

Quarterly Monitoring Report of Janani Shishu Suraksha Karyakram

April – June 2013

NHSRC



JANANI SISHU SURAKSHA KARYAKRAM (JSSK)

1st Quarter, April to June 2013

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Background

Janani Shishu Suraksh Karyakram (JSSK) was launched by MoHFW, GoI to complement the JSY scheme, with the main objective being reducing the OOPS for the pregnant women and newborns (recently extended to children under one year of age) seeking care at public health facilities. The cashless provision at the health facilities is for transportation (to from and inter facility), delivery (including C-section), drugs, diagnostics, diet and the blood transfusion.

In the past, monitoring visits have been made to high priority districts but during this quarter (Apr-June 2013) visits were made to the good performing districts. The idea behind this shift was that if the good or best performing districts are having certain gaps in the provisioning of JSSK entitlements, nothing better could be expected from the poor performing/High priority districts

The main methods used for the assessment of JSSK in states included field visits to the health facilities providing JSSK entitlements, observations at the health facilities, interviews with the service providers and the pregnant women admitted in the postnatal wards. Besides, data on utilization of JSSK services was collected and analyzed at the district level. Following are the findings from different states:

DELHI

The first quarter monitoring visit in Delhi covered the facilities in North West and West parts. The facilities include DH Maharshi Valmiki Vyas hospital, Pootukhurd, and Maternity home/ CHC in Pitampura/Jwalapuri. The Information on JSSK is collected through the general interviews, using exit interviews with women and the facility user fee format for providers.

Visit Findings

DH Maharshivalmiki hospital out- patient and in-patient load is quite high and in the maternity home ward there were only two women. A total of 7 interviews (5 in the Maharshivalmiki and two in the maternity hospital) were conducted in a single day visit. Respondents belonged to the age group of 18-27.

In-Patient (IP) and out-Patient (OP) services

Both OPD and IPD services including bed charges, are free of cost in both facilities visited. This was confirmed during the exit interviews by cent percent respondents as well as the through the checklist of 'Facility level Monitoring of User Fees at Health Facilities.' Out of the 5 interviews conducted 2 women had undergone C-section and 5 had normal deliveries. C. section respondents mentioned that they stayed in the facility for 6- 7days and normal delivery women stayed for two days.

Awareness about JSSK entitlements and source of Information

Awareness about the entitlements of the program is minimal in the majority of respondents. While four of them mentioned "aware that things are free but not specific entitlements", three of the respondents were not aware at all. 'TV, Anganwadi worker in the village and own sister who availed some benefits' are

sources of information for the little general awareness for three of them, whereas four of them stated “no one told “. This calls for action for creating complete awareness about specific entitlements of the program among the clientele.

Display of entitlements about JSSK

There is some display of JSSK posters at the only waiting halls of OPD in the DH and it requires to be strengthened with more display at critical points. Display is minimal in the maternity home which needs to be strengthened further.

To Facility & Drop Back Transportation and OOP for transport:

All beneficiaries interviewed reported that they used their own transport to reach the facility for delivery, using transport modes like auto rickshaws, vans and two of them by own cars. Out of pocket expenses mentioned ranged between Rs. 20-60 for auto users and Rs.300 for users of van.

Drop Back from Facility:

Only 4 of the respondents mentioned that they would like to use 102 facility ambulance, if it is available for going home, and three of them mentioned they would use their own transport like auto s etc. spending around Rs. 20. As regards the awareness about the free drop back facility, only two are aware, and they “came to know in the facility when somebody availed the service”.

Blood

User- fee- checklist administration reveals that blood services are provided free of cost in facilities. Except one respondent who received blood from relatives, none of the interviewed mentioned that they did not avail blood either during delivery or C. section from the facility.

Drugs: Drugs are provided free of cost to all beneficiaries as reported by all of them.

