Guidelines for Janani-Shishu Suraksha Karyakram (JSSK)

National Rural Health Mission

Guidelines for **Janani-Shishu** Suraksha Karyakram (JSSK)

Maternal Health Division
Ministry of Health & Family Welfare
Government of India
Nirman Bhavan, New Delhi

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Nirman Bhavan, New Delhi-110108

Preface

Reducing the maternal and infant mortality is a key goal of Reproductive and Child Health Programme under the National Rural Health Mission (NRHM). Several initiatives have been launched by the Ministry of Health and Family Welfare (MoHFW) under the Mission including Janani Suraksha Yojana (JSY), a key intervention that has resulted in phenomenal growth in institutional deliveries with more than one crore women being benefited from the scheme annually. JSY was launched to promote institutional deliveries so that skilled attendance at birth is available and women and new born can be saved from pregnancy related deaths.

However, even though institutional delivery has increased significantly, out of pocket expenses being incurred by pregnant women and their families are significantly high. This often act as a major barrier for the pregnant women who still deliver at home as well as for sick neonates who die on account of poor access to health facilities.

Janani Shishu Suraksha Karyakram (JSSK) launched on 1st of June, 2011 is and initiative to assure free services to all pregnant women and sick neonates accessing public health institutions. The scheme envisages free and cashless services to pregnant women including normal deliveries and caesarean operations and also treatment of sick new born (up to 30 days after birth) in all Government health institutions across the State/Ut..

The success of this initiatives hinges on wide publicity, by the states, of the entitlements envisaged to enhance public awareness. Information and knowledge of entitlements will enable people to demand greater accountability on the part of both institutions and service providers to deliver on commitments.

The guideline lays down list of key steps to be taken by the States to ensure effective implementation of this initiative. The guideline will serve as a reference tool and facilitate the states in planning necessary interventions.

I sincerely hope that states would proactively implement this initiative which can prove to be truly path breaking in reducing morbidity and mortality among mothers and neonates.

P. K. Pradhan

New Delhi
30th June, 2011

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Foreword

The Janani Shishu Suraksha Karyakram, launched from mewat district in Haryana on June 1, unmistakably signals a huge leap forward. it invokes a new approach to healthcare, 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 besides to and fro transport. Similar entitlements have been put in place for all sick newborns accessing public health institutions for healthcare till 30 days after birth. They would also be entitled to free treatment besides free transport, both ways and between facilities in case of referral.

The initiative would benefit more than 1 crore pregnant women and sick newborns at present accessing the public health system every year. it would further trigger enhanced demand for care in public health institutions on the part of over 70 lakh women, who still choose to deliver at home and make healthcare accessible to those sick newborns, who are unable to get timely and appropriate healthcare because of high out-of-pocket expenses on both transport and treatment. As a result of this enhanced demand for services created in the most vulnerable, marginalised and underserved sections of the population, India can hope to bring down the 67,000 maternal deaths and 9 lakh neonatal deaths that take place in the country every year.

What is heartening is the consensus that has emerged across states, recognising the need to entitle pregnant women and newborns to truly free, no-expense healthcare in public health institutions. I sincerely hope that States would implement this new initiative in the right earnest, with a missionary zeal.

(Anuradha Gupta)

New Delhi,
30th June, 2011

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Programme Officer's Message

Government of India has a policy commitment to ensure that every pregnant woman gets delivered by a Skilled Birth Attendant. In order to achieve this target, JSY was launched to promote demand for institutional delivery. We have been able to bring about 73% (CES-2009) of the women into the institutional fold. However, still about 27% of pregnant women are delivering at home and those who deliver at the institutions are unwilling to stay for 48 hrs. This is because of various causes including high out of pocket expenses being incurred by pregnant women and their families for normal or c-section delivery. This becomes a deterrent for the family particularly the poor and BPL families in accessing and coming to health facilities, depriving them from the essential and emergency care during pregnancy and child birth and also in the post partum period.

