NRHM
NEWSLETTER

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States urged to implement Health Programs more effectively

Guidelines for Janani-Shishu Suraksha Karyakram (JSSK)

सफल राष्ट्र का प्रण,
हर बेटी को जीवन

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

Progress under NRHM

ASHAs

8.52 Lakh ASHA/Link workers Selected.

690210 ASHA given orientation training up to 4th Module and 6.90 lakh ASHA have been positioned with kits.

Institutional Delivery

Janani Suraksha Yojana (JSY) is operationalised in all the State 7.34 lakh women are benef ted in the year 2005-06, 30.73 lakh in 2006-07, 73.08 lakh in 2007-08, 90.80 lakh in 2008-09 and 100.6 in the year 2009-10, 2010-11, 113.38 lakh, 2011-12, 19.43 lakh.

Monthly H&N Days in Anganwadi

Over 69.25 lakh Monthly Health and Nutrition Days have been organized at the Anganwadi Centres in various states during 2010-11.

Neo Natal Care

Integrated Management of Neonatal and Childhood illnesses (IMNCI) started in 499 districts.

With the help of Neonatology Forum over 4,88,759 health care personnel training conducted in Newborn Care in the country.

Module for Home based new born care developed and ASHAs to be trained in Home based new born care.

Immunization

Intense monitoring of Polio Progress-Services of ASHA useful.

JE vaccination completed in 11 districts in 4 states-93 lakh children immunized during 2006-07. JE vaccination has been implemented in 26 districts of 10 states in 2007. The 11 districts of 4 states where JE vaccination was carried out in 2006 have introduced JE vaccine in Routine Immunization to vaccinate new cohort between 1-2 years of age with booster dose of DPT.

House tracking of polio cases and intense monitoring.

Neonatal Tetanus declared eliminated from 7 states in the country.

Full immunization coverage evaluated at 43.5% at the national level (NFHS-III).

Accelerated Immunization programme taken up for EAG and NE states.

Village Health & Sanitation Committees

4,95,127 Village Health and Sanitation Committees have been constituted by the States. They are being involved in dealing with health planning at grass root level.

Rogi Kalyan Samitis

Over 30,818 Rogi Kalyan Samitis set up in various health centres and hospitals.

Infrastructure

1.47 lakh Sub centres in the country are provided with untied funds of Rs. 10,000 each. 4,21,892 UHSC & 1,40,233 SC have operational joint accounts of ANMs and Pradhans for utilization of annual untied funds.

61,436 Sub centres are functional with second ANM.

Out of 4535 Community Health Centres, 2499 CHCs have been selected for upgradation to IPHS and facility survey has been completed in 2394 CHCs (includes other also).

30,818 Rogi Kalyan Samitis have been registered at different level of (Repeat) facilities.

15,851 Sub centres for new construction and 12,547 for renovation taken up under NRHM.

1713 Primary Health Centres taken up for new construction and 7278 for renovation under NRHM.

619 works at Community Health Centres for construction and 2534 works for renovation taken up under NRHM.

Manpower

9,982 Doctors and 3,592 Specialist, 61,062 ANMs, 30,682 Staff Nurses, 26,048 Paramedics, 11,072 Ayush Doctors have been appointed on contract by States to f ll in critical gaps.

Management Support

1632 professionals (CA/MBA/MCA) have been appointed in the State, 636 District level Programme Management Units (PMU) and 4997 blocks to support NRHM.

Mobile Medical Units

1797 Mobile Medical Units operational under NRHM in States.

Emergency Transport System operational in 12 States with the assistance of 5221 Ambulances.

Another 7065 ambulances provided to States for working at PHC, CHC, Sub District and District Hospital.

Health Action Plans

35 State PIPs received in 2011-12.

The f rst cut of Integrated District Health Action Plans (DHAP) has been f nalized for 636 district during 201-12.

Mainstreaming of AYUSH

Mainstreaming of AYUSH taken up in the States. AYUSH practitioners co-located in 16,939 facilities. AYUSH part of State Healths Mission/ Society as members.

Trainings

Trainings in critical areas including Anesthesia Skilled Birth Attendance (SBA) taken up for MOs/ANMs. Integrated Skill Development Training for ANMs/LMVs/MOs. Training on Emergency Obstetrics care and No Scalpel Vasectomy (NSV) for Mos, Professional Development Programme for CMOs is on full swing.

