

ACTION PLAN

FOR

REDUCING INFANT MORTALITY RATE

&

NEONATAL MORTALITY RATE

(2014-15)



Jammu and Kashmir
NATIONAL HEALTH MISSION

Introduction:

The National Rural Health Mission (NRHM) was launched in April 2005 at National Level and in December 2005 in the J&K 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 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 IMR less than 24 by 2017, the State adopted the strategies framed by the Ministry of Health and Family Welfare Govt. of India and achieved an IMR of 39 and U5 mortality 45, better than national average.

Situational Analysis: Infant Mortality Rate of the State was 51 in 2007 and has declined to 39 in 2012, Neonatal Mortality rate was 39 in the year 2007 and has declined to 32 in the year 2011, Under 5 Mortality rate declined from 55 in 2008 to 45 in 2011. These indicators show the impact of services provided under NRHM. Although the current IMR at 39/1000 live births is lower than National Average of 42/1000 live births, but the Neonatal Mortality Rate is still higher than the National Average.

J&K	TREND					State Targets		
Child Mortality Indicator	SRS 2008	SRS 2009	SRS 2010	SRS 2011		2014-15	2015-16	2016-17
				National	State			
E-NMR	33	32	30	24	26	21	19	17
NMR	39	37	35	31	32	26	23	20
IMR	49	45	43	42	39	34	30	24
				(SRS 2012)	(SRS 2012)			
U5MR	55	50	48	55	45	32	28	26

As per SRS 2011 Neonatal Mortality Rate (NMR) of our State is 32 which is higher than national average of 31. As per data analysis the neonatal mortality rate is higher in early neonatal period (0-7 days), the ENMR of our State is 26 against the national average of 24. Our main focus at present and during coming years shall be to provide quality health care to all children with more focus on infants & neonates. The various strategies adopted by our state for reducing IMR and improving Health and Development of children are:

1. Facility Based Newborn Care:-

FBNC is an evidence based intervention aimed at reduction of neonatal mortality, it includes essential care at birth at all facilities and care of sick newborn babies at different levels by setting up Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at district level under National Health Mission.

1.1. Special Newborn Care Unit (SNCU): - SNCU is a neonatal care unit in the vicinity of labour room and Gyne ward at District Hospital which provides level II care for sick newborns. Fifteen SNCUs have been made operational till date at district hospitals & work is under progress in 02 SNCU's at Govt Hospital Sarwal & SKIMS Medical College Hospital, Bemina. Operational cost for 10 SNCU's @ Rs 10 lakhs (Gandhi Nagar Jammu, DH Udampur, DH Kathua, DH Anantnag, DH Leh, DH Kargil, DH Baramulla, DH Rajouri, DH Handwara (Kupwara), DH Poonch) whereas for other 5 established SNCU's @ Rs 5 lakhs (DH Budgam, DH Doda, JLNH Hospital, DH Pulwama & DH Kishtwar) was provided under NRHM during 2013-14.

Operational Cost for 8 SNCU'/ NICU's @ Rs 10 lakhs has been proposed in the PIP 2014-15 for SNCU's/ NICU's having admission of more than 50 per month whereas for rest of the 12 units operational cost @ Rs 5 lakhs Per Unit has been proposed.

1.1.I. SNCU Data Management: For strengthening of SNCU Online data management following activities have been proposed for the year 2014-15.

- Training of ToTs which shall be conducted outside the State.
- Training of SNCU Staff at divisional level within the State.
- Hiring of Clinical Coordinator and software Manager for monitoring the functioning of FBNC units at state level.

List of districtwise established & under progress SNCUs is placed as **Annexure "A"**.

1.2. Newborn Stabilization Unit (NBSU):- NBSU is a facility within or in close proximity of maternity ward for the care of sick and low birth weight newborns. 76 NBSUs have been established till date in the State. Strengthening of existing NBSUs is being carried out, for this purpose an amount @ Rs 87,500 /unit has been provided as operational cost during 2013-14.

*For the financial year 2014-15 an amount of Rs 1,00,000 /unit has been proposed as operational cost for 60 NBSU's in functional delivery points & @ Rs 50,000/-unit for remaining 16 NBSU's in CHCs where deliveries are conducted but does not fulfil the criteria of functional delivery point. **The list of established NBSU's is placed as Annexure 'B'.***

1.3. Newborn Care Corner (NBCC): NBCC is a space within the Delivery room & OT for providing essential care to newborns at birth. This area is mandatory for all health facilities where deliveries are conducted. 274 Newborn Care Corners have been

established in the State till date. For strengthening of existing units Operational cost @ Rs 10,000/unit has been provided during 2013-14.

For strengthening of NBCCs Operational cost @ Rs 20,000/ per NBCC unit has been proposed for NBCCs in 40 PHC's working as functional delivery points for the year 2014-15. The list of established NBCCs is placed as Annexure 'C'.

1.4. 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 provided for Strengthening of the NICUs in the department of Paediatrics during the financial year 2012-13. GB Pant Hospital Srinagar has upgraded the facilities of Neonatal Intensive Care Unit and Child Health training centre, while as in SMGS Hospital Jammu, the process is underway.

2. Capacity building of health care providers under Child Health Programme:

Under Child Health Programme following trainings are being provided to Doctors & Paramedical Staff at various levels for their capacity building in a phased manner in order to saturate the delivery points with trained manpower:

1. Facility Based Newborn Care (FBNC) training
2. Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI).
3. Integrated Management of Neonatal and Childhood Illness (IMNCI) training.
4. Navjaat Shishu Suraksha Karyakaram (NSSK).

2.1. Facility Based Newborn Care Training (SNCU Training):-

The training programme includes skill based training for SNCU staff for providing level two care at district level. The summary of the programme is given below:

Training	Facility Based Newborn Care (FBNC)
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 at State Level in NICU/ SNCU followed by 2 weeks observership at Kalawati Saran Children Hospital , New Delhi.
Batch Size	24 participants per batch for initial 4 days training and 4 participants per batch of observership.

During 2012-13, 38 doctors and 48 nurses posted in SNCUs at District Hospitals and NICUs at GMC Jammu / Srinagar were trained in Facility Based Newborn Care training programme by experts from National Collaborative Centre for FBNC, New Delhi. After undergoing 4 days training at GMC Srinagar/ Jammu these participants were sent for two weeks observership training at Kalawati Saran Children Hospital, New Delhi.

For the year 2014-15, 04 batches with batch strength of 10 Paediatricians/ Medical Officers and 14 Staff Nurses each has been proposed to be trained in FBNC.

FBNC training plan 18 days (4 days training followed by 2 weeks observership) with batch size 24 each			
Cadre	Total training load 2014-2015	To be achieved in	
		Q2	Q3
Paediatricians/ Medical Officers	40	20	20
Staff Nurses	56	28	28
Total	96	48	48

2.2. Facility Based Integrated Management of Neonatal and Childhood Illness (F-IMNCI) Training.

This training is being imparted to Medical Officers & Staff Nurses posted at CHCs having NBSUs for providing essential newborn care and stabilization of sick newborn before referral to higher centres. 192 doctors & staff nurses have been trained in the State till date.