Diagnostics

Of the seven, five women delivered in the District hospital reported the diagnostics are done at facility free of cost. Two delivered at the CHC/ maternity home got their ultra sound and specific blood examinations done at private facilities incurring a OOP of Rs. 750 and Rs. 1150 by another respondent. “I were referred to the government facility- dispensary number 4, which is little away. Since it was not possible for me to go there in that condition, I went to the nearby private hospital to get it done. I had to spend 1150/- on my own”, was the response. No transportation was provided by the facility for this referral.

Diet Provision

A complete diet is provided by the DH through the canteen facility, where as in the maternity home it is reported dry food is purchased from the Mother diary and supply to the beneficiaries. While it was 3 times, breakfast, lunch and dinner in the DH, it is only the lunch in the maternity hospital/ CHC. Therefore the beneficiaries here underwent out of pocket expenses for food items like tea, breakfast etc.

Grievance handling Mechanism

Cent percentage of the respondents reported that they were not aware of any grievance handling mechanism in both the facilities. There does not exist a mechanism for grievance handling at any facility visited.

GUJARAT

The first quarter monitoring visit in Gujarat covered the better performing district of Porbandar. The Information on JSSK is collected through the general interviews, using exit interviews with women and the facility user fee format for providers.

Profile of the District:

The coastal district with an area of 2295.35 sq km, comprises of three Taluks, has a population of 5,86,062 (as per 2011 census), sex ratio of 946 females per 1000 males, and with a literacy rate of 68.62.

Visit Findings:

A total of 16 interviews are conducted with the beneficiary women. This consisted of women (10) who delivered in the separate maternity wing of the district hospital, Porbandar; women (4) delivered in the 24x7 PHC Adityana, and two women delivered in the sub centre Bhade, four to five days back.

In-Patient (IP) and out-Patient (OP) services

The caseload of both OPD & IPD at the maternity wing of District Hospital is very high.

Both OPD and IPD services are free of cost in all facilities visited, as revealed the exit interviews by cent percent respondents. Out of the 10 exit interviews conducted at the DH, five are C. sections and five are normal deliveries. C. section respondents mentioned that they stayed in the facility for 7 days and normal delivery women stayed for two days in the DH, only one day in the PHC and 2 to 3 days in the sub centre.

Awareness about JSSK entitlements

Out of the 16 interviewed, six of them mentioned that they are “generally aware, but not in detail about the entitlements”, three of them stated “aware that some things are free such as baby’s cloths, cloths for mother etc”, five respondents are not aware anything at all and two respondents are partially aware about the free delivery service.

Source of Information

5 out of 10 interviewed at maternity wing of DH came to know about the entitlements in the facility through interactions with facility staff and co patients. It consists of those few patients who came for antenatal visits and for those who came to facility directly for delivery. Only one literate respondent mentioned the poster on the wall is her source of information. All of six interviewed at PHC and Subcentre mentioned the source of information is through ANM and ASHA, who brought them to the facility. However complete information & clarity about the entitlements is lacking among most. Only one of the respondents is familiar as such with the name or title of the program.

Display of entitlements about JSSK



There is display of couple of wallposters on JSSK entitlement in the waiting halls of the OPD, in the DH, PHC and in the sub centre. However it needs to be strengthened with adequate display in critical, prominent places such as the maternity wards, labour room, near the pharmacy, injection room and at a strategic, convenient height where ANC women and their relatives can watch and read. There is a positive initiative of a handout/pamphlet on JSSK which is developed by the facility and reported as being used (See photograph). However during the interviews, when crosschecked with the women, none of them mentioned that they have seen the printed handout. Effective usage of handout is needed to impact results.

Intervention needed:

Overall complete awareness about the JSSK entitlements is less, it is particularly so amongst the users of DH, while it is somewhat better amongst beneficiaries of PHC and sub centre, though none (except one) of them have mentioned that they have heard the actual name of the program. Specific, suitable strategies of IEC, both for literate and illiterate population groups (using local cultural media) are required at the ground level to spread the awareness about the information about the program and entitlements. Outreach staff at different levels such as staff of PHCs, CHCS including ANMs, Female Health Supervisors and ASHAs has a proactive role to play in spreading awareness with instruments of IEC. Existing initiative of printed handout can be effectively utilized in the outreach too.

