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State Health Society, Bihar

Pariwar Kalyan Bhawan, Sheikhpura, Patna – 14

Expression of Interest (EOI)

Invited from Agencies/NGOs/Firms/Institutions/Organizations for Operationalizing Nutritional Rehabilitation Centre (NRCs) in Various Districts of Bihar through Public Private Partnership

Project Description :

State Health Society, Bihar is implementing the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system. The Goal of the mission is to improve the availability of and access to quality health care for people, especially those residing in rural areas.

EOI is invited from interested Agencies/NGOs/Firms/Institutions/Organizations to establish and operationalise Nutritional Rehabilitation Centers in different Districts of Bihar (In Muzaffarpur, East Champaran, Darbhanga, Sitamarhi, Sheohar, Madhubani, Samastipur and Khagaria only operationalization; as NRCs already established there).

Project Objective:

1. To control severe acute malnutrition (SAM) and provide facility-based care to SAM children among 6 - 59 months children in the state.
2. To halve the percentage of SAM children in the state by 2015.

Project Scope:

❖ FUNCTIONING OF NRCs (ANNEXURE-I)

NRCs will provide medical and nutritional care to severe acute malnourished (SAM) children. They will be kept here for treatment for **Three weeks**. In NRC, along with medical care, special focus will be given on timely, adequate and appropriate feeding to the children and efforts will be made to improve skill of their mothers in regard to Nutrition, Health and Hygiene issues. The caregiver of the SAM children will be taught the preparation of low cost, nutritious diets from locally available foodstuffs.

❖ MEDICAL AND NUTRITIONAL TEAM PERSONNEL FOR NRCs AND ROLES AND RESPONSIBILITIES OF THE NRCs TEAM

- All personnel of NRC Team will be hired by the selected Agency/NGO/Firm /Institution/Organization themselves. The list of personnel (mentioned below) to be hired by Agency/NGO/Firm /Institution/Organization, along with their required qualifications and job responsibilities are attached as Annexure II-A & II-B.
 1. Pediatrician - 1
 2. Staff Nurse - 2

3. Feeding Demonstrator/ Nutrition Demonstrator - 2
4. Cook - 2
5. Caretakers/Ward Boy - 3
6. Security Guard - 3
7. Cleaner/Sweeper - 2

❖ **DIET CHARTS FOR SEVERELY ACUTE MALNOURISHED (SAM) CHILDREN AND MOTHERS (ANNEXURE III) AND FEEDING GUIDELINES FOR DISPLAY AT NRCs (WARD/KITCHEN) (ANNEXURE-IV)**

Procurements of raw materials for the nutritious feeding to children and mothers will have to be made by the Agency/NGO/Firm /Institution/Organization as per SHSB Standards and feeding guidelines.

❖ **EQUIPMENTS AND UTENSILS FOR RUNNING NRCs (ANNEXURE-V)**

All necessary equipments for rendering the above services for the NRCs will have to be procured by the Agency/NGO/Firm/Institution/Organization itself, who will retain ownership of the same. Proper & regular maintenance of the NRCs and its equipments will be the responsibility of the Agency/NGO/Firm /Institution/Organization.

❖ **FINANCING PATTERN FOR NRCs (ANNEXURE-VI)**

- Financial pattern as detailed in Annexure VI should be followed for running the NRC.
- Selection of the Agency/NGO/Firm /Institution/Organization will be as per the norms for selection based on the point system, as directed by SHSB.
- The operating procedures prescribed by the Govt. of India, must be followed by providing good quality service along with compliance, monitoring & timely reporting too.
- The Agency/NGO/Firm/Institution/Organization will procure and maintain furniture & fixture as per the requirements and retain ownership of the same. The Agency/NGO/Firm/Institution/Organization will also maintain cleanliness, disposal of waste and subsequent maintenance of the area given to them in the NRC.
- Up to four NRCs may be given to one Agency/NGO/Firm/Institution/Organization. The SHSB reserves the right to increase or decrease this number depending on the number of proposals received. In case of multiple agencies expressing interest in the same NRC, the Agency/NGO/Firm/Institution/Organization will be selected as per the norms for selection - based on the point system, as directed by SHSB. This will not require any financial bids. The selection will be made by taking into consideration the work experience, presentation; past performance etc. as prescribed by the SHSB.
- The task can not be further subcontracted. The NRCs should display the logo of SHSB & GoB.
- The initial and subsequent media publicity in the region of operation shall be the responsibility of the Agency/NGO/Firm/Institution/Organization.

