

**15 -ാം കേരള നിയമസഭ**

**13 -ാം സമ്മേളനം**

**നക്ഷത്ര ചിഹ്നം ഇല്ലാത്ത ചോദ്യം നം. 2100**

**03-03-2025 - ൽ മറുപടി**

**മാതൃത്വ പദ്ധതി**

ചോദ്യം		ഉത്തരം	
ഡോ. എം. കെ. മുനീർ		ശ്രീമതി വിജ്ഞാ ജോർജ്ജ് (ആരോഗ്യ- വനിത-ശിശുവികസന വകുപ്പ് മന്ത്രി)	
(എ)	മാതൃത്വ പദ്ധതി തിരുവനന്തപുരം ജില്ലയിൽ ഏതൊക്കെ ആശുപത്രികളിൽ ആണ് നടപ്പിലാക്കിയതെന്ന് വ്യക്തമാക്കാമോ;	(എ)	തിരുവനന്തപുരം ജില്ലയിൽ താഴെ പറയുന്ന ആശുപത്രികളിൽ പദ്ധതി നടപ്പിലാക്കിയിട്ടുണ്ട്.  എസ്.എ.റ്റി തിരുവനന്തപുരം  റ്റി.എച്ച്. ക്യൂ . എച്ച് . പാറശ്ശാല  റ്റി എച്ച്.ക്യൂ .എച്ച് ചിറയിൻകീഴ്  ടി.എച്ച് ആറ്റിങ്ങൽ  ടി.എച്ച് ഫോർട്ട്  ഡി .എം.എച്ച് പേരൂർക്കട  ഡി. എച്ച് നെടുമങ്ങാട്  ജി.എച്ച് നെയ്യാറ്റിൻകര  W&C തൈക്കാട്  AVCH പൂജപ്പുര
(ബി)	മാതൃത്വ പദ്ധതി നടത്തിപ്പിനായി സർക്കാർ നടപ്പിലാക്കിയ മാനദണ്ഡങ്ങൾ സംബന്ധിച്ച ഉത്തരവ് ലഭ്യമാക്കാമോ;	(ബി)	04.08.2012 ലെ G.O(Ms)N0.256/2012/H&FWD - ഉത്തരവ് അനുബന്ധമായി ചേർക്കുന്നു.
(സി)	മാതൃത്വ പദ്ധതി വഴി, പ്രസവം കഴിഞ്ഞ അമ്മമാരെയും കുഞ്ഞുങ്ങളെയും കൊണ്ട് പോകുന്നതിനായുള്ള വാഹനങ്ങൾ സർക്കാർ നിഷ്കർഷിക്കുന്ന ജി.പി.എസ്. മുഖാന്തരമുള്ള ആപ്ലിക്കേഷൻ വഴിയാണോ ഓടുന്നതെന്ന് വ്യക്തമാക്കാമോ; ജി.പി.എസ്. ആപ്ലിക്കേഷൻ വഴി പദ്ധതി നടപ്പിലാക്കുന്ന ആശുപത്രികൾ ഏതൊക്കെയാണ് എന്നറിയിക്കുമോ;	(സി)	നെയ്യാറ്റിൻകരയിൽ ജി.പി.എസ് ട്രാക്കിംഗ് & പെയ്മെന്റ് സോഫ്റ്റ് വെയർ വഴിയും, മറ്റ് ആശുപത്രികളിൽ ജി.പി.എസ് ട്രാക്കിംഗ് സംവിധാനമുള്ള വാഹനങ്ങൾ ഉപയോഗിച്ചാണ് പദ്ധതി നടപ്പിലാക്കി വരുന്നത്. ജി.പി.എസ് സംവിധാനമുള്ള ടാക്സി കാർ ആണ് നിലവിൽ ഈ പദ്ധതിക്കായി ഉപയോഗിക്കുന്നത്.  ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ അഴിമതി നടക്കുന്നതായുള്ള ആരോപണം ശ്രദ്ധയിൽപ്പെട്ടിട്ടില്ല.