To Facility & Drop Back Transportation:

75 percent of the respondents mentioned that they used their own personal transport such as rickshaws, vans and one of them by the train from the nearby village to reach the DH for the purpose of delivery. Only 25 percent, mostly the woman delivered in the 24x7 PHC mentioned that they used facility ambulance to reach. In the case of women delivered in the sub centre, they reported reaching by auto rickshaws, for which Rs. 200 is paid by the ANM directly, without their knowledge and involvement.

Expenditure on Transportation:

The 75 percent of those who used rickshaws as transport, the reported out-of-pocket expenses range is Rs 15 to 100/- and Rs. 100 to 400/- for those used vans. The train service OOP is Rs. 5/-

Drop Back from Facility:

Five of the respondents reported that they would like to return home by their own means of transport such as rickshaws for which the out of pocket expenses would be within a range of Rs. 25 to 100/-. Seven of the respondents mentioned that they would like to go home by the “facility vehicle, if it is available” and all women interviewed in the 24x7 PHC availed the facility ambulance. Women became aware of the entitlement of the free drop back by the facility vehicle during their stay in the facility through the co-beneficiary women and some staff of hospital in the DH. However since availability of limited vehicles poses a question of a waiting time, they have to opt for their own transportation.

Required intervention:

There is one khilkhilat ambulance, one emergency referral ambulance and one facility level ambulance available with the DH. However the case load of DH is high in terms of normal and C.sections, facility has to evolve a system of providing free transportation back home to as many delivered women as possible.

Blood

None of the interviewed mentioned that they received blood either during delivery or C. section from the facility. User fee checklist demonstration reveals that blood services are provided free of cost in District level. There are no storage units at the CHC and 24x7 PHCs visited.

Drugs

Drugs are provided free of cost in all the facilities visited as mentioned by cent percent of the respondents in all the three mentioned facilities. It was also corroborated through the facility checklist for the provider.

Diagnostics

Diagnostics are provided as free of cost as mentioned by cent percent of the respondents in all facilities. The same is revealed during the administration of facility checklist for the providers. The DH has the facilities of a sonography and colour doplar, which are reported as provided free of cost.

Diet Provision

Diet is provided in all facilities visited through the facility canteen in the case of DH and through outsourcing in the case of the 24x7 PHC and subcentre. In the DH balanced diet is provided in the form of Breakfast, two meals and along with a special diet, purchased from “KhadiBhavan” to delivered women. With regard to C. Section patients, as it is mentioned by a women “since it is an operation, last three days I am on liquid diet like ‘narialpani’, & tea only, which we purchased with our money. Only from today I started taking the facility meal”, proves that there are some expenses incurred by operated cases for food during day one.

Intervention: Facility has to gear up to take measures to eliminate out of pocket expenses of beneficiaries such as this by the operation cases. In the case of other facilities, food is purchased from nearby hotels.

Grievance handling mechanism

Cent percentage of the respondents reported that they are not aware of any grievance handling mechanism no matter what the facility is. There does not exist a mechanism for grievance handling at any facility visited.

BIHAR

The report is based on monitoring visit carried out in Aurangabad district of Bihar from 4th to 6th June 2013. The monitoring visit include all levels of health facilities – Health Sub Centre (HSC), Additional Primary Health Centre (APHC), Primary Health Centre (PHC), Community Health Centre (CHC), Referral Hospital (RH) and District Hospital (DH). Health Sub-Centers are yet to operationalize as delivery points in the district. PHCs and CHC/Referral hospitals are catering to the needs of PWs.