- The Agency/NGO/Firm/Institution/Organization will be responsible to setup systems for their own operations in respect of inventory management, service of admitted SAM children and mothers in the NRCs, Financial accounting, Record keeping & MIS in consultation with DHS.
- The NRCs will function under the overall supervision, guidance and operational control of the respective District Health Society, headed by the District Magistrate of the concerned District.

Package of medical treatment in NRCs - will comprise of : Routine pathological investigations, Immunization, Deworming, Micronutrients-Vitamin A, IFA, Potassium, Magnesium, Zinc; ORS (in presence of severe dehydration), Antibiotics and Emergency medicines (if required). (Medicines for medical treatment; vaccines and vaccine carriers for immunization will be provided by the DHS)

Project Timeframe: The project is planned for a period of 3 years. The work will be evaluated every year. The contract shall be extended further for another 3 years on the basis of evaluation report of SHSB/DHS or any committee made by SHSB/DHS. Incase the performance of the Agency/NGO/Firm/Institution/Organization is not found appropriate and satisfactory the contract will be cancelled at any point of time. Agency/NGO/Firm/Institution/Organization will only be responsible for the operationalization of NRC in Muzaffarpur, East Champaran, Darbhanga, Sitamarhi, Sheohar, Madhubani, Samastipur and Khagaria (where NRC is already established). In each of the remaining 30 districts, Agency/NGO/Firm/Institution/Organization will be responsible for both establishment as well as operationalization of NRC.

Eligibility:

Interested Agencies/NGOs/Firms/Institutions/Organizations must have the following minimum credentials to qualify for the proposed task:

1. Agencies/NGOs/Firms/Institutions/Organizations should have a minimum average annual turnover of Rs. Twenty five lakhs in the last three years, i.e. 2007-08, 2008-09 & 2009-10.
2. Minimum of 5 yrs of experience of working in the Health and/or Nutrition Sector.

Note: While applying the Agencies/NGOs/Firms/ Institutions /Organizations shall take into account the various services to be provided as per budget detail in Annexure VI.

Payment to Agencies/NGOs/Firms/Institutions /Organizations :

1. The Agency/NGO/Firm/Institution/Organization finally awarded the contract to operationlise NRC in a district shall have to furnish the Bank Guarantee of 10% of the total annual running cost per NRC for entire project period, in the respective DHS. Thereafter, DHS will release an advance of 2,11,270/- (excepting Muzaffarpur, East Champaran,

- Madhubani, Darbhanga, Khagaria, Sitamarhi, Seohar & Samastipur (where NRC is already established) to facilitate operationalisation of NRCs specially for fixed assets and equipments for NRCs.
2. Thereafter, in each district, an advance of Rs. 1,02,500/- (i.e. 50% of the Rs. 2,05,000/- maximum monthly running cost by Agency/NGO/Firm/Institution/Organization) to be given to the selected Agency /NGO/Firm/Institution/Organization by the 10th of every month by respective DHS. The Agency /NGO/Firm/Institution/Organization will have to submit the bills for each month by the 5th Day of the next month. As per the actual, the DHS will release the remaining amount of money to the Agency /NGO/Firm/Institution/Organization within 5 days of receiving the bills, i.e. by 10th of the month along with the 50% advance for the next month.

Submission Requirement:

Interested Agencies/NGOs/Firms/Institutions/Organizations wishing to undertake the above task may submit EOI in an envelope marked ***“EOI for operationalising NRC of ----- District of Bihar”*** in the concerned District Health Society office. There will be no **“FINANCIAL BID”**. The Technical bid shall be submitted in an envelope duly marked as **“TECHNICAL BID”**.

The envelope containing the Technical Bid should include the following:

1. Offer of service Area (Detailing the name and number of Districts planned to be taken up)
2. Agency/NGO/Firm/Institution/Organization details: Capability statement, Background/Experience of the firm in years.
3. Last three years audited statement, i.e. 2007-08, 2008-09 & 2009-10. Chartered Accountant certificate will not be entertained.
4. Earnest money – Demand Draft of Rs. 10,000/- (Rs. Ten thousand) only (if not selected amount will be Refunded) in favour of concerned District Health Society.
5. The name of District to which the NRC is proposed to be attached.