(ഡി)	<p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ വഴി പദ്ധതി നടപ്പിലാക്കാത്ത ആശുപത്രികൾ ഏതൊക്കെയാണ് എന്നറിയിക്കുമോ; എന്തുകൊണ്ടാണ് ജി.പി.എസ്. ആപ്ലിക്കേഷൻ വഴി പദ്ധതി നടപ്പിലാക്കാത്തതെന്ന് വ്യക്തമാക്കാമോ;</p>	<p>(ഡി) നെയ്യാറ്റിൻകരയിൽ ജി.പി.എസ് ട്രാക്കിംഗ് &amp; പെയ്മെന്റ് സോഫ്റ്റ് വെയർ വഴിയും, മറ്റ് ആശുപത്രികളിൽ ജി.പി.എസ് ട്രാക്കിംഗ് സംവിധാനമുള്ള വാഹനങ്ങൾ ഉപയോഗിച്ചാണ് പദ്ധതി നടപ്പിലാക്കി വരുന്നത്. ജി.പി.എസ് സംവിധാനമുള്ള ടാക്സി കാർ ആണ് നിലവിൽ ഈ പദ്ധതിക്കായി ഉപയോഗിക്കുന്നത്.</p> <p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ അഴിമതി നടക്കുന്നതായുള്ള ആരോപണം ശ്രദ്ധയിൽപ്പെട്ടിട്ടില്ല.</p>
(ഇ)	<p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ ട്രിപ്പിന്റെ കിലോമീറ്റർ എന്തടിസ്ഥാനത്തിൽ കണക്കിലാക്കുമെന്ന് വ്യക്തമാക്കാമോ; ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ അഴിമതി നടക്കുന്നതായുള്ള ആരോപണം ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ടോ;</p>	<p>(ഇ) നെയ്യാറ്റിൻകരയിൽ ജി.പി.എസ് ട്രാക്കിംഗ് &amp; പെയ്മെന്റ് സോഫ്റ്റ് വെയർ വഴിയും, മറ്റ് ആശുപത്രികളിൽ ജി.പി.എസ് ട്രാക്കിംഗ് സംവിധാനമുള്ള വാഹനങ്ങൾ ഉപയോഗിച്ചാണ് പദ്ധതി നടപ്പിലാക്കി വരുന്നത്. ജി.പി.എസ് സംവിധാനമുള്ള ടാക്സി കാർ ആണ് നിലവിൽ ഈ പദ്ധതിക്കായി ഉപയോഗിക്കുന്നത്.</p> <p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ അഴിമതി നടക്കുന്നതായുള്ള ആരോപണം ശ്രദ്ധയിൽപ്പെട്ടിട്ടില്ല.</p>
(എഫ്)	<p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ പദ്ധതി നടപ്പിലാക്കുന്നതിനായി സർക്കാർ അനുമതി നൽകിയിട്ടുണ്ടോ; ഇല്ലെങ്കിൽ അത്തരത്തിൽ പദ്ധതി നടത്തുന്ന ഉദ്യോഗസ്ഥർക്കെതിരെ നടപടി സ്വീകരിക്കുമോ എന്ന് വ്യക്തമാക്കാമോ?</p>	<p>(എഫ്) നെയ്യാറ്റിൻകരയിൽ ജി.പി.എസ് ട്രാക്കിംഗ് &amp; പെയ്മെന്റ് സോഫ്റ്റ് വെയർ വഴിയും, മറ്റ് ആശുപത്രികളിൽ ജി.പി.എസ് ട്രാക്കിംഗ് സംവിധാനമുള്ള വാഹനങ്ങൾ ഉപയോഗിച്ചാണ് പദ്ധതി നടപ്പിലാക്കി വരുന്നത്. ജി.പി.എസ് സംവിധാനമുള്ള ടാക്സി കാർ ആണ് നിലവിൽ ഈ പദ്ധതിക്കായി ഉപയോഗിക്കുന്നത്.</p> <p>ജി.പി.എസ്. ആപ്ലിക്കേഷൻ ഇല്ലാതെ ഓടുന്ന വാഹനങ്ങളിൽ അഴിമതി നടക്കുന്നതായുള്ള ആരോപണം ശ്രദ്ധയിൽപ്പെട്ടിട്ടില്ല.</p>

സെക്ഷൻ ഓഫീസർ



# GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Janani Sishu Suraksha Karyakram-Implementation of Janani Sishu Suraksha Karyakram in Kerala State – Approval of guidelines - Orders issued.

## HEALTH & FAMILY WELFARE (FW) DEPARTMENT

Dated, Thiruvananthapuram, 04.08.2012.

G.O.(Ms)No.256/2012/H&FWD

Read:-1. Guidelines from the Govt of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.

2. Letter No.NRHM/5047/12/SPMSU dt: 31/07/2012 from the State Mission Director, National Rural Health Mission, Thiruvananthapuram.

### ORDER

Janani Sishu Suraksha Karyakram (JSSK) is a Safe Mother and Childhood intervention under National Rural Health Mission being implemented with the objective of reduction of maternal and infant mortality rate especially neonatal mortality rate. It assures NIL out of pockets in all Government Health Institutions. The JSSK programme is giving thrust on entitlements and elimination of out of pocket expenses for both pregnant women and sick neonates. This entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including cesarean and all sick new born accessing Public Health Institutions for Health care till 30 days after delivery. It should be borne entirely by government and no user charge would be levied. The State Mission Director has now forwarded draft guidelines in consultation with the Director of Health Services based on GOI guidelines of JSSK suitably modified to the requirement of the State. Government have examined the matter in detail and are pleased to accord approval for the JSSK Scheme implementation in Kerala as per guidelines detailed in Annexures 1 to VIII.