Table 1 Description of the area and facilities visited in Aurangabad, Bihar

Block	Description	Facilities visited
Madanpur	Comprise of one PHC 24x7, five APHC's and 29 HSC's which caters to 1.96 lakhs population	Pharpura APHCs, Aajan HSC
Barun	Comprise of one PHC 24x7, five APHC's and 19 HSC's which caters to 1.99 lakhs population	Jankop HSC, Jankop VHND, Barun PHC,
Kutumba	Comprise of one RH (FRU), eight APHC's and 26 HSC's which caters to 2.25 lakhs population	Kutumba RH/CHC/PHC,
Aurangabad	Comprise of one DH, fivet APHC's and 27 HSC's which caters to 2.82 lakhs population	District Hospital,

1. User fee in Out Patient Department (OPD) and In Patient Department (IPD)

User charge of Rs. 2 observed for OPD in DH, Aurangabad and IPD services are free in all facilities. Out of 15 beneficiaries interviewed across different health facilities, no one reported paying any money for IPD services.

2. Drugs and Consumables

It is observed that there is shortage of drugs in all health facilities in the district. Out of 15 beneficiaries interviewed at PHC, Barun and DH Aurangabad, 7 beneficiaries reported buying prescribed medicine from private medical store. On an average, each beneficiary spent Rs.170. Beneficiaries revealed that after delivery MOs prescribed few medicines, which are common across beneficiaries.

3. Diagnostics

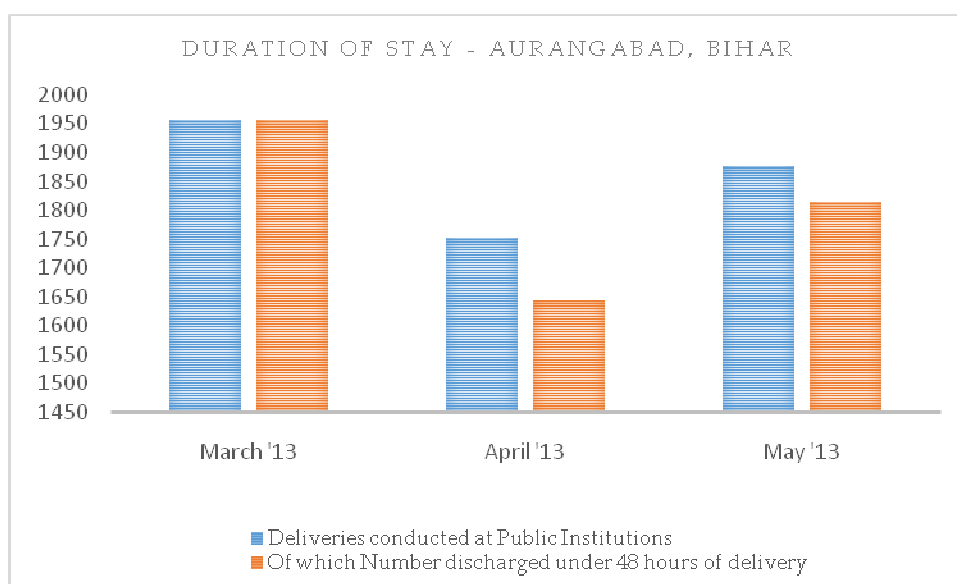
Diagnostic services are available at the facilities visited, which include routine blood and urine examination. Pregnant women are exempted from paying money for laboratory tests. However, exit interview with beneficiaries revealed that almost all beneficiaries undergo partial laboratory test and most of the facilities depend on ANC test results. It is evident from the visited facilities that due to lack of human resource and inadequate facilities, these services are not available. Hence, many of the beneficiaries (pregnant women) dependent on private labs for diagnostic test which has direct implication on out of pocket expenditure.

4. Diet

Provision of free diet available in the facilities visited. At DH Aurangabad, food catering services outsourced to third party, which provides meals for all in-patients including Pregnant Women (PW). It is learned that the renewal of outsourced agency is pending due to end of the contract. During the field visit, it is observed that the food quality needs to improve.

