



**GUIDELINES
FOR
JANANI-SHISHU SURAKSHA
KARYAKRAM
(MAA TUJHE SALAAM)**



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NATIONAL RURAL HEALTH MISSION

GUIDELINES FOR JANANI-SHISHU SURAKSHA KARYAKRAM (JSSK) (MAA TUJHE SALAAM)



J&K State Health Society (NRHM)

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Rationale :

About 67,000 women in India die every year due to pregnancy related complications. Similarly, every year approximately 13 lakhs infants die within one year of birth. Out of the 9 lakhs newborns who die within four weeks of birth (2/3rd of the infant deaths), about 7 lakh i.e. 75 per cent die within the first week (a majority of these in the first two days after birth). The first 28 days of infancy period are therefore very important and critical to save children. Both maternal and infant deaths could be reduced by ensuring timely access to quality services, both essential & emergency, in public health facilities without any burden of out of pocket expenses.

While the State has made considerable progress towards the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), the current pace of decline is not sufficient to achieve the goals and targets, committed under NRHM and MDG.

With the launch of the Janani Suraksha Yojana (JSY), the number of institutional deliveries has increased significantly. There are however about 20 to 25% pregnant women who still hesitate to access health facilities. Those who have opted for institutional delivery are not willing to stay for 48 hrs, 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. Important factors affecting access include:

- High out of pocket expenses on –
- User charges for OPD, admissions, diagnostic tests, blood etc.
- Purchasing medicines and other consumables from the market
- In the case of a caesarean operation, expenses can be very high.
- Non availability of diet in most institutions

Transport required to take pregnant women from home to the facility, to higher facility in case she is referred further, and for going back from the health institution to her home (which becomes a major factor for going back home just after delivery by using the same transport).

Out-of-pocket payments are, without doubt, a major barrier for pregnant women and children so far as access to institutional healthcare is concerned. The impoverishing effect of healthcare payments on Indian households is well established. Out-of-

pocket spending in government institutions is both common and substantial, partly because of a weak supply chain management of drugs and other logistics and partly because of malpractices. Prescriptions by doctors, even in government settings, can be irrational & unnecessarily expensive and may include not just medicines but consumables such as surgical gloves, syringes, IV (intravenous) sets, and cannula, etc. Under these circumstances, the goals of NRHM for provision of affordable, equitable and accessible health services are defeated. Under NRHM, it is expected that each and every pregnant woman and infant gets timely access to the health care system for the required quality ante- natal, intra-natal, post natal care and immunization services free of cost.

THE NEW INITIATIVE JANANI SHISHU SURAKSHA KARYAKRAM

The Janani Sishu Suraksh Karyakram (JSSK) has been implemented in the State with view to encourage all Pregnant women to deliver in Public Health Faculties and full fill the commitment of achieving cent percent Institutional deliveries .It will also help to reduce the MMR and IMR of the State.

The JSSK invokes a new approach to health care, placing for the first time, utmost emphasis on entitlements and elimination of out-of-pocket expenses for both pregnant women and sick neonates. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no-expense delivery, including caesarean section.

It stipulates out that all expenses related to delivery in public institutions would be borne entirely by the government and no user charges would be levied. Under this initiative, a pregnant woman would be entitled to free transport from home to the government health facility, between facilities, in case she is referred on account of complications, and also drop back home after 48 hours of delivery.

Entitlements would include free drugs and consumables, free diagnostics, free blood wherever required, and free diet for the duration of a woman's stay in the facility, expected to be three days in case of normal delivery and seven in case of a caesarean section.

Similar entitlements have been put in place for all sick newborns accessing public health institutions for health care till 30 days after birth. They would also be entitle to free treatment besides free transport, both ways and between facilities in case of a referral.

A. Entitlements for Pregnant Women:

All Pregnant women who access government Health Institutions including SMGS Hospital, Jammu and Lal Ded Kashmir shall be entitled for availing following facilities free of cost :-

1. Free and zero expense Delivery and Caesarean Section
2. Free Drugs and Consumables
3. Free Essential Diagnostics (Blood, Urine tests and Ultra-sonography etc)

4. Free Diet during stay in the health institutions (up to 3 days for normal delivery & 7 days for caesarean section)
5. Free Provision of Blood(on replacement basis)
6. Free Transport from Home to Health Institutions
7. Free Transport between facilities in case of referral
8. Drop Back from Institutions to home after 48hrs stay
9. Exemption from all kinds of User Charges

B. Entitlements for Sick Newborn till 30 days after birth:

Similar entitlements have been put in place for all Sick New Borns accessing Govt. Health Institutions for health care till 30 days after birth. The free entitlements for Sick New Borns are:-

1. Free and zero expense treatment
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free Provision of Blood (on replacement basis)
5. Free Transport from Home to Health Institutions
6. Free Transport between facilities in case of referral
7. Drop Back from Institutions to home
8. Exemption from all kinds of User Charges