This order will come into force with effect from 15<sup>th</sup> August 2012.

By Order of the Governor,  
**RAJEEV SADANANDAN**

Principal Secretary to Government

To

- The Director of Health Services, Thiruvananthapuram.
- The Director of Medical Education, Thiruvananthapuram
- The Director, Social Welfare Dept, Thiruvananthapuram.
- The Drugs Controller, Thiruvananthapuram.
- ✓ The State Mission Director, National Rural Health Mission, Thiruvananthapuram
- The Managing Director, Kerala Medical Services Corporation Ltd, Thiruvananthapuram
- The Secretary, Ministry of Health & Family Welfare, Govt of India, Nirman Bhavan, New Delhi-110 108
- The Social Welfare Department
- The Principal Accountant General (Audit), Kerala, Thiruvananthapuram
- The Accountant General (A&E), Kerala, Thiruvananthapuram.
- S/F, O/C

Forwarded / By Order

Section Officer

**Annexure-I**  
**The Entitlements**

**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 Ultra sonography etc.]
- Free diet during stay [up to 3 days normal delivery and 7 days for caesarean section]
- Free provision of blood
- Free transport from home to health institutions, between health institutions in case of referrals and drops back home
- Exemption from all kind of user charges

**Entitlements for sick Newborn till 30 days after birth:**

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



## **Annexure II**

### **Guidelines for Implementation of JSSK in Kerala**

1. JSSK is an initiative of RCH Programme under NRHM to assure free services to all pregnant women and sick neonates accessing public health institutions. This scheme envisages free and cashless services to pregnant women including normal deliveries and caesarean operations and also treatment of sick newborn upto 30 days after birth in all government health institutions across the state. This initiative will help in reducing maternal and infant mortality and morbidity especially neonatal mortality and morbidity.
2. The beneficiaries are all pregnant women delivering in the public health institutions, pregnant ladies with high risk complication and up to a maximum of 42 days after delivery and neonates up to a maximum of 30 days after birth. All inpatient services during AN period is also free. There is no APL/BPL demarcation. There is no age bar in the case of pregnant women so also the number of deliveries.
3. Entitlements for pregnant women includes all the medical services provided from the public health institutions during the Antenatal Period up to 42 days after delivery and sick new born till 30 days after birth.

#### **Entitlements**

##### **a) Free and Zero expenses- delivery and cesarean / Sick newborn till 30 days after birth.**

The head of the institutions should ensure that no expense should be incurred by the pregnant women /family towards the cost of delivery, cesarean irrespective of APL/ BPL status except for the payward room rent. All the necessary items should be provided or procured for the pregnant women at the institutions level itself.

##### **b) Free drugs and consumables**

Drugs and consumables including supplements such as IFA are to be given free of cost to the pregnant women during ANC, INC, PNC up to 6 weeks. The daily drug availability list should be displayed at the facility. The Head of the Institution should ensure availability of drug at labour room, OT Causality etc after routine hours. The same is also applicable when a neonatal is sick and need urgent and priority treatment. The provisional list of drugs and consumable for Antenatal, Normal Delivery, C Section, post natal period and for new born is given as a separate list in Annexure III. The head of the institutions should ensure that these items are included in the annual indent of the institutions to ensure adequate supply through KMSCL. In such situation where the medicine which are not included in the list but essential for the treatment, the superintendent is hereby authorized to buy quality items by the recommendation of the technical committee constituted at the institutional level observing SP Rules. The committee consists of Superintendent, PP Unit MO/RMO, Senior Most Pediatrician, Senior most Gynecologist, Stores Superintendent/Pharmacist Store

Keeper, Nursing Superintendent and Lay Secretary. The purchase is made as per Stores Purchase Rules. The items can also be purchased from Karunya Medical Store if needed

**c) Free essential diagnostics:**

The essential and desirable investigations which are required to be done free of cost for the pregnant women during ANC, INC, PNC up to 6 weeks and for the sick neonates. For this the facilities of the Laboratories attached to Public Health Institutions should be strengthened. In any case if the facility for doing a specific investigation is not available in the health institution, that can be outsourced and should be send to those accredited private laboratories under RSBY scheme. All the required investigations for the JSSK beneficiaries shall be done from the hospital itself maximally.

**d) Free diet during the hospital stay for pregnant women for delivery only**

The amount earmarked is Rs.100/- per day for normal delivery and 7 days in the case of cesarean. During this period mother is guided and supported for initially breast feeding and advised for extra calories, fluids and adequate rest which are needed for the well being of both mother and baby. Hence the importance of the provision of the diet. Head of the Institutions can outsource the dietary department on a rate contract basis for an year. Kudumbasree units / Canteen can be outsourced. Nutrition wing of the department/NRHM shall prepare the menu for the beneficiary in such a way as to provide the required calorie and nutritive value. The Medical Officer in charge shall ensure the quality of food.