The summary of the programme is given below:

Training	Facility Based- IMNCI Training
Trainees	Medical Officers and Staff Nurses posted in Functional Delivery Points having NBSU.
Trainers	Senior Paediatricians in district hospitals, faculty members of Departments of Paediatrics and Community Medicine of Medical Colleges
Venue	District Hospitals, GMC Srinagar/ Jammu,
Duration	11 days
Batch Size	16 participants per batch (6 Medical Officers and 10 Staff Nurses)

Total 4 batches with batch Strength of 06 Medical Officers and 10 Staff Nurses each have been proposed for the year 2014-15

F-IMNCI training plan 11 days training with batch size 16			
Cadre	Total training load 2012-2013	To be achieved in	
		Q2	Q3
Medical Officers	24	12	12
Staff Nurses	40	20	20
Total	64	32	32

2.3. **Integrated Management of Neonatal and Childhood Illness (IMNCI Training):** This training is conducted at district level for paramedical staff posted in functional delivery points & 24X7 PHCs for providing newborn care. 1134 ANMs/ LHV's have been trained in the State till date. The summary of the programme is given below:

Training	IMNCI Training
Trainees	ANMs and LHV's posted in Functional Delivery Points and 24X7 PHCs.
Trainers	Senior Paediatricians in district hospitals
Venue	District Hospital
Duration	08 days
Batch Size	24 participants per batch

22 batches with batch Strength of 24 each have been proposed for the year 2014-15.

IMNCI 08 days training with batch size 24 each			
Cadre	Total training load 2014-2015	To be achieved in	
		Q2	Q3
ANMs/ LHV's	240	120	120
Total	240	120	120

2.4. **Navjaat Shishu Suraksha Karyakaram (NSSK) training:** All the staff must be trained in NSSK package for skill development in providing essential care at birth. The details of the training are as under:

Training	Navjaat Shishu Suraksha Karyakaram
Trainees	Medical Officers, Staff Nurses and ANMs posted in PHCs functioning as Delivery Points.
Trainers	Paediatricians / Medical Officers from District hospitals / FRUs undergone F-IMNCI/ NSSK TOT training.
Venue	District Hospital
Duration	2 days
Batch Size	32 participants per batch (14 MOs, 18SN/ ANMs)

Training Schedule for 2014-15.

2 Days NSSK training with batch size of 32 each				
Category of Staff	Training Load	To be achieved in		
		Q2	Q3	Q4
Medical Officers	308	98	98	112
Staff Nurses/ ANMs	396	126	126	144
Total	704	224	224	256

Total 704 Staff Members (308 Doctors, 396 Staff Nurses / ANMs) are being trained in 22 batches with batch Strength of 32 each during 2014-15.

A total of 1088 doctors & paramedics have been trained till date out of which 458 have been trained during the financial year 2013-14. During 2013-14 before the trainings were rolled at district level two batches of NSSK ToTs each consisting of 32 Paediatricians/ Medical Officers from concerned districts were trained at Govt. Medical College Jammu/ Srinagar who further conducted training of field staff at district level.

3. Home Based Newborn Care (HBNC):-

Home Based New Born Care is an effective approach for achieving the desired reduction in infant mortality in rural and poor population. The ASHA module 6 & 7 training round I has been launched in the State wherein 17 State Trainers at national level, 225 District Resource Persons (DRPs) have been trained in HBNC for two weeks residential training at state level to enhance their knowledge and skills and 461 ASHA Facilitators(ANMs) have been trained for providing on job mentoring and hand holding to ASHAs. Out of 12000 ASHAs engaged in the State 7248 have been trained in round I of ASHA module 6& 7 for providing Home Based Newborn Care. Under this programme ASHA is supposed to pay 6 visit to newborns in their homes on (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. ASHA will be entitled for Rs. 250 on completion of her visits as incentive.

During home visits ASHA will provide following services which include, weighing the newborn, measuring newborn temperature, ensuring warmth, supporting exclusive breastfeeding, diagnosing and counseling in case of problems with breastfeeding, promoting hand washing, providing skin, cord and eye care, health promotion and counseling mothers and families on key messages on newborn care and identification of danger signs and prompt referral.

4. Janani Suraksha Yojna (JSY):

The scheme is 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 health facility. 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. 600 for rural areas & Rs 400 for urban areas as incentives for facilitating institutional deliveries.

Janani Shishu Suraksha Karyakaram (JSSK):

Scheme has been launched in June 2011 and has been implemented in the State vide Govt. Order No. 516-HME of 2011 since October 2011. 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.

During the financial year 2013-14 the scheme was extended 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.

5. Management of Severe Malnutrition by establishment of NRC's:

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 he/she attains the defined discharge criteria as per the guidelines.

One Nutrition Rehabilitation Centre has been established at G.B Pant Hospital, Srinagar under NRHM and another one is under construction at SMGS Hospital, Jammu which shall be operationalized by June 2014. State proposes to scale up NRCs during 2014-15 in 08 District Hospitals with high case load i.e Anantnag , Baramulla, Pulwama, Kargil, Doda, Udhampur, Poonch and Kathua.

Objectives of NRCs

- To provide clinical management and reduce mortality among children with severe acute malnutrition, particularly among those with medical complications.
- To promote physical and psychosocial growth of children with severe acute malnutrition (SAM).
- To build the capacity of mothers and other care givers in appropriate feeding and caring practices for infants and young children
- To identify the social factors that contributed to the child slipping into severe acute malnutrition.

6. Micronutrient Supplementation/ National Iron Plus Initiative:

Under National Iron Plus Initiative all the children up to 5 years of age shall be provided prophylactic iron supplementation twice weekly under direct observation of ASHAs and from 5-10 years in schools once weekly as per recommended dosage.

An amount of Rs 387.42 lakhs have been provided to Director Health Services Jammu/ Kashmir for procurement of following Child Health Drugs during 2013-14 for the implementation of NIPI & other micronutrient supplementation programmes:

S No.	Item	Jammu Division (Rs in Lakhs)	Kashmir Division (Rs in Lakhs)	Total (Rs in Lakhs)
1	IFA Syrup (Paediatric)	98.19	132.09	230.27
2	ORS packets	18.60	23.68	42.28
3	Zinc Tablets	40.06	53.89	93.95
4	Vitamin A Syrup	8.92	12.00	20.92
	Total	165.77	221.66	387.42

For the financial year 2014-15, drugs & supplies under NIPI has been proposed in the PIP 2014-15 as per the guidelines of MoH&FW, GoI and under this programme Children in the age group of 6 months to 5 years & 6- 10 years are to be covered and accordingly 1703923 Children in the age group of 6 months to 5 years need to be given 1 ml of IFA bi weekly and age appropriate Albendazole de-worming tablets. Similarly 1470617 children in the age group of 6- 10 years shall be given IFA Kid tablet weekly along with age appropriate Albendazole tablets.