FINANCIAL NORMS FOR PROVIDING FREE SERVICE DELIVERY TO PREGNANT WOMEN/SICK NEONATES :-

The Ministry of Health & Family Welfare Govt. of India has approved the following financial norms for the implementation of JSSK :-

S.No	Type of Entitlement	Pregnant Women	Sick Neonates
		Unit Cost restricted upto	
1.	Drugs and Consumables		
	a. Normal Delivery	Upto Rs.300/-	Upto Rs.100/-
	b. C-Section	Upto Rs.1600/-	
2.	Diagnostics (Blood,Urine, Ultrasonography for Pregnant Women)	Upto Rs.200/- (Actual amount incurred for diagnostics to be deposited in HDF Account as per GR Receipt)	-
3.	Provision of Blood*	No Blood Transfusion charges	No Blood Transfusion charges
4.	Diet(Cooked Food)		
	a. Normal Delivery for 3 days @ Rs. 55/- per day	Upto Rs. 165 (for maximum of 3 days)	-
	b.C-Section for 7 days @ 55/- per day	Upto Rs. 385 (for maximum of 7 days)	-
5.	Transport[@]		
	a. Home to facility	Restricted up to Rs. 1000/- only per PW	Restricted up to Rs. 1000/- only per Sick Neonate
	b. Referral to Higher facility		
	c. Drop back facility		
6.	User Charges	No charges	No charges
	OPD, IPD etc...		

*** However provision of Blood will be on Replacement basis.**

@ Cash reimbursement for transport/Drugs/Consumables is not permissible.

1. DRUGS AND CONSUMABLES:-

Drugs & consumables including supplements such as Iron Folic Acid shall be given free of cost to the pregnant women :-

- During ANC,INC,PNC up to 6weeks which includes management of normal delivery , C-section and any complications during the pregnancy and childbirth.
- The same is also to be provided when a neonate is sick and needs urgent and priority treatment.
- **Drugs including consumables for one normal delivery should not exceed Rs. 300 and Rs. 1600 in case of a C-Section delivery.**
The list of essential Drugs and Consumables for Normal Delivery and C-Section in a Govt. Health Intuition is given at Annexure II

2. DIAGNOSTICS:-

During pregnancy, childbirth and in post natal period, investigations are essential for timely diagnosis of complications and likely problems which the women can face during the process of child birth. Both essential and desirable investigations shall be conducted free of cost for the pregnant women:-

- ✓ During ANC, INC, PNC up to 6 weeks.
- ✓ Investigations required prior to both normal delivery and C-section.
- ✓ The same are also to be provided when a neonate is sick and needs urgent and priority treatment for conditions like infection, pneumonia, etc.

3. DIET:-

The first 48 hrs after delivery are vital for detecting any complications and its immediate management. Care of the mother and baby (including immunization) are essential immediately after delivery and at least up to 48 hrs. During this period, mother is guided for initiating breast feeding and advised for extra calories, fluids and adequate rest which are needed for the well being of the baby and herself . Non availability of diet at the hearth facilities de-motivates the delivered mothers from staying at the hearth facilities and most of the mothers prefer returning home immediately after delivery. This hampers adequate care of the

pregnant women and neonates, which is important for quality PNC services. The diet shall be provided to the pregnant women as per following norms:

- Up to maximum of 3 days in case of Normal Delivery.
- Up to maximum of 7 days in case of C-Section.

The unit cost of the diet should not exceed Rs. 55 per day.

4. PROVISION OF BLOOD:-

Blood transfusion may be required to tackle emergencies and complication of deliveries such as management of severe anaemia, PPH and C sections, etc. The provision of blood will be free of any cost and without any user charges, **However, the relatives and attendants accompanying the pregnant women shall be encouraged to donate blood for replacement.**

5. REFERRAL TRANSPORT:-

It is well proven that a significant number of maternal and neonatal deaths could be saved by providing timely referral transport facility to the pregnant women for normal delivery, C-section. This also needs to be provided to a neonate up to 30 days, when the baby is sick and needs urgent and priority treatment particularly for conditions like infection, pneumonia, etc. A drop back facility alleviates the pressure to leave the health facility earlier than desirable & obviates out of pocket expenses.

The free referral transport entitlements for pregnant women and sick neonates up to 30 days & therefore are as under:.

1. Transport from home to the health facility
2. Referral to the higher facility in case of need (reasons for referral needs to be recorded)
3. Drop back from the facility to home

The Referral Transport between home to facility, Drop Back, Refer to Higher facility must be restricted to Rs. 1000/- per pregnant woman/ sick neonate. No cash to be paid to beneficiary. Ambulances will be utilized and in case of Non availability of Ambulance PPP mode/Hired vehicle can be used in case of dire emergencies.