During field visits and program review, the state and district program officers have highlighted the situations where at times there is paucity of essential logistics like drugs, consumables, facilities for referral etc. Such situations are often being exploited by unwarranted persons and the beneficiaries are subjected for incurring out of pocket expenses. Launch of the Janani Shishu Suraksha Karyakram (JSSK) which has a policy commitment for free entitlements including cashless delivery and c-sections for the pregnant women and management of sickneonates upto 30 days will help them in effective implementation and monitoring for provision of quality services to the pregnant women and sick newborn upto 30 days.

The launch of the Janani Shishu Suraksha Karyakram will encourage all pregnant women to deliver at public health facilities and fulfil the commitment of achieving cent percent institutional delivery. It will also empower service providers working at the health facilities in providing quality ante-natal. intra-natal and post natal services at the institutions. Providing free treatment to sick neonates will help in decreasing the neonatal mortality rate. This initiative will help in reducing both maternal and infant mortality and morbidity.

Sucess of any scheme hinges on the commitment by the program officers. I believe all my state counterparts will understand the urgency for successful implementation of this scheme, since its implementation is directly related with quality of services being rendered. I take this opportunity to thank everyone especially my colleagues in the Maternal Health and Child Health Division of this Ministry without whose help this scheme could not have been launched and made functional. The guideline on JSSK will help the states in clearly articulating and planning for the free entitlemnts envisaged under JSSK with nil out of pocket expense.

(Dr. Himanshu Bhushan)

New Delhi
Date ; 30th June, 2011

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Abbreviations

ANC	Antenatal Check-Up
CES	Coverage Evaluation Survey
CHC	Community Health Centre
DH	District Hospital
DLHS	District Level Household and Facility Survey
FRU	First Referral Unit
INC	Intranatal Check-Up
INJ	Injection
IMR	Infant Mortality Rate
JSSK	Janani-Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojna
MMR	Maternal Mortality Ratio
MDG	Millennium Development Goal
NMR	Neonatal Mortality Rate
NRHM	National Rural Health Mission
OPD	Out Patient Department
PNC	Postnatal Check-Up
PHC	Primary Health Centre
PPH	Post-partum Haemorrhage
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
SDH	Sub District Hospital
SRS	Sample Registration System

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 lakh 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 India 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 more than 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 neonate, 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

MMR has come down from 301 (SRS 2001-03) to 254 (SRS 2004-06) per 100,000 live births, and IMR has reduced from 58 (SRS 2005) to 50 (SRS 2009) per 1,000 live births

- 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 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.

It is paradoxical that some states have levied user charges for deliveries at the time when efforts are being made nationally to address factors impeding institutional deliveries and to give incentives to women to approach government institutions for childbirth through schemes such as the Janani Suraksha Yojana. Hence, notwithstanding substantial investments to improve provisioning for maternal and child healthcare, the burden of out-of-pocket expenses for pregnant women and children has persisted in the public health system across most states. The fact that entitlements were not explicitly articulated and were vague left much scope to deny the service delivery that national programmes, including the National Rural Health Mission and its precursors, have consistently strived for.

The New Initiative – Janani – Shishu Suraksha Karyakram

Janani Shishu Suraksha Karyakram (JSSK) launched from Mewat district in Haryana on June 1, unmistakably signals a huge leap forward in the quest to make "Health for All" a reality.

It invokes a new approach to healthcare, 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 a public institution 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 a 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 healthcare till 30 days after birth. They would also be entitled to free treatment besides free transport, both ways and between facilities in case of a referral.

The initiative is estimated to benefit more than 1 crore pregnant women & newborns that access public health institutions every year in both urban &

rural areas and also increase access to health care for the over 70 lakh women delivering at home. This initiative supplements the cash assistance given to a pregnant woman under JSY and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick newborns.