ANM Schools being upgraded in all States.

New nursing schools taken up.

Mother NGOs

321 Mother NGOs appointed for 460 districts till date are fully involved in ASHA training and other activities.

Health Resource Centres

National Health Systems Resource Centre (NHSRC) set up at the National level.

Regional Resource Centre set up for NE.

State Resource Centre being set up by States.

Monitoring and Evaluation

Web based MIS operationalised.

NFHS III & DLHS results desseminated.

Independent evaluation of ASHAs/JSY by UNFPA/UNICEF/GTZ in 8 States.

Ground work for community monitoring completed.

Financial Management

Financial Management Group set up under NRHM in the Ministry.

During the FY 2005-06, out of total allocation of Rs. 67.31.16 crore for the Ministry, an amount of Rs. 5862.57 crore was released as part of NRHM.

Against Rs. 9065 crore for activities during 2006-07, Rs. 7361.08 crore released.

During the FY 2007-08, out of total allocation of Rs. 11,010 crore for the Ministry, an amount of Rs. 10,189.03 crore was released as part of NRHM.

During the FY 2008-09, out of total allocation of Rs. 12,050 crore for the Ministry, an amount of Rs. 11,229.47 crore was released as part of NRHM.

During the FY 2009-10, out of total allocation of Rs. 14,050 crore for the Ministry, an amount of Rs. 11,613.39 crore was released as part of NRHM.

HFM calls for more effective implementation of Central Schemes by State Govts

The Union Minister for Health and Family Welfare Shri Ghulam Nabi Azad has urged the States to ensure effective implementation of programmes funded by the Government of India especially the National Programme for Prevention & Control of Cancer, Diabetes, Cardio Vascular Diseases and Stroke (NPCDCS), the National Programme for Health Care of the Elderly (NPHCE); the scheme for delivery of contraceptives by ASHAs at homes; scheme for promotion of menstrual hygiene distribution of affordable sanitary napkins by ASHAs and the Mother and Child Tracking System for ensuring full immunization and maternal benefits coverage.

> "In India, NCDs like heart disease, diabetes, chronic obstructive lung disease, cancer and injuries have already become the dominant cause of disease burden contributing about 2/3rd of the total disease burden."

Shri Azad was addressing the State Health Secretaries and functionaries in New Delhi in a day long review meeting on November 17, for ensuring better participation by State Health Departments. Minister of State for Health & Family Welfare, Government of India, Shri Sudeep Bandyopadhyay,

Union Health Minister Shri Ghulam Nabi Azad being checked for blood pressure at the Health pavilion, IITF 2011,with Minister of State S. Bandyopadhyay on his side, on the 14th Nov. 2011.

Union Secretary of Health & Family Welfare, Shri P.K. Pradhan and senior officials of the Ministry of H&FW were present in the day long review meeting. Secretaries, CMOs and other senior officials from across the country attended the review meeting. Speaking on the occasion Shri Azad said that in the coming years, a comprehensive approach is being planned to prevent and control major Non Communicable Diseases (NCDs) and their risk factors. "Our goal is to develop a health system that is capable of preventing, diagnosing and managing NCDs in each district of the country. Towards this our efforts, in the coming years, would aim at providing universal access to basic services required for managing NCDs and I urge you to extend your State government's whole hearted cooperation in this venture, without which the best of Government of India's intentions will not be translated into practice" Shri Azad said.

The Minister added "it's time that this monumental challenge is taken seriously and we act together to prevent and control NCDs by providing information and care to those who have or are at risk of suffering from these diseases". Shri Azad emphasized that these programmes should be accorded the priority they deserve by the health functionaries at various levels.

The Minister said "It is important to remember that the burden of NCDs is increasing exponentially and early screening and treatment are critical tools we have to combat these life-long ailments". Sh Azad warned that NCDs like diabetes, cancer, cardiovascular diseases and chronic respiratory diseases are reaching epidemic proportions worldwide and India is no exception. NCDs have silently emerged as the leading cause of death, disability and disease, the world over, including India.

In India, NCDs like heart disease, diabetes, chronic obstructive lung disease, cancer and injuries have already become the dominant cause of disease burden contributing about 2/3rd of the total disease burden. The number of deaths attributed to chronic diseases was 3.78 million in 1990 (40.4% of all deaths) and is projected to reach an expected 7.63 million in 2020 (66.7% of all deaths).