6. EXEMPTION FROM USER CHARGES:-

User charges are levied in Govt. Health Institutions of the State for OPD ,

admissions , diagnostic tests, blood etc. These add up to the out of pocket expenses. The Govt. order No. 516-HME of 2011 Dated: 24/09/2011 has been issued, exempting all user charges for Pregnant women and Sick Neonates (upto 30 days after their birth) (**Annexure III**).

IMPLEMENTATION OF THE NEW INITIATIVE

A). ACTION AT STATE LEVEL:-

1. Govt. Order for exemption of user charges and free entitlement of all Pregnant women delivering in public health institutions including Govt. Medical Colleges and all Sick Neonates upto 30 days after their birth with zero expenditure issued vide Govt. Order No.: 516- HME of 2011 dated : 24-09-2011(**Annexure-III**)
2. State Nodal Officer nominated for JSSK.
3. Institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit.\
4. Provide required finances and necessary administrative steps /GOs for the above activities.
5. Regularly monitor and report on designated formats at specified periodicity.
6. Review the implementation status during District CMOs meetings.

B). ACTION AT DISTRICT LEVEL:-

The District Health Societies are required to take following actions :-

1. Dy. CMO has been nominated as the District Nodal Officer vide Govt. Order No. 521-HME of 2011 dated 27-09-2011.(**Annexure-IV**) circulate the copy of GO to Dy. CMOs (if not done already)
2. Circulate the copy of G.O No. 516-HME of 2011 Dated: 24/09/2011 for free entitlements to the in-charge of all Health Institutions viz. DHs,CHCs,PHCs,ADs,SCs/Other Govt. Hospitals (if not done already)
3. Widely Publicise free entitlements in public domain.
4. Institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit and furnish copy of the grievance cell constituted to the State Health Society
5. Regularly review the stocks of drugs & consumables for ensuring availability at the public health institutions.
6. Ensure lab facilities and diagnostic services are functional at all designated

facilities, particularly at DH,SDH,FRU,CHC and 24x7 PHCs.

7. Prepare time bound action plans for establishing and operationalising
 - a. Blood Bank at District level and Blood Storage Centres at identified FRUs.
8. Review referral linkages and their utilisation by beneficiaries.
9. Provide required finances/empowerment for utilisation of funds to the
 - a. Block MOs and facility in-charges for the above activities, particularly in emergency situations /stock outs.
10. Regularly monitor & report on designated formats at specified periodicity.
11. Review the implementation status during Block MOs/MOs meetings.

C).DISSEMINATION OF THE ENTITLEMENTS IN THE PUBLIC DOMAIN:-

1. Widely publicise these entitlements through print and electronic media.
2. Display them prominently on adequate size hoardings & Boards, which is clearly visible from distance in all Government health facilities e.g. SCs, PHCs,CHCs,SDHs and DHs/FRUs (main entrance, labour rooms, female and neonatal wards and outside outpatient areas) as per the enclosed format at **Annexure-I**.
3. IEC budget sanctioned in the Project Implementation Plan (PIP) under
4. RCH/NRHM can be utilised for this.

D). ENSURE DRUGS AND CONSUMABLE:-

1. Notify the essential drug list for RCH services to be notified at all the service delivery points - Annexure —**II**.
2. Ensure regular procurement, uninterrupted supply and availability of drugs & consumables at all public health institutions.
3. The daily availability of the drugs should be displayed at the health facility.
4. Empower the head of the District/health facility to procure drugs & consumables to prevent stock outs.
5. Ensure the quality and shelf life of drugs supplied.
6. Ensure a proper inventory of drugs and consumables at each health facility for timely reporting on stock outs and expiry.
7. In charge pharmacist of the facility to ensure availability of drugs at dispensing points i.e. labour room, OT, indoors, casualty, etc after the routine hours.
8. Ensure that first expiry drugs and consumables are used first. "FIRST in & FIRST out" protocol.
9. Ensure proper storage of drugs and consumables by keeping drug stores clean & tidy with adequate ventilation and cooling.

E). STRENGTHEN DIAGNOSTICS:-

1. Ensure lab and diagnostic services at DH, SDH, FRU, CHC, & 24x7PHCs
2. Ensure availability of basic routine investigations like pregnancy test, Hb & routine urine at sub-centre level, particularly those designated as delivery points.
3. Ensure rational posting of Lab technicians for integrated & comprehensive utilization in the entire programme.
4. Make emergency investigations available round-the-clock, at least at DH, SDH and FRU level.
5. Ensure uninterrupted supply of reagents, consumables and other essentials required for lab investigations.
6. Empower the head of the District/health facility to procure reagents, consumables and other essentials to prevent their shortage/stock out.
7. In case in-house lab & diagnostic services are not available, free investigations can be provided through PPP/outsourcing.

F). ENSURE PROVISION OF DIET:-

1. Ensure provision of diet (cooked food) at all delivery points from District Hospital up to 24 x 7 PHC.
2. If proper kitchen and adequate manpower is not available, then this service can be outsourced.
3. Local seasonal foods, vegetables, fruits, milk and eggs can be given to her for a proper nutritious diet.
4. MO in-charge should monitor the quality of food being served at the health facility.
5. Diet is to be provided up to three days for normal delivery and up to seven days stay for caesarean section (C-Section).
6. The health facility should receive the funds in advance for ensuring provision of free diet for the pregnant women and delivered mother.