Observed across all the facilities that more than 90% of the beneficiaries leave the health facilities immediate after delivery, within 2 to 6 hours. All most all deliveries are normal deliveries except DH Aurangabad and no other PHC caters to complications. Hence, most of the deliveries discharged within few hours. Although the provision of diet is available across all health facilities designated as delivery points but due to immediate discharge, utilization of diet service is questionable.

Graph 1Duration of stay after delivery in Aurangabad district from Jan to May 2013



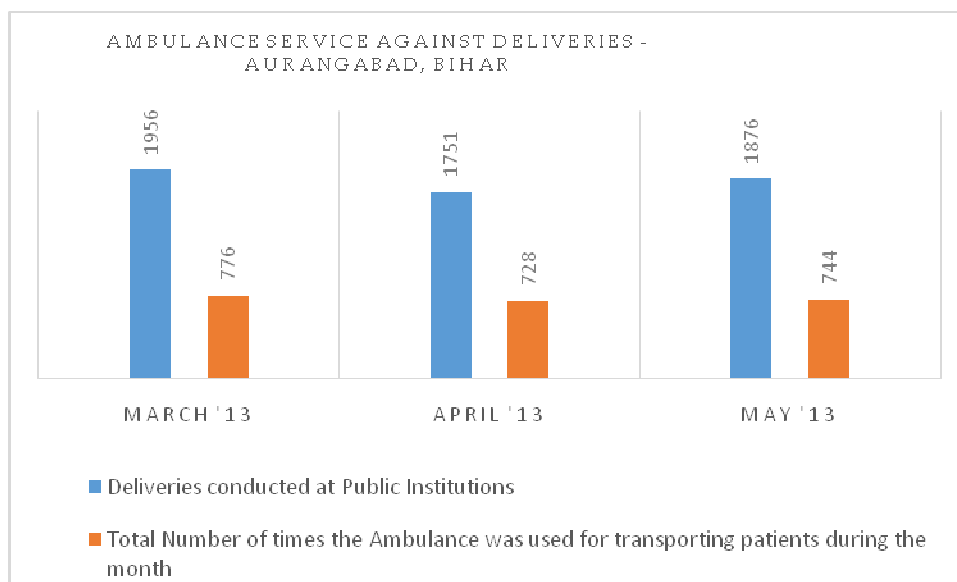
Source: DHIS2

5. Referral Transport

In Aurangabad district, there are 11 blocks and each block has one *Janani Shishu Arogya Express* (102) exclusively for pregnant women to transport nearby health facility. Out of 15 beneficiaries interviewed only three of them availed the ambulance service to reach the health facility and for drop-back 8 beneficiaries utilized or utilizing the service. Remaining 7 beneficiaries are not aware how they will go.

It is evident from the reported data that only 30 to 40 percent of the beneficiaries are availing the ambulance facility and remaining of them are dependent on private vehicles which is one of the major contribution for out of pocket expenditure among the PWs.

Graph 2 Month wise ambulance service (both to and fro) against reported deliveries from Jan to May 2013 – Aurangabad



Source: DHIS2

6. Display of entitlements

The signage of JSSK well displayed in PHC and above health facilities but there is no display of any IEC material below PHC facilities.

7. Awareness of community

When enquired about JSSK entitlements with beneficiaries, there is no clear differentiation between JSY and JSSK. Almost all aware about Rs.1400 incentives under JSY but no clarity about JSSK entitlements like assured referral transport, diet, diagnostic and medicines for mothers and new born babies. The source of information for PWs are ASHAs, 15 out of 15 beneficiaries informed that ASHAs are the point person for the information.

8. Grievance Redressal Cell

There is no grievance redressal mechanism available in the visited facilities, when enquired with the beneficiaries, 8 out of 15 informed that they will approach ASHA and rest of them said they don't know whom to approach for their grievances.

