Operational
2	GB Pant Hospital Srinagar	4	4	Operational
3	Govt. Gandhi Nagar Hospital Jammu	4	6	Operational
4	DH Udhampur	4	6	Operational
5	DH Kathua	4	6	Operational
6	DH Anantnag	4	6	Operational
7	DH Leh	4	6	Operational
8	DH Kargil	4	6	Operational
9	DH Baramulla	4	6	Soon to be operationalised
10	DH Poonch	4	6	
	<b>Total</b>	<b>40</b>	<b>56</b>	

## Annexure “ F ”

### Staff is to be trained from following facilities

S No.	District	Name of Health Institution
1	Kishtwar	DH Kishtwar
2	Poonch	FRU Mendhar
3		FRU Mandi
4		FRU Surankote
5	Reasi	FRU Katra
6	Udhampur	CHC Chenani
7		CHC Ramnagar
8	Ramban	CHC Banihal
9		CH Batote
10	Kathua	CHC Billawar
11		CHC Hiranagar
12	Doda	CHC Bhaderwah
13		CHC Gandoh
14	Jammu	CHC Akhnoor
15		CHC RS Pura
16		CHC Bishnah
17	Rajouri	FRU Sunderbani
18		FRU Nowshera
19		FRU Darhal
20		FRU Kalakote
21	Samba	CHC Ramgarh
22		DH Samba
23	Anantnag	FRU Brijbehra
24		FRU Dooru
25		FRU Shangus

## Annexure “ F ”

### Staff is to be trained from following facilities

26		FRU Seer
27		FRU Kokernag
28	Bandipora	DH Bandipora
29		CHC Sumbal
30	Baramulla	FRU Tangmarg
31		CHC Pattan
32		CHC Kreeri
33		CHC Sopore
34		CHC Uri
35	Budgam	FRU Beerwa
36		FRU Chadoora
37		CHC Nagam
38		FRU Khan Sahib
39		FRU Ch. Sharief
40		FRU Magam
41	Ganderbal	FRU Kangan
42	Kulgam	CHC DH Pora
43		FRU Yaripora
44	Kupwara	FRU Kupwara
45		FRU Sogam
46		FRU Tangdar
47		FRU Kralpora
48		FRU Zachaldara
49		FRU Kralgund
50	Leh	SDH Disket
51	Pulwama	FRU Pampore
52		FRU Tral
53	Shopian	DH Shopian
54	Srinagar	FRU Khanyar/ Gousia

## Annexure "G"

### List of PHC's designated as Delivery Point

S No.	District	Institution	NBCC established	Category of Staff to be trained		
				Mos	SNs	ANMs
1	Jammu	PHC Pallanwala	YES	1	1	2
2	Kishtwar	PHC Chatroo	YES	1	1	2
3	Kishtwar	PHC Atholi	YES	1	1	2
4	Rajouri	PHC Manjakote	YES	1	1	2
5	Udhampur	PHC Majalta	YES	1	1	2
6	Ramban	PHC Ukerhal	YES	1	1	2
7	Ramban	PHC Khari	YES	1	1	2
8	Ramban	PHC Ramsoo	YES	1	1	2
9	Anantnag	PHC Achabal	YES	1	1	2
10	Anantnag	PHC Lamoo	YES	1	1	2
11	Anantnag	PHC Aishmuqam	YES	1	1	2
12	Anantnag	PHC Saller	YES	1	1	2
13	Anantnag	PHC Verinag	YES	1	1	2
14	Bandipora	PHC Hajin	YES	1	1	2
15	Baramulla	PHC BONIYAR	YES	1	1	2
16	Baramulla	PHC DANGIWACHA	YES	1	1	2
17	Budgam	PHC Khag	YES	1	1	2
18	Budgam	PHC Soibug	YES	1	1	2
19	Ganderbal	PHC Gund	YES	1	1	2
20	Ganderbal	PHC Lar	YES	1	1	2
21	Kulgam	PHC Qazigund	YES	1	1	2
22	Kupwara	PHC Kalaroose	YES	1	1	2
23	Kupwara	PHC Chowgal	YES	1	1	2
24	Kupwara	PHC Tarthpora	YES	1	1	2
25	Kupwara	PHC Vilgam	YES	1	1	2
26	Kupwara	PHC Trehgam	YES	1	1	2
27	Kupwara	PHC Drugmulla	YES	1	1	2
28	Kupwara	PHC Panzgam	YES	1	1	2
29	Kupwara	PHC Awoora	YES	1	1	2
30	Bandipora	PHC Chantimulla	NO	0	0	0
31	Kupwara	PHC Awoora	YES	1	1	2