Note :

- i. No cash in lieu of diet to be given to beneficiary.*
- ii. Maintain diet register in the institution which is to be signed by beneficiary /attendant and countersigned by BMO/Med. Supdt.*

G). ENSURE AVAILABILITY OF BLOOD IN CASE OF NEED:-

1. Prepare time bound action plans for establishing and operationalising Blood Bank at District level and Blood Storage Centres at identified FRUs.
2. Maintain adequate stocks for each blood group.
3. Ensure availability of reagents and consumables for blood grouping, cross-matching and blood transfusion.
4. Blood Banks to ensure mandatory screening of blood before storage, and organise periodic voluntary blood donation camps for maintaining adequate number of blood units.
5. Provide adequate funds to blood banks for electric backup and POL, and alternate source of power backup for blood bag refrigerators for blood storage units.
6. MO in-charge / lab technician of the blood bank to periodically visit blood storage units for monitoring and supervision.

H). EXEMPTION FROM ALL KINDS OF USER CHARGES:-

1. Government Order Issued for exemption from any user charges for pregnant women and sick newborns upto 30 days, at public health facilities. (Annexure-I)

I) REFERRAL TRANSPORT:-

1. Ensure universal reach of the referral transport (no area left uncovered), with 24 x 7 referral services.
2. State is free to use any suitable model of transportation e.g. Government Ambulances, EMRI, referral transport PPP model etc.
3. Establish linkages for the inaccessible areas (hilly terrain, flooded or tribal areas etc) to the road head/pick up points.
4. Widely publicise the free & assured referral transport through print and electronic media.
5. Monitor and supervise services at all levels, including utilisation of the each vehicle and number of cases transported.

J) GRIEVANCE REDRESSAL:-

1. Prominently display the names, addresses, emails, telephones, mobiles and fax numbers of grievance redressal authorities at health facility level, district level and state level, and disseminate them widely in the public domain. (i.e, CMO, Dy. CMO, Med. Suptd., BMO)
2. Set up help desks and suggestion/complaint boxes at government health facilities.
3. Keep fixed hours (at least 1 hour) on any two working days per week, in all

the healthy facilities for meeting the complainants and redressing their grievances related to free entitlements.

4. Take action on the grievances within a suitable timeframe, and communicate to the complainants.
5. Maintain proper records of actions taken.
6. The State Health Society should be kept informed of action taken with respect to S.No. 1 to 5 above.(on monthly basis)

MONITORING AND FOLLOW UP:-

1. At **National level**, the scheme will be monitored by National Health Systems Resource Centre (NHSRC) under guidance and support from Maternal Health Division, Ministry of Health & Family Welfare, Government of India.
2. At **State level**, the State Nodal Officer (JSSK) and District Monitors will follow up the progress in implementation of the scheme. In CMOs meeting at State level, the Mission Director, NRHM / Director Health Services will review the progress of the scheme.
3. At **District level**, the CMOs/District Nodal Officers (Dy. CMOs) will monitor and follow up the progress with regard to implementation of the Scheme at the facility level. During monthly meetings of In-charges of Health Institutions, CMO will review the progress of the Scheme wherein the Dy. CMOs will also be present to give their feedback/inputs .
4. District level monitoring checklist is annexed at **Annexure-V**.

ANNEXURE I



JANANI-SHISHU SURAKSHA KARAYAKRAM
MAA TUJHE SALAAM
Assures Nil Out Of Pocket Expenses In All Government Health Institutions

FOR PREGNANT WOMEN & NEWBORNS

ENTITLEMENTS FOR PREGNANT WOMEN:-

1. Free delivery.
2. Free Caesarean Section.
3. Free drugs and consumables
4. Free diagnostics (Blood, Urine tests and Ultra sonography etc.)
5. Free diet during stay (up to 3 days for normal delivery and 7 days for cesarean section).
6. Free provision of blood.(Donors to be provided by attendants)
7. Free transport from home to health institution, between health institutions in case of referrals and drop back home.
8. Exemption from all kinds of user charges.

ENTITLEMENTS FOR SICK NEWBORNS TILL 30 DAYS AFTER BIRTH

1. Free and zero expense treatment.
2. Free drugs and consumables.
3. Free diagnostics.
4. Free provision of blood. (Donors to be provided by attendants)
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.

