

ACTION PLAN

FOR

PROVIDING 100% SAFE DELIVERIES

&

REDUCING MATERNAL MORTALITY

RATIO

(2018-19)



Programme Management Unit
(Maternal Health)

NATIONAL HEALTH MISSION
Jammu and Kashmir

ACTION PLAN FOR PROVIDING 100% SAFE DELIVERIES AND REDUCING MATERNAL MORTALITY RATIO

Introduction:

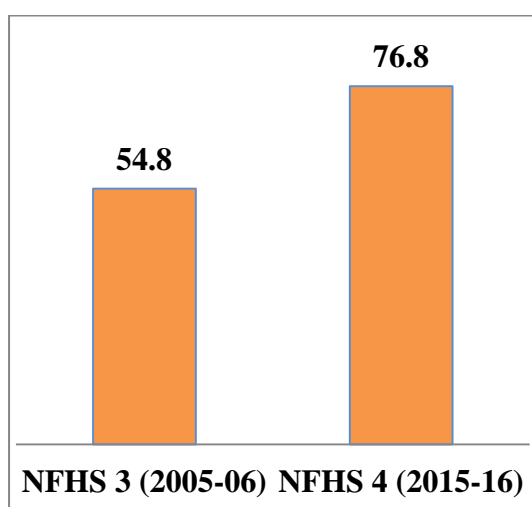
The National Rural Health Mission (NRHM) was launched in April 2005 at National Level and in December 2005 in the J&K State. In the year 2012, it has been renamed as National Health Mission (NHM) and subsumed National Rural Health Mission (NRHM) & National Urban Health Mission (NUHM) as its two submissions. 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. NHM 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.

Since Maternal and Child survival is a mirror that reflects the entire spectrum of social development. National Health Policy-2017 aspires to elicit developmental action of all sectors to support Maternal and Child survival. The policy strongly recommends strengthening of general health systems to prevent and manage maternal complications, to ensure continuity of care and emergency services for Maternal Health. In order to comprehensively address factors affecting maternal survival, the National Health Policy-2017 seeks to address the social determinants through developmental action in all sectors. Towards the achievement of goal of Maternal Mortality Ratio (MMR) less than 100 by 2020 as envisaged in National Health Policy-2017, the State has adopted various strategies framed by the Ministry of Health and Family Welfare, Govt. of India and there has been substantial improvement in Maternal Health indicators in the State.

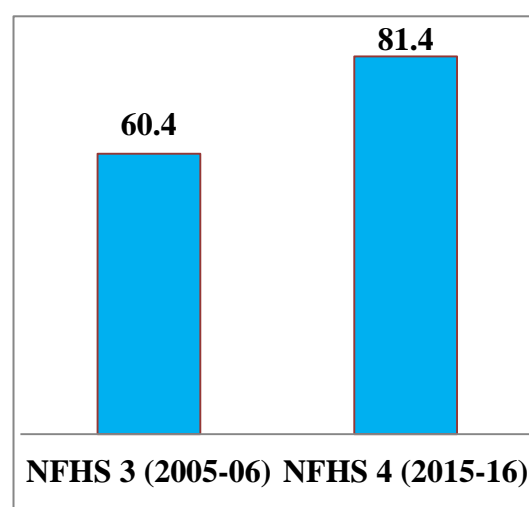
With the launch of NHM, Public Health facilities are witnessing increase in institutional deliveries viz-a-viz the overall improvement in health-care delivery system in the state. The state has achieved substantial increase in percentage of Pregnant Mothers who had antenatal check-up in the first trimester which increased from 54.8 % as per NFHS 3 (2005-2006) to 76.8 % as per NFHS 4 (2015-16) report and also increase in percentage of Mothers who had at least 4 antenatal care visits from 60.4% in NFHS-3 to 81.4% in NFHS-4.

There has been quantum jump in the number of institutional deliveries in the State, which has increased from 50% in 2005-06 (NFHS-3) to 85.7% in 2015-16 (NFHS-4). This is being achieved by multiprong strategy of National Health Mission. The prevalence of anaemia among women in the country decreased marginally by around 2% between 2005-06 and 2015-16, from 55% to 53%, however, J&K State has recorded 11.5% reduction in prevalence of anaemia in the same time period and stands at 3rd position in terms of reduction in %age of anemia, following Sikkim and Mizoram. (Source: NFHS Data)

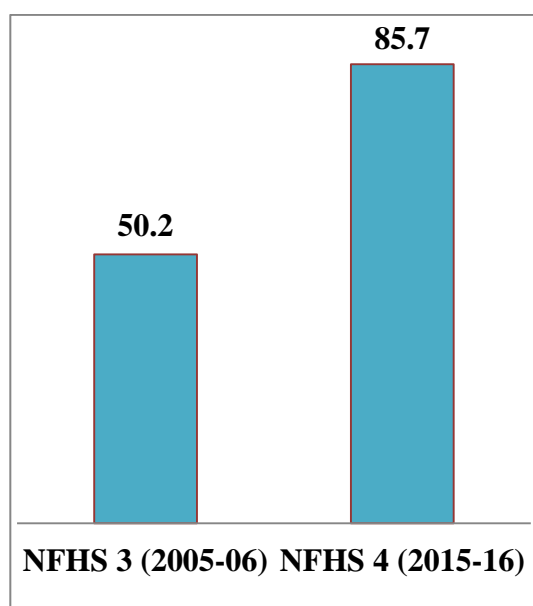
The improvement in Maternal Health indicators in the State is evident from following graphs:



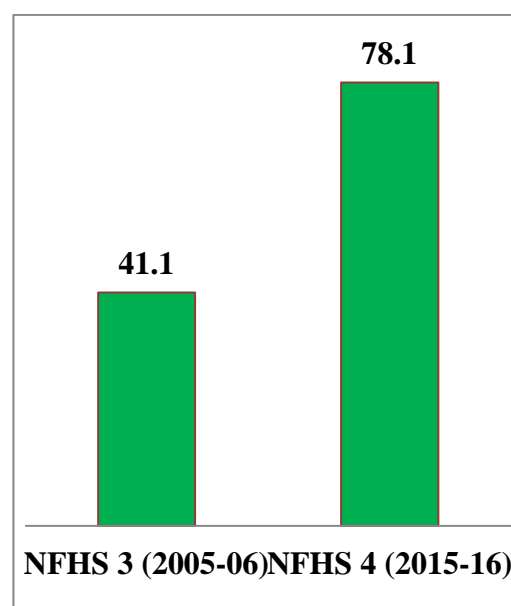
Mothers who had antenatal check-up in the first trimester (%)



Mothers who had at least 4 antenatal care visits (%)



Total Institutional Deliveries (%)



Institutional Births at Public Facility (%)

Maternal health continues to be an important indicator of the well being in a country or state. The necessary healthcare facilities provided to mothers in order to ensure their good health is central to qualitative development and a high number of maternal deaths indicate the lack of accessibility to proper medical facilities and a wide gap between the rich and poor.