9. Out of pocket expenditure / informal charges

Interaction with beneficiaries revealed that out of pocket expenditure arise mostly on transportation and drug charges. Regarding informal charges, there are some instances where paramedics also demand money after deliveries in the health facilities.

Regarding diet, PHCs, SDH/RHs and DH empanelled agencies to provide cooked food, but hardly any beneficiaries stay more than 6 hours in PHC and SDH/RH because most of the deliveries are normal and complications are referred to DH or nearby private hospitals.

HARYANA

This report is based on the visit undertaken to the district Hisar during 30-31st May, 2013. In order to assess the implementation progress of the JananiSishuSurakshaKaryakram, the following health facilities were visited :

FACILITIES VISITED

We have chosen facilities of one block, Barwala, where a SC, PHC and CHC were covered . Of the 8 facilities visited, 5 were delivery points.

Health Facility	Block	Status
GH(district Hospital), Hisar		Delivery point (FRU)
CHC Mangali	Mangali	Delivery point (24/7)
CHC Barwala	Barwala	Delivery point (24/7)
PHC Agroha	Agroha	Delivery point (24/7)
PHC Dhansu	Barwala	Delivery point (24/7)
SC Kuleri	Barwala	Non Delivery point
SC Chikanwas	Barwala	Non Delivery point

During the facility visits, 17 mothers and pregnant women, who were admitted in the postnatal wards were interviewed regarding the receipt of the entitlements under the JSSK : 1 pregnant women in PHC Agroha and 16 post natal women in GH Hisar, of which 5 women had delivered through a Caesarean section .

User Fee for OPD/ IPD services

User fee for admission in the IPD were not charged from all of the 17 women interviewed in the facilities.



Fig 1 : JSSK signage in delivery point , PHC Agroha ; JSSK beneficiary in ward .

Drugs and consumables

Of the 17 women interviewed, none had to buy drugs or consumables from outside. This was also substantiated by our visits to the facilities and visits to the store and pharmacy which showed that most essential drugs were in stock. On visiting the labour room's and we also found adequate emergency drugs in the labour room, along with caps, masks, gloves, gauges.

Diagnostics

The District Hospital/ GH has a functional lab which carries out the entire range of routine tests. The district has ensured that Lab technicians put in place in all of the delivery points to ensure the free lab tests. Most beneficiaries admitted and interviewed in the GH had availed of the free lab tests, except for 3 women. One mother did not carry investigation slips which were done outside, whereas 2 mothers had USG tests done in private labs costing them Rs. 400.

Diet

Hot cooked meals are provided to all patients in the GH by a charitable organization (we came across the person responsible carrying the meals for the evening during our round in the hospital). Mothers are given milk, biscuits and khichdi. In the CHC Hansi, every mother was provided a dry pack of biscuits and nuts. There were a few ante natal mothers, (admitted for low Hb and on blood transfusion, and pain) admitted in the gynae ward, who were not provided diet. When we enquired the authorities about the reason for the same, we were told that only women who come for delivering are provided meals since it is stated in the JSSK policy. It is reiterated that the JSSK is meant as a entitlement for women during the continuum of pregnancy, which also includes the ANC period and not limited to INC or PNC.

Referral Transport

The district has 20 GPS fitted ambulances as a part of the 102 Haryana Swasthya Sewa Vahini. This network of vehicles with a control center in the GH provide coverage to the district by providing home to facility, inter facility and drop back facilities to the pregnant women and mothers . The 102 is popular since they are easily accessible and have been published through signages in facilities and at frequent intervals along the highway. Interviews with the 82% of the beneficiaries have used the 102 to reach the facility: of the 17 women, except 3 (one came by rickshaw and 2 by hired vehicle), 14 had reached the facility by the 102 ambulances. Most mentioned that the ASHAs had called the vehicle on their behalf. The beneficiaries were aware that they would be dropped back by the ambulance. Currently drop back is provided to mothers who stay for 48 hours.