Shri Azad informed that aware of the challenge of combating NCDs, Government of India launched the "National Programme for Prevention & Control of Cancer, Diabetes, Cardio Vascular Diseases (CVDs) and Stroke (NPCDCS)"in the year 2010. The National Programme for Health Care of the Elderly (NPHCE) was also initiated at the same time to address health issues affecting our elderly population.

> "Our goal is to develop a health system that is capable of preventing, diagnosing and managing NCDs in each district of the country. Towards this our efforts, in the coming years, would aim at providing universal access to basic services required for managing NCDs and I urge you to extend your State government's whole hearted cooperation in this venture."

"We aim to expand the programme in all 640 districts of the country in the 12th five year plan and, therefore, are eagerly looking forward to the feedback from all of you in order to learn from field level implementation issues", he added. He reiterated that the basic objective of the national programme is to ensure early detection and, therefore, treatment by creating facilities at Tertiary Care Centers, Districts Hospitals, and Community Health Centers and at Sub Centre level.

The Government of India is providing the Glucometers, Strips and needles while the State Governments have to provide the manpower. Covering 20,000 rural sub-centers and urban slums, the target is to screen about 15 to 20 crore (150-200 million) people by March 2012. The Centre has provided support at the rate of Rs.1 lakh per patient for major components of the programme. Funds have been released to states for various components of NPCDCS and NPHCE, he reminded.

The Minister added that under the cancer component of the programme 65 tertiary cancer centres (TCC) are proposed to be established. He asked the state health secretaries to send proposals for TCCs in complete shape at the earliest and to take urgent steps to establish tertiary cancer centres. Similarly, under the National Programme for Health Care of Elderly, eight Regional Medical Institutions have to establish Regional Geriatric Centres for providing tertiary care to elderly, and these have been sanctioned Rs.2 crore each by Government of India for 30 bedded facility. The Minister urged the State Health Secretaries to expedite proposals for utilizing the grants in full.

Facade of Health pavilion at IITF 2011. This year the thematic display was on Non Communicable Diseases

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 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 area's 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

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.

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

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

IMPLEMENTATION OF JSSK

I. Action 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. Action 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, & 24x7 PHCs
- 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.

Annexure I

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 caesarian 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 caesarian 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

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 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, 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.

ESSENTIAL DRUG LIST FOR NEWBORNS

SNO.	DRUGS	
1	Adrenaline Injection IP	0.18% w/v Adrenaline tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg / ml; 01 ml in each ampoule
2	Amikacin Injection	Amikacin Sulphate IP eq to Amikacin100mg per 2ml in vials
3	Aminophylline injection IP	Aminophylline IP 25mg/ml in 10 ml ampoule
4	Ampicillin Injection IP	Ampicillin Sodium IP eq. to ampicillin anhydrous 250 mg/ vial
5	Calcium gluconate injection IP	10%w/v calcium gluconate IP in 10 ml ampoule
6	Dopamine Injection	Dopamine 40 mg./ml:05ml in each ampoule
7	Dextrose Injection IP (I.V.Solution)	Dextrose IP eq. to Dextrose anhydrous10%w/v; 500 ml in each pouch/bottle
8	Gentamycin Injection IP	Gentamycin sulphate eq. to Gentamycin10 mg per ml; 02 ml in each vial
9	Phenobarbitone Injection IP	Phenobarbitone Sodium IP100 mg / ml; 02 ml in each ampoule
10	Phenytoin Injection BP	Phenytoin Sodium IP 50 mg per ml; 02 ml in each ampoule
11	Potassium chloride injection	150 mg/ml; 10 ml in each ampoule
12	Sodium bicarbonate injection IP	Sodium Bicarbonate IP 7.5% w/v in 10 ml ampoule
13	Sodium chloride injection IP	Sodium Chloride IP 0.9 % w/v; 500 ml in each pouch/bottle
14	Sterile water for injections IP	Each ampoule containing 5 ml

This is only an indicative list

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.