Entitlements for Pregnant Women:

- Free and zero expense Delivery and Caesarean Section
- Free Drugs and Consumables
- Free Essential Diagnostics (Blood, Urine tests and Ultra-sonography etc)
- Free Diet during stay in the health institutions (up to 3 days for normal delivery & 7 days for caesarean section)
- Free Provision of Blood
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Drop Back from Institutions to home after 48hrs stay
- Exemption from all kinds of User Charges

Entitlements for Sick Newborn till 30 days after birth:

- Free and zero expense treatment
- Free Drugs and Consumables
- Free Diagnostics
- Free Provision of Blood
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Drop Back from Institutions to home
- Exemption from all kinds of User Charges

Drugs and consumables

Drugs & consumables including supplements such as Iron Folic Acid are required to be given free of cost to the pregnant women during ANC, INC, PNC up to 6 weeks which includes management of normal delivery, C-section and any complications during the pregnancy and childbirth. The same is also needed when a neonate is sick and needs urgent and priority treatment.

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 are required to be conducted free of cost for the pregnant women during ANC, INC, PNC up to 6 weeks which includes investigations required prior to both normal delivery and C-section. The same are also needed when a neonate is sick and needs urgent and priority treatment for conditions like infection, pneumonia, etc.

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 health facilities demotivates the delivered mothers from staying at the health 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.

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 should be encouraged to donate blood for replacement .

Exemption from user charges

User charges are levied by many State Governments for OPD, admissions, diagnostic tests, blood etc. These add up to the out of pocket expenses. On occasion, there are situations where these pregnant women are misguided and become vulnerable for exploitation by private diagnostic centres for unnecessary investigations.

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.

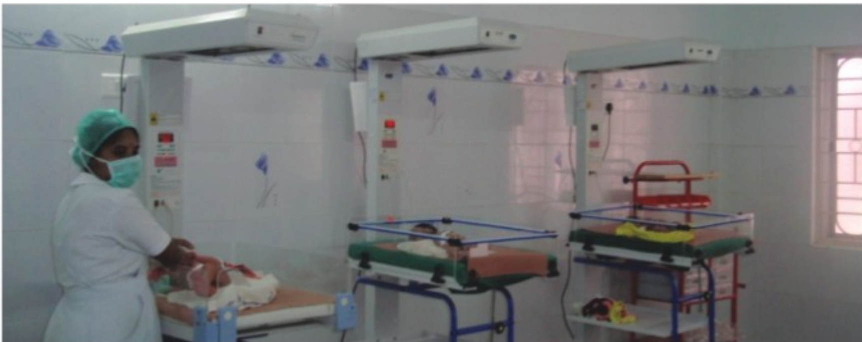
The free referral transport entitlements for pregnant women and sick neonates up to 30 days & therefore are as under:.

1. Transport from home to the health facility
2. Referral to the higher facility in case of need
3. Drop back from the facility to home

Implementation Of The New Initiative

I. Actions at State level:

- Issue Government order on free entitlements.
- Nominate a State Nodal Officer.
- Institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit.
- Ensure regular procurement and availability of drugs and consumables at the public health institutions.
- Take necessary steps for ensuring functional lab facilities and diagnostic services at the public health institutions.
- Establish and operationalise blood banks at District levels and Blood Storage Centres at identified FRUs.
- Establish district wise assured referral linkages with GPS fitted vehicles and centralised control rooms.
- Provide required finances and necessary administrative steps /G.O.s for the above activities.
- Financially empower the district and facility in-charges for the above activities, particularly in emergency situations /stock outs.
- Regularly monitor and report on designated formats at specified periodicity.
- Review the implementation status during district CMOs meetings.



