



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 8 / 2014

Provision of Antenatal and Postnatal Diet - Guidelines



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.8 / 2014

**Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014**

Dr.C.N.Mahesvaran, IAS.,
Mission Director

National Health Mission,
State Health Society-TN
DMS Complex, Chennai – 6

Circular No. 8 / 2014

Roc No: 3543/P5/SHS/2014, Dated, 24.06.2014

Sub: Implementation of Janani Shishu Suraksha Karyakram -Tamilnadu National initiative guaranteeing zero expense deliveries and zero expense treatment for sick Infants in all public health Institutions and provision of free transport-
Guidelines issued for the Component – ‘Provision of Antenatal and Postnatal Diet’-Reg

Ref: 1. Guidelines issued by the Ministry Of health and Family Welfare, Government of India.
2 . G.O Ms No:220 Health and family Welfare EAP –II Dept dated 10.09.2011

I would like to invite your kind attention to the reference cited above with regards to the points mentioned in the subject. We all know that the Millennium Development Goals (MDGs) have been framed to address the world's major development challenges with health and its related areas as the prime focus. In Tamil Nadu, considerable progress has been made in the improvement of health indicators related to mortality & morbidity which is reflected in the declining maternal and infant deaths. The government has implemented a wide array of programmes for the timely provision of

- ✓ Routine essential obstetric care,
- ✓ Emergency obstetric care &
- ✓ Newborn care

in a comprehensive pattern which are identified as the key strategies for further reduction of Maternal and Neonatal morbidity & mortality.

Hence in order to strengthen the Health services and to achieve the goals and target committed under the National Rural Health Mission and the Millenium Development Goals a new scheme namely the ‘Janani Shishu Suraksha Karyakram’ has been implemented in Tamilnadu since 15th September 2011 as a National cum State Initiative with the objective of

- ❖ Guaranteeing zero expense deliveries
- ❖ Zero expenditure treatment of the sick Infants in all the Public Health institutions including provision of free transport.

All the Pregnant mothers who attend the Public Health institutions either for their Antenatal care or postnatal care or both have been availed the following services free of cost !

FREE ENTITLEMENTS FOR PREGNANT WOMEN:

- Free and Zero expense delivery and caesarean section
- Free drugs and consumables
- Free essential diagnostics (Blood, Urine tests and ultrasonography etc)
- Free diet during stay (up to 3 days for normal delivery and 7 days for cesarean section).
- Free provision of blood.
- Free transport from home to health facility.
- Free transport between facilities in case of referral.
- Drop back from the institution to home after 48 hours of stay.
- Exemption for all kinds of user charges.

Similarly all the sick new born till one year after birth who seek the Public Health Care institutions have been availed the following services free of cost !

FREE ENTITLEMENTS FOR SICK NEW BORN TILL ONE YEAR AFTER BIRTH:



- Free and Zero expenses treatment
- Free Drugs and consumables
- Free Diagnostics
- Free provision of blood
- Free transport from Home to Health Facility
- Free transport between facilities in case of Referral
- Drop back from the institution to Home
- Exemption from all kind of User Charges

PROVISION OF FREE ANTENATAL AND POSTNATAL DIET

For Whom?

- The Antenatal Mothers who come for antenatal checkup may stay for the completion of investigations like ultrasound, Glucose challenge test etc., in the PHC and they are provided with food during the Antenatal Clinics at the PHCs.
- Similarly all the postnatal mothers (both Normal Deliveries and Cesarean Section) are provided with diet.
- Based on the birth rate the target AN mothers for each HUD may be arrived. Also based on the Normal delivery rate and the Cesarean section rate the PN mothers for each HUD may be calculated.

NORMS:

- The amount provided for Diet for Antenatal mothers attending Antenatal clinic is Rs.25/day (for an average of 3 visits for each mother in the PHCs.)
- The amount provided for Diet for Postnatal mothers is Rs.80/day for an average of 3 days for Normal Deliveries and 7 days for Post - LSCS mothers.
- The cost of Rs.80 per day per mother includes all cost including transportation of food.

GUIDELINES AND SERVICE DELIVERY :

The following guidelines has to be strictly adhered for the activity of providing diet to the Antenatal and Postnatal mothers:



- a. This diet has to include nutritious items namely egg, green leafy vegetables, cereals etc...
- b. Freshly cooked food only has to be served to the mothers each time during the stay in the Institution.
- c. Cooked food may be made available through SHGs/ Volunteers.
- d. The hygiene of the cooking premises, utensils, place, ingredients and food handlers should be ensured. The H.I/ Supervisor has to be made responsible to undertake regular periodic visits and monitor the food preparation and timely distribution of diet to mothers.
- e. The PHC-M.O will be responsible for the hygiene and quality of diet as per the suggested menu & distribution in time.
- f. The sample of the daily diet have to be kept for 24 hours at the Institution for investigation purpose , in the event of any untoward incidences noticed/ reported in the institution.
- g. The PHC M.O has to ensure regular examination of the food handlers. If any food handler is reporting sick/ found to be sick he/she should not be entrusted in the job, till they are certified free of sickness.
- h. Cost in lieu of diet should not be given to the beneficiaries directly.
- i. The model diet Plan to be given is as follows:

Model diet plan - Suggested Menu

BREAKFAST (7AM)

Milk (200 ml) + 1 boiled egg (about 50 gms weight) with any one of the following

- a) Bread (4-5 slices)- 300 gms (whole wheat grain preferred)
or
- b) Pongal with vegetable sambar
or
- c) Veg kitchadi with chutney
or
- d) Idly (4-5 Nos) with sambar

Lunch (11.30 AM – 12 NOON)

- a. Rice
- b. Sambar/ puli kolambu/ more kolambu (any one)
- c. Kootu
- d. Porial
- e. Curd/ butter milk
- f. Boiled egg- 1 No.