Annexure II

Essential Drug List (Maternal Health)
Drugs and Consumables for Normal Delivery C-Section in a Govt. Health Institution

Antenatal Period

Drugs

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

Intra-partum- Normal Delivery

Drugs

- Capsule Ampicillin - Ampicillin Trihydrate IP eq. to ampicillin 500mg
- Inj Gentamycin - Gentamycin sulphate IP eq. to gentamycin 40mg/ml; 2ml in each vial
- Ampicillin Injection - Ampicillin Sodium IP eq. to Ampicillin anhydrous 500mg /vial
- Cap Amoxycillin - Amoxycilline Trihydrate IP eq. to amoxycilline 250mg
- Tab. Metronidazole - Metronidazole IP 400 mg
- Tab Nitrofurantoin- IP 100 mg
- Cap Doxycycline - Doxycycline Hydrochloride IP eq. to Doxycycline 100 mg
- Inj. Methylergometrine - Methylergometrine maleate IP, 0.2 mg/ml; 01 ml in each ampoule
- Tab Misoprostol - Misoprostol IP 200 mcg oral / vaginal
- Tab Dicyclomine, 500mg oral tab
- Inj Magnesium Sulphate - Magnesium Sulphate IP 50% w/v; 10ml vials, containing 5.0 mg in total volume
- Inj Oxytocin - Oxytocin IP 5.0 I.U. /ml; 02ml in each ampoule
- Inj. Hyoscine Butyl Bromide 20 mg in 1ml ampoule
- Tab Hyoscine Butyl Bromide 500 mg
- Menadione Injection (Vitamin K3) - Menadione USP 10 mg / ml; 01 ml in each ampoule
- 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; 500ml in each plastic bottle

- Sodium Chloride IV Injection - Sodium Chloride IP 0.9% w/v; 500 ml in each plastic bottle
- Dextrose IV Injection, I.P - Dextrose eq. to Dextrose anhydrous 5% of w/v, 500ml in each plastic bottle
- Sodium Bicarbonate, IV Injection - Sodium Bicarbonate IP 7.5% w/v; 10 ml in each ampoule
- Sterile Water for injections, I.P - 05 ml in each ampoule
- Inj. Calcium Gluconate, 1 gm, I.V.-10ml amp containing 10% calcium gluconate
- Tab Drotavarine 500 gm
- Povidone Iodine Ointment, I.P. containing Povidone Iodine, I.P. 5% w/w; 15 g in each tube
- Inj. Lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial for local anaesthesia

Consumables

- Absorbent Cotton 1P - 1kg / roll
- Povidone Iodine Solution
- Disposable examination Gloves latex free size, 6.0, 6.5, 7.0
- Surgical gloves sterile BIS size 7.5
- Hypodermic Syringe for single use BP / BIS, 5 ml, 10 ml, 20 ml
- Hypodermic Needle for single use BP / BIS, Gauze 23 and 22,
- Cotton Bandage (as per schedule F-II_ - Each Bandage of 7.6 cm x 1 m
- Absorbent Gauze
- Surgical Spirit, B.P. 500 ml in each bollte
- Infusion Equipment BIS, IV set with hypodermic needle, 21 G of 1.5 inch length
- Intra-cath Cannulas for single use (Intravascual Catheters) BIS auze 18, length - 45 mm, flow rate 90 ml per minute Gauze 22, Length - 25 mm, flow rate 35 ml per minute
- Chromic Catgut - No. 1 on round body needle
- Cord clamp
- Mucus Sucker
- Medicated Soap
- K-90, Plain Catheter
- Foleys catheter, 16 No. BIS, self retaining catheter
- Sanitary Napkins (2 pkts per case)

Postnatal Period

Drugs & Consumables

- Tab. Iron Folic Acid - large - Dried Ferrous Sulphate IP eq. to Ferrous Iron 100 mg & Folic Acid IP 0.5 mg as enteric coated tablets
- Tab Digoxin - Digoxin IP 250 µg/tab
- Tab Methyldopa IP eq. to Methyldopa anhydrous 250 mg
- Cap Nifedipine - Nifedipine IP, 5mg soft gelatine capsule
- Tab Nifedipine, Nifedipine IP, 10 mg
- Tab Labetalol 100 mg
- Inj Labetalol, 20 mg in 2 ml ampoule
- Inj. Oxytocin - Oxytocin IP 5.0 I.U. / ml; 02 ml in each ampoule
- Inj Magsulph - Magnesium Sulphate IP 50% w/v; 10 ml vials, containing 5.0 gm in total volume
- Hydroxyethyl starch 6% IP - Hydroxyethyl starch 130 / 04, 6% saline solution for infusion
- Tab Paracetamol, I.P. 500 mg
- Tab Ibubrufen 400 mg
- Tab/Cap, Multivitamin
- Tab Domperidone 10 mg
- Anti D Immunoglobulin - Inj Polyclonal Human Anti RhD Immunoglobulin 100 mg, 300 mg