- 7. Infant and Young Child Feeding:** Infant and Young Child Feeding is a set of well- known, common and scientific recommendations for appropriate feeding of new- born and children under two years. The first two years of life provide a critical window of opportunity for ensuring appropriate growth and development of children through optimal feeding practices. Early and exclusive breastfeeding along with appropriate complementary feeding is now recognised as one of the most effective interventions for child survival particularly to address morbidity and mortality related to three major problems i.e. neonatal infections, diarrhoea and pneumonia. For this purpose, infant and young child feeding interventions are being strengthened by way of establishing IYCF Counselling Centres & IYCF State Resource Centres.

7.1. IYCF Counselling Centres

State proposes to establish 24 IYCF Counselling Centre in 22 District Hospitals and 02 Medical Colleges this financial year. The one time establishment cost for each centre is Rs 12,500/- & the breakup of the budget is as under:

Activity	Unit Cost	Remarks
<i>Infrastructure</i>	<i>Rs. 10,000 per centre</i>	<i>Infrastructure cost includes minor renovations, paint, curtains and</i>
<i>Equipment(for both inpatient & OPD)</i>	<i>Rs. 2500 per site</i>	<i>Infantometer, weighing scales, WHO growth standards (Charts), doll & breast model, syringe pump, 250 ml capacity steel bowl, spoon, specific stationary, counselling flip chart.</i>

The counseling centre would provide following package of services:

- 1. Communication and counseling on IYCF.*
- 2. Growth monitoring.*
- 3. Information about services available through community outreach (e.g.; immunization)*
- 4. Provision for Vitamin A and IFA s supplements (if not received in the outreach) for children older than 6 months.*
- 5. In case child is born prematurely or with low birth weight, one to one counselling session should be conducted with the mother/caregiver and follow up visits to the centre requested.*

A counsellor needs to be appointed to manage these centres to counsel and solve referral problems. These counsellors can provide counselling and support not only to mothers/ caregivers of children discharged from SCNU but also other babies including LBW and preterm babies born at these facilities or referred from peripheral health facilities. They shall also regularly visit children admitted as inpatients and counsel caregivers of children identified as underweight or stunted. The State proposes to hire 24 IYCF Counsellors for 22 District Hospitals and 2 Govt. Medical Colleges for manning these Centres.

7.2. IYCF State Resource Centre:

State proposes to setup two resource Centres in Paediatrics Department of Govt. Medical Colleges of Jammu & Srinagar. This is important to provide coordination, support and training at divisional level, to identify training materials, to prepare trainers, to provide translations and local adaptations, developing operational plans and log frames to roll out IYCF interventions, help develop these into PIPs and carrying out research. Estimated budget for establishment Rs. 7.24 Lac per Centre (FMR Code A.2.11.2).

Establishment cost	Cost	Month	Amount (In Rs)
<i>Rent/ Administrative Cost</i>	<i>15,000</i>	<i>12</i>	<i>180,000</i>
<i>Contingencies</i>	<i>5,000</i>	<i>12</i>	<i>60,000</i>
<i>Conveyance</i>	<i>10,000</i>	<i>12</i>	<i>120,000</i>

<i>Office Supplies (like stationary)</i>	<i>10,000</i>	<i>12</i>	<i>120,000</i>
<i>Communication (internet,</i>	<i>12,000</i>	<i>12</i>	<i>144,000</i>
<i>Repairs and Maintenance</i>			<i>10,000</i>
<i>Misc</i>			<i>15,000</i>
<i>Non Recurring costs(Furniture</i>			<i>75,000</i>
<i>Total</i>			<i>7,24,000</i>

These Centres shall be manned by a State Representative, State Trainer, Programme Officer, Programme assistant, Accountant, Office Assistant & a Peon.

7.3. Breast Feeding Awareness Week

Likewise in previous years for creating awareness among the people on benefits of breast feeding and disadvantages of bottle feeding 150 IEC & BCC activities shall be carried out during Breast Feeding week (1–7 August) at all block/ district headquarters and medical colleges. *An amount of Rs. 10000/- is proposed to be kept at the disposal of the heads of the institutions for carrying out activities like IEC and organizing camps, workshops or rallies with focus on initiation of breastfeeding within one hour of delivery.*

8. Child Death Review:

8.1 One of the prime objectives of NRHM is to reduce the U5 Mortality. Various attempts are being made to reduce Child 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. During the year 2013-14, 2292 infant deaths were reported out of which 1214 deaths were reviewed.

8.2 Incentives as per the guidelines of Child death Review of MoH&FW, GoI are being proposed in SPIP 2014-15 for ASHAs, ANMs & other Stake holders for conducting the Child Death Review at facility and community level. *Rs 20.64 lakhs (Rs 100 per reported death) have been proposed for reporting of 25 Percent estimated U5 deaths through ASHA /AWWetc., Rs 41.29 lakhs for First Brief Invetigation by ANM or other Health Worker (@ Rs 200 per death), Rs 25.80 lakhs proposed for verbal autopsy of 25% of reported deaths by a commitee of two members (@ Rs 250 per member).*

8.3 Three Divisional Level workshops have been conducted during the financial year 2013-14 for sensitizing the Stake holders on Maternal & Child Death Review.

9. Award of 13th Finance Commission for reducing Infant Mortality in the State:

Based on reduction in Infant Mortality from 2009 to 2011 as per the recommendations of 13th Finance Commission, the Ministry of Finance, GoI has sanctioned incentives in favour of the States. The Finance Department vide U.O. NO. FD/Res/33/13thFC/2010-11/855 dated 16-01-2013 has accorded authorization for utilisation of first installment of **Rs. 15.36 crores** as incentive for achieving “Reduction in the Infant Mortality Rate (IMR)” between the years 2009 and 2011, pertaining to the year 2012-13 sanctioned in favour of our State by the Ministry of Finance under the 13th Finance Commission award.

The action plan for grants was approved by HLMC for reducing IMR in the State and accordingly the following activities were taken up:

9.1 Provision of Radiant warmers along with Neonatal Resuscitation equipments for NBCCs:

Radiant warmers/other neonatal resuscitation equipments have been approved for setting up of 100 NBCCs in delivery points (List annexed as **Annexure “D”**).

9.2 Establishment of SNCUs

In addition Special Newborn Care Units (SNCUs) already established at 15 District hospitals of the State under NRHM 13th new SNCUs have been approved in remaining 7 district hospitals and six CHCs at an estimated cost of of Rs.51.00 lakhs & 42.50 lakhs respectively as per **Annexure “E”**.