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

Goal – 5 of Millennium Development Goals has two targets:-

Target-5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Target-5.B: Achieve, by 2015, universal access to reproductive health.

Globally, the MMR dropped by 45 percent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births, accounting to an estimate of 2,89,000 women who died during pregnancy and childbirth in 2013.

In India, although the MMR dropped from 212 deaths per 100,000 live births in 2007-09 to 167 in 2011-13 (SRS) which has further reduced by 22% and is 130 as per MMR Bulletin 2014-16 (SRS), however it is still behind the target of 103 maternal deaths per 100,000 live births which was to be achieved by 2015 under the United Nations mandated Millennium Development Goals. As such India contributes 15% of global maternal deaths. Now the goal of Maternal Mortality Ratio (MMR) has been set as less than 100 by 2020 as envisaged in National Health Policy-2017.

Under Sustainable Development Goals (SDGs), India has committed for reducing the maternal mortality ratio to less than 70 per 100,000 live births by 2030 and ensuring universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes under Goal-3 of SDGs.

Under NHM, the state of J&K strive to bring an improvement in the health status of people, especially women and children living in rural and remote areas

of the state. Provision of quality antenatal care (*early registration, minimum four antenatal checkups, two tetanus toxoid injections and IFA tablets*) has been envisaged under the programme. Further it 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:

1) 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

2) Delay in reaching the health facility:

- Lack of transportation
- Difficult terrain

3) Delay in receiving adequate treatment once a woman has arrived at the health facility:

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

These delays could be avoided by:

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

Detailed gap analysis has been done for functional delivery points in the state which will be strengthened further so that 100% safe deliveries are conducted there and other potential delivery points will be strengthened in the phased manner. The list of Delivery Points is placed as **Annexure “A”** and the list of designated of FRUs and their functionality as per the benchmark is placed as **Annexure “B”**.

(i) Infrastructure & Equipment:

Detailed gap analysis has been done in the existing infrastructure including requirement and supplies of the functional delivery points. This information has been shared with the Ministry of Health & Family Welfare, Govt. of India for procurement of identified items as per the facility requirements.

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, Development Partner for J&K identified by MoH&FW, GoI. Based on the gap analysis report, plan for strengthening & improving services at Delivery points has been submitted to GoI.

In this regard, MoH&FW, GoI approved **Rs.565.94 Lakhs** in RoP 2015-16, **Rs.21.72 Lakhs** in RoP 2016-17 & **Rs.244.00 Lakhs** in RoP 2017-18 for procurement of LR & OT equipments so that delivery points are strengthened and these funds have been released to Director Health Services, Jammu/ Kashmir.

In PIP 2018-19, an amount of **Rs.106.90 Lakhs** have been proposed for procurement of various equipments required for strengthening of Labour Rooms at Delivery Points.

(ii) Strengthening of Blood Services:

In order to strengthen the facilities for provision of Comprehensive Emergency Obstetric Care services in the FRUs, the Blood Storage Centers (BSCs) for 26 FRUs is 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 concerned District Health Societies in the year 2012-13.

Further, MoHFW, GoI approved funds to the tune of **Rs.45.57 Lakhs approved in RoP 2015-16 & Rs.300.04 Lakhs in RoP 2016-17** for strengthening of Blood Banks/ BSUs in the state.

In addition, Blood Collection & Transportation Vehicles (BCTVs) have also been approved in the RoP 2015-16 for which funds to the tune of **Rs.64 Lakhs** have been transferred to MD, JKMSCL for procurement of these vehicles.

In the RoP 2017-18, **Rs.72.87 Lakhs** are approved for procurement of equipments for blood banks in DH Reasi, DH Bandipora and DH Shopian and for Blood Storage Unit at CHC Drass.

In PIP 2018-19, **Rs.132.67 Lakhs** has been proposed for establishing new BSUs at 13 FRUs where BSU is not available.

(iii) Manpower

Rationalization of the staff engaged under NHM from the non-functional to the functional delivery points for their strengthening to ensure availability of the staff/ services round the clock in these functional delivery points was done. Still there is lot of scope in improving facilities after rationalization of regular staff and involvement of regular paramedics. Possibilities for rationalization of the staff as per the work done of the health facilities will be further explored.

(iv) Capacity Building

➤ **SBA Training**

NHM 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 complicated 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 Staff Nurses, ANMs//LHVs with the condition that State must ensure SBA training at delivery points first followed by staff from 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.

During FY 2018-19, 22 batches of SBA training has been proposed in PIP, one batch for each district. An amount of **Rs.20.59 Lakhs** has been proposed in PIP 2018-19.

➤ **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 in order to handle the common obstetric emergencies and provide the requisite care such as administration of parenteral oxytocics, antibiotics and anticonvulsant drugs, manual removal of the placenta, conducting assisted vaginal deliveries, etc.

In PIP, 2018-19, 2 batches of BEmOC training has been proposed, each batch consisting of 4 Medical Officers. An amount of **Rs.1.83 Lakhs** has been proposed in PIP 2018-19.

➤ **Maternal Death Surveillance & Review (MDSR)**

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 are 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.

Govt. of India has recently released new guidelines on Maternal Death Surveillance & Response (MDSR). An analysis of the progress till date brings forward key gaps:-

- a. Less than 50% of the estimated maternal deaths in India get reported under the health management information system.
- b. While the institutional mechanisms for reviews have been established, the capacity to undertake quality review at various levels are weak
- c. Thirdly, the translation of key findings into action, in other words the 'mechanism for response' lagged behind.

Based on the learning's and feedback from the states, these guidelines were revised with a focus on Surveillance (for improving reporting) & Response (for improving analysis and action planning).

Divisional level workshops are conducted regularly in which CMOs, Medical Superintendents, Dy. CMOs, BMOs, Gynaecologists, Paediatricians & DPMs participate. MDR

Trainings for this year has also been proposed. For this activity an amount of **Rs. 5.02** Lakhs has been proposed in PIP 2018-19.

B. Referral transport : 102 Call Centers

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 330 Ambulance vehicles have been fitted with VTMS and 02 call centers at both the divisions are established.

Janani Shishu Suraksha Karyakarm (JSSK) has been implemented in the State with a view to encourage all pregnant women to deliver in Public Health Facilities and full fill the commitment of achieving cent percent institutional deliveries. Pick up from home and Drop back facilities are being provided to pregnant women free of cost under JSSK.

C. Tracking of Severely Anemic Women & High Risk Pregnancies

In order to reduce severe anemia among women during pregnancy, the ANMs and ASHAs maintain line listing and follow-up of severely anemic women and high risk pregnancies till outcome in all the districts. The list is being uploaded on RCH portal and updated regularly. The ANM has to ensure that the identified woman gets treatment as per guidelines and she will make the follow up visits for at least two consecutive months.