II. Actions at District level:

- Nominate a District Nodal Officer.
- Circulate the G.O. on free entitlements to all facility in-charges.
- Widely publicise free entitlements in public domain.
- Institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit.
- Regularly review the stocks of drugs & consumables for ensuring availability at the public health institutions.
- Ensure lab facilities and diagnostic services are functional at all designated facilities, particularly at DH, SDH, FRU, CHC and 24x7 PHCs.
- Prepare time bound action plans for establishing and operationalising Blood Bank at District level and Blood Storage Centres at identified FRUs.
- Review referral linkages and their utilisation by beneficiaries.
- Provide required finances / empowerment for utilisation of funds to the Block MOs and facility in-charges for the above activities, particularly in emergency situations / stock outs.
- Regularly monitor & report on designated formats at specified periodicity.
- Review the implementation status during Block MOs /MOs meetings.

III. Dissemination of the entitlements in the public domain:

- Widely publicise these entitlements through print and electronic media.
- 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 – 1.
- IEC budget sanctioned in the Project Implementation Plan (PIP) under RCH/NRHM can be utilised for this.

IV. Ensure drugs and consumables:

- Notify the essential drug list for RCH services to be notified at all the service delivery points - Annexure – II.
- Ensure regular procurement, uninterrupted supply and availability of drugs & consumables at all public health institutions.
- The daily availability of the drugs should be displayed at the health facility.
- Empower the head of the District / health facility to procure drugs & consumables to prevent stock outs.
- Ensure the quality and shelf life of drugs supplied.
- Ensure a proper inventory of drugs and consumables at each health facility for timely reporting on stock outs and expiry.
- 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.
- Ensure that first expiry drugs and consumables are used first. “FIRST in & FIRST out" protocol.
- Ensure proper storage of drugs and consumables by keeping drug stores clean & tidy with adequate ventilation and cooling.

V. Strengthen diagnostics:

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

VI. Ensure provision of diet:

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

VII. Ensure availability of blood in case of need:

- Prepare time bound action plans for establishing and operationalising Blood Bank at District level and Blood Storage Centres at identified FRUs.
- Maintain adequate stocks for each blood group.
- Ensure availability of reagents and consumables for blood grouping, cross-matching and blood transfusion.
- Blood Banks to ensure mandatory screening of blood before storage, and organise periodic voluntary blood donation camps for maintaining adequate number of blood units.
- 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.
- MO in-charge / lab technician of the blood bank to periodically visit blood storage units for monitoring and supervision.

VIII. Exemption from all kinds of User Charges:

- Issue Government Order for exemption from any user charges for pregnant women and sick newborns upto 30 days, at public health facilities.

IX. Referral Transport:

- Ensure universal reach of the referral transport (no area left uncovered), with 24 x 7 referral services.
- State is free to use any suitable model of transportation e.g. Government Ambulances, EMRI, referral transport PPP model etc.
- Establish call centre(s) with a single toll free number, at District or State level.
- May provide ambulances / vehicles with GPS, for effective tracking and management.
- Establish linkages for the inaccessible areas (hilly terrain, flooded or tribal areas etc) to the road head / pick up points.
- Widely publicise the free & assured referral transport through print and electronic media.
- Monitor and supervise services at all levels, including utilisation of the each vehicle and number of cases transported.

X. Grievance Redressal:

- 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.
- Set up help desks and suggestion / complaint boxes at government health facilities.
- 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.
- Take action on the grievances within a suitable timeframe, and communicate to the complainants.
- Maintain proper records of actions taken.

XI. Funds:

- Reflect the requirement of funds in the state PIP under NRHM in addition to resources available from State budget.

XII. Monitoring and Follow Up:

- 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.
- At State and District level, the State Nodal Officer and District Nodal Officers will monitor and follow up the progress in implementation of the scheme. In CMOs meeting at State level, the Mission director and during MOs meeting at district level, CMO will review the progress of the scheme.
- Monitoring checklist for National, State and District level is at Annexure III.