You are requested to clearly indicate each of the submission requirements mentioned above, in your proposal cover letter.

Deadline for submission of EOI

The EOI in sealed envelope can be sent to Executive Director, State Health Society, Bihar, Pariwar Kalyan, Bhawan, Sheikhpura, Patna-14 by 5.00 PM on 06.09.10 through Registered Post/Speed Post/Courier. EOI received after this time, would not be entertained. The EOI shall be opened on 07.09.10 at 11.00 AM in presence of authorized representatives of the Agencies/NGOs/Firms/ Institutions /Organizations who desire to be present. Based on the assessment, one Agency /NGO/Firm/Institution/Organization will be selected for each district by the SHSB.

The awarded Agencies/NGOs/Firms/Institutions /Organizations have to start the establishment process within a month of signing of the contract. In case the selected Agency/NGO/Firm/Institution/Organization declines to

take up the project after a notice of award has been issued, it would be barred from applying for any project of any kind in SHSB.

The decision of the State Health Society, Bihar shall be final, and no query or application for review, shall be entertained. The State Health Society, Bihar reserves the right to cancel the EOI without assigning any reason at any point of time.

For details, please contact Dr. N. K. Mishra, State Programme Officer, SHSB, Pariwar Kalyan Bhawan, Sheikhpura, Patna-14, Contact No. 0612-2281545 during office hours.

Executive Director

ANNEXURE I

FUNCTIONING OF NRC:

1. Two nodal officers, one each from Health Department and ICDS Department at the district level, will be responsible for the functioning of the Integrated Management of SAM (Severe Acute Malnutrition). The health department will play a leading role in the overall management of NRC and the ICDS department will have lead role in CBC (Community based Care) management, in all the districts.
2. At the community level, severe and acute malnourished (SAM) children will be identified by Anganwadi Worker (AWW) through regular weighing, (as a part of growth promotion activity) and/or by mid arm circumference measurement tape.
3. The AWW will be supported by the ASHA and ANM to motivate and mobilize the child (along with the mother or the caretaker), to the NRC for undertaking residential treatment (medical and nutritional) for a period of three weeks.

Once the child is brought to the NRC, the treatment begins with a general check up by the Pediatrician in charge of NRC. All children will be first brought to OPD for this purpose and after the preliminary check up and routine pathological investigation, those children with major medical complications and in need of special treatment will be referred and admitted to Pediatric ward of the District Hospital. The rest of the children with minor medical complication will be admitted to the NRC directly and will be put on medical and nutritional treatment.

4. Details regarding the progress of the child in both health and nutritional status during his/her stay at the NRC will be recorded daily.
5. Special attention will be given to record the weight of the child daily and watch the change using weight for age classification and weight for height chart. Thus height of the child will also be measured at the time of admission.
6. The general package of medical treatment will comprise of - Routine pathological investigations, Immunization, Deworming, Micronutrients-Vitamin A, IFA, Potassium, Magnesium, Zinc; ORS (in presence of severe dehydration), Antibiotics and Emergency medicines (if required).
7. The Pediatrician will ensure checkup of the admitted children in NRC twice daily in the morning and evening.

8. Nutritional activities will focus on the following:

- Training by the feeding demonstrators and the cook on low cost, nutritional recipes from locally available foods.
- Preparation of special diets by the trained cook for SAM children which will be given according to their weight and progress.
- Preparation of food for the mothers will be done by the mothers themselves under the supervision of cook of NRC.
- Counseling of mothers and building their capacity to manage the child, through appropriate nutrition, health and hygiene practices will be the integral part of the residential treatment. During their stay in NRC they will be trained on preparing low cost, nutritional recipes from locally available foods, under the guidance and supervision of the cook and the feeding demonstrator.
- Other activities for awareness generation will be organized to promote overall welfare of the child and the family.

Duration of Stay in NRC :

A minimum of three weeks (21 days) will be the stay-period of every child brought to NRC. If the child does not show desirable weight gain of at least 5g/kg body weight per day during the last few days and if medical complications continue, the mother would be requested to continue keeping the child admitted in NRC till the child reaches discharge criteria.

Follow-up:

Once the child is discharged from the NRC, AWW will closely monitor the child growth on weekly, fortnightly and then monthly basis; to ensure that the progress made in the child is sustained and the child does not relapse. AWW will also interact with the mother to ensure that the mother is following all instructions as imparted during her stay in NRC. This is important to see that the child does not relapse. Her effort will continue till the child moves to nutritional grade one (I).