Although most mothers were aware that for coming to the government health facility for delivery, they can avail the 102 ambulance, but were yet to know that the free transport entitlement has also been extended for pregnant women who come to the facility for ante natal checkups or any other checkups related to complications related to delivery. At least 20% of the mothers interviewed were not aware of the drop back by the 102 which they are entitled to.

Grievance Redressal

Committees for redressing grievances arising from JSSK have been formed in every facility of the district. Signages showing the names of three members, their contact addresses were displayed prominently in all facilities visited. In order to facilitate the process of grievance, the Civil Surgeon's contact number has been mentioned in all facilities and this has made him more accessible to the patients.



Fig 3: 102 Ambulance Grievance redressal and Display of the IEC in GH, Hisar

Awareness on JSSK

The district has an impressive display of a wide range of IEC material. JSSK entitlements were widely disseminated in the form of standard signage in the health facilities. There was high visibility of the JSSK signage, which were placed in the entrance, lobby of the facilities, in front of the gyn/post natal wards. JSSK signage was also visible in the Sub centres. Along with this, information of the 102, Haryana SwathyaVahini were also seen in all the facilities visited. Most beneficiaries were aware of the cashless services under JSSK, except diet and drop back about which awareness was found to be low.

The facilities have maintained registers of diet and drop back for JSSK and these were reviewed during the visit. The data in the registers were filled by the concerned staff nurses and were maintained meticulously. The visiting team had suggested that the information of the home to facility may be maintained in the same JSSK registers where the drop back data has been maintained.

Recommendations

Based on the key findings, the following action points are recommended for the district:

1. Ensure that mothers / pregnant women are informed about the entitlement of the free referral transport for reaching the facility and drop back home for ANC checks, or any other emergency during the ANC period. This information also needs to be conveyed to the 102 drivers, EMTs, ASHAs and ANMs.

2. Cooked / dry diet should also be provided to the Ante natal women admitted in the Gynecology wards.

HIMACHAL PRADESH

This report is based on the visit undertaken to the district Sirmour during 30-31st May, 2013. In order to assess the implementation progress of the Janani Sishu Suraksha Karyakram, the following health facilities were visited:

Health Facility	Block	Status
Regional Hospital , Nahan	Dhagera	Delivery Point
Civil Hospital/Sub Divisional Hospital, Paonta Sahib	Paonta Sahib	Delivery Point
PHC Nohradhar	Nuhradhar	24/ 7 PHC, Delivery Point
Sub centre Bankala	Dhagera	Non Delivery Point

During the course of visit, we came across mothers in the post natal ward in two facilities, The CH Paonta Sahib and the RH, Nahan. All 12 mothers admitted were interviewed regarding the JSSK entitlements using the JSSK checklists. The report outlines the key observations on the JSSK entitlements based on interviews with beneficiaries, their family members, facility level service providers- Medical Officers, Staff Nurses, BMOs and other Programme Officers.

User Fee for OPD/ IPD services

The government hospitals do not charge user fee for OPD services and IPD admissions in the district. The interviews with the 12 beneficiaries validated that user fees have not been charged for the few who had come to the OPD for ANC and the ones admitted for delivery

Drugs and consumables

Beneficiary interviews show that most had received medicines for delivery in house, except two mothers who reported that they had bought some medicines and consumables (cotton pads) . The amount spend could not be assessed as the attendants were not present in the wards. It was observed that Essential Drug Lists were not available / displayed in most of the facilities except at the RH, where the list of the 38 free medicine was displayed .This is recommended under JSSK policy guidelines and needs to be followed up by the district.