In selected districts of state which include 6 HPDs viz. Doda, Ramban, Kishtwar, Rajouri, Poonch & Reasi, and 6 High focus districts of J&K viz Bandipora, Baramulla, Kupwara, Kargil, Pulwama, and Leh, Govt. of India has approved 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, early identification, timely referral & proper management of such cases.

For this activity, an amount of Rs.3.00 Lakhs has been proposed in PIP 2018-19.

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 for which the ASHA is entitled to receive an incentive of Rs.100/- per delivery. Under this activity, orientation of CMOs/ Dy.CMOs/ Gynaecologists, BMOs, Medical Officers and DPMs has been carried out at divisional level. Trainings of ANMs/ASHAs at district/ block level has also been conducted.

The scheme covers the following districts: **Doda, Kathua, Kishtwar, Poonch, Rajouri, Ramban, Reasi, Udhampur** in Jammu Division and **Bandipora, Baramulla, Kargil, Kulgam, Kupwara, Leh** in Kashmir Division.

Procurement of Tab. Misoprostol shall be made from funds proposed and approved under Free Drug Policy.

E. Strengthening of 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. In this regard, Govt. of India approved strengthening of existing AMT schools of Medical Colleges of Jammu/ Srinagar during this year 2014-15. Accordingly, the Principal Govt. Medical Colleges Jammu/ Srinagar were provided funds for upgradation and strengthening of these existing AMT schools. These upgraded nodal centres will provide trainings as well as supportive supervision to district training centres at ANMTCs of the districts.

Nursing Nodal Centre at AMT School, Govt. Medical College, Srinagar has been established and mannequins & other equipment have been procured by hospital authorities. The manpower approved shall be hired soon for making the said nodal centre functional. However, Nursing Nodal Centre at AMT School, Govt. Medical College, Jammu is under process. Manpower for Nursing Centres shall be hired in 2018-19 and process for its accreditation by Ministry shall be initiated accordingly.

F. Skills Lab

Ensuring quality of services in public health facilities is one of the important mandate under National Health Mission. To achieve this, Skills Labs in the districts are being established for upgradation of the skills of Health care providers to enhance their capacity to provide quality RMNCH+A services leading to the improved health outcomes.

Six Skill labs are approved by the Govt. of India. Out of which three Skills labs are established, one each in ANMT Schools of Anantnag, Kupwara & RIHFW Dhobiwan and are conducting training of Medical Officers/ Staff Nurses/ ANMs on regular basis. Each skill lab is being equipped with 1 Doctor, 3 Nurse Trainers, 1 Data Entry Operator & 1 Helper on contractual basis under NHM.

Civil works at Skills Lab Jammu is completed and at Poonch and Udhampur is under process.

In FY 2018-19, training of Medical Officers/ Staff Nurses/ ANMs posted at Delivery Points shall be conducted in 6 days refresher training on various aspects of RMNCH+A at Skills Labs. For this purpose, 14 training batches have been proposed each for Skills Lab Anantnag/ Dhobiwan & Kupwara. For Skills Lab Jammu, 6 training batches have been proposed. For this purpose, **Rs.44.99 Lakhs** are proposed in PIP 2018-19.

G. National Iron Plus Initiative (NIPI)

The Govt. of India has approved the Iron and Folic Acid supplementation for the Women in Reproductive Age (WRA) for prevention of Iron Deficiency Anaemia. Under NIPI, following interventions have been initiated by State:

For Pregnant Women & Lactating Mothers:

- IFA Tablets, each tablet of IFA for 180 days during pregnancy, followed by 180 tablets in the first six months of the postnatal period (during the period of Lactation).
- Tab. Folic Acid, each tablet per day during first trimester of the pregnancy.

For Women in Reproductive age (20-49 years)

- IFA Tablets to be supplemented to the women throughout the calendar year. (One Tab. Weekly)

For this purpose, IFA tablets are being procured through JKMSCL and further distributed to districts/ blocks. In PIP 2018-19, an amount of **Rs.162.93 Lakhs** has been proposed for procurement of IFA tablets and **Rs.45.29 Lakhs** for procurement of Folic Acid tablets.

In addition to IFA supplementation, Iron Sucrose injections are given to severely anaemic pregnant Women at CHC level and above, for which **Rs.9.60 Lakhs** has been proposed in PIP 2018-19.

H. Calcium Supplementation during pregnancy & lactation:

One of the leading causes of maternal mortality is hypertensive disorders during pregnancy which can lead to pre-eclampsia and a considerable amount of child and maternal morbidity and mortality is associated with this condition. In order to adopt a preventive strategy for pregnancy induced hypertensive disorders, universal supplementation of Calcium to all pregnant women during ANC & PNC period has been introduced by the MoH&FW, GoI and same has been adopted by J&K state.

The programme is implemented at all levels of contact of pregnant women (PW) with the health system, such as Village Health & Nutrition Days (VHNDs), Sub-Centres, Primary Health Centres (PHC), Community Health Centres (CHC), District Hospitals (DH), and Medical Colleges (MC).

Under the programme, all Pregnant Women after the first trimester till six months after delivery shall be provided with Tab. Calcium. During pregnancy, 360 tablets are required per woman (@ 2 tablets (containing

500 mg calcium each) per day from 14 weeks to 40 weeks = 26 weeks = 182 days) and 360 tablets in the first six months of the postnatal period (@ 2 tablets per day for 6 months).

In PIP 2018-19, an amount of **Rs.262.44 Lakhs** has been proposed for procurement of Calcium Tablets.

I. Schemes & 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 approx. 12,000 ASHAs engaged in the State. ASHAs are not paid any fixed monthly remuneration, however they are paid performance based incentives. Under JSY, ASHA is paid Rs. 600/- for facilitating pregnant women for the institutional delivery in rural areas and Rs.400/- under NUHM.

Each ASHA is also entitled to an assured incentive of Rs.1000/- per month for carrying out eight different activities on monthly basis.

b) Janani 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 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.

For implementation of JSY, an amount of **Rs.32.36 Crores** has been proposed in PIP 2018-19.

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 15 to 20% pregnant women who still hesitate to access public 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 Sishu 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.

For implementation of various activities under JSSK, an amount of **Rs.30.62 Crores** has been proposed in PIP 2018-19.

d) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

With an objective to provide quality ANC to every pregnant woman, the Government of India launched “Pradhan Mantri

Surakshit Matritva Abhiyan” (PMSMA), a fixed day ANC service to be given on 9th of every month across the country. This is to be given in addition of the routine ANC at the health facility.