9.3 Training of Staff in SNCUs

For capacity building of staff engaged in SNCUs FBNC training through National Collaborative Centre, New Delhi, has been approved for conducting 4 batches (Action Plan as per **Annexure “F”**).

9.4 Strengthening / Upgradation of labour room, Gynae wards and Operation Theatres of Gynae and Obst. Department in GMC Jammu / Srinagar.

The proposals submitted by Principal Medical College, Jammu/Srinagar for strengthening of labour room, Gynae wards and operation theatres has been approved by the committee (**copy enclosed as annexure “G”**).

9.5 Strengthening of Neonatal Intensive Care Units (NICUs) in GMC Jammu / Srinagar.

The proposal submitted by the Principal Medical College, Srinagar for Strengthening of Neonatal Intensive Care Unit (NICU) has been approved. Further similar proposal shall be sought from Principal Medical College Jammu for strengthening of NICU for incorporation and in the Action Plan.

9.6 Strengthening of Child Health Care interventions through NIPI- UNOPS

Though there has been significant progress towards reducing infant and neonatal mortality in the State, there is relative stagnation of newborn mortality as compared to the overall childhood mortality. It was envisaged that an additional support for reducing newborn mortality can help in further accelerating the progress. Norway India Partnership Initiative (NIPI) has created distinct brand in Child Health and more

specifically in the newborn health care domain in public health sector in India. NIPI-UNOPS has developed, tested and successfully demonstrated the district based comprehensive newborn care package in the States of Bihar, Madhya Pradesh, Rajasthan and Odisha. This intervention package is based along the continuum of care to reduce neonatal mortality and has been recognized by Government of India. The State Health Society (NRHM) also approached NIPI-UNOPS for strengthening of child health care interventions. Based on the specific request by the State, they have agreed to work in collaboration with the state in certain interventions towards reducing newborn and infant mortality. The Department intends to take up four districts on pilot basis viz. **Anantnag, Baramulla, Kupwara and Pulwama**. The activity wise action plan formulated by the State Health Society (NRHM) as per **Annexure “H”** has been approved. However, it was pointed out that no additional manpower should be hired under 13th Finance Commission since it is one time grant.

9.7 Strengthening of labour rooms in delivery points / high case load facilities in CHCs / DHs

It was decided that the labour rooms of 22 delivery points with high case load (14 District Hospitals and 8 CHCs) shall be strengthened with provision of labour rooms and newborn care equipments. Director Health Services Jammu/Kashmir has identified the delivery points (fourteen old District Hospitals and 4 CHCs with high case load in each of the division) and also work out the financial implications keeping in view the availability/additional requirement of equipments for labour rooms/ newborn care corners. **Annexure “I”**.

The Second installment of Rs 11.8577 Crore has been allotted by Ministry of Finance, Govt. of India vide No. F.31 (2)/ FCD/2012 dated 27-12-2012, the action plan is under formulation and is being placed before HLMC for reducing IMR in the State for approval.

10 Rashtriya Bal Swasthya Karyakaram (RBSK) :

Rashtriya Bal Swasthya Karyakaram (RBSK) a ‘Child Health Screening and Early Intervention Services’ Programme under National Rural Health Mission initiated by the MoH&FW, GOI has been approved for the entire State in October 2013. Since the approval of Scheme Manpower has been hired for 234 Mobile Health Teams and 9 DEICs. The hired manpower of 21 Districts has been trained in 5 days RBSK training till date in the State.

The objective of this initiative is to improve the overall quality of life of children (0-18 years) through early detection & free treatment of 4 Ds

- ✓ Birth Defects
- ✓ Diseases
- ✓ Deficiencies
- ✓ Development Delays including Disability

The services aim to cover all children of 0-18 years of age group in rural areas and urban slums, and children enrolled in AWCs & Government and Government aided schools.

- I. **Screening at Facility Level:** - Screening at public health facilities by existing manpower like Medical Officers, Staff Nurses & ANMs at birth.
- II. **Screening at Community level:-**
 - Newborns (0-6 weeks) delivered at home shall be screened by ASHAs during HBNC home visits.
 - **Screening Newborn at Anganwadi Centre :-**

All pre-school children from 6 weeks to 6 years of age would be screened by Mobile Block Health teams for deficiencies, diseases, developmental delays including disability at the Anganwadi centre twice a year.
 - **Screening at Schools - government and government aided:-**

All school children age 6 to 18 years would be screened by Mobile Block Health teams for deficiencies, diseases, developmental delays including disability at the local schools at least once a year.

10.1 **Mobile Health Team:-**

- The mobile health consists of four members - two doctors (AYUSH) **one male and one female**, one ANM and one Pharmacist. Each Block is being covered by two mobile/ school health teams.

10.2 **District Early Intervention Centre (DEIC)**

An early intervention centre is to be established at the District Hospital. The primary purpose of early intervention centre is to identify developmental delays, their confirmation and quality management. The centre would provide referral support to children detected with health conditions following health screening. Tertiary care centre would be roped in for management of complicated cases requiring high-end medical care and treatment. The referral / treatment cost shall be covered under the programme. In the First phase 9 DEICs were approved during 2013-14, State Proposes to Scale up the DEICs in rest of the 13 districts during 2014-15.

11 **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 the services provided to every pregnant mother and child. 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.

Annexure "A"		
List of SNCU's		
S No.	District	Name of Institution
Functional SNCUs		
1	Jammu	Gandhi Nagar Hospital
2	Udhampur	District Hospital Udhampur
3	Kathua	District Hospital Kathua
4	Leh	District Hospital Leh
5	Anantnag	MCH Anantnag
6	Kargil	District Hospital Kargil
7	Poonch	District Hospital Poonch
8	Kupwara	District Hospital Kupwara
9	Baramulla	District Hospital Baramulla
10	Srinagar	JLNM Hospital Srinagar
11	Rajouri	District Hospital Rajouri
12	Pulwama	District Hospital Pulwama
13	Budgam	District Hospital Budgam
14	Doda	District Hospital Doda
15	Kishtwar	District Hospital Kishtwar
Functional NICUs		
1	GMC Jammu	SMGS Hospital Jammu
2	GMC Srinagar	LD Hospital Srinagar
3	GMC Srinagar	GB Pant Hospital Srinagar
Under Construction SNCUs under NRHM		
1	Srinagar	SKIMS Medical College Hospital, Bemina
2	Jammu	Govt Hospital, Sarwal

Annexure "B"
List of Newborn Stabilization Unit's

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		CHC Gool
11	Kathua	CHC Billawar
12		CHC Bani
13		CHC Hiranagar
14		CHC Basohli
15		CHC Parole
16	Doda	CHC Bhaderwah
17		CHC Gandoh
18		CHC Thatri
19	Jammu	CHC Akhnoor
20		CHC Jourian
21		CHC RS Pura
22		CHC Sohanjana
23		CHC Bishnah
24		CHC Marh
25	Rajouri	FRU Sunderbani
26		FRU Nowshera
27		FRU Darhal
28		FRU Thanamandi
29		FRU kandi
30		FRU Kalakote
31	Samba	CHC Ramgarh
32		EH Vijaypur
33		DH Samba
34	Anantnag	FRU Bijbehra
35		FRU Dooru
36		FRU Shangus
37		FRU Seer
38		FRU Kokernag