Intra-partum C-Section

Drugs

- Inj. Metronidazole - Metronidazole IP 5 mg / ml; 100 ml in each bottle
- Inj. Gentamycin - Gentamycin Sulphate IP eq. to gentamycin 40 mg / ml; 02 ml in each vial
- Inj. Cefotaxime - Cefotaxime Sodium IP 1 gm per vial
- Inj. Cloxacillin - Cloxacillin sodium IP eq. to Cloxacillin 500 mg/vial
- Inj. Oxytocin - Oxytocin IP 5.0 I.U. / ml; 02 ml in each ampoule
- Inj. Sensorcain, containing Sensorcain I.P 0.5 mg
- 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
- Inj. Lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial for local anaesthesia
- Inj. Promethazine, I.P. Promethazine Hydrochloride 25 mg/ml; 2 ml in each ampoule
- Inj. Declofenac, 25 mg in 3 ml
- 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
- Sodium Chloride IV Injection - sodium Chloride IP 0.9% w/v, 500 ml in each plastic bottle
- Dextrose IV Injection - Dextrose eq. to Dextrose anhydrous 5% w/v 500 ml in each plastic bottle
- Inj. Soda bicaronate - Sodium Bicarbonate IP 7.5% w/v; 10 ml in each ampoule
- Inj. Menadione (Vitamin K3) - Menadione USP 10mg / ml; 01 ml in each ampoule
- Inj. Pentazocine Lactate I.P., Pentazocine Lactage, I.P. eq. to Pentazocine 30 mg per ml; 1 ml in each amp.

Consumables

- Absorbent Cotton, IP - 1 kg / roll
- Povidine Iodine Solution
- Sticking Plaster (Surgical Tape) - 2.5 cm x 9.10 m
- Hypodermic Syringe for single use BP / BIS, 5ml, 10ml, 20ml
- Hypodermic Needle for single use BP / BIS, Gauze 23 and 22
- Foleys Catheter, 16 No BIS, self retaining catheter
- 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 - 45 mm, flow rate 90 ml per minute Gauze 22, Length - 25 mm, flow rate 35 ml per minute Gauze 20, Length - 33 mm, Gauze 16.
- Chromic Catgut No. 1 on round body needle, No. 2-0 on round body needle
- Cord Clamp
- Suction Tube
- Spinal Needle Disposable Adult as per BIS, 23 Gauze (70-90 mm without hub)
- Medicated Soap
- K-90 Plain Catheter
- Foleys catheter, 16 No. BIS, self retaining catheter
- Urobag
- Sponges
- Cotton Bandage (as per schedule F-II) - Each Bandage of 7.6 cm x 1 m
- Absorbent Gauze
- Surgical Spirit, B.P. 500 ml in each bottle
- Mucus Sucker
- Mersilk No. 2-0, 1-0 cutting needle
- 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)

- Inj. Adrenaline - 0.18% w/v of Adrenaline Tartrate or Adrenaline Tartrate IP eq. to adrenaline 1 mg / ml' 01 ml in each ampoule
- Inj. Atropine, I.P - Atropine Sulphate IP 600 µg/ml: 01 ml in each ampoule
- Inj. Dopamine - dopamine Hydrochloride USP 40 mg / ml; 05 ml in vial
- inj. Bupivacaine - 0.5% IP eq. to Bupivacaine hydrochloride anhydrous 5mg / ml: 20 ml in each vial
- Inj Betamethasone sod. Phosphate, I.P - betamethasone 4mg per 1 ml in 1ml ampoule
- Halothane IP, Containing 0.01 % w/w thymol IP; 200 ml in each Bottles
- Inj. Thiopentone, Thiopentone 500 mg and sodium carbonate (anhydrous)
- Inj. Vecuronium Bromide, Vecuronium Bromide USP 4 mg per ampoule
- Inj. Ketamine - Ketamine Hydrochloride inj. eq. to Ketamine hydrochloride base 10 mg / ml; 10 ml in each vial
- Tab Salbutamol - Salbutamol sulphate IP eq. to Salbutamol 4 mg
- Tab Frusemide - Frusemide IP 40 mg
- Tab Diazepam - Diazepam IP 5 mg
- Inj. Diazepam, I.P - 10 mg in 2 ml ampoule
- Dexmethsone Injection IP, Dexamethasone Sodium Phosphate IP eq. to Dexamethasone Phosphate, 4 mg / ml; 02 ml in each ampoule
- 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