Annexure I

Logo Of The State

Janani-Shishu Suraksha Karyakram

Assures NIL out of pocket expenses in all Government Health Institutions

For Pregnant Women & Newborns

Entitlements for Pregnant Women:

- Free delivery
- Free caesarean section
- Free drugs and consumables
- Free diagnostics (Blood, Urine tests and Ultrasonography etc.)
- Free diet during stay (upto 3days for normal delivery and 7days for caesarean section)
- Free provision of blood
- Free transport from home to health institution, between health institutions in case of referrals and drop back home
- Exemption from all kinds of user charges

Entitlements for Sick Newborn till 30 days after birth:

- Free and zero expense treatment
- Free drugs & consumables
- Free diagnostics
- Free provision of blood
- Free transport from home to health institution, between health institutions in case of referrals and drop back home
- Exemption from all kinds of user charges

In case of any grievances, please contact (Name & telephone No.)

Annexure II

Essential Drug List (Maternal Health) *

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

Antenatal Period	
Drugs	
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 Methyldopa IP eq. to Methyldopa anhydrous 250 mg
3	Cap Nifedipine - Nifedipine IP , 5mg soft gelatine capsule
4	Tab Nifedipine, Nifedipine IP , 10 mg
5	Tab Labetalol 100 mg,
6	Inj Labetalol, 20 mg in 2 ml ampoule
7	Tab Digoxin - Digoxin IP 250 µg/tab
8	Inj Magsulph – Magnesium Sulphate IP 50% w/v; 10 ml vials, containing 5.0gm in total volume,
9	Tab. Folic Acid IP 400µg
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 Amoxycillin - Amoxycilline Trihydrate IP eq. to amoxycilline 250 mg
5	Tab. Metronidazole -Metronidazole IP 400 mg
6	Tab Nitrofurantoin - IP 100 mg
7	Cap Doxycycline - Doxycycline Hydrochloride IP eq. to Doxycycline100 mg

8	Inj.Methylergometrine - Methylergometrine maleate IP, 0.2 mg /ml; 01 ml in each ampoule
9	Tab Misoprostol - Misoprostol IP 200 mcg 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; 02 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; 01 ml in each ampoule)
16	Compound Sodium Lactate IV Injection IP (Ringers lactate) -0.24 % V/V of Lactic Acid (eq. to 0.32% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04 % w/v Potassium Chloride and 0.027 % w/v Calcium Chloride; 500 ml in each plastic bottle
17	Sodium Chloride IV Injection - Sodium Chloride IP 0.9 % w/v; 500 ml in each plastic bottle
18	Dextrose IV Injection, I.P - Dextrose eq. to Dextrose anhydrous 5 % of w/v, 500 ml in each plastic bottle
19	Sodium Bicarbonate, IV Injection - Sodium Bicarbonate IP 7.5 % w/v; 10 ml in each ampoule
20	Sterile Water for injections, I.P - 05 ml in each ampoule
21	Inj. Calcium Gluconate, 1 gm, I.V.-10ml amp containing 10% calcium gluconate
22	Tab Drotavarine 500mg
23	Povidone Iodine Ointment, I.P containing Povidone Iodine, I.P 5% w/w; 15g in each tube
24	Inj. Lignocaine Hydrochloride IP 2% w / v; 30 ml in each vial for local anaesthesia

Consumables

1 Absorbent Cotton IP - 1 kg / 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, Gauze 23 and 22,

7. Cotton Bandage (as per schedule F-II)- 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, 21 G of 1.5 inch length

11 Intra-cath Cannulas for single use (Intravascular Catheters) BIS auze 18, Length- 45mm, flow rate 90ml per minute Gauze 22, Length- 25mm, flow rate 35 ml per minute