This new initiative was rolled out in Jammu & Kashmir on **9th June, 2016** in all the districts of the state. Under this campaign, a minimum package of antenatal care services is being provided by Specialists & Medical Officers at identified health facilities (134) to beneficiaries on the **9th of every month** so that every pregnant woman receives at least one checkup in the 2nd and 3rd trimester of pregnancy and to ensure that no high risk pregnancy goes undetected. It is also ensured that all essential investigations during ANC schedule are also conducted.

Under PMSMA, it would be ensured that all pregnant women are screened for following conditions in addition to existing screening protocol:

- a) Gestational diabetes mellitus
- b) Hypothyroidism in high risk cases
- c) Syphilis

In addition, orientation of health workers will be planned to ensure IFA, Calcium supplementation are being done as per revised guidelines. It would also include capacity building on Deworming during pregnancy.

Since beneficiaries have to wait at the hospital for long duration to avail this service. Pregnant women should have timely diet and women travelling from distant places had to stay empty stomach to avail the services on PMSMA Day. To address the issue, ICDS department under its mandate to provide supplementary nutrition to all the pregnant women for extra calories and proteins in the form of cooked food or take home rations, was requested to provide cooked meals and Mission Director, ICDS Department, J&K issued directions to the District Programme Officers, ICDS to arrange and provide hot cooked food as per local customs to all the Pregnant Women coming for ANC Check Up at designated health facilities in their concerned district on 9th of every month i.e. PMSMA Day. This initiative was started on **9th February,**

2017 in few districts of the State and the beneficiaries are being provided hot cooked food in the premises of hospital on PMSMA day.

130 health facilities have been identified & designated as PMSMA clinics in the State. The list of facilities is enclosed as **Annexure “C”**.

For conducting various IEC activities under PMSMA, an amount of **Rs. 27.00 Lakhs** has been proposed in PIP 2018-19.

e) 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.

f) Performance Based Incentives:- To improve maternal health indicators further, Govt. of India approved several performance based incentives for health providers in selected districts of the state viz. **Kupwara, Bandipora, Kargil, Leh, Kishtwar, Doda, Ramban, Poonch, Rajouri, Udhampur, Reasi and Kathua**. The details are as follows:-

i) Incentive to SBAs for conducting home deliveries:

To reduce the MMR and to ensure safe deliveries in inaccessible/ snow bound areas of the state, there is provision of incentivization of SBAs for conducting home deliveries in inaccessible/ snow bound areas. The SBA trained health functionaries (ANMs/LHVs/SNs) are entitled to receive an incentive of Rs.1000/- per delivery for conducting home

deliveries in inaccessible/ snow bound areas of high focus areas of the state after verification of records by the designated supervisor. This incentive to be given in the snow bound / hard to reach areas and notified villages of the districts Kupwara, Bandipora, Kargil, Leh, Kishtwar, Doda, Ramban, Poonch, Rajouri, Udhampur, Reasi and Kathua.

An amount of **Rs.1.00 Lakh** has been proposed in PIP 2018-19 for this activity.

ii) Incentives for Tracking of Severely Anaemic Pregnant Women in HPDs and HFDs.

To improve tracking & outcome of delivery, ANM is entitled to receive an incentive of Rs. 100 per case after identification, line listing of severely anaemic pregnant women and confirmation of Hb percentage (<7gm%) at Sub centre level/ PHC /CHC/DH by Medical Officer.

An amount of **Rs.3.00 Lakh** has been proposed in PIP 2018-19 for this activity.

iii) Incentivization of Doctors and Staff for Conducting C-section at FRUs.

Timely availability of C-section in the facility helps in reducing the preventable mortality and morbidity. Keeping this in view, NHM shall continue with the scheme of providing incentives to Specialists and staff for conducting C-sections in the FRUs beyond normal working hours as per Performance based incentive guidelines. The incentive shall be provided @ Rs. 1000 per C-section for Gynaecologist, Rs. 700 for Anaesthetist, Rs. 500 for Paediatrician, Rs. 300 for OT Technician, Rs. 300 for Staff nurse/ ANM, and Rs. 100 each for Safaiwala and Class IV employee in FRUs. The list of FRUs for which such incentive is approved is enclosed as **Annexure "D"**.

An amount of **Rs.15.00 Lakhs** has been proposed in PIP 2018-19 for this activity.

g) Mother & Child Protection Cards

The State has adopted the Joint MCP card of Ministry of Health & Family Welfare for monitoring & recording the Services of MCH and Nutrition interventions. MCP cards are being printed in

Hindi, English & Urdu and distributed to all the Health Institutions including both Medical Colleges of the State. This card is being filled at the time of registration (1st ANC) of the pregnant women 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 proposed as per the estimated pregnancies of the State. During current FY, printing of MCP cards is also approved.

h) 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. These booklets are being printed in Hindi, English & Urdu and distributed to all the Health Institutions including both Medical Colleges of the State. During current FY, printing of these booklets is also approved.

New Initiatives:

A. Dakshata – Empowering service providers for improved MNH Care during Institutional Deliveries.

Government of India (GoI) is committed to improve the quality of maternal & new born care during the intra & immediate post-partum period in order to further accelerate reduction in maternal and newborn mortality. In this regard, GoI has introduced a strategic initiative termed ‘Dakshata’ for empowering the health workers of the facilities in providing high-quality of care during childbirth. Ministry of Health & Family Welfare, GoI in collaboration with Norway India Partnership Initiative (NIPI) has roped in Jhpiego as the technical support agency to roll out the National Dakshata Programme in the State of J&K, so as to enable the service providers in providing high quality services during childbirth in facilities. Dakshata has four main components -

- i. Improving skills of health workers in the key life-saving practices.
- ii. Improving availability of resources essential for performing these life-saving practices.
- iii. Implementing strategies for transfer of learning into practice
- iv. Improved use of data for decision-making and action.

The action planning for rolling out this new initiative has been done and will be implemented in 11 Districts of the State in first phase namely District Rajouri, Poonch, Ramban, Doda, Kishtwar, Reasi & Kathua from Jammu Division and District Anantnag, Pulwama, Baramulla & Kupwara from Kashmir Division. The said programme will be implemented in District Hospitals and one high case load CHC from each of the identified districts. In the next phase, rest of the districts will be covered.

Under the said programme, 5 days ToT for District trainers has been conducted at State level with technical support of Jhpiego, NGO which shall be followed by District level training of facility staff. The District trainers shall also act as Dakshata Mentors who shall conduct onsite mentoring and supportive supervision visits for handholding facility staff for translation of the learned skills into practice.

The district level training of Labour Room staff in the above mentioned districts shall be started from July, 2018 onwards. The ultimate aim is to train all the labour room staff so that each facility is saturated with trained manpower.