ANNEXURE- II A
MEDICAL & NUTRITIONAL TEAM PERSONNEL FOR NRC

Sl. No.	Name of Post	Qualification/Experience	Remuneration per staff per month in Rs.	Total remuneration per month
1.	Pediatrician– 1	MD (Paed)	35000/-	35,000/-
2.	Staff Nurse– 2	A-Grade Staff Nurse	12000/-	24,000/-
3.	Feeding/Nutrition Demonstrator – 2 (Female)	Bachelor Degree with at least one year experience /Master Degree- in Nutrition/ Home Science/Social Work	8,000/-	16,000/-
4.	Cook – 2	At least 8 th passed and 3 years of experience in cooking.	3,500/-	7,000/-
5.	Caretaker/ Ward boy – 3	Matriculation with at least 2 years experience of working with the qualified Doctor.	3,500/-	10,500/-
6.	Security Guard – 3	Preferably who has worked for banks or in defense.	3,500/-	10,500/-
7.	Cleaner/Sweeper- 2	Three years of Experience of working in institutions like schools and keeping premises clean.	3,000/-	6,000/-
			Total	1,09,000/-

ANNEXURE II B

ROLES AND RESPONSIBILITIES OF THE NRC TEAM

Pediatrician

1. Examination of all children on admission for major and minor illnesses.
2. First hand medical treatment and basic health services.
3. Advise Routine and Special Investigations (if needed) for each child.
4. Ensuring line of treatment following diagnosis.
5. Refer critical cases to the district hospital.
6. Daily check up of children – twice a day (morning and evening)
7. Counsel mothers on continuing care and treatment at home after leaving NRC.
8. Discussing weight records and advising feeding and treatment to the staff.
9. Regular follow up with paramedical and nutrition staff on the response of treatment of each SAM child.

Staff Nurse

1. Visit each child twice daily with prescribed treatment as advised by the Pediatrician.
2. Ensure age-specific immunization to all children.
3. Advise mothers on do's and don'ts and counsel on important issues such as hygiene, sanitation and also on family planning.
4. Coordinate with the Pediatrician for ensuring necessary investigations as prescribed.
5. Coordinate with Nutrition staff to support mothers and ensure special feeding to the child.

Feeding Demonstrator

1. Plan the Diet according to child's weight, age and condition.
2. Ensure that food according to plan is being cooked and served.
3. Record weight daily of each admitted SAM child and grading weight for age and weight for height for daily monitoring.
4. Train the mothers of severely malnourished children on how to prepare special diets for their children through demonstration.
5. Ensure that the mothers are able to cook the food as planned for their child.
6. Ensure that every child in -NRC gets the food according to the plan and eats that food.
7. Ensure that food and environmental hygiene are being taken care of in the NRC.
8. In case if there is no improvement in weight till three days, then record food consumption data of the child for three consecutive days and discuss the matter with the medical team.
9. Maintain stock register of kitchen items such as utensils, accessories and food commodities such as cereals, vegetables, fruits, milk, eggs etc.
10. Ensure medical treatment for each child in coordination with the pediatrician as well as ANM.

Cook

1. Prepare the food according to the Plan.
2. Follow the standard recipes for special diets.
3. Prepare 8 feeds as per the diet plan.
4. Ensure timely preparation and distribution of the food to the severely malnourished children and mothers.
5. Maintain proper hygiene while preparation and serving of the food.

Caretakers

1. Help the mothers to feed their child
2. Ensure that food and environmental hygiene are being taken care of in the NRC
3. Take care of requirement of mothers and children during their stay in NRC.
4. Build healthy rapport with the mothers to motivate them to stay and follow all advices from the medical and nutrition staff at NRC.
5. Ensure that the mother themselves remain clean and also keep their children clean through bathing, cutting nails, changing sheets, washing of bed-sheets, covers etc.
6. Negotiate with the mothers and ensure that the child is eating properly.
7. Impart nutrition and health education to the mothers of admitted children using interesting ways of learning such as through educational CD's, IEC materials and experience sharing.