39	Bandipora	DH Bandipora
40		CHC Sumbal
41		FRU Dawar
42	Baramulla	FRU Tangmarg
43		CHC Pattan
44		CHC Kreeri
45		CHC Sopore
46		CHC Uri
47		CHC Chandoosa
48	Budgam	FRU Beerwah
49		FRU Chadoora
50		CHC Nagam
51		FRU Khan Sahib
52		FRU Ch. Sharief
53		CHC Kremshore
54		CHC Chattergam
55		FRU Magam
56	Ganderbal	FRU Kangan
57	Kargil	CHC Drass
58	Kargil	CHC Sankoo
59	Kulgam	CHC DH Pora
60		FRU Yaripora
61		FRU Qazigund
62	Kupwara	FRU Kupwara
63		FRU Sogam
64		FRU Langate
65		FRU Tangdar
66		FRU Kralpora
67		FRU Zachaldara
68		FRU Kralgund
69	Leh	SDH Disket
70	Pulwama	FRU Pampore
71		FRU Tral
72		CHC Rajpora
73	Shopian	DH Shopian
74		CHC Keller
75		CHC Zainpora
76	Srinagar	FRU Khanyar/ Gousia

Annexure "C"		
List of NBCCs		
S No.	District	Name of Health Institution
1	Kishtwar	PHC Chatroo
2		PHC Dachan
3		PHC Atholi
4		PHC Nali
5		PHC Keeru
6		PHC Afti
7		DH Kishtwar
8	Poonch	PHC Chandak
9		PHC Fazalabad
10		PHC Dhargloon
11		PHC Lassana
12		PHC Loran
13		PHC Mankote
14		PHC Sawajian
15		PHC Bandichachian
16		PHC Harimarote
17		PHC Harni
18		PHC Batadhurian
19		CHC Surankote
20		CHC Mandi
21	CHC Mendhar	
22	Reasi	PHC Laiter
23		PHC Dharmari
24		PHC Arnas
25		PHC Pouni
26		CHC Reasi
27		CHC Katra
28	Udhampur	PHC Sudhmahadev
29		PHC Bharnara
30		PHC Ghordi
31		PHC Bhugtrain
32		PHC Majalta
33		PHC Tikri
34		PHC Basantgarh
35		PHC Hartryan
36		PHC Pancheri
37		PHC Latti
38		CHC Chenani

39		CHC Ramnagar
40	Ramban	PHC Ukheral
41		PHC Ramsoo
42		PHC Kheeri
43		PHC Mangit
44		CHC Banihal
45		Kathua
46	PHC Budhi	
47	PHC Dingaamb	
48	PHC Hutt	
49	PHC Ramkote	
50	PHC Sandhar	
51	PHC Koti Chadyar	
52	PHC Macheedi	
53	PHC Bhoond	
54	PHC Lakhanpur	
55	PHC Kough	
56	PHC Marheen	
57	PHC Sanonghat	
58	PHC Lohai	
59	PHC Dhani	
60	CHC Billawar	
61	CHC Hirangar	
62	Doda	PHC Assar
63		PHC Bhagwah
64		PHC Chinta
65		CHC Gandoh
66		PHC Malanu
67	Jammu	PHC Sungal
68		PHC Mera Mandrian
69		PHC Kanachak
70		PHC Sai
71		PHC Chowki Choura
72		PHC Arnia
73		PHC Dhanger
74		PHC Rehal
75		PHC Pargwal
76		PHC Dansal
77		PHC Kotbhalwal
78		PHC Pallanwala
79		PHC Ambgarota
80		

81		CHC Akhnoor
82		CHC Bishnah
83		CHC RS Pura
84		CHC Sohanjana
85		CHC Jourian
86		CHC Marh
87	Rajouri	PHC Manjakote
88		PHC Budhal
89		PHC Moughla
90		PHC Gambhir Mughlan
91		PHC Tralla
92		PHC Garan
93		PHC Upper Hathal
94		PHC Balshama
95		PHC Shadra Sharief
96		PHC Seeri
97		PHC Dalhori
98		PHC Peeri
99		PHC Lamberi
100		PHC Bagla Nadyal
101		PHC Kallar Chattyar
102		PHC Laroka
103		CHC Darhal
104		CHC Nowshera
105		CHC Sunderbani
106	CHC Thannamandi	
107	Samba	EH Vijaypur
108		PHC Ghagwal
109		PHC Purmandal
110		PHC Sanoora
111		PHC Mansar
112		PHC Gursalathia
113		PHC Nandpur
114		PHC Sumb
115		PHC Rattanpur
116		CHC Samba
117		CHC Ramgarh
118	Anantnag	PHC Sallar
119		PHC D.K.Pora
120		PHC Mattan
121		PHC Srigufwara
122		PHC Larnoo

123		PHC Achabal
124		PHC Verinag
125		PHC Sirhama
126		PHC Nowgam
127		PHC Ashmugam
128		PHC Wamdega
129		PHC Hakroo
130		PHC Brakpora
131		PHC Sirhama
132		PHC Akingam
133		PHC B. Kalan
134		PHC Sagam
135		PHC Khiram
136		PHC Haptnar
137		CHC Bijbehara
138		CHC Dooru
139		CHC Kokernag
140		MCH Anantnag
141		CHC Seer
142	Bandipora	PHC Astangoo
143		PHC Badugam
144		PHC Naidkhah
145		CHC Hajin
146		CHC Dawar
147		CHC Sumbal
148	Baramulla	PHC Mora
149		PHC Bijhama
150		PHC Shrakwara
151		PHC GK Kasim
152		PHC Hardbora
153		PHC Kahitangan
154		PHC Fategarh
155		PHC Tujar Shrief
156		PHC Seriwarpora
157		PHC Dangiwacha
158		PHC Boniyar
159		PHC Sheeri
160		PHC Kalantra
161		CHC Uri
162		CHC Chandoosa
163		CHC Tangmarg
164		MCH Sopore