Indicator	2018-19	2019-20	2020-21	2021-22
No of Dakshata ToTs to be trained at State level (each batch of 20 Participants comprising of 10 MOs & 10 SNs from identified districts)	2 Batches	2 Batches	2 Batches	2 Batches
No. of Dakshata batches to be trained at District level (each batch of 15 participants comprising of 5 MOs & 10 SNs from identified facilities)	11 (1 batch per district)	22 (2 batches per district)	22 (2 batches per district)	22 (2 batches per district)
<i>Note: Till 2020, the high case load facilities from the identified districts in first phase shall be saturated with trained staff and then 2020 onwards, the programme will be scaled up in remaining districts.</i>				

Further for improving data recording at health facilities, Standard Labour Room Registers and Maternity Case sheets have been printed which will be used for recording various events during child birth.

B. LaQshya - Quality Improvement Initiative for Improving Care Around Birth

After the launch of National Health Mission (NHM), there has been substantial increase in the number of institutional deliveries. However, this increase in the numbers has not resulted into desired improvements in the key maternal and newborn health indicators. It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery. As such, a transformational change in the processes related to the care during the birth, which essentially relates to intra-partum and immediate postpartum care, is required to achieve tangible results within short period of time.

Under LaQshya, focus shall be on intra-partum and immediate post-partum care, which take place in the labour room and maternity operation theatre.

The goal of the programme is to reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around birth in Labour room and Maternity OT and ensure respectful maternity care.

In short, LaQshya initiative addresses structural issues like infrastructure, Human resource, Layout of Labour room and Maternity OT, equipments, drugs, consumables and other issues that affect processes of care. Reward and recognition have been incorporated in LaQshya to motivate, inspire and encourage stakeholders at each level.

LaQshya will be implemented in eleven districts of the State in first phase which include District Kathua/ Rajouri/ Poonch/ Reasi/ Ramban/ Doda & Kishtwar from Jammu Division and District Anantnag/ Pulwama/ Baramulla & Kupwara from Kashmir Division. In addition, two Medical college hospitals viz. SMGS Hospital Jammu & LD Hospital Srinagar shall be also strengthened under LaQshya programme. In the first phase, District hospital & one high Case load CHC from each identified district shall be taken up for the said intervention in addition to Medical College hospitals. From 2020 LaQshya will be scaled up in rest of the districts. The state is

planning to have one DH and 2 high case load CHC certified from each district until 2022. The details are mentioned in table below.

Indicator	2018-19	2019-20	2020-21	2021-22
No. of DHs where LR & OT shall be upgraded after gap analysis as per LaQshaya standards.	11		6	5
No. of CHCs where LR & OT shall be upgraded after gap analysis as per LaQshaya standards	10		17	15
No. of facilities where LR & OT to be ready for NQAS certification under LaQshya.	5		23	15

Under this initiative, following activities have been proposed in PIP 2018-19:

- i. State level & District Level trainings.
- ii. Procurement of equipment for Labor Rooms & OTs.
- iii. Onsite mentoring of Staff at selected facilities.
- iv. Funds for establishment of Centre of Excellence at SMGS Hospital Jammu and LD Hospital Srinagar by way of Obstetric ICU & HDU.

Action Plan LaQshya:

Under LaQshya, first two months will be **preparatory phase** during which there will be launch and dissemination workshops, team formation at various levels (State/ District/ Facility) and orientation of Quality Circles on Quality Improvement and Clinical Protocols.

The next two months will be **assessment phase**, during which there will be baseline assessment of Labor Rooms and Maternity OTs against NQAS. Based on findings of gap analysis, time bound action planning for expansion of Labor Rooms & upgradation of OTs will be done by the facility/ district and shall submit a proposal to State through the PIP under NHM. During the same period, facilities shall initiate Patients' Satisfaction Survey among all patients reporting in the labor room & operation theatre.

The third phase will be **improvement phase** which shall be spanned over next 12 months. During this phase, there will be launch of six

rapid improvement cycles, each cycle lasting for 2 months. One month for improvement on a selected theme of certain specific clinical protocols and subsequent month for consolidation and sustenance. Structural augmentation including re-arranging the layout & human resource deployment & skill upgradation in the labor room & OT will go in parallel.

During this phase, there will be collection and reporting of indicators linked with quality objectives of each cycle from Quality circle of Facility to State Mentoring Group & SQAC. Further, there will be concurrent evaluation of quality indicators by SQAC (State Quality Assurance Committee) and MH Division/ NHSRC & feedback to quality circles. During the same phase, there will be analysis of patients' feedback and necessary actions for addressing the beneficiaries' concerns shall be taken.

The fourth & final phase will be **evaluation phase**. In this phase, there will be external assessment & Quality certification of labor rooms and Maternity OTs and awards to best performing quality circles & coaching teams. Strategy will be developed for sustenance of efforts and improvements made and for scaling up of the activities to other facilities.

C. Establishment of Obstetric High Dependency Units (HDUs) & Obstetric ICUs.

Establishment of High Dependency Units (HDUs) at high case load facilities is need of the hour to further bring down the maternal & early neonatal mortality in the state.

High Dependency Unit (HDU) is an area in a hospital for management of high risk pregnancies requiring vigilant monitoring and interventions by specially trained teams.

In RoP 2017-18, establishment of 8 HDUs at district hospitals is approved. These HDUs shall be established at DH Poonch, DH Rajouri, DH Kathua & DH Kishtwar in Jammu Division and DH Kulgam, DH Pulwama, DH Shopian & DH Handwara (Kupwara) in Kashmir Division.

In addition to HDUs at District Hospitals, establishment of Hybrid Obstetric ICU & HDU at SMGS Hospital Jammu & LD Hospital Srinagar are also being established.

From 2020, HDU will be established in the remaining districts and obstetric ICU will be established in 5 new medical colleges.

All the above mentioned activities are focused for ensuring 100% safe deliveries and thereby improving Maternal Mortality Ratio (MMR) in the State. For further improving the maternal health outcomes in coming years, main focus shall be on following interventions:

- Strengthening of FRUs in terms of infrastructure & capacity building of manpower for improving the healthcare facilities for pregnant women and decreasing referrals.
- Establishment of Obstetric High Dependency Units (HDUs) at District Hospitals for better management of High Risk Pregnant women.
- Centre of Excellence will be established at Medical Colleges by upgradation of Obstetric ICUs & HDUs. These centres shall act as resource centre for future trainings.
- Improvement in intra-partum and immediate post-partum care by strengthening of Labour rooms & Maternity OTs in terms of infrastructure & capacity building of staff for providing Quality & Respectful Maternity Care (RMC) under Dakshata/ LaQshya programme.
- Quality certification of Labour rooms, Operation theatres & HDUs in phased manner for ensuring quality Maternal & Child care services shall be prioritised.
- Implementation of Standard Labour Room Registers & Maternity Case Sheets for better recording & reporting of data.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) shall be strengthened, so that High Risk pregnant women are identified at the earliest and managed accordingly.