In case of any grievances , please contact (Give Name & telephone No of CMO/District Nodal officers for JSSK/Med Sudtd./BMO)

Annexure –II

Essential Drug list (Maternal Health)

Drugs and Consumables for Normal Delivery, C-Section in a Govt. Health Institution

A. ANTENATAL PERIOD

DRUGS

1. Tab. Iron Folic Acid -large- Dried Ferrous Sulphate IP eq. to Ferrous
2. Iron 100mg & Folic Acid IP 0.5 mg as enteric coated tablets
3. Tab Methyldopa IP eq. to Methyldopa anhydrous 250 mg
4. Cap Nifedipine - Nifedipine IP, 5mg soft gelatine capsule
5. Tab Nifedipine, Nifedipine IP, 10 mg
6. Tab Labetalol 100 mg,
7. Inj Labetalol, 20 mg in 2 ml ampoule
8. Tab Digoxin - Digoxin IP 250 J.lg/tab
9. **Inj Magsulph- Magnesium Sulphate IP 50% w/v; 10 ml vials, containing 5.0gm in total volume,**
10. Tab. Folic Acid IP 400J.lg

B. INTRA-PARTUM-NORMAL DELIVERY

Drugs

1. Capsule Ampicillin- Ampicillin Trihydrate IP eq. to ampicillin 500mg
2. Inj Gentamycin-Gentamycin sulphate IP eq. to gentamycin 40mg/ml; 2 ml in each vial
3. Ampicillin Injection – Ampicillin Sodium IP eq. to Ampicillin anhydrous 500mg/vial
4. Cap Amoxicillin- Amoxicilline Trihydrate IP eq. to amoxicilline 250 mg
5. Tab. Metronidazole -Metronidazole IP 400 mg
6. Tab Nitrofurantoin- IP 100 mg
7. Cap Doxycycline - Doxycycline Hydrochloride IP eq. to Doxycycline 100 mg
8. Inj. Methylergometrine- Methylergometrine maleate IP, 0.2 mg /ml; 0.1 ml in each ampoule
9. Tab Misoprostol - Misoprostol IP 200 meg oral / vaginal
10. Tab Dicyclomine, 500mg oral tab
11. Inj Magnesium Sulphate- Magnesium Sulphate IP 50% w/v; 10 ml vials, containing 5.0gm in total volume
12. Inj Oxytocin- Oxytocin IP 5.0 I.U. /ml; 0.2 ml in each ampoule
13. Inj. Hyoscine Butyl Bromide 20 mg in 1 ml ampoule
14. Tab Hyoscine Butyl Bromide 500 mg

15. Menadione Injection(Vitamin K3) - Menadione USP 10mg / ml;01ml in each ampoule)
16. Compound Sodium lactate IV Injection IP (Ringers lactate) -0.24% V/V of lactic Acid (eq. to 0.32% wlv of Sodium lactate),0.6% wlv Sodium Chloride,0.04% wlv Potassium Chloride and 0.027% wlv Calcium Chloride; 500 ml in each plastic bottle
17. Sodium Chloride IV Injection - Sodium Chloride IP 0.9 % wlv; 500 ml in each plastic bottle
18. Dextrose IV Injection,I.P -Dextrose eq. to Dextrose anhydrous 5% of
19. wlv, 500 ml in each plastic bottle
20. Sodium Bicarbonate,IV Injection - Sodium Bicarbonate IP 7.5% wlv;
21. 10 ml in each ampoule
22. Sterile Water for injections,I.P- 0S ml in each ampoule
23. Inj. Calcium Gluconate, 1 gm,I.V.-10ml amp containing 10% calcium gluconate
24. Tab Drotavarine 500mg
25. Povidone Iodine Ointment,I.P containing Povidone Iodine, I.P 5%
26. w/w; 1Sg in each tube
27. Inj. lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial for local anaesthesia

Consumable :

1. Absorbent Cotton IP - 1kg/roll
2. Povidone Iodine Solution
3. Disposable examination Gloves latex free size,6.0,6.5,7.0
4. Surgical gloves sterile BIS size 7.5
5. Hypodermic Syringe for single use BP/BIS, 5 ml,10ml,20ml
6. Hypodermic Needle for single use BP/BIS, Gauge 23 and 22,
7. Cotton Bandage (as per schedule F-11)- Each Bandage of 7.6 cm X 1 m
8. Absorbent Gauze
9. Surgical Spirit,B.P 500 ml in each bottle
10. Infusion Equipment BIS,IV set with hypodermic needle,21G of 1.5 inch length
11. Intra-cath Cannulas for single use (Intravascular Catheters) BIS gauge
12. 18,Length- 45mm,flow rate 90ml per minute Gauge 22,Length-
13. 25mm,flow rate 35 ml per minute
14. Chromic Catgut -No. 1 on round body needle
15. Cord Clamp
16. Mucus Sucker

17. 15 Medicated Soap
18. K-90, Plain Catheter
19. Foleys catheter,16 No BIS,self retaining catheter
20. Sanitary Napkins (1pkts per case)

POSTNATAL PERIOD

Drug & Consumable :