NEWS SNIPPETES

RML the 2nd govt. hospital to offer kidney transplant

Poor patients suffering from kidney failure can now go for a transplant to the Ram Manohar Lohia (RML) Hospital in central Delhi. After the All India Institute of Medical Sciences (AIIMS), RML is the second central government hospital that will offer this facility.

National estimates say one in 10 Indian suffers from some degree of chronic kidney disease. In India, 5-7% of stage-V chronic kidney disease patients require life-long dialysis or a kidney transplant.

The RML performed its first transplant on May 10 this year, after which the centre has performed about 11 transplants till November. There is already a waiting time of six months, depending on the availability of a suitable donor.

Hindustan Times / 27.11.2011

Will to donate organs be marked on driving license

With a view to cut down the gap between the ever growing demand and shortage of organ donation in the country, the Union Health Ministry has proposed the Ministry of Road Transport and Highways to earmark a designated space on one's driver license indicating the driver's "will" to donate organs after death.

The idea was mooted after the officials in the Union Health Ministry saw this model running successfully in the West. "The same practice is seen in the US and Spain. It has been really successful and we wanted to replicate it here as well." Dr. R.K. Srivastava, Director-General Health Services (DGHS), told this newspaper. Dr.

Srivastava had visited the US to see the overall transplantation facility and found this method running successfully over there, after which a letter was written to the Transport Ministry to come up with such a provision in the drivers' licenses.

Asian Age / 28.11.2011

State Govts told to shut down 14 'errant' homoeopathy colleges

In a delayed move, the Union Health Ministry has directed the State Governments to shut down 14 homoeopathy colleges in their respective areas for providing substandard education.

The move came after the Ministry found that the institutes, despite being given an opportunity to upgrade their infrastructure, did not do so thus putting the future of hundreds of students in jeopardy.

"Though they were given sufficient time to improve their infrastructure including faculty they failed to comply. Now, we have asked the State Governments to take action against their respective defaulter colleges within next three months or their license will stand cancelled automatically," said a senior Health Ministry official.

These institutes are situated across states like Bihar, Jharkhand, Madhya Pradesh and Rajasthan among others.

Pioneer / 26.11.2011

EUROPE'S BLOW FOR HEALTH SAFETY

The European Commission's recent decision to ban the use of X-ray technology for full-body scanning at airports to avoid "jeopardizing" the health and safety of passengers is a victory for millions of travelers. The legislation requires all the 27 member countries to follow "strict and mandatory safeguards" that comply with the "fundamental rights and protection of [passengers'] health." This marks a sharp departure from the stand taken by the United States, which is planning to increase the number of such machines at airports. Though X-ray scanners expose passengers to only low levels of radiation, equivalent to that received in a few minutes of flying, any intentional use for purposes other than medical violates the basic tenets of radiation safety. That people are naturally exposed to ionizing radiation every day is not an acceptable argument. Avoiding exposure, and reducing it where unavoidable, must be the cornerstone of radiation safety. Ionizing radiation has a cumulative effect, and the risk of cancer exists even when the radiation dose is low – this was highlighted in a 2006 report of the National Academy of Sciences. The risk to an individual may be small. But the overall impact may not be so when the number of people exposed to radiation is large. The use of X-ray scanners becomes all the more questionable considering that millimeter-wave scanners – an equally

efficient technology that uses radio waves – can be used for screening. Unlike X-rays, radio waves do not ionize the molecules of the body, and there is virtually no health risk. Nearly 250 millimeter-wave scanners are already in use in U.S. airports.