**e) Blood for Pregnant women and neonates**

Blood transfusion may be required to tackle emergencies and complications of deliveries and also for neonates. All FRUs should start their own Blood Storage Units at least within six months from the date of this order if not available. KSACS will render all assistance for starting new blood storage unit wherever required. The provision of the required units of blood/ blood components will be free of cost and without any user charges. There should not be any replacement of blood also. The tests which are mandatory before giving blood transfusion should also be free. There is no limit on the number of units.

**f) Exemption from user charges:**

The institution should not levy any kind of user charges including the HMC decided user fee for OPD, Admission, Diagnostic test, Investigations, Pass etc. irrespective of their APL/BPL status.

**g) Referral Transport:**

The free referral transport entitlements for JSSK Beneficiary are as follows:

1. Transport from home to the Public Health facility
2. Referral to the higher facility [Public/Private] in case of need from the first Public Health facility.
3. Drop back from the public facility to the residence.



3

The transportation is applicable for delivery cases and sick new borns upto 30 days.

A call centre will be established at Central Level. The JPHN/ASHA should prepare the micro birth plan of the pregnant women in their area as per the format attached as per **Annexure IV**. They should also make the family of Pregnant women aware of such services. The Pregnant women/family/ASHA/AWW/Kudumbasree/VHSNC/JPHN etc can contact this call centre number for transporting the pregnant women to the nearest public facility for delivery. It shall be the duty of the JHI / JPHN of a particular area to inform the JHI / JPHN of the area where the beneficiary goes for delivery. For this prepaid post card services can be utilized. The expenditure incurred in this regard can be met from concerned sub centre untied fund. ASHA of the area should accompany the pregnant women for delivery to the public health institution. The ASHA/JPHN should ensure that MCP card, JSY card should be with the mother. If there is any delay in getting the designated ambulance the Medical Officer in Charge/Superintendent of the concerned area is authorized to hire the vehicle from that place as per government norms or allot the Institution vehicle if available to bring the pregnant women/neonates. For transporting patients in inaccessible areas the local specific transportation [four wheel, boat etc] shall be arranged by the Institutions head concerned in that area. In tribal area the Pregnant women can be brought earlier to a CHC or 24x7 PHC and a stay is to be arranged and then shifted to FRU nearby when the actual need comes ie. Labour pain starts. The Medical Officer / Superintendent shall empanel the list of vehicles for transporting the beneficiary to the institution to ensure smooth transportation. The expenditure incurred in this connection shall be met from the concerned HMC/ Untied funds which shall be later recouped from the concerned institution where actual delivery happens. It shall be the duty of JPHN / ASHA to ensure the free transportation of the beneficiary without delay.

#### **h) Monitoring**

**State Level :** Overall monitoring of the Programme will be done by the State Mission Director who will be the Chairman of the State level monitoring committee  
State Programme Manager will be the State Nodal Officer & the District Programme Manager(NRHM) will be the District Nodal Officer.

#### **State level committee**

- State Mission Director, Director of Health Services ,Addl. Director of Health Services [FW], KEMP Nodal Officer, State Programme Manager
- Director Finance(NRHM), Senor Consultant M&E ,Chief Engineer, Head (Social Development) , Sr.Consultant (BEC), State Mass Media Officer, State Demographer.

- State Nodal Officer shall review the programme and report to State Mission Director & the Director of Health Services.
- In SMO meeting JSSK & JSY shall be an agenda & review the progress in implementation.
- During the monthly DPMs review meeting JSSK implementation status will be reviewed.
- It should be an agenda in Governing Body / State Executive Committee meeting.
- Monitor as per checklist Annexure V
- Committee meeting once in six months

#### **District Level**

District Level monitoring of the Programme will be done by the District Collector who will be the Chairman of the District level monitoring committee.