165		DH Baramulla	
166	Budgam	PHC Kralnewa	
167		PHC Khag	
168		PHC Soibugh	
169		PHC Hardapanzoo	
170		PHC OM Pora	
171		PHC Poshker	
172		PHC Surasyar	
173		PHC Narbal	
174		PHC Hafroo	
175		PHC Wadwan	
176		CHC Nagam	
177		CHC Magam	
178		CHC Beerwah	
179		CHC Charie- Sharief	
180		CHC Chattergam	
181		CHC Pakherpora	
182		CHC Khan Sahib	
183		Ganderbal	PHC Kullan
184			PHC Gund
185	PHC Lar		
186	PHC Wussan		
187	PHC Babanagri		
188	PHC Kachen		
189	PHC Wakura		
190	PHC Sonamarg		
191	CHC Kangan		
192	Kargil	PHC Panikhar	
193		PHC Sargole	
194		CHC Shankoo	
195		CHC Chiktan	
196		CHC ZANSKAR	
197		CHC DRASS	
198	Kulgam	PHC Qaimoh	
199		PHC Katrasoo	
200		PHC Bugam	
201		PHC Manzgam	
202		PHC Kilam	
203		PHC Frisal	
204		PHC Behibagh	
205		PHC Tarigam	
206		PHC M.Pora	

207		PHC Qazigund
208		PHC Mahnpora
209		PHC Nehma
210		PHC Razloo
211		PHC Devsar
212		PHC Pahloo
213	Kupwara	PHC Drugmulla
214		PHC Trathpora
215		PHC Maidanpora
216		PHC Awoora
217		PHC Keran
218		PHC Cherakote
219		PHC Harie
220		PHC Magam
221		PHC Machil
222		PHC Kalamchakla
223		PHC Ashpora
224		PHC Kalaroose
225		PHC Chogal
226		PHC Wadipora
227		PHC Villagam
228		PHC Trehgam
229		PHC Panzgam
230		CHC Sogam
231		CHC Kralgund
232		CHC Kralpora
233		CHC Tangdar
234		SDH Kupwara
235		CHC Zachaldra
236	Leh	PHC Nyoma
237		PHC Tangtse
238		PHC Turtuk
239		PHC Bogdang
240		PHC Digar
241		PHC Panamik
242		PHC Timisgum
243		PHC Chushul
244		CHC Khaltsi
245		CHC Skurbuchan
246		CHC Disket(Nobra)
247	Pulwama	PHC Wuyan
248		PHC Khrew

249		PHC Parigam
250		PHC Kakapora
251		PHC Awantipora
252		PHC Dadsara
253		PHC Aripal
254		PHC Newa
255		PHC Tahab
256		PHC Ladhoo
257		PHC Rahmoo
258		PHC Singerwani
259		CHC Pampore
260		CHC Tral
261	Shopian	PHC Sedow
262		PHC D. K. Pora
263		CHC Keller
264		CHC Zanipora
265		DH Shopian
266	Srinagar	PHC Khanmoh
267		PHC Brane
268		PHC Zadibal
269		PHC Narwara
270		PHC SR Gunj
271		PHC Harwan
272		PHC Hazratbal
273		PHC Lasjan
274		CHC Khanyar

Annexure "D"					
Provision of Radiant Warmers to NBCCs - List of NBCCs					
S No.	District	Block	Name of Health Institution	Category	Availability of NBCC Yes / No
1	Kishtwar	Dachhan	PHC Afti	PHC 24X7	Yes
2	Poonch	Mandi	PHC Chandak	PHC 24X7	Yes
3		Surankote	PHC Bufliaz	PHC 24X7	Yes
4	Udhampur	Ramnagar	PHC Bhugtrain	PHC 24X7	Yes
5		Tikri	PHC Tikri	PHC 24X7	Yes
6		Chenani	PHC Pancheri	PHC 24X7	Yes
7	Kathua	Basohli	PHC Hutt	PHC 24X7	Yes
8		Parole	PHC Lakhanpur	PHC 24X7	Yes
9		Hiranagar	PHC Marheen	PHC 24X7	Yes
10		Basohli	PHC Sananghat	PHC 24X7	Yes
11	Jammu	Akhnoor	PHC Sungal	PHC 24X7	Yes
12		Sohanjana	PHC Kanachak	PHC 24X7	Yes
13		RS Pora	PHC Sai	PHC 24X7	Yes
14		Bishnah	PHC Arnia	PHC 24X7	Yes
15		Pallanwala	PHC Dhanger	PHC 24X7	Yes
16		Bishnah	PHC Rehal	PHC 24X7	Yes
17		Pallanwala	PHC Pargwal	PHC 24X7	Yes

18		Kotbhalwal	PHC Ambgarota	PHC 24X7	Yes
19		Sohanjana	PHC Gol Gujral	PHC 24X7	Yes
20	Rajouri	Darhal	PHC Shadra Sharief	PHC 24X7	Yes
21		Manjakote	PHC Bagla Nadyal	PHC 24X7	Yes
22		Manjakote	PHC Manjakote	PHC 24X7	Yes
23		Nowshera	PHC Laroka	PHC 24X7	Yes
24	Samba	Purmandal	PHC Purmandal	PHC 24X7	Yes
25		Ramgarh	PHC Gursalathia	PHC 24X7	Yes
26		Ramgarh	PHC Nandpur	PHC 24X7	Yes
27		Nud	PHC Sumb	PHC 24X7	Yes
28		Nud	PHC Rattanpur	PHC 24X7	Yes
29	Doda	Gandoh	PHC Changa	PHC 24X7	Yes
30			PHC Goha	PHC 24X7	Yes
31	Anantnag	Sallar	PHC Srigufwara	PHC 24X7	Yes
32		Mattan	PHC Ashmugam	PHC 24X7	Yes
33		Larnoo	PHC Wandevalgam	PHC 24X7	Yes
34		Verinag	PHC Hakoora	PHC 24X7	Yes
35		Larnoo	PHC Sagam	PHC 24X7	Yes
36	Bandipora	Bandipora	PHC Astangoo	PHC 24X7	Yes

37	Baramulla	Uri	PHC Mohra	PHC 24X7	Yes
38		Boniyar	PHC Bijhama	PHC 24X7	Yes
39		Kunzar	PHC Hardbora	PHC 24X7	Yes
40		Kunzar	PHC Seriwarpora	PHC 24X7	Yes
41	Ganderbal	Kangan	PHC Babanagri	PHC 24X7	Yes
42	Kulgam	Kulgam	PHC Katrasoo	PHC 24X7	Yes
43		Kulgam	PHC Bugam	PHC 24X7	Yes
44		D H Pora	PHC Manzgam	PHC 24X7	Yes
45		Qaimoh	PHC Frisal	PHC 24X7	Yes
46		Kulgam	PHC Behibagh	PHC 24X7	Yes
47		Kulgam	PHC Tarigam	PHC 24X7	Yes
48		Qazigund	PHC Vessu	PHC 24X7	Yes
49		Kulgam	PHC Nehma	PHC 24X7	Yes
50		Qazigund	PHC Razloo	PHC 24X7	Yes
51		Kulgam	PHC Pahloo	PHC 24X7	Yes
52	Kupwara	Kralpora	PHC Keran	PHC 24X7	Yes
53		Zachaldara	PHC Wadipora	PHC 24X7	Yes
54		Kralpora	PHC Panzgam	PHC 24X7	Yes
55	Kargil	Chiktan	CHC Chiktan	CHC	Yes