The abstract of budget required during 2018-19 for implementation of various activities under Maternal Health is given in the table below:

Budget Requirement during FY 2018-19

S. No.	Name of the Activity	Funds Required 2018-19 (in Lakhs)
1.	Procurement of Equipments for Labour Rooms	106.90
2.	Strengthening of Blood Services	132.67
3.	Capacity Building	
3(a)	SBA Training	20.59
3(b)	BEmOC Training	1.83
3(c)	CAC Training	2.73
3(d)	MDSR Workshop	5.02
3(e)	Skills Lab Trainings	44.99
4.	Implementation of National Iron Plus Initiative	208.22
5.	Calcium Supplementation during Pregnancy & Lactation	262.44
6.	Implementation of JSY	3236.18
7.	Implementation of JSSK	3061.57
8.	Pradhan Mantri Surakshit Matritva Abhiyan	27.00
9.	Performance Based Incentives	
9(a)	Incentive to SBAs for conducting home deliveries	1.00
9(b)	Incentive to ANMs for Tracking of Severely Anaemic Pregnant Women	3.00
9(c)	Incentivization of Doctors and Staff for Conducting C-sections at FRUs	15.00
10.	Printing of MCP cards & Safe Motherhood Booklets	175.00
11.	Implementation of Dakshata Trainings	13.83
12.	Trainings under LaQshya	25.64
13.	Establishment of Obstetric High Dependency Units (HDUs) & Obstetric ICUs at Medical Colleges	390.73
Total		7734.34

Annexure "A"

**LIST OF DELIVERY POINTS FOR THE YEAR 2017-18
TOTAL = 176**

Bench Marks	S.No.	District	Institutions
SCs conducting more than 3 deliveries per month (Total-41)	1	Kishtwar	SC Sigdi
	2	Rajouri	SC Tata pani
	3	Udhampur	SC Kadhwa
	4	Udhampur	SC Loudra
	5	Udhampur	MAC Sarar
	6	Udhampur	SC Meer
	7	Udhampur	SC Latyar
	8	Udhampur	SC Galyote
	9	Udhampur	SC Sria
	10	Udhampur	SC Panjar
	11	Udhampur	SC Chitrari, Basantgarh
	12	Doda	SC Bajja Chirala
	13	Doda	Bagla, Ghat
	14	Reasi	SC Kotali
	15	Reasi	SC Bathoi
	16	Reasi	SC Hasote
	17	Reasi	SC Kheral, Pouni
	18	Reasi	SC Narkot, Pouni
	19	Reasi	SC Gran, Reasi
	20	Anantnag	S/C Dehwatoo
	21	Anantnag	SC Ringmandoo
	22	Bandipora	S/C Ahamsharief
	23	Bandipora	S/C Watpora
	24	Bandipora	S/C Aloosa
	25	Bandipora	S/C Pazalpora
	26	Bandipora	SC Aragam
	27	Bandipora	SC Baduab
	28	Bandipora	SC Malangam Bala
	29	Bandipora	Hussangam
	30	Bandipora	Mukdamyari

	31	Bandipora	Gujran, Gurez
	32	Bandipora	Saidnara, Hajin
	33	Baramulla	SC Dachi
	34	Kupwara	S/C Thayan
	35	Kupwara	S/C Budnambal
	36	Kupwara	S/C Putushai
	37	Kupwara	S/C Nagsari
	38	Kupwara	SC Chountiwari
	39	Kupwara	SC Sarkuli
	40	Kupwara	SC Palpora
	41	Kupwara	SC Varnou
PHC 24X7 conducting more than 10 deliveries per month (Total-49)	1	Kishtwar	PHC Chatroo
	2	Kishtwar	PHC Keeru
	3	Udhampur	PHC Majalta
	4	Udhampur	PHC Panchari
	5	Ramban	PHC Ukheral
	6	Ramban	PHC Khari
	7	Ramban	PHC Sangaldan
	8	Rajouri	PHC Moughla
	9	Rajouri	PHC Budhal
	10	Rajouri	PHC Manjakote
	11	Reasi	PHC Pouni
	12	Reasi	PHC Dharmari
	13	Jammu	PHC Pallanwala
	14	Jammu	PHC Dansal
	15	Poonch	PHC Loran
	16	Doda	PHC Assar
	17	Doda	PHC Ghat
	18	Anantnag	PHC Achabal
	19	Anantnag	PHC Larnoo
	20	Anantnag	PHC Aishmuqam
	21	Anantnag	PHC Sallar
	22	Anantnag	PHC Verinag
	23	Anantnag	PHC Wandavelgam

	24	Anantnag	PHC Hakura
	25	Bandipora	PHC Chantimulla
	26	Bandipora	PHC Badugam
	27	Baramulla	PHC Boniyar
	28	Baramulla	PHC Dangiwacha
	29	Baramulla	PHC Rohama
	30	Baramulla	PHC Sheeri
	31	Budgam	PHC Khag
	32	Budgam	PHC Soibugh
	33	Budgam	PHC Hardapanzo
	34	Ganderbal	PHC Gund
	35	Ganderbal	PHC Lar
	36	Ganderbal	PHC Kullan
	37	Kulgam	PHC Qazigund
	38	Kulgam	PHC Qaimoh
	39	Kulgam	PHC Devsar
	40	Kulgam	PHC Frisal
	41	Kupwara	PHC Kalaroose
	42	Kupwara	PHC Chogal
	43	Kupwara	PHC Tarathpora
	44	Kupwara	PHC Trehgam
	45	Kupwara	PHC Drugmulla
	46	Kupwara	PHC Panzgam
	47	Kupwara	PHC Keran
	48	Kupwara	PHC Machil
	49	Shopian	PHC Vehil
Other PHCs conducting more than 10 deliveries per month (Total-7)	1	Reasi	PHC Gota
	2	Reasi	PHC Budhan
	3	Ramban	PHC Neel
	4	Ramban	PHC Chanderkote
	5	Baramulla	PHC Kunzer
	6	Kupwara	PHC Awoora
	7	Anantnag	PHC Qammer

CHCs (Non-FRU) conducting > 10 deliveries/month(Total-3)	1	Budgam	CHC Chattergam
	2	Budgam	CHC Nagam
	3	Bandipora	CHC Hajin
FRUs conducting more than 20 deliveries per month (Total-53)	1	Poonch	CHC Surankote
	2	Poonch	CHC Mendhar
	3	Poonch	CHC Mandi
	4	Ramban	CHC Banihal
	5	Ramban	CHC Batote
	6	Doda	CHC Bhaderwah
	7	Doda	CHC Gandoh
	8	Doda	CHC Thatri
	9	Rajouri	CHC Sunderbani
	10	Rajouri	CHC Nowshera
	11	Rajouri	CHC Kandi
	12	Rajouri	CHC Darhal
	13	Rajouri	CHC Kalakote
	14	Reasi	CHC Katra
	15	Reasi	CHC Mahore
	16	Samba	CHC Ramgarh
	17	Samba	CHC Vijaypur
	18	Kathua	CHC Hiranagar
	19	Kathua	CHC Billawar
	20	Kathua	CHC Bani
	21	Udhampur	CHC Chenani
	22	Udhampur	CHC Ramnagar
	23	Jammu	CHC RS Pura
	24	Jammu	CHC Akhnoor
	25	Jammu	CHC Bishnah
	26	Kishtwar	CHC Marwah
	27	Anantnag	CHC Bijbehara
	28	Anantnag	CHC Kokernag
	29	Anantnag	CHC Seer
	30	Anantnag	CHC Shangus
	31	Anantnag	CHC Dooru