- The committee members will be DMO, DPM, RCH Officer, MCH Officer, Administrative ASSISTANT/Senior Superintendent of DMO Office, District Education & Mass Media Officer, District Accounts Officer & the Junior Consultant (D&C).
- District Nodal officer shall review the programme & report.
- JSSK & JSY should be an agenda in the District Executive / Governing Body.
- Review the progress and action accordingly.
- Evaluate the report
- Monitoring as per checklist in Annexure VI
- Committee meeting quarterly

#### **Block Level**

Block Medical Officer will be the Chair

- Medical Officer of other Institutions, LHS/HS, Block PRO cum Liaison Officer, Representatives of LHI/HI will be the members
- JSSK should be an agenda in the block level conference, Review the progress & act accordingly.
- Evaluate the report
- Monitoring as per checklist in Annexure VII
- Committee meeting monthly

#### **Institutional level**

- Superintendent/Medical Officer in charge will be the Chair. The technical committee constituted for the Institution shall act as the Institution Level monitoring committee as well.
- JSSK and JSY should be an agenda in the HMC



- Patient satisfaction survey shall be done by the PRO as per the format developed as Annexure VIII
- Review meeting weekly

### **Ward level**

- The existing Ward Health & sanitation Committee shall monitor

#### **i) Establishment of grievance redressal Cell**

For addressing the issues in regard to the implementation of JSSK Programme grievance redressal cells has to be setup State Level, District Level and Institution Level.

#### **State Level**

Chair	-	Directorate of Health Service
Co-Chair	-	Addl. Director (FW)
Convener	-	State Nodal Officer (JSSK)
Members	-	1) Deputy Director (MH & CH)
		2) Jr. Administrative Medical Officer
		3) Direction (PH Lab)
		4) Asst. Director (Nursing Service)
		5) Direction (Finance)
		6) Sr. Consultant (Engg.)
		7) KEMP Nodal Officer
		8) Consultant (Social Development)
		9) Consultant ARSH
		10) Consultant BCC
		11) State Mass Media Officer

#### **District level**

Chair	-	District Medical Officer (H)
Convener	-	District Nodal Officer (JSSK)
Members	-	1) RCH Officer
		2) MCH Officer
		3) DPHN
		4) District Education Mass Media Officer
		5) Administration Assistant / Sr. Superintendent (DMO Office)
		6) District Accounts Officer (NRHM)
		7) Jr. Consultant (Documentation & Communication)

**Institutional level**

Superintendent/Medical Officer in charge will be the Chair. The technical committee constituted for the Institution shall act as the Institution Level Grievance Redressal Cell members. & the RMO/PP unit Mo will be the convenor.

**Activities**

- a. Display prominently the names, addresses, e mails, telephone , Mobiles and fax nos of grievance authorities.
- b. A person should be designated to receive the complaints[PRO/PP Unit LHI] & the time frame for receiving complaints to be displayed.
- c. The process of lodging complaints should be displayed.
- d. Establish help desk
- e. Suggestion register /suggestion box to be maintained
- f. Keep fixed hours for meeting the complainants should be displayed
- g. Actions to be taken within stipulated time frame & Communicate to complainants. It should be within a maximum of 7 days.
- h. Reply given to the concerned by the Superintendent based on the report given by the redressal committee.

**j) BCC/IEC activities**

- a) Wide publicity shall be given in this regard and funds under BCC/IEC under NRHM PIP 2012-13 can be utilized. The Medical Officer in charge staff & LSG should take the initiative for the awareness programme in their area. This components has got a high priority. The State, District, Institutions should ensure for maximum publicity. The BCC/IEC activities should be there in all institutions irrespective of delivery points. Manuals will be provided from State/District. Hoardings should be placed in prominent places including the Institutions. Leaflets will be printed at state level which should be given to the beneficiaries attending the Ante natal clinic well in advance. JPHN/ AHSA during the routine house visit should also disseminate the information. The VHS & NC should take the lead in Panchayaths/Municipalities/ Corporations.

**k) Reporting**

It is mandatory to submit monthly report of the implementation status of JSSK by all the institutions concerned as Annexure VII. It shall be submitted before 3rd working day by the respective PRO to both District Medical Officers' & District Programme Managers' Office. The District Programme Managers shall submit the monthly consolidated report to State Head Quarters & Directorate of Health Services Office on 7<sup>th</sup> working day.

**l) MCP card**

MCP card to be filled in time and to be given to the mothers. The tear off portion will be kept with JPHN/AWW. ASHA should ensure that the MCP card is given to all Antenatal registered in the Sub Centre.

**n) Fund flow**

DPM shall ensure that sufficient funds in this regard are released to the concerned institution head well in advance. The Head of the Institution shall submit the expenditure in the prescribed SOE format. The Head of the Institutions are entitled to receive a lump sum amount of Rs. 1650/- for normal delivery and Rs. 3,300/- for caesarian section. All the expenditure incurred in connection with the implementation of the JSSK shall be met from the corpus amount thus generated. In extreme exigencies the extra amount required for the JSSK beneficiary shall be met from the HMS / RSBY funds.

**m) Maintenance of cash book/Accounts**

The fund flow is from approved NRHM PIP 2012-13. Hence the maintenance of Cash book and accounts will be as per the financial guidelines issued earlier for NRHM account maintenance.

The new guidelines for JSSK implementation will come into force with effect from August 15<sup>th</sup> 2012.