12 Chromic Catgut -No. 1 on round body needle

13 Cord Clamp

14 Mucus Sucker

15 Medicated Soap

16 K-90, Plain Catheter

17 Foleys catheter, 16 No BIS, self retaining catheter

18 Sanitary Napkins (2pkts per case)

Postnatal Period

Drugs & Consumables

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 Labetalol 100 mg,
7	Inj Labetalol, 20 mg in 2 ml ampoule
8	Inj. Oxytocin - Oxytocin IP 5.0 I.U. / ml; 02 ml in each ampoule
9	Inj Magsulph - Magnesium Sulphate IP 50% 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 500mg
12	Tab Ibubrufen 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 500mg/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 50mg/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% w/v of Sodium Lactate), 0.6 % w/v Sodium Chloride, 0.04 % w/v Potassium Chloride and 0.027 % w/v Calcium Chloride; 500 ml in each plastic bottle
12	Sodium Chloride IV Injection - Sodium Chloride IP 0.9 % w/v; 500 ml in each plastic bottle
13	Dextrose IV Injection - Dextrose eq. to Dextrose anhydrous 5 % w/v 500 m in each plastic bottle.
14	Inj Soda bicarbonate - Sodium Bicarbonate IP 7.5 % w/v; 10 ml in each ampoule
15	Inj. Menadione (Vitamin K3) - Menadione USP 10mg / ml; 01 ml 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(Surgical Tape) - 2.5 cm X 9.10 m
4	Hypodermic Syringe for single use BP/BIS, 5 ml, 10ml, 20ml
5	Hypodermic Needle for single use BP/BIS, Gauze 23 and 22
6	Foleys catheter, 16 No BIS, self retaining catheter
7	Infusion Equipment BIS, IV set with hypodermic needle, 21 G 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 Gauze(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-II)- 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 ½ 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; 01 ml in each ampoule
2	Inj Atropine, I.P - Atropine Sulphate IP 600µg / ml; 01 ml in each ampoule
3	Inj Dopamine - Dopamine Hydrochloride USP 40 mg / ml; 05 ml in each vial

4	Inj Bupivacaine - 0.5% IP eq. to Bupivacaine hydrochloride anhydrous 5mg/ml; 20 ml in each vial
5	Inj Betamethasone sod. Phosphate, I.P - betamethasone 4mg per 1ml in 1ml 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 (anhydrous)
8	Inj Vecuronium Bromide , Vecuronium Bromide USP 4 mg per ampoule
9	Inj Ketamine, - Ketamine Hydrochloride inj. eq. to Ketamine hydrochloride base 10 mg / ml; 10 ml in each vial
10	Tab Salbutamol - Salbutamol sulphate IP eq. to Salbutamol 4 mg
11	Tab Frusemide - Frusemide IP 40 mg
12	Tab Diazepam - Diazepam IP 5 mg
13	Inj. Diazepam, I.P- 10 mg in 2ml ampoule
14	Dexmethsone Injection IP, Dexamethasone Sodium Phosphate IP eq. to Dexamethasone Phosphate, 4 mg / ml.; 02 ml in each ampoule
15	Etofyllin 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 Newborn *

S. NO.	DRUGS	
1	Inj. Adrenaline IP	0.18% w/v Adrenaline tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg / ml; 01 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 10 ml 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 40 mg/ml; 05ml 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 Gentamycin10 mg per ml; 02 ml in each vial
9	Inj. Phenobarbitone IP	Phenobarbitone Sodium IP100 mg / ml; 02 ml in each ampoule
10	Inj. Phenytoin BP	Phenytoin Sodium IP 50 mg per ml; 02 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

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

Reporting Month/ Year: ....

A) ENTITLEMENTS: CASHLESS SERVICES & USER CHARGES

Sno.	Provision for Cashless deliveries for all pregnant women and sick newborns at all public health facilities	No. of States/ UTs that have issued G.O.	No. of districts implementing
1.	Provision of Free drugs/ consumables		
2.	Provision of Free Diagnostics		
3.	Provision of Free Diet		
4.	Provision of Free blood (inclusive of testing fee)		
5.	Provision of free treatment to Sick newborns up to 30 days		
6.	Free Referral Transport for PW [1]		
7.	Free Referral Transport for Sick newborns [1]		
8.	Exemption from all user charges for all PW and sick newborns		
9.	Empowerment of MO in-charge to make emergency purchases		