If pongal / Idly with sambar is given during breakfast pulikolambu and cooked grams(20 gms uncooked weight for each) to be given during lunch.

3.00 PM : Milk (200ml)

DINNER- By 6.30 PM:

- a. Milk (200 ml) and bread (4-5 Nos) – whole wheat grain preferred.

Or

- b. Milk and Idly (4-5 Nos) with sambar

Any modification in the suggested menu based on prevailing local conditions should be reported to State Health Society.

FUND ALLOCATION:

Based on the target mentioned above the funds will be allocated for each HUD.

FUND UTILISATION:

The HUDs are expected to incur 100% utilization of funds under this activity.

MAINTENANCE OF RECORDS AND REGISTERS:

- It is the duty of the Staff Nurse to ensure whether the AN mothers are provided with diet - based on the need , to verify whether adequate funds are available under the AN/PN diet head and to maintain the AN & PN Diet registers.
- Separate AN DIET and PN DIET registers has to be maintained in the format as given below:
- **AN DIET - DATE :.....**

S.No	Name of the Patient with address	G/P/L	LMP	EDD	Investigations undergone	Signature of the patient	Name and signature of the staff nurse
------	----------------------------------	-------	-----	-----	--------------------------	--------------------------	---------------------------------------

- **PN DIET: DATE:.....**

S.No	Name of the Patient with address	G/P/L	LMP	EDD	Date of Delivery	Breakfast/ lunch/dinner	Signature of the patient	Reason-if referred	Name and signature of the staff nurse
------	----------------------------------	-------	-----	-----	------------------	-------------------------	--------------------------	--------------------	---------------------------------------

FINANCIAL PERFORMANCE:

All the expenditure incurred under the AN /PN mother Diet Component should be entered & update in the cashbook maintained in the PHCs and at the time of preparation of FMR this amount should get reflected in the pass book.

CHECKLIST FOR SUPERVISION OF THE SCHEME:

Physical performance verification: Separate AN and PN diet registers.

Financial Performance Verification: The Cash Book and Pass book.

Report has to be sent in the format as mentioned below:

FORMATS FOR MONITORING:

AT STATE LEVEL (HMIS):

**DIRECTORATE OF PUBLIC HEALTH AND PREVENTIVE MEDICINE
GOVERNMENT OF TAMIL NADU
REPORT : DIET ISSUED IN PHC/UHPs**

PERIOD :

Inst. Type :All

	Institution Deliveries			AN Mother			PS		
HUD Name	No. of Deliveries	Diet Given	%	No. of AN Mothers examined	Diet Given	%	No. of PS	Diet Given	%

REPORTING SYSTEM AT DISTRICT LEVEL:

During the District level review meeting the above subject has to be reviewed in the format as shown below:

S.No	Name of the PHC	Opening balance as on	amount allotted	No. of AN clinics Conducted		No of mothers attended		No. of mothers provided free lunch during AN clinic		Expenditure incurred		Closing Balance
				DM	UM	DM	UM	DM	UM	DM	UM	

REPORTING DATE :

The report should be fed in the HMIS portal within 5th of every month.

THE ROLE OF DISTRICT COLLECTORS:

The District Collectors are requested to monitor the scheme by including the provision of diet as an agenda in the Review meetings and by taking random checks at the Primary Health Centres.

ROLE OF THE DDHS



1. The DDHS are requested to ensure that all the AN mothers who wait in the PHCs for investigations and all the Postnatal mothers are provided with diet.
2. Due instructions are requested to be given to the Medical Officers, Staff Nurses, Health Inspectors in this regard.
3. The DDHS are requested to ensure that only freshly cooked food are being served to the mothers in the PHCs every time.
4. The DDHS are requested to ensure regular examination of the food handlers.
5. The DDHS are requested to ensure that the cost provided for the diet are well within the norms described earlier.
6. The DDHS are requested to ensure whether adequate funds are available under the AN/PN diet head through Staff Nurses.
7. The DDHS are requested to ensure whether separate AN and PN Diet registers are maintained in the PHCs with up dated data entry for this activity by the Staff Nurses.
8. The DDHS are requested to ensure that all the expenditure incurred on the above component has been incorporated in the cash book and to verify at the time of preparation of FMR that it is reflected in the bank pass book.
9. The DDHS are requested to ensure that the individual reports of the PHCs are fed in the HMIS portal within 5th of every month.
10. The DDHS are requested to collect all the reports in the format prescribed and review this activity of each of the PHCs during the District level review meetings.
11. The DDHS are requested to do random visits and checks at the PHCs whenever needed in order to ensure smooth, uninterrupted Diet services for the Antenatal and Postnatal mothers at the PHCs.
12. The DDHS are requested to ensure continuous flow of the schemes by keeping a track on all the above said key action points and by identifying & filling the lacunae in pace according to the prevailing local needs.

All the officers are requested to adhere the instructions and submit their report within time –
Concerned HOD is requested to ensure whether all the above said instructions are carried out in time.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.