Security Guard

1. Guarding NRC and ensuring security of NRC during day and night.
2. In case of emergency, supporting the staff for timely help.
3. Be alert and firm to ensure that all staff as well mothers follow all rules of NRC.
4. Avoid any misbehaviour with the staff or the mothers.

Annexure III

DIET CHARTS FOR SEVERELY ACUTE MALNOURISHED CHILDREN

LOOK UP TABLE FOR PHASE I

Phase I: Amounts of F75 to be given			
Weight of the Child	Total 8 feeds per day	Total 6 feeds per day	Total 5 feeds per day
Kg	Quantity of each feed in ml	Quantity of each feed in ml	Quantity of each feed in ml
2.0 to 2.1	40	50	65
2.2 - 2.4	45	60	70
2.5 - 2.7	50	65	75
2.8 - 2.9	55	70	80
3.0 - 3.4	60	75	85
3.5 - 3.9	65	80	95
4.0 - 4.4	70	85	110
4.5 - 4.9	80	95	120
5.0 - 5.4	90	110	130
5.5 - 5.9	100	120	150
6 - 6.9	110	140	175
7 - 7.9	125	160	200
8 - 8.9	140	180	225
9 - 9.9	155	190	250
10 - 10.9	170	200	275
11 - 11.9	190	230	275
12 - 12.9	205	250	300
13 - 13.9	230	275	350

Note: During Phase I the child should be only on F-75 feeds. The total no. of feeds should be increased gradually.

F-75 DIET

S.no.	Food Item	Quantity	Household measure
1.	Milk (Cow's milk/toned dairy milk)	28 ml	¼ Medium bowl
2.	Sugar	6.5 g	1 ½ Teaspoon (leveled)
3.	Puffed rice / Murmura powder	3.5 g	2 ½ Teaspoon (leveled)
4.	Vegetable Oil	2 g	½ Teaspoon (leveled)
5.	Water	To make up to 100 ml	

100 ml of F-75 Diet gives: Energy:- 75 kcal; Protein:- 1.2 g; Lactose:- 1 g

Days*	Frequency	Vol/kg/feed	Vol/kg/day**
1-2	2 hourly	11 ml	130 ml
3-5	3 hourly	16 ml	130 ml
6-7 +	4 hourly	22 ml	130 ml

*For children with a good appetite and no oedema, this schedule can be completed in 2-3 days (e.g. 24 hours at each level).

**100 ml / kg / day of fluid if child has severe edema.

- ☐ No need to cook milk with murmura powder as it is already roasted.
- ☐ Add sugar and vegetable oil to Murmura powder and then add given amounts of milk & water to make up to 100 ml.

F 100 DIET

S.no.	Food Item	Quantity	Household measure
1.	Milk (Cow's milk/toned dairy milk)	90 ml.	1 medium bowl
2.	Sugar	5 g	1 teaspoon (leveled)
3.	Vegetable Oil	2 g	½ teaspoon (leveled)
4.	Water	To make up to 100 ml	

100 ml of F-100 Diet gives: Energy:- 100 kcal; Protein:- 2.9 g; Lactose:- 3 g

Readiness to enter the rehabilitation phase is signalled by a return of appetite, usually about one week after admission.

TRANSITION PHASE

- ☐ Replace starter F-75 with same amount of catch up formula F-100 for 48 hours.
- ☐ F-100 Diet should be given every four hourly day and night.

After the transition (in Phase-II) give:

- ☐ frequent feeds (at least 4-hourly) of unlimited amounts of a catch up formula
 - ☐ 150-220 kcal/kg/d and 4-6 g protein/kg/d
 - ☐ Increase each successive feed by 10ml until some feed remains uneaten. (for e.g. if the first feed is 60 ml then second feed will be 70 ml if all 60 ml consumed & 3rd feed will 80 ml if all 70 ml consumed in 2nd feed)
 - ☐ Intakes may reach up to 30ml/kg/feed, 200ml/ kg/day)
 - ☐ if the child is breastfed, encourage to continue
- If the child still feels hungry after finishing the feeds completely, he/she can be given small amounts of modified porridges or modified family foods, e.g. Khichdi/ Dalia (no salt) in between the feeds.