Security concerns seem to override health concerns in the U.S. Unlike radiation – emitting appliances in hospitals, X-day scanners do not come under the preview of the Food & Drug Administration and are not subject to rigorous evaluations. The reason: they are not used for medical purposes. This raises serious concerns as regular and through monitoring of radiation dose by a competent authority is essential for all radiation emitting machines. Why the U.S. Transportation Security Administration is keen on equipping airports with more of these machines when a safer alternative is available remains a puzzle.

Hindu / 28.11.2011

NURSES PROTEST AGAINST BOND SYSTEM IN DELHI HOSPITALS

In the wake of the death of Beena Baby, a nurse at the Asian Heart Hospital in Mumbai who allegedly committed suicide due to harassment by her employers, a large number of nurses

gathered at Jantar Mantar in New Delhi on November 25, 2011 to raise their voice against poor working conditions prevailing at the city hospitals.

The candlelight march, organized by the Indian Professional Nurses' Association , was inaugurated by two Members of Parliament , Anto Antony (Pathnamthitta, Kerala) and Jose K. Mani (Kottayam, Kerala), along with a Member of the Legislative Assembly of Kerala, V.T. Balram.

Waving placards that stated, "Our hands are full of work, but our pockets are empty" and "If you don't take care of the nurses, who will take care of the people?", the nurses gathered for the march said "the bond system which requires payment of money for leaving the job during the bond period was unjust and illegal" and that the nursing profession was plagued by low salaries, unduly long work hours, lack of medical insurance facilities, and high patient-nurse ratio.

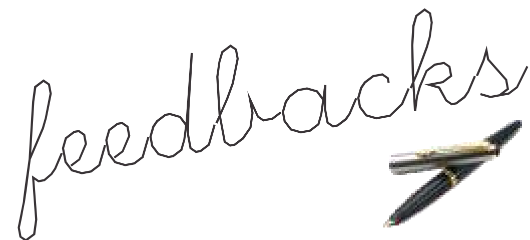
They felt that at Rs. 35,000 per month the salaries were better in the public sector, when compared with the meager Rs. 7,000/- per month on offer in the private sector.

The male nurses gathered at the march were distressed by the gender

categorization in private hospitals, stating that very few of them were willing to employ male nurses.

Addressing the gathering, Mr. Antony said "a comprehensive law is required to regulate the minimum wages and working conditions of nurses in the country in order to abolish the bond system and restore the dignity of the profession".

Hindu / 26.11.2011



Dear Sir,

I am a public health specialist working in the Armed Forces. Recently I could lay hand on NRHM Newsletter from Deptt. of Community Medicine of medical college. I am really impressed that it contains very informative and authentic knowledge on various health programmes and their progress across the country. I found it very useful resource material to spread awareness and education among troops and their families staying together in our cantonments representing every part of our country. I will be grateful if you kindly include my name and email address in your mailing list.

Col. (Dr.) K.C. Verma,
Dy. Asstt. Director of Health (DADH),
HQ 41 Artillery Division,
PIN 908 441
C/O 56 APO
colkcverma@gmail.com

Dear Sir,

I have read NRHM Newsletter and found it very useful for our nursing students to update their knowledge. As we are running DGNM Nursing Course at our Shri G.H. Patel School of Nursing, Anand, please enroll us in your mailing list.

Ms. Raksha Parmar,
Vice Principal,
Shri G.K. Patel School of Nursing,
Karamsad - 388325
Distt. Anand (Gujarat)

Dear Sir,

I am working as an ANM in a remote SC/ST village under Paschim Medinipur Distt. of West Bengal. I read your Newsletter off and on when any volume reaches in my hand from BPHC. It will enrich my knowledge in the field of community health and nutrition. Kindly put my name in your mailing list.

Shri Sutapa Dash, ANM (R)
Kashijora Sub Centre,
P.O. Benapur,
Distt. Paschim Medinipur
West Bengal - 721 301

Dear Sir,

Myself Dr. Manasmita Sundara is working at Kholan CHC-II as an AYUSH M.O. and my husband Dr. Manoranjan Pradhan is working at Lebola PHC(N) of Bolangir Distt. We both are much more interested to read your NRHM Newsletter. Kindly enroll us in your mailing list.