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## **Annexure III**

### **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, 5 mg soft gelatine capsule
4. Tab Nifedipine, Nifedipine IP, 10 mg
5. Tab Labetalol 100 mg,
6. Tab Labetalol, 20 mg in 2 ml ampoule
7. Tab Digoxin – Digoxin IP 250 mg/tab
8. Inj Magsulph – Magnesium Sulphate IP 50% W/v; 10 ml vials, containing 5.0 gm in total volume,
9. Tab. Folic Acid IP 400 mg

#### **Intra-partum – Normal Delivery**

##### **Drugs**

1. Capsule Ampicillin – Ampicillin Trihydrate IP eq. To ampicillin 500 mg
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 amoxycillin 250 mg
5. Tab. Metronidazole- Metronidazole IP 400 mg
6. Tab Nitrofurantoin – IP 100 mg
7. Cap Doxycycline – Doxycycline Hydrochloride IP eq. To Doxycycline 100 mg
8. Inj. Methylergometrine- Methylergometrine maleate IP, 0.2 mg/ml; 01 ml in each ampoule
9. Tab Misoprostol – Misoprostol IP 200 mcg oral/ vaginal
10. Tab Dicyclomine, 500 mg oral tab
11. Inj Magnesium sulphate – Magnesium Sulphate IP 50% w/v; 10 ml vials containing 5.0 gm 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, IP -0.5 ml in each ampoule
21. Inj. Calcium Gluconate, 1 gm, I.V.- 10 ml amp containing 10% calcium gluconate
22. Tab Drotavirine 500 mg
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, Gauge 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 gauge 18, Length-45mm, flow rate 90ml per minute Gauge 22, Length-25 mm, 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<sup>#</sup>90, Plain Catheter
17. Foleys catheter, 16 No BIS, self retaining catheter
18. Sanitary Napkins [2 pkts per case]

## Postnatal Period

### Drugs & Consumables

1. 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
2. Tab Digoxin – Digoxin IP 250 mg/tab
3. Tab Methyldopa IP eq. To Methyldopa anhydrous 250 mg
4. Cap Nifedipine – Nifedipine Ip, 5 mg 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 5.0 gm 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 Ibuprofen 400mg
13. Tab/Cap, Multivitamin
14. Tab Domperidone 10 mg
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 40mg/ml; 02 ml in each vial
3. Inj. Cefotaxime – Cefotaxime Sodium IP 1 gm per vial
4. Inj. Cloxacillin – Cloxacillin Sodium IP eq. To Cloxacillin 500 mg/vial
5. Inj. Oxytocin – Oxytocin IP 5.0. I.U / ml; 0.2 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 ml 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 10 mg/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, 1p – 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, Gauge 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 Gauge 18, Length – 45 mm, flow rate 90ml per minute Gauge 22, Length-25 mm, flow rate 35 ml per minute Gauge 20, Length -33mm, Gauge-16,
8. Chromic catgut No.1 on round body needle, No. 2-0 on round body needle
9. Cord Clamp
10. Suction Tube
11. Spinal Needle Disposable Adult as per BIS, 23 Gauge [70-90mm without hub]
12. Medicated Soap
13. K-90 Plain Catheter
14. Foleys catheter, 16 No BIS, self retaining catheter
15. Urobag (16) Sponges (17) Cotton Bandage [as per schedule F-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 600mg/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 5 mg/ml; 20 ml in each vial
5. Inj Betamethasone sod. Phosphate, I.P – betamethasone 4 mg per 1 ml in 1 ml ampoule
6. Halothane 1p, containing 0.01 % w/w thymol IP; 200 ml in each bottle
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 2 ml ampoule
14. Dexmethsone Injection 1p, Dexamethasone Sodium Phosphate 1p eq. To Dexamethasone Phosphate, 4 mg/ml; 02 ml in each ampoule
15. Etofyllin B Plus, Anhydrous Theophylline 1p Combination Injection, Etofulline BP 84.7 mg/ ml & Theophylline IP eq. To Theophylline anhydrous, 25.3 mg/ml; 0.2 ml in each

### Essential Drug List for Newborn\*

Sl.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	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; 05 ml in each ampoule
7	Inj. Dextrose IP [ I.V. Solution]	Dextrose IP eq. To Dextrose anhydrous 10% w/v; 500 ml in each pouch/bottle
8	Inj. Gentamycin IP	Gentamycin sulphate eq. To Gentamycin 10 mg per ml; 02 ml in each vial
9	Inj. Phenobarbitone IP	Phenobarbitone Sodium IP 100 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



#### Annexure IV

##### Micro-birth Plan for each Beneficiary

The following set of simple actions including a time-line for each of the activities leading to sanctioning of benefits and postnatal care for each expectant mother is the key to efficient implementation of the Scheme. The Registered ASHA or an equivalent worker would opt for hospital delivery for safety of Mother & baby.