56	Leh	Nubra	PHC Digar	PHC 24X7	Yes
57		Nubra	PHC Panamik	PHC 24X7	Yes
58		Khalsti	PHC Timisgum	PHC 24X7	Yes
59	Pulwama	Pampore	PHC Parigam	PHC 24X7	Yes
60		Pampore	PHC Kakapora	PHC 24X7	Yes
61		Pampore	PHC Awantipora	PHC 24X7	Yes
62		Tral	PHC Dadsara	PHC 24X7	Yes
63		Tral	PHC Aripal	PHC 24X7	Yes
64	Udhampur		PHC Majalta	PHC 24X7	No
65	Bandipora		PHC Chantimulla	PHC	No
66	Kupwara		PHC Kalaroose	PHC	No
67	Udhampur	Tikri	PHC Hartryan	PHC	Yes
68	Kathua	Basohli	PHC Sandhar	PHC	Yes
69		Bani	PHC Koti Chadyar	PHC	Yes
70		Basohli	PHC Bhoond	PHC	Yes
71	Rajouri	Kandi	PHC Tralla	PHC	Yes
72		Sundarbani	PHC Upper Hathal	PHC	Yes
73		Sundarbani	PHC Balshama	PHC	Yes
74		Kandi	PHC Kotranka	PHC	Yes

75	Poonch	Surankote	PHC Chandimarh	PHC	Yes
76	Samba	Nud	PHC Ghagwal	Emergency Hospital	Yes
77		Nud	PHC Sanoora	PHC	Yes
78	Anantnag	Larnoo	PHC D.K.Pora	PHC	Yes
79		Bijbehara	PHC Sirhama	PHC	Yes
80		Shangus	PHC Nowgam	PHC	Yes
81		Achabal	PHC Brakpora	PHC	Yes
82		Bijbehara	PHC Sirhama	PHC	Yes
83		Bijbehara	PHC B. Kalan	PHC	Yes
84		Bijbehara	PHC Khiram	PHC	Yes
85		Baramulla	Sheeri	PHC Kahitangan	PHC
86	Sheeri		PHC Fategarh	PHC	Yes
87	Budgam	Chattergam	PHC Lasjan	PHC	Yes
88	Ganderbal	Kangan	PHC Sonamarg	PHC	Yes
89	Kupwara	Sogam	PHC Cherakote	PHC	Yes
90		Langate	PHC Ashpora	PHC	Yes
91	Pulwama	Pampore	PHC Khrew	PHC	Yes
92		Pulwama	PHC Tahab	PHC	Yes
93		Pampore	PHC Ladhoo	PHC	Yes

94	Srinagar	Khanyar	PHC Braine	PHC	Yes
95		SR Gunj	PHC Narwara	PHC	Yes
96		SR Gunj	PHC SR Gunj	PHC	Yes
97		Hazratbal	PHC Harwan	PHC	Yes
98		Hazratbal	PHC Hazratbal	PHC	Yes
99	Kargil	Chiktan	CHC Chiktan	CHC	Yes
100	Kupwara	Thayan	S/C Thayan (Delv Point)	SC	No

Annexure "E"

Establishment of SNCUs in District Hospitals

S. No	Name of the district	Health Institution
1	Bandipora	District Hospital Bandipora
2	Ganderbal	District Hospital Ganderbal
3	Kulgam	District Hospital Kulgam
4	Ramban	District Hospital Ramban
5	Reasi	District Hospital Reasi
6	Samba	District Hospital Samba
7	Shopian	District Hospital Shopian
8	Bandipora	CHC Gurez (Dawar)
9	Doda	CHC Bhaderweah
10	Doda	CHC Gandoh
11	Poonch	CHC Mendhar
12	Rajouri	CHC Sunderbani
13	Rajouri	CHC Thanamandi

Annexure “F”
Estimated Budget Sheet for training of Paed/ Medical Officers and Staff Nurse in SNCU

VENUE : SMGS Hospital, Jammu
DURATION : 4 Days
NUMBER OF PARTICIPANTS : 12 MOs/ Paed.
18 Staff Nurses

Estimated Cost per Batch

S.No		Amount in Rs.
1	D.A for Trainees	
	a) Rs. 700 X 12 Participants X 4 Days b) Rs. 400 X 12 Participants X 4 Days	62400
2	Honorarium for trainers	
	a) Rs.1000 X 6 Resource Persons X 4 Days	24000
3	Lunch, Tea & Snacks	
	Rs. 200 X 30 participants X 4 Days	24000
4	Incidental Expenditure, photocopying, job aids, flips charts LCD etc:	
	Rs. 250 X 30 participants	7500
5	Institutional Overhead @ 15% of actual expenses on item no. 1,2,3,&4	17650
6	T.A. to participants (As per actual)	40000
	Boarding/ Lodging/ TA to faculty from outside station	50000
	Boarding Lodging for participants	25000
7	TA/DA for the participants for observer ship training	150000
	Estimated budget for one batch	400550

Total estimated budget for 4 batches = Rs. 15.00 Lakhs (Lumpsum)

Annexure "G"

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

		SMGS Hospital Jammu						Lalla Ded Hospital Srinagar			Grand Total (Rs. in Lakhs)
S.No	Name of Item	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	15000 00	30.00	2	15000 00	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	40000 0	4.00	1	40000 0	4.00	8.00
5	Defibrillator	1	1	0	1	11000 0	1.10	2	11000 0	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 "H"

Strengthening of Child Health Care Interventions through NIPI-UNOPS Budget estimate for implementation of District based comprehensive Newborn package in 04 PILOT DISTRICTS of J&K

Interventions	Major activities	Unit and Unit cost	Number of units	Total Cost	First year (Rs. in Lakhs)
A. Estimated Costs of new interventions of District based package for two years					
Yashoda	Sensitization of Hospital staff	2000	4	8000	0.08
	Training of Yashoda and Supervisor	30000	4	120000	1.20
	Other costs including incentive	140	16000	2240000	22.40
	Printing of various modules/ IEC material	Rs 400 per Yashoda	Approx 40 Yashodas	16000	0.16
Techno-managerial support for operations at district and block level	Block child health managers salary @14000/month in 29 Medical Blocks of Four Pilot Districts	14000	29	4872000	48.72
	District child health manager salary @ 30000/month	30000	4	1440000	14.40
	Capacity building and enablers for managers (+mobility) @ Rs 10000 per month per head	10000	33	16680000	39.60
	Establishment costs (laptops)	30000	33	990000	9.90
MMT	Network roll out & operations	375000	4	1500000	15.00
	Trainings & orientation	125 per participant (including the training manual)	ASHAs, MOICs, Accountants, program managers @ Rs 212500 per district	4675000	8.50