1. Tab. Iron Folic Acid-large – Dried Ferrous Sulphate IP eq. to Ferrous Iron 100mg & Folic Acid IP 0.5 mg as enteric coated tablets
2. Tab Digoxin – Digoxin IP 250 µg/tab
3. Tab Methyldopa IP eq. To Methyldopa anhydrous 250 mg
4. Cap Nifedipine – Nifedipine IP, 5mg soft gelatine capsule
5. Tab Nifedipine, Nifedipine IP, 10 mg
6. Tab Labetol 100mg
7. Inj Labetol, 20 mg in 2ml ampoule
8. Inj. Oxytocin IP 5.0.1.U./ml ; 02 ml in each ampoule
9. Inj. Magsulph- Magnesium Sulphate IPSO% w/v;10 ml vials,containing 5.0gm in total volume
10. Hydroxyethyl starch 6% IP- Hydroxyethyl starch 130 / 04,6% saline solution for infusion
- 11 Tab Paracetamol,I.P 500 mg
- 12 Tab Ibuprofen 400 mg
- 13 Tab/Cap,Multivitamin
- 14 Tab Domperidone 10mg
- 15 Anti D Immunoglobulin- Inj Polyclonal Human Anti RhD immunoglobulin 100mg,300mg

INTRA-PARTUM- C-SECTION

Drugs:

1. Inj. Metronidazole- Metronidazole IP 5 mg / ml: 100 ml in each bottle
2. Inj. Gentamycin - Gentamycin Sulphate IP eq. to gentamycin 40 mg / ml;02 ml in each vial
3. Inj. Cefotaxime - Cefotaxime Sodium IP 1 gm per vial
4. Inj. Cloxacillin- Cloxacillin Sodium IP eq. to Cloxacillin 500 mg/vial
5. Inj. Oxytocin -Oxytocin IP 5.0 I.U. /ml;02 ml in each ampoule
6. Inj. Sensorcain,containing Sensorcain I.P 0.5 mg
7. Inj. Lignocaine Hydrochloride IP 5% w / v;lignocaine hydrochloride 50 mg/ml with 7.5% dextrose hyperbaric (heavy),02 ml in each

- ampoule Hyperbaric for spinal anaesthesia
8. Inj. Lignocaine Hydrochloride IP 2% w / v;30 ml in each vial for local anaesthesia
 9. Inj. Promethazine,I.P Promethazine Hydrochloride 25 mg/ml;2 ml in each ampoule
 10. Inj Declofenac, 25 mg in 3 ml
 11. Compound Sodium Lactate IV Injection IP (Ringers lactate) -0.24% V/V of Lactic Acid (eq. to 0.32% wlv of Sodium Lactate),0.6% wlv Sodium Chloride,0.04% wlvPotassium Chloride and 0.027% wlv Calcium Chloride; 500 ml in each plastic bottle
 12. Sodium Chloride IV Injection- Sodium Chloride IP 0.9% wlv;500 ml in each plastic bottle
 13. Dextrose IV Injection- Dextrose eq. to Dextrose anhydrous 5% wlv 500 m in each plastic bottle.
 14. Inj Soda bicarbonate- Sodium Bicarbonate IP 7.5% wlv;10 ml in each ampoule
 15. Inj. Menadione (Vitamin K3)- Menadione USP 10mg / ml;01ml in each ampoule)
 16. Inj. Pentazocine Lactate I.P,Pentazocine Lactate,I.P eq. To Pentazocine 30 mg per ml; 1 ml in each amp.

Consumables

1. Absorbent Cotton, IP - 1 kg / roll
2. Povidine Iodine Solution
3. Sticking Plaster(SurgicalTape)- 2.5 em X 9.10 m
4. Hypodermic Syringe for single use BPIBIS, 5 ml,10ml,20ml
5. Hypodermic Needle for single use BPIBIS, Gauge 23 and 22
6. Foleys catheter,16 No BIS,self retaining catheter
7. Infusion Equipment BIS, IV set with hypodermic needle,21G of 1.5 inch length Intra-cath Cannulas for single use (Intravascular Catheters) BIS Gauze 18,length- 45mm,flow rate 90ml per minute Gauze 22, length- 25mm,flow rate 35 ml per minute Gauze 20,length- 33mm, Gauze 16,
8. Chromic Catgut No.1 on round body needle,No.2-0 on round body needle
9. Cord Clamp
10. Suction Tube
11. Spinal Needle Disposable Adult as per BIS, 23 Gauge(70-90mm

without hub)

12. Medicated Soap
13. K-90 Plain Catheter
14. Foleys catheter, 16 No BIS, self retaining catheter
15. Urobag
16. Sponges
17. Cotton Bandage (as per schedule F-11)- Each Bandage of 7.6 cm X 1 m
18. Absorbent Gauze
19. Surgical Spirit, B.P 500 ml in each bottle
20. Mucus Sucker
21. Mersilk No 2-0, 1-0 on cutting needle
22. Polyglycolic acid, braided, coated and absorbable, No. 1 on 1/2 circle round body needle

Miscellaneous Drugs (may be required in some cases of C-Section)