	32	Bandipora	CHC Sumbal
	33	Baramulla	CHC Uri
	34	Baramulla	MCH Sopore
	35	Baramulla	CHC Kreeri
	36	Baramulla	CHC Pattan
	37	Baramulla	CHC Tangmarg
	38	Budgam	CHC Beerwah
	39	Budgam	CHC Chadoora
	40	Budgam	CHC Ch. Sharif
	41	Budgam	CHC Magam
	42	Budgam	CHC Kh. Sahib
	43	Ganderbal	CHC Kangan
	44	Kulgam	CHC D H Pora
	45	Kupwara	CHC Kupwara
	46	Kupwara	CHC Kralpora
	47	Kupwara	CHC Sogam
	48	Kupwara	CHC Tangdar
	49	Kupwara	CHC Langate
	50	Pulwama	CHC Pampore
	51	Pulwama	CHC Tral
	52	Shopian	CHC Keller
	53	Srinagar	CHC-Gousia
DHs conducting more than 50 deliveries per month (Total-23)	1	Poonch	DH Poonch
	2	Doda	DH Doda
	3	Rajouri	DH Rajouri
	4	Ramban	DH Ramban
	5	Reasi	DH Reasi
	6	Samba	DH Samba
	7	Kathua	DH Kathua
	8	Kishtwar	DH Kishtwar
	9	Udhampur	DH Udhampur
	10	Jammu	DH Gandhi Nagar
	11	Jammu	DH Sarawal
	12	Anantnag	MCH Anantnag

	13	Bandipora	DH Bandipora
	14	Baramulla	DH Baramulla
	15	Budgam	Distt.Hospital
	16	Ganderbal	DH Ganderbal
	17	Kargil	DH Hospital
	18	Kulgam	District Hospital
	19	Kupwara	DH Handwara
	20	Leh	District Hospital (SNM)
	21	Pulwama	DH Pulwama
	22	Shopian	DH SHOPIAN
	23	Srinagar	District Hospital (JLNM)

Annexure “B”

Functionality of First Referral Units (FRUs) as per the benchmark – FY 2017-18

The benchmark set by MoH&FW, GoI for classifying the FRU as functional in hilly states is as below:

For District Hospital – Avg. 6 C-Sections/ Month.

For SDH/ CHC – Avg. 3 C-Section/ Month.

S. No.	Name of the District	Name of designated FRU	Total Deliveries 2017-18	Total C-Section 2017-18	Average C-Sec. per month	FRU Functional as per benchmark
1	Poonch	DH Poonch	6483	1994	166	Yes
2		CHC Surankote	433	0	0	No
3		CHC Mendhar	1193	33	2.8	No
4		CHC Mandi	109	0	0	No
5	Ramban	DH Ramban	1379	88	7	Yes
6		CHC Banihal	1025	18	1.5	No
7		CHC Batote	390	0	0	No
8		CHC Gool	165	0	0	No
9	Doda	DH Doda	2610	637	53	Yes
10		CHC Bhaderwah	352	0	0	No
11		CHC Gandoh	318	0	0	No
12		CHC Thathri	320	0	0	No
13	Rajouri	DH Rajouri	5458	1071	89	Yes
14		CHC Sunderbani	1423	223	19	Yes
15		CHC Nowshera	722	89	7	Yes
16		CHC Darhal	392	0	0	No
17		CHC Thannamandi	218	0	0	No
18		CHC Kandi	511	0	0	No
19		CHC Kalakote	277	0	0	No
20		CHC Teryath	183	0	0	No
21	Kishtwar	DH Kishtwar	3163	533	44	Yes
22		CHC Marwah	145	0	0	No

23	Reasi	DH Reasi	941	25	2	No
24		CHC Katra	343	41	3.4	Yes
25		CHC Mahore	193	0	0	No
26	Samba	DH Samba	1215	198	17	Yes
27		CHC Ramgarh	225	74	6	Yes
28		CHC Vijaypur	267	79	7	Yes
29		CHC Ghagwal	24	0	0	No
30	Udhampur	DH Udhampur	4005	1210	101	Yes
31		CHC Ramnagar	597	28	2	No
32		CHC Chenani	486	16	1.3	No
33	Kathua	DH Kathua	3196	1421	118	Yes
34		CHC Hiranagar	150	7	0.6	No
35		CHC Billawar	1557	132	11	Yes
36		CHC Bani	318	0	0	No
37		CHC Basohli	178	0	0	No
38	Jammu	DH Gandhinagar	3322	1628	136	Yes
39		DH Sarwal	1027	562	47	Yes
40		CHC Akhnoor	1835	363	30	Yes
41		CHC Bishnah	169	34	3	Yes
42		CHC RS Pura	716	143	12	Yes
43		CHC Sohanjana	81	38	3	Yes
44		CHC Marh	48	2	0	No
45		CHC Jourian	8	0	0	No
46		CHC ChowkiChoura	9	0	0	No
47		CHC Khour	0	0	0	No
48	Anantnag	MCH Anantnag	9107	4719	393	Yes
49		CHC Bijbehara	638	216	18	Yes
50		CHC Kokernag	1023	285	24	Yes
51		CHC Seer	257	23	2	No
52		CHC Dooru	447	156	13	Yes

53		CHC Shangus	635	0	0	No
54	Bandipora	DH Bandipora	1213	259	22	Yes
55		CHC Sumbal	704	108	9	Yes
56		CHC Dawar	76	0	0	No
57	Baramulla	DH Baramulla	3852	1982	165	Yes
58		CHC Uri	904	101	8	Yes
59		MCH Sopore	3455	1611	134	Yes
60		CHC Kreeri	366	147	12	Yes
61		CHC Pattan	392	13	1	No
62		CHC Tangmarg	448	115	10	Yes
63		CHC Chandoosa	127	28	2.3	No
64	Kargil	DH Kargil	1712	340	28	Yes
65		CHC Drass	122	0	0	No
66		CHC Sankoo	112	0	0	No
67	Budgam	DH Budgam	1188	644	54	Yes
68		CHC Beerwah	271	78	7	Yes
69		CHC Chadoora	482	263	22	Yes
70		CHC Chari Sharif	277	121	10	Yes
71		CHC Magam	348	184	15	Yes
72		CHC Khan Sahib	348	48	4	Yes
73	Ganderbal	DH Ganderbal	497	131	11	Yes
74		CHC Kangan	785	112	9	Yes
75	Leh	DH Leh	1506	424	35	Yes
76		CHC Nubra/ Disket	97	7	0.6	No
77		CHC Khalsti	24	0	0	No
78		CHC Skurbachan	1	0	0	No
79	Kulgam	DH Kulgam	2570	1009	84	Yes
80		CHC D H Pora	459	0	0	No
81		CHC Qazigund	207	70	6	Yes
82		CHC Yaripora	83	0	0	No