LOOK UP TABLE FOR TRANSITION PHASE (ONLY F-100)

Transition Phase: Amounts of F100 (full strength) to be given			
Weight of the Child	Total 8 feeds per day	Total 6 feeds per day	Total 5 feeds per day
Kg	Quantity of each feed in ml	Quantity of each feed in ml	Quantity of each feed in ml
3.0 to 3.4	60	75	85
3.5 – 3.9	65	80	95
4.0 – 4.4	70	85	110
4.5 – 4.9	80	95	120
5.0 – 5.4	90	110	130
5.5 – 5.9	100	120	150
6 – 6.9	110	140	175
7 – 7.9	125	160	200
8 – 8.9	140	180	225
9 – 9.9	155	190	250
10 – 10.9	170	200	275
11 – 11.9	190	230	275
12 – 12.9	205	250	300
13 – 13.9	230	275	350

Note: During Transition Phase if the child is not feeding well, he/she should be given only F-100 feeds. The total no. of feeds should be increased gradually. For children weighing less than 3 kg – F-100 full strength should not be given – Only F100 diluted should be given

DIET FOR MOTHERS

In Morning

1. Rice – 200g each)
2. Dal – 75g
3. Vegetables – 150g
4. Salaad

In Evening

Tea & Biscuits

At Night

1. Roti – 6 pcs (40g
2. Dal – 75g
3. Vegetables – 150g
4. Salaad

ANNEXURE IV

FEEDING GUIDELINES FOR DISPLAY AT NRC (WARD/KITCHEN)

1. Ensure that the weight of the child increases at least 5 gm/kg body wt/day for last few days before discharge.
2. The mothers should give the child the food prepared only in the NRC.
She should not give him/her anything from outside (market).
3. Mothers and children should not put hands in the food.
4. Feed just through bowl.
5. Do not feed anything picked up from the floor.
6. Give the child at least 5-8 feeds per day (depending on the child's progress).
7. Give the child 10-15 times clean hygienic water to drink.
8. Clean the child twice a day.
9. Children less than 6 months (if brought to NRC) should only be breast-fed.

ANNEXURE V
EQUIPMENTS AND UTENSILS FOR RUNNING NRCs

Sl. No.	Name of the Items	Quantity
1.	Civil Work (Minor repair work and white washing)	
2.	Water Tank-Sintex (1000 lt)	1
3.	Electric Motor – 1 HP	1
4.	Cots	20
5.	Bedside Locker	20
6.	Mattresses	20
7.	Pillow	20
8.	Hand towel	40
9.	Bath towel for children	40
10.	Bedsheet (size – 54’’x90’’)	40
11.	Pillow Cover	40
12.	Small Blankets for Children	20
13.	Large Blankets for Mothers	20
14.	Plastic Mats	6
15.	Door Mats	6
16.	Mackintosh	40
17.	Mosquito Nets	20
18.	Nets for the Windows	10
19.	Toys for Children	20
20.	Warmer	6
21.	Room Coolers	3
22.	Refrigerator (200 lt)	1
23.	Voltage Stabilizer	2
24.	Steel Almirah (7’x3’x2.5’)	5
25.	Table (4’x3’)	4
26.	Chair	6
27.	Ceiling Fan	6
28.	Exhaust Fan	4
29.	Wall Clock	2
30.	Child friendly paintings	
31.	Uniform for NRC Staff (2 set per staff)	22
Kitchen Materials Cooking Utensils		
32.	Kitchen Rack-large	2
33.	Electronic Kitchen Balance	1
34.	Cooker – 3lt	2
35.	Karahi	2
36.	Dekchi with cover	8
37.	Cholni	1
38.	Dabbu	1

39.	Tawa	1
40.	Chakla Belan	1
41.	Chimta	1
42.	Parath	1
43.	Chilohi (Hasua)	1
44.	Knife	2
45.	Peeler	1
46.	Steel Grater	1
47.	Chalni ¼vkVk pkyus dh pyuh½	1
48.	Tea Strainer	1
49.	Soup Strainer	1
50.	Vessel Holder (laMlh½	1
51.	Spatula	2
52.	Serving Spoon	4
53.	Gas Stove with Gas Connection (Double Cylinder)	1
54.	Measuring Cups and Spoons	1 set
55.	Spoons (Large)	6
56.	Napkin for Kitchen Use	3
57.	Water purifier (Aquaguard)	1
58.	Mixer & Grinder	1
59.	Food Storage Container (5 kg capacity)	5
60.	Food Storage Container (2 kg capacity)	8
61.	Small Plastic Tubs (for washing /cutting vegetables)	4
62.	Plastic Basket (Medium Size)	3
63.	Plastic Basket (Large Size)	3
64.	Plastic Water Bucket/Drum with mug	2
65.	Water Jug (Steel 2 lt)	2
66.	Apron for Kitchen use	5
67.	Head Gears	4
68.	Casserole (A Set of 3)	1 set
69.	Container for spices (A Set of 6)	1 set
Feeding Utensils		
70.	Plate	40
71.	Katori	40
72.	Glasses	40
73.	Spoons (Small)	40
For Washing & Cleaning		
74.	Phenyl	1 lt
75.	Soap	4
76.	Washing Powder – 1kg	2 kg
77.	Dust Bin	6
78.	Buckets and Mugs	6