SINo.	Activity	To be undertaken	Proposed Time Line
1	Identification of beneficiary and filling up of the JSY Card. & MCP Card	ASHA or an equivalent worker (Those registered with SC/PHC)	Within 12 weeks of pregnancy
2	Registering the expectant mother for ANC in the sub-centre/health centre. Filling of Maternal and Child card (which will be part of the JSY Card).	Same as above Registered accredited worker should be present during registration	To start immediately on identification
3	Preparing the birth plan including dates of ANC's and recording it on the JSY/MCP card and inform the mother	ANM in the presence of ASHA possibly in consultation with husband or other family members	At least 8-10 weeks before the expected date of deliver
4	Completion of formalities for receiving JSY benefits Including collecting necessary BPL certificates wherever necessary from Panchayat / local bodies / Municipalities and JSSK entitlements.	Registered ASHA or an equivalent worker	Within 2-3 weeks from identification
5	Motivating for institutional delivery by explaining enhanced JSY benefits/JSSK	ASHA or an equivalent worker in consultation with MO, PHC	Within 2-3 weeks of identification
6	Identify the health centre for all referral as well as the place of delivery and inform the pregnant women / her husband / family member and the Registered ASHA		
7	Submit the completed JSY card in the Health centre for verification by the authorized/Medical officer. Taking necessary steps toward delivery	MO, PHC	Before 2 weeks of expected date of delivery



### Annexure V

#### IMPLEMENTATION STATUS OF JANANI 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 Officer in place:.....

No. Of District Grievance Redressal Officers in

place:.....

#### A. ENTITLEMENTS: CASHLESS SERVICES & USER CHARGES

S.no	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 district 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 upto 30 days			
6	Free referral Transport for PW[to & fro, 2 <sup>nd</sup> referral]			
7	Free Referral Transport for Sick newborns[to & fro, 2 <sup>nd</sup> 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. Orders[s]

#### B. ENTITLEMENTS: REFERRAL TRANSPORT [RT]

S.No	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: Districts[nds] -..... States [Y/N]-.....

4.Toll free number [provide number, if available]:.....

#### C. IMPLEMENTATION: CASHLESS SERVICES

S.No	Referral transport services	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 district where lab is functional for basis 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]

S.No	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

S.No	Grievance redressal	Status detail
1	No. Of complaints/ grievance cases related to free entitlements	
2	No. Of cases addressed/no. Of cases pending	

## Annexure VI

**IMPLEMENTATION STATUS OF JANANI 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

S.no	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 basis tests for PW					
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]

S.No	Referral transport services	State vehicle	EMRI/EMTS	PPP	Other
1	Total number 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 institutions				
	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]: .....

### E. GRIEVANCE REDRESSAL

S.No	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	



## Annexure VII

### IMPLEMENTATION STATUS OF JANANI SHISU SURAKSHA KARAYAKRAM AT BLOCK LEVEL/INSTITUTIONAL LEVEL:

Name of Block/Institution:.....Reporting Month & Year.....

Block Nodal Officer In place ( Yes/No)

Block/Institution Redressal Officer in Place(Yes/No)

#### A) Cashless Service

Sl. No.	Provisions for cashless service for all Pregnant women and sick new borns in Govt. Health facilities	Sub Centre	PHC	Block PHC/CHC
1	No. of Health facilities in the block			
1 a	No. of Health facilities where deliveries take place('Delivery points')			
2	No. of facilities where free entitlements displayed			
3	No. of facilities where free diet is available for pregnant women			
4	No. of facilities where lab is functional for basic test for PW			
4 a	No. of faculties with stock out of lab reagents/equipments not working.			
5	No. of facilities with stock outs of essential drugs/supplies			
6	No. of facilities with user charge for PW/Sick new borns			
	i. OPD			
	ii. Admission/Delivery/C Section			
	iii. Lab Tests/Diagnosis			
	iv. Blood			

#### B Referral Transport

Sl.No.	Referral Transport Services			
1	Total No. of Ambulances /Referral vehicles in the block/Institution			
2	Whether fitted with GPS(Specify NO.)			
3	No. of pregnant women who used the referral services for			
	i. Home to Health Institution			
	ii. Transfer to High level facility due to complications			
	iii. Drop Back to home			
4	No. of sick new borns who used the referral services for			
	ii. Home to Health Institution			
	ii. Transfer to High level facility due to complications			
	iv. Drop Back to home			

#### C. Grievance Redressal

Sl.No	Grievance Redressal	Status detail
1	No. of complaints Grievance Redressal related to free entitlements	
2	No. of cases addressed/No. of cases pending	
3	Average No. of days taken per case.	