B) ENTITLEMENTS: REFERRAL TRANSPORT (RT)

Sno.	Referral transport services	State owned	EMRI/ EMTS	PPP	Other
1.	Total number of ambulances/ referral vehicles				
2.	No. fitted with GPS				

3. Call centre(s) for the ambulance network: No. of Districts – .... No. of States – ....

4. No. of States that have toll free numbers: ....

C) SERVICE UTILISATION: REFERRAL TRANSPORT (RT)

Sno.	Referral transport services	State vehicles	EMRI/ EMTS	PPP	Other
1.	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				
2.	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				

D) OTHER MECHANISMS:

1. No. of States/ UTs that have identified State Nodal Officer: ....
2. No. of districts that have identified District Nodal Officer: ....
3. No. of States/ UTs that have identified State Grievance Redressal Officer: ....
4. No. of districts that have identified District Grievance Redressal Officer: ....
5. No. of States/ UTs where free entitlements are displayed at all public health facilities : ....

[1] including for home to health facility, between facilities for higher referral, and drop back home

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

State/ UT: .... No. of districts: .... No. of Blocks: .... Reporting Month/Year: ....

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

No. of District Nodal Officers in place: .... No.of District Grievance Redressal Officers in place: ....

A) ENTITLEMENTS: CASHLESS SERVICES & USER CHARGES

Sno.	Provision for Cashless deliveries for all pregnant women and sick newborns at all public health facilities	Whether G.O. issued (Y/ N)	Month when started / proposed timeline	No. of districts implementing
1.	Provision of Free drugs/ consumables			
2.	Provision of Free Diagnostics			
3.	Provision of Free Diet			
4.	Provision of Free blood (inclusive of testing fee)			
5.	Provision of free treatment to Sick newborns up to 30 days			
6.	Free Referral Transport for PW (to & fro, 2nd referral)			
7.	Free Referral Transport for Sick newborns (to & fro, 2nd referral)			
8.	Exemption from all user charges for all PW and sick newborns			
9.	Empowerment of MO in-charge to make emergency purchases			

NOTE: Pls. provide a copy of relevant Govt. Order(s)

B) ENTITLEMENTS: REFERRAL TRANSPORT (RT)

Sno.	Referral transport services	State owned	EMRI/ EMTS	PPP	Other
1.	Total number of ambulances/ referral vehicles in the State/ UT				
2.	Whether vehicles fitted with GPS (specify no.)				

3. Call centre(s) for the ambulance network: Districts (no.s) - .... State (Y/N): ....
4. Toll free number (provide number, if available): ....

C) IMPLEMENTATION: CASHLESS SERVICES

Sno.	Provision for Cashless deliveries for all pregnant women and sick newborns at all Govt. health facilities	Status
1.	No. of districts where free entitlements are displayed *at all health facilities*	
2.	No. of districts where free diet is available to PW (*at all facilities 24x7 PHC and above level*)	
3.	No. of districts where lab is functional for basic tests for PW (*at all facilities 24x7 PHC and above level*)	
3a.	No. of districts where any facility has stockouts of lab reagents / equipment not working	
4.	No. of districts where any facility has stock outs of essential drugs / supplies for PW and sick newborns	
5.	No. of districts where any facility has user charges for PW / sick newborns for: i. OPD	
	ii. Admission / delivery / C-section	
	iii. Lab tests / diagnostics	
	iv. Blood	
6.	Total no. of govt. medical colleges in the State	
7.	Total no. of govt. medical colleges not levying any type of user charges	

D) SERVICE UTILISATION: REFERRAL TRANSPORT (RT)

Sno.	Referral transport services	State vehicles	EMRI/ EMTS	PPP	Other
1.	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				
2.	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				

E) 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	

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 suga r and protein are available

Ministry of Health & Family Welfare
Government of India
Nirman Bhavan, New Delhi