District Health Training and Resource Centre	HR cost including recruitment, salary, mobility, communication support for 2 personnel	600000	4	2400000	24.00
	Equipment, logistics costs and maintenance cost	100000	4	400000	4.00
Total (A)					187.96

B. Estimated additional costs to PIP for strengthening already initiated newborn and child health interventions for two years						
Accelerate Routine Immunization:	IMPROVE quality of Routine Immunization	Training @Rs 50,000 per batch for 6 batches of 3 day training	4 batches per district @ Rs 200000 each district	4	4,400,000	8.00
		Enabling mechanisms @Rs 1200 per supervisor per month	80 supervisors per district	4	88	46.08
	Improvement of Vaccine Stores	Improvement of peripheral vaccine stores @ 20,000 per peripheral stores	Peripheral vaccine store	161	11,000,000	32.20
		Improvement of district vaccine stores @2,00,000 per district store	Regional & District vaccine store	4	4,800,000	8.00
Home Based Newborn care	HBNC data management through customized software	Rs 500000	Initiation, setup and training costs	4	11,000,000	20.00
Sick Newborn Care Unit:	Technical support	RS 200000 per district/year	per year	4	22	8.00
Total (B)						122.28
Total (A+B)						310.24

C. Technical Support Cost of NIPI						
Technical Support	Hiring of Consultant at NIPI Office Delhi @ Rs 1.25 Lakhs/ Month	Rs 1.25 lakhs per month		1	0	15.00
	Travel Support cost for consultants from NIPI Office	Rs 20 lakhs per year Lump Sum (as per actual)				20.00
C. Estimated cost for NIPI Support Cost						35.00
Over heads						4.76
GRAND Total (A+B+C)						350.00

Annexure - "I"				
Strengthening of Labour Rooms / NBCCs in District Hospitals and CHCs				
S.No	Name of Item	Ideally required	Unit Cost (In Rs.)	Total Cost (Rs. in Lakhs)
I. Strengthening of District Hospitals				
A. Labour Room Equipments				
1	Labour table with mattress, sheet, pillow (numbers as per case load), Macintosh, Foot-rest	8	30000	2.40
2	Brass V drape to collect blood and amniotic fluid	24	3000	0.72
3	Wall clock with seconds hand	2	1500	0.03
4	Wall mounted thermometer	2	200	0.004
5	Suction apparatus	2	5000	0.10
6	Delivery trolley	4	2000	0.08
7	Autoclave	2	30000	0.60
8	Autoclaved delivery set for each delivery	20	3000	0.60
9	Refrigerator	1	5000	0.05
10	Pulse oxymeter	2	70000	1.40
11	Oxygen concentrator	3	50000	1.50
12	Sphygmanometer, adult and newborn thermometer and newborn weighing machine.			0
13	Lamp- wall mounted or side	8		0
14	Autoclave drums for instruments, linen, gloves, cotton, gauge, threads sanitary pads	8		0
15	Coloured bins for bio medical waste management	3		0
16	Hub cutter	4		0
17	Wheel chair/patient's trolley	6		0
18	Foetal Doppler	2	15000	0.30
	Total			7.784
	Total cost for 14 District Hospitals / MCH (A)			109.00
B. NBCC Equipments				
1	Paediatric stethoscope	1		0.80
2	Baby Scale	1		
3	Radiant warmer	1		
4	Oxygen Hood	1		
5	Laryngoscope and endotracheal intubation tubes	1		
6	Two set of pencil cell batteries	1		
7	Mucus extractor	1		
	Total cost for 14 District Hospitals / MCH (B)			11.20
	Total (I)			120.20

II. Strengthening of CHCs				
A. Labour Room Equipments				
1	Labour table with mattress, sheet, pillow (numbers as per case load), Macintosh, Foot-rest	4	30000	1.20
2	Brass V drape to collect blood and amniotic fluid	12	3000	0.36
3	Wall clock with seconds hand	2	1500	0.03
4	Wall mounted thermometer	2	200	0.004
5	Suction apparatus	1	5000	0.05
6	Delivery trolley	2	2000	0.04
7	Autoclave	1	30000	0.30
8	Autoclaved delivery set for each delivery	8	3000	0.24
9	Refrigerator	1	5000	0.05
10	Pulse oxymeter	2	70000	1.40
11	Oxygen concentrator	3	50000	1.50
12	Sphygmomanometer, adult and newborn thermometer and newborn weighing machine.			0
13	Lamp- wall mounted or side	6		0
14	Autoclave drums for instruments, linen, gloves, cotton, gauge, threads sanitary pads	6		0
15	Coloured bins for bio medical waste management	3		0
16	Hub cutter	4		0
17	Wheel chair/patient's trolley	4		0
18	Foetal Doppler	1	15000	0.15
	Total			5.32
	Total cost for 8 CHCs (A)			43.00
B. NBCC Equipments				
1	Paediatric stethoscope	1		0.80
2	Baby Scale	1		
3	Radiant warmer	1		
4	Oxygen Hood	1		
5	Laryngoscope and endotracheal intubation tubes	1		
6	Two set of pencil cell batteries	1		
7	Mucus extractor	1		
	Total cost for 8 CHCs (B)			6.40
	Total (II)			49.00
	GRAND TOTAL (I+II)			49.00

II. Strengthening of CHCs				
A. Labour Room Equipments				
1	Labour table with mattress, sheet, pillow (numbers as per case load), Macintosh, Foot-rest	3	30000	0.90
2	Brass V drape to collect blood and amniotic fluid	12	3000	0.36
3	Wall clock with seconds hand	2	1500	0.03
4	Wall mounted thermometer	2	200	0.004
5	Suction apparatus	1	5000	0.05
6	Delivery trolley	2	2000	0.04
7	Autoclave	1	30000	0.30
8	Autoclaved delivery set for each delivery	8	3000	0.24
9	Refrigerator	1	5000	0.05
10	Pulse oxymeter	2	70000	1.40
11	Oxygen concentrator	3	50000	1.50
12	Sphygmanometer, adult and newborn thermometer and newborn weighing machine.			0
13	Lamp- wall mounted or side	6		0
14	Autoclave drums for instruments, linen, gloves, cotton, gauge, threads sanitary pads	6		0
15	Coloured bins for bio medical waste management	3		0
16	Hub cutter	4		0
17	Wheel chair/patient's trolley	4		0
18	Foetal Doppler	1	12500	0.13
	Total			5.00
	Total cost for 8 CHCs (A)			40.00
B. NBCC Equipments				
1	Paediatric stethoscope	1		0.75
2	Baby Scale	1		
3	Radiant warmer	1		
4	Oxygen Hood	1		
5	Laryngoscope and endotracheal intubation tubes	1		
6	Two set of pencil cell batteries	1		
7	Mucus extractor	1		
	Total cost for 8 CHCs (B)			6.00
	Total (II)			46.00
	GRAND TOTAL (I+II)			46.00