### Patient Satisfaction Survey

പേര് : _____ ആശുപത്രി : _____ പ്രസവ തീയതി: _____	സ്ഥലം: _____ വിലാസം: _____
--	-------------------------------

1. ജനന ശിശു സുരക്ഷാ പരിപാടി എന്ന പദ്ധതിയെ കുറിച്ച് കേട്ടിട്ടുണ്ടോ?  

☐ ഉണ്ട്
☐ ഇല്ല
2. ഉണ്ടെങ്കിൽ എവിടെനിന്നാണ് കേട്ടിട്ടുള്ളത്?  

☐ പത്രം
☐ ദൃശ്യ മാധ്യമം
☐ സുഹൃത്തുക്കൾ
☐ ഡോക്ടർ
☐ ആരോഗ്യ പ്രവർത്തകർ
☐ അംഗൻ വാടി
☐ കുടുംബശ്രീ
☐ അയൽക്കാരർ
☐ മറ്റുള്ളവർ
3. പ്രസവത്തിന് ആശ കൂടെവന്നിരുന്നുണ്ടോ?  

☐ വന്നിരുന്നു
☐ വന്നിരുന്നില്ല
4. പ്രസവത്തിന് ആശുപത്രിയിൽ വരുവാൻ വാഹനം വിളിച്ചപ്പോൾ എത്ര സമയത്തിനുള്ളിൽ ലഭ്യമായി?  

☐ 15 മിനിറ്റ്
☐ അതേ മണിക്കൂർ
☐ 1 മണിക്കൂർ
☐ 2 മണിക്കൂർ
☐ ഇത് ഒന്നുമല്ല
5. വണ്ടി ലഭിക്കുവാൻ താമസം ഉണ്ടെന്ന് തോന്നിയോ?  

☐ ഉണ്ട്
☐ ഇല്ല
5. മരുണിന് പൈസ ചിലവാക്കേണ്ടിവന്നിട്ടുണ്ടോ?  

☐ ഉണ്ട്
☐ ഇല്ല
6. ആശുപത്രിയിൽ പ്രസവസംബന്ധമായ ആവശ്യങ്ങൾക്ക് പൈസ നൽകേണ്ടതായി വന്നിരുന്നുണ്ടോ?  

☐ ഉണ്ട്
☐ ഇല്ല
7. ഉണ്ടെങ്കിൽ എത് ആവശ്യത്തിന്?  

☐ നല്ലത്
☐ വളരെനല്ലത്
☐ തൃപ്തികരം
☐ മോശം
☐ വളരെമോശം
9. എത്രനേരത്തെ ഭക്ഷണം കിട്ടി?  

☐ 1
☐ 2
☐ 3
☐ ഇത് ഒന്നുമല്ല
10. വാഹനത്തിൽ തിരിച്ച് വീട്ടിൽ കൊണ്ട് വിട്ടിരുന്നുണ്ടോ?  

☐ ഉണ്ട്
☐ ഇല്ല
10. നിങ്ങൾക്ക് പരാതിയോ, നിർദ്ദേശമോ നൽകുവാനുള്ള രീതി ആശുപത്രി അധികൃതർ പറഞ്ഞു തന്നുവോ?  

☐ പറഞ്ഞുതന്നു
☐ പറഞ്ഞുതന്നില്ല
11. എന്തെങ്കിലും പരാതി ഉണ്ടായിരുന്നുണ്ടോ?  

☐ ഉണ്ട്
☐ ഇല്ല
12. പരാതി ഉണ്ടെങ്കിൽ പരിഹരിച്ച് കിട്ടിയോ?  

☐ പരിഹരിച്ചു
☐ പരിഹരിച്ചില്ല
13. എത്ര ദിവസത്തിനുള്ളിൽ പരിഹരിച്ചു കിട്ടി?  

☐ അന്നുതന്നെ
☐ 3 ദിവസത്തിനുള്ളിൽ
☐ 3 ദിവസത്തിനുള്ളിൽ
☐ 1 മാസത്തിനുള്ളിൽ
☐ 1 മാസത്തിനു ശേഷം
14. ജനന സുരക്ഷായോജന പദ്ധതി പ്രകാരം തുക ആശുപത്രിയിൽ നിന്നു തന്നെ ലഭിച്ചുവോ?  

☐ ലഭിച്ചു
☐ ലഭിച്ചില്ല
15. ലഭിച്ചെങ്കിൽ എത്ര ദിവസത്തിനുള്ളിൽ?  

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ ഒരാഴ്ചയിൽ കൂടുതൽ
16. പദ്ധതിയെപ്പറ്റി പൊതുവെയുള്ള അഭിപ്രായം നിങ്ങളുടെ അഭിപ്രായം രണ്ടാമത്തു വരികളിൽ എഴുതുക?

  
 Section Officer