ANNEXURE VI

Financing Pattern for NRCs

A. Establishment Cost:

For establishment of one NRC, a budget of Rs. 2,11,270/- will be given to the selected Agency/NGO/Firm/Institution/Organization by the DHS.

B. Monthly Running cost:

A budget of Rs. 2,57,800/- will be provided for monthly running cost for each NRC.

- a) Out of this, Rs. 52,800/- will be paid directly by DHS for the various heads as indicated below.
- b) The total amount of the remaining budget of Rs. 2,05,000/- will be given to the selected Agency/NGO/Firm/Institution/Organization for the monthly running expenses under various heads as mentioned below.

Sl. No	Item and Quantity	Unit cost (Rs.)	Total Cost per Batch	Total Cost/ Month (Rs.)	Remark
1.	Medicines				Will be provided by the DHS.
2.	Honorarium to Mobilizer	100/- per child	100/- x 20 = 2000/-	4000.00	ASHA/ AWW will work as mobilizer (Will be paid by DHS)
3.	Food for child	70/- per child	70/- x 20 children x 21 days = 25200/-	42000.00	Responsibility- Out-sourced Agency
4.	Food for mother	50/- per mother	50/- x 20 mothers x 21 days = 12600/-	30000.00	Responsibility- Out-sourced Agency
5.	Loss of wages to mother	70/- per day	70/- per day x 20 mothers x 21 days = 29400/-	42000.00	(Will be paid by DHS)
6.	Transportation cost to bring children (to mother)	120/- per child	120/- x 20 = 2400/-	4800.00	Will be given to mother to bring the child to NRC (Will be paid by DHS)
7.	Transportation cost after 21 days (to mother)	100/- per child	100/- x 20 = 2000/-	2000.00	Will be given to mother during the discharge from NRC (Will be paid by DHS)
8.	Fuel expense for generator		12000/-	12000.00	Responsibility- Out-sourced Agency
9.	Miscellaneous	Bulb+Tube= 200/- Electric Bill= 600/- Telephone Bill= 500/- Register + Reporting format= 1100/- Referral Transport = 500/- Transport for Path. Investigation = 1600/-		12000.00	Responsibility- Out-sourced Agency

		Routine Pathological Investigation = 3000/- Stationary & Photocopy = 500/- Photos of SAM children = 500/- Laundries /Washerman = 600/- Counseling Material = 300/- Phenyl, soap, mosquito repellent, washing powder etc= 1100/- Emergency Expenses = 1500/-			
10.	Pediatrician -1	35000/-	35000/-	35000.00	Responsibility- Out-sourced Agency
11.	A-Grade Staff Nurse- 2	12000/-	12000/-X 2= 24000/-	24000.00	
12.	Nutrition/Feeding Demonstrator – 2	8000/-	8000/- x 2 = 16000/-	16000.00	
13.	Ward Boy/Caretaker – 3	3500/- per caretaker	3500/- x 3= 10500/-	10500.00	
14.	Cook – 2	3500/-	3500/- x 2 = 7000/-	7000.00	
15.	Security Guards – 3	3500/-	3500/- x 3= 10500/-	10500.00	
16.	Sweeper/Cleaner –2	3000/-	3000/- x 2 = 6000/-	6000.00	
		Total		2,57,800	

C. Annual Recurring Cost

1. Mackintosh
2. Bedsheets
3. Pillow Cover
4. Towels
5. Plastic Mats
6. Door Mats
7. Blanket for child
8. Blanket for mothers
9. Uniform for 11 staff (2 pairs)

Note: Above articles can be replaced on the recommendation of Pediatrician Incharge of NRC and it will be reimbursed by the concerned DHS.