1. Inj Adrenaline -0.18% w/v of Adrenaline Tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg/ml; 0.1 ml in each ampoule
2. Inj Atropine, I.P -Atropine Sulphate IP 600 -tg / ml; 0.1 ml in each ampoule
3. Inj Dopamine - Dopamine Hydrochloride USP 40 mg / ml; 0.5 ml in each vial
4. Inj Bupivacaine- 0.5% IP eq. to Bupivacaine hydrochloride anhydrous 5 mg/ml; 20 ml in each vial
5. Inj Betamethasone sod. Phosphate, I.P- betamethasone 4 mg per 1 ml in 1 ml ampoule
6. Halothane IP, Containing 0.01% w / w thymol IP; 200 ml in each Bottles
7. Inj Thiopentone, Thiopentone 500 mg and sodium carbonate
8. (anhydrous)
9. Inj Vecuronium Bromide, Vecuronium Bromide USP 4 mg per ampoule
10. Inj Ketamine,- Ketamine Hydrochloride inj. eq. to Ketamine hydrochloride base 10 mg/ml; 10 ml in each vial
11. Tab Salbutamol - Salbutamol sulphate IP eq. to Salbutamol 4 mg
12. Tab Frusemide - Frusemide IP 40 mg
13. Tab Diazepam - Diazepam IP 5 mg
14. Inj. Diazepam, I.P- 10 mg in 2 ml ampoule
15. Dexmethsone Injection IP, Dexamethasone Sodium Phosphate IP eq. to

18. Dexamethasone Phosphate, 4 mg / ml.; 02 ml in each ampoule
19. Itofyllin B Plus, Anhydrous Theophylline IP Combination Injection, Etofylline BP 84.7 mg / ml & Theophylline IP eq. To Theophylline anhydrous, 25.3 mg / ml; 02 ml in each

*** This is only an indicative list**

Essential Drug List for New Born *

S.No.	Drugs	
1	Inj. Adrenaline IP	0.18% w/v Adrenaline tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg / ml; 0.1 ml in each ampoule
2	Inj. Amikacin	Amikacin Sulphate IP eq to Amikacin 100mg per 2ml in vials
3	Inj. Aminophylline IP	Aminophylline IP 25mg/ml in 10ml ampoule
4	Inj. Ampicillin IP	Ampicillin Sodium IP eq. to ampicillin anhydrous 250 mg / vial
5	Inj. Calcium Gluconate IP	10% w/v calcium gluconate IP in 10 ml ampoule
6	Inj. Dopamine	Dopamine 40mg/ml; 0.5ml in each ampoule
7	Inj. Dextrose IP (I.V. Solution)	Dextrose IP eq. to Dextrose anhydrous 10% w/v; 500 ml in each pouch/bottle
8	Inj. Gentamycin IP	Gentamycin sulphate eq. to Gentamycin 10 mg per ml; 0.2 ml in each vial
9	Inj. Phenobarbitone IP	Phenobarbitone Sodium IP 100 mg / ml; 0.2 ml in each ampoule
10	Inj. Phenytoin BP	Phenytoin Sodium IP 50 mg per ml; 0.2 ml in each ampoule
11	Inj. Potassium chloride	150 mg/ml; 10 ml in each ampoule
12	Inj. Sodium bicarbonate IP	Sodium Bicarbonate IP 7.5% w/v in 10 ml ampoule
13	Inj. Sodium chloride in IP	Sodium Chloride IP 0.9% w/v; 500 ml in each pouch/bottle
14	Inj. Sterile water for IP	Each ampoule containing 5 ml

*** This is only an indicative list**

ANNEXURE-III

Government of Jammu and Kashmir
Health and Medical Education Department
Civil Secretariat, J&K—Srinagar

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Sub: - Implementation of Janani Shishu Suraksha Karyakram.

Govt. Order: 516- HME of 2011

Dated: 24-09-2011

Sanction is accorded to the exemption of user charges and free entitlement of all pregnant women delivering in public health institutions including Govt. Medical Colleges and all sick neonates upto 30 days after birth, with zero expenditure out of the pocket expenses under Centrally sponsored schemes :Janani Shishu Suraksha Karyakram” (JSSK) as per Annexure – A.

By order of the Government of Jammu and Kashmir

Sd/-
(G.A.Peer) IAS
Commissioner Secretary to Govt.
Health and Medical Education
Department

No: HD/Plan/17/06/11-JSSY

Dated:-24-09-2011

Copy to the:

1. Principal Govt. Medical College, Jammu/Srinagar.
2. Director Health Services, Jammu/Kashmir.
3. Mission Director, NRHM, J&K, Jammu.
4. PS to Hon’ble Minister for Health.
5. PS to Hon’ble MOS for Health & Medical Education.
6. PS to Commission Secretary Health & Medical Education Department.
7. Govt. order file (W2scs)
8. Stock file)

(Ali Mohammad)
Asstt. Director (P&S)
Health & Medical Education Department

ANNEXURE-IV

Government of Jammu and Kashmir
Health and Medical Education Department
Civil Secretariat, J&K—Srinagar

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Sub: - District Nodal Officers for implementation of Schemes/ Programmes under National Rural Health Mission (NRHM).... reg.

