**Background Information Required for Approval of State PIPs for 2013-14**

**F.M.R. Code: A.2- Child Health**

**CH- Annexure- I**

**Information on New Born Care Units & Management of Children with SAM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of the district** | **No. of existing delivery points** | **NBCCs** | **NBSU** | **SNCUs** | **NRCs** |
| **Cumulative Number of Units Approved till 2012-13** | **No. of Units operational as on 30th September 2012** | **No. of Units proposed (2013-2014)** | **Cumulative Number of Units Approved till 2012-13** | **No. of Units operational** | **No. of Units proposed (2013-2014)** | **Cumulative Number of Units Approved till 2012-13** | **No. of Units operational** | **No. of Units proposed (2013-2014)** | **Cumulative Number of Units Approved till 2012-13** | **No. of Units operational** | **No. of Units proposed (2013-2014)** |
| High Focus districts  |
|  | **Senapati** | **7** | **Nill** | **Nill** | **7** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other districts |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  | **7** |  |  | **7** |  |  |  |  |  |  |  |  |  |

**Line listing of SNCU**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of the district; if HFD , mention in bracket** | **Whether High Focus District (Yes/No)** | **Block** | **Facility type (DH/SDH/Area Hospital/CHC/PHC)** | **Address of the facility** | **Date of operationalization** | **Contact details of the facility in charge** | **No. of beds in the SNCU** |
| 1. **Currently functional**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. **Under progress**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. **Proposed (New)**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**Note:** For facilities under progress/proposed (new) provide the tentative month of operationalization

**Line Listing of NBSU**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of the district; if HFD , mention in bracket** | **Whether High Focus District (Yes/No)** | **Block** | **Facility type (DH/SDH/Area Hospital/CHC/PHC)** | **Address of the facility** | **Date of operationalization** | **Contact details of the facility in charge** | **No. of beds in the NBSU** |
| 1. **Currently functional**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. **Under progress**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. **Proposed (New)**
 |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**Note:** For facilities under progress/proposed (new) provide the tentative month of operationalization

**Line Listing of to be functional NBCC**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Designated delivery points** | **Name of the district** | **Whether HFD (Yes/No)** | **Block** | **Facility type** | **NBCC in place (Y/N); If more than one , indicate number in bracket** | **Functional Radiant warmer (Y/N)** | **No. of NSSK trained personnel at facility** |
| **DH** |
|  | **Senapati DH** | **Senapati** | **No** | **Mao-Maram** |  | **no** | **yes** | **yes** |
|  |  |  |  |  |  |  |  |  |
| **SDH (Area Hospital)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **CHC/FRU** |
|  | **Kangpokpi** |  |  | **Sadar Hills West** |  | **no** | **Yes( not working)** | **No** |
|  | **Mao** |  |  | **Mao-Maram** |  | **no** | **no** | **no** |
| **24x7 PHC** |
|  | **Paomata**  |  |  | **Paomata** |  | **no** | **no** | **no** |
|  | **Maram** |  |  | **Mao-Maram** |  | **No** | **no** | **no** |
| **Other PHC/SC** |
|  | **Tadubi** |  |  | **Mao-Maram** |  | **No** | **No** | **No** |
|  | **Saikul** |  |  | **Sadar Hills East** |  | **No** | **No** | **No** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Note:** NBCC in labor room and OT both should be reflected in the list

**Line Listing of NRC**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of the district** | **Whether HFD (Yes/No)** | **Block** | **Facility type** | **Address of the facility** | **Date of operationalization** | **Contact details of the facility in charge** | **No. of beds in the NRC** |
|  | **Currently functional** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Under progress** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Proposed (new)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total =** |  |  |  |  |  |  |  |  |

**Note:** For facilities under progress/proposed (new) provide the tentative month of operationalization

**Equipments required for Establishment of New borne Care Corner at the Delivery Points**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Name of Equipments** | **Required no**  | **Cost of Equipment** | **Remarks** |
| **1.** | **Phototherapy** | **7** |  |  |
| **2.** | **Radiant Warmer** | **7** |  |  |
| **3.** | **Resusciation Kit** | **7** |  |  |
| **4.** |  **Suction kit** | **7** |  |  |