83	Pulwama	DH Pulwama	1582	1059	88	Yes
84		CHC Pampore	1060	527	44	Yes
85		CHC Tral	920	325	27	Yes
86		CHC Rajpora	137	94	8	Yes
87	Shopian	DH Shopian	694	212	18	Yes
88		CHC Zainapora	117	66	5.5	Yes
89		CHC Keller	267	8	1	No
90	Srinagar	DH (JLNM) Srinagar	2163	1959	163	Yes
91		CHC Gousia	410	267	22	Yes
92	Kupwara	DH Handwara	2082	478	40	Yes
93		CHC Kupwara	2103	773	64	Yes
94		CHC Sogam	1439	503	42	Yes
95		CHC Tangdar	686	85	7	Yes
96		CHC Kralpora	246	0	0	No
97		CHC Langate	149	0	0	No
98		CHC Kralgund	73	0	0	No
99		CHC Zachaldara	50	0	0	No

Annexure “C”

List of facilities identified as PMSMA Clinics		
Sr. No.	District	Facility Name
1	ANANTNAG	M&CCH Anantnag
2		CHC Bijbehara
3		CHC Shangus
4		CHC Dooru
5		CHC Kokernag
6		PHC Achabal
7		PHC Verinag
8		PHC Larnoo
9		PHC Mattan
10		PHC Sallar
11	BADGAM	DH Badgam
12		CHC Charar-i-Shareif
13		CHC Magam
14		CHC Beerwah
15		CHC Chattergam
16		CHC Chadoora
17		CHC Nagam
18		CHC Khansahib
19		CHC Kremshore
20		PHC Soibugh
21		PHC Narbal
22		PHC Khag
23	BANDIPORA	DH Bandipora
24		CHC Dawar
25		CHC Hajan
26		CHC Sumbal
27		PHC Chuntimulla
28	BARAMULLA	DH BARAMULLA
29		CHC TANGMARG
30		CHC (MCH) SOPORE
31		CHC Uri
32		CHC KREERI
33		CHC Pattan

List of facilities identified as PMSMA Clinics

Sr. No.	District	Facility Name
34		CHC CHANDOOSA
35		PHC SHEERI
36		PHC KUNZAR
37		PHC Dangiwacha
38		PHC Rohama
39		PHC Boniyar
40		DODA
41	CHC Bhaderwah	
42	CHC Gandoh	
43	GANDERBAL	DH GANDERBAL
44		CHC Kangan
45		PHC Gund
46		PHC MANIGAM
47		PHC Lar
48		PHC WAKURA
49	JAMMU	Govt Hospital Gandhinagar Jammu
50		Government Hospital Sarwal
51		CHC AKHNOOR
52		CHC Jourian
53		CHC Bishnah
54		CHC MARH
55		CHC R.S.Pura
56		PHC Dansal
57	KARGIL	District Hospital Kargil
58		CHC Drass
59		CHC Zanskar
60		CHC Sankoo
61		PHC Shargole
62		PHC Panikhar
63	KATHUA	DH Kathua
64		CHC Bani
65		CHC Basholi
66		CHC Billawar
67		CHC Hiranagar

List of facilities identified as PMSMA Clinics

Sr. No.	District	Facility Name
68	KISHTWAR	DH Kishtwar
69	KULGAM	District Hospital Kulgam
70		CHC DH Pora
71		CHC Yaripora
72		PHC Qazigund
73		PHC QAIMOH
74	KUPWARA	DH Handwara
75		CHC ZACHALDARA
76		CHC KRALGUND
77		CHC LANGATE
78		CHC TANGDAR
79		CHC KRALPORA
80		CHC KUPWARA
81		CHC SOGAM
82		PHC TREHGAM
83	LEH	District Hospital Leh
84		CHC DISKET
85		CHC Khalsi
86		PHC Tangtsi
87		PHC Nyoma
88		PHC BOGDANG (24X7)
89	POONCH	District Hospital Poonch
90		CHC MANDI
91		CHC Mendhar
92		CHC SURANKOTE
93	PULWAMA	DH Pulwama
94		CHC Pampore
95		CHC Rajpora
96		CHC Tral
97	RAJAURI	District Hospital Rajouri
98		CHC DARHAL
99		CHC THANAMANDI
100		CHC KALAKOTE
101		CHC Nowshera

List of facilities identified as PMSMA Clinics

Sr. No.	District	Facility Name
102		CHC Sunderbani
103		PHC MANJAKOTE
104	RAMBAN	DH Ramban
105		CHC Banihal
106		CHC Batote
107		CHC Gool
108		PHC Khari
109		PHC Ukheral
110		PHC Mangit
111		PHC Sangaldan
112		REASI
113	CHC KATRA	
114	PHC Pouni	
115	SAMBA	District Hospital Samba
116		CHC Ramgarh
117		CHC Vijaypur
118		PHC Purmandal
119	SHOPIAN	DH Shopian
120		CHC Keller
121		CHC Zainpora
122	SRINAGAR	District Hospital (JLNM) Hospital
123		CHC GOUSIA
124		PHC HAZRATBAL
125		PHC ZADIBAL
126		PHC BATAMALOO
127		PHC Lasjan
128	UDHAMPUR	District Hospital Udhampur
129		CHC Chenani
130		CHC Ramnagar

Annexure “D”

List of Health Institutions eligible for performance based incentives for EmOC teams		
S. No.	District	Name of the Institution
1	Baramulla (Inspirational District)	CHC Uri CHC Tangamarg
2	Kupwara (Inspirational District)	CHC Tangdar CHC Langate CHC Kralpora CHC Kralgund CHC Zachaldara
3	Kishtwar - (HPD)	CHC Marwah
4	Poonch - (HPD)	CHC Mendhar CHC Surankote CHC Mandi
5	Reasi - (HPD)	DH Reasi CHC Mahore
6	Ramban - (HPD)	DH Ramban CHC Banihal CHC Batote CHC Gool
7	Doda - (HPD)	CHC Gandoh CHC Bhaderwah CHC Thatri
8	Rajouri - (HPD)	CHC Darhal CHC Thanamandi CHC Nowshera CHC Kandi CHC Kalakote