Dr. Manasmita Sundara,
AYUSH M.O.,
At/PO Hospital Campus,
Kholan CHC,
Via Titlagarh,
Distt. Bolangir
PIN 767 066

Dear Sir,

The other day I was going through the NRHM magazine and found it to be very useful. It will be of help if you could include my name in the subscription list.

Dr. Manoj Agarwala,
Marwari Para,
Sambalpur,
Odisha 0 768 001.

Dear Sir,

I am working as a Multipurpose Health Extension Officer (MPHEO), in Primary Health Centre, Maddur, TQ. - Kodangal, Distt. Mahabub Nagar, Andhra Pradesh. I have read your Newsletter. It is very encouraging to learn about the matter which you have published in your Newsletter. It is very useful for us to improve our quantity of work at PHC level. I want to have your NRHM Newsletter on regular basis. Kindly enlist our name in your mailing list.

Shri B. Ramaiah, MPHEO,
PHC, Maddur,
TQ - Kodangal,
Distt. Mahabub nagar,
Andhra Pradesh
PIN - 509 411

Dear Sir,

I am working as a District Health Education Officer in West Khasi Hills district, Meghalaya State. First of all, I would like to congratulate all your team members for introducing your publication NRHM Newsletter. It is very informative and useful for me to point out the matters and pass it on to the community and public at large. May I request you to send all kinds of awareness materials including the NRHM newsletter regularly to me.

Ms. C.B. Kynta,
District Health Education Officer,
O/o DM & HO,
West Khasi Hills District
Nongstoin 793 119, Meghalaya

Dear Sir,

I have read NRHM Newsletter Vol.4 No. 4 and found it very informative. I am teaching in a Medical College in Kerala and request you to include my name in your mailing list.

Dr. K. Rajan,
Professor & Head,
Deptt. of Community Medicine,
Jubilee Mission Medical College & Research Institute,

Dear Sir,

I am working as a Pharmacy Officer in Primary Health Centre, Khedshivapur, Distt. Pune, Maharashtra. Kindly send me the web edition of NRHM newsletter regularly.

Shri Pravin Jindam
Pharmacy Officer,
Primary Health Centre,
Khedshivapur, Distt. Pune, Maharashtra

Dear Sir,

I am working as Community Health Officer. NRHM Newsletter is very useful to health professionals. Kindly put my name in your mailing lsit.

Mr. S. Sreenivasulu,
Community Health Officer,
Community Health Nutrition Cluster,
P. Kothakota,
Chittoor District, Andhra Pradesh.

Dear Sir,

I am working in the social service sector looking after ANM, PNM follow ups, decrease in MMR, NMR and IMR. I am working in the nearby villages. Fortunately, I read one of your newsletters and obtained a load of information that helped me in improving my work. I would be highly obliged if you could kindly include my name in the mailing list of your newsletter.

Ms. Shashi Shekhar Thakur,
29, Sannathi Street,
Vedaraniam East, Nagapattinam District,
Tamil Nadu - 614 501

Dear Sir,

I am working as Medical Officer (MMU) in Tamil Nadu. I found the NRHM Newsletter to be very useful and informative. I would be very grateful to you if you could kindly send me your web edition of the Newsletter in both English and Tamil version.

Dr. D. Ramesh,
Government Primary Health Centre,
Topsengattupatti,
Trichy - 621 011, Tamil Nadu

Dear Sir,

I Dr. Gopalakrishna, MBBS working as Deputy Para Medical Officer, Add. D.M. & H.O. Office Kakinada (Andhra Pradesh) request you to enroll me for NRHM Newsletter.

Dr. Gopalakrishna,
Deputy Para Medical Officer,
Addl. D.M. & H.O.,
Kakinada, Andhra Pradesh

Dear Sir,

I am working as Medical Social Worker. I recently read a copy of the NRHM Newsletter and found it to be very informative and useful for Health Professionals. Kindly put my name in your mailing list.

Shri O.P. Giri,
Medical Social Worker,
Drug De-addiction & Treatment Centre,
Department of Psychiatry,
PGIMER, Chandigarh

Dear Sir,

I am working as a Junior Health Inspector of PHC Anakkayam, Malappuram District, Kerala. I read your newsletter regularly and found usefu8l to me. So kindly add by name in mailing web edition.

Shri Shogen Babu,
Junior Health Inspector,
PHC Anakkayam,
Malappuram Distt,
Kerala.

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