Govt. Order: 522 HME of 2011
Dated:- 27.09.2011

1. Sanction is accorded to the nomination District Nodal Officers for effective implementation of different programmes / schemes under National Rural Health Mission at the district level as per the details given below:

S. No	Name of the Scheme/ Programme	District Nodal Officers
1.	Maternal Health including Delivery Points and ASHA Component	Deputy Chief Medical Officer
2	Janani Shishu Suraksha Karyakaram (JSSK) / Janani Suraksha Yojana (JSY)	
3	Adolescent Reproductive & Sexual Health (ARSH)	
4	Pre- conception & Pre-natal Sex Determination Techniques (PC PNDT)	
5.	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	District Health Officer (DHOs)
6.	Integrated Diseases Surveillance Programme (IDSP)	
7.	School Health Programme	District Immunization Officer (DIOs)
8.	Immunization	

2. The District Nodal Officer shall work under the control /supervision of the concerned Chief Medical Officer. The District Nodal Officer shall:-
 - a) coordinate the implementation of schemes/programmes with the Chief Medical Officer and State Health Society(NRHM).

- b) ensure effective implementation of the programmes/ schemes at the district level as per the GOI guidelines and the guidelines issued by State Health Society (NRHM) from time to time.
- c) monitor the progress of the schemes/programmes in their respective districts and report to the State Health Society (NRHM) through concerned Chief Medical Officer.
- d) review and ensure the availability of drugs, consumables, requisite manpower and other logistics required for providing services at the public health institutions under these schemes/programmes and coordinate with Chief Medical Officers concerned in case of shortfall, if any.
- e) ensure that wide publicity is given to implementation of schemes where ever required.

By order of Jammu and Kashmir

(G.A.Peer) IAS
Commissioner Secretary to Govt.,
Health and Medical Education Department

No: HD/Plan/NRHM/2011

Dated:-27.09.2011

Copy to the :

1. Principal Medical College, Jammu/Kashmir.
2. Director Health Services, Jammu/Kashmir.
3. Mission Director, NRHM,J&K, Jammu.
4. District Development Commissioner _____.
5. Chief Medical Officer _____.
6. Dy. Chief Medical Officer _____.
7. District Immunization Officer_____.
8. District Health Officers_____.
9. PS to Hon'ble Minister for Medical Education. .
10. PS to Hon'ble Minister for Health.
11. PS to Hon'ble MOS for Health & Medical Education.
12. Govt. Order file.
13. Stock (W.3.S.C)

Annexure -V

IMPLEMENTATION STATUS OF JANANI SHISHU SURAKSHA KARYAKARAM (JSSK): DISTRICT LEVEL

District / State: .. Total no. of blocks: Reporting Month/ Year:

District Nodal Officer in place (Y/N): District Grievance Redressal Officer in place (Y/N):

A) CASHLESS SERVICES

Sno.	Provision for Cashless deliveries for all pregnant women and sick newborns at all Govt. health facilities	Sub-centre	PHC	Block PHC/ CHC	SDH	DH
1.	No. of govt. health facilities in the district					
1a.	No. of facilities where deliveries take place ("Delivery points")					
2.	No. of facilities where free entitlements displayed					
3.	No. of facilities where free diet is available to PW					
4.	No. of facilities where lab is functional for basic tests for PW ¹					
4a.	No. of facilities with stock outs of lab reagents / equipment not working					
5.	No. of facilities with stock outs of essential drugs / supplies					
6.	No. of facilities with user charges for PW / sick newborns for:					
	i. OPD					
	ii. Admission / delivery / C-section					
	iii. Lab tests / diagnostics					
	iv. Blood					

B) REFERRAL TRANSPORT (RT)

Sno.	Referral transport services	State vehicles	EMRI/ EMTS	PPP	Other
1.	Total no. of ambulances/ referral vehicles in the district				
2.	Whether fitted with GPS (specify no.)				
3.	No. of PW who used RT services for:				
	i. Home to health institution				
	ii. Transfer to higher level facility for complications				
	iii. Drop back home				
4.	No. of sick newborns who used RT services for:				
	i. Home to health institution				
	ii. Transfer to higher level facility for complications				
	iii. Drop back home				

5. No. of blocks where referral transport service is available:

6. Whether district level call centre in place (Y/N):

C) GRIEVANCE REDRESSAL

Sno.	Grievance redressal	Status detail
1.	No. of complaints/ grievance cases related to free entitlements	
2.	No. of cases addressed / no. of cases pending	
3.	Average no. of days taken per case	

¹ Lab technician is in place and pregnancy test, Haemoglobin, urine routine for sugar and protein are available