Diagnostics

The three delivery points visited had functional labs where routine tests for Ante natal women (Hb, urine albumin, blood sugar) are being done in house. Since Ultra sonography is available only in the RH, and most pregnant women are likely to get USG done in private , the district has made a provision of reimbursing Rs.150 to the pregnant women for each USG , up to a maximum of 3 USGs. Despite this provision, we found 2 mothers who had done their USGs outside. Feedback from beneficiaries and attendants show that this amount does not substantiate the cost incurred for sonography in the private. Sector which happens to be in the

range on Rs. 300-600. The rate of Rs. 150 has been fixed by the RKS, whereas the MoHFW reimburses the state @Rs. 200 per USG (ROP, 2012-13).

Diet

Provision of diet for JSSK beneficiaries was limited to the Regional Hospital (RH) and was not available in the other facilities visited during this tour. Even in the RH, only one mother mentioned receiving 'Daliyakhichdi'. Of the 9 mothers interviewed in the RH, 2 mentioned that they had received meals, but consumed meals brought from their home. Considering the preference for home food in spite of the provision of in house diet, it may be assumed that the diet provided was lacking in quality. Another reason for not providing diet to some of the women is attributed to the fact that they had been admitted a few hours prior to the delivery and hence not given any food.

Referral Transport

Sirmour has 11 EMRI (108) ambulances which are used for providing transport to pregnant women from home to the facility, under JSSK. These vehicles are placed at the three Civil Hospitals, Paonta Sahib, Rajgarh and Sarahan and at the CHCs Shillai, Dadahu, PHCs Haripurdhar, Majra, Nauradhar, Ronhat, and one at the RH Nahan. However, the number of vehicles is not adequate for providing drop back and inters facility referral transport. We found that in the CH, Paonta Sahib, the home to facility transport by 108 ambulances is availed by 20-30% of the beneficiaries. The district provides cash to beneficiaries' @Rs. 8.50 per kms for spending on a vehicle from facility to home. In the past year, the state has approved for providing cash compensation for expenditure from home to facility and back home. But recently, only money for drop back is being allowed. The number of beneficiaries receiving the money is also low. This is due to the fact that the ones who live nearby e.g. within 3-5 kms, hires auto, which charge them over Rs. 100 onwards, whereas the amount received from the facility is nominal. This arrangement, which has been on for some time now, does not provide the service guarantee of a free drop back home in a vehicle. This is amplified by the example of the data of referral transport of JSSK maintained by the CH, Paonta Sahib:

Fig 1 : free referral transport to JSSK beneficiaries , Civil Hospital , Paonta Sahib

Month	Total deliveries	Patients from home to facility by 108	Patients receiving drop back money (for both ways)
January	169	43	94
February	149	40	109
March	161	31	40
April	146	34	74
May	144	42	138 (money provided for one way)

Fig 2 : Display of 108 free referral transport facility in RH, Sirmour

Grievance Redressal

In terms of a system for grievance redressal, complaint boxes have been set up in the RH and other facilities and these were seen in the facilities. The names of the members of the Grievance committee and their contact numbers need to be displayed in signage. Interview with the beneficiaries in the facilities showed that awareness of the grievance redressal was low.

Awareness on JSSK

All 12 beneficiaries were put questions regarding the JSSK benefits to which they were entitled. All were aware about the discontinuation of user fee for OPD and IPD admissions, but partially aware of the free drugs and diagnostics. Awareness on the drop back and grievance redressal was found to be low among all the beneficiaries interviewed. This may be attributed to the fact that information on the scheme was visible in most facilities except the RH. The few signboards of MSSK, by which JSSK is known in the state, prepared earlier had the portrait of the political leaders of the former government and hence these have been ordered to be removed by the officials of the new government.



Recommendation

1. JSSK beneficiaries need to be dropped back home either by the facility level ambulance. Currently considering the shortfall in govt. vehicles and the high load for drop back, the district may plan to contract in private commercial vehicles for the purpose, until the additional fleet of vehicles arrive.
2. The district needs to monitor the quality of the meals provided – make them nutritious and attractive enough for consumption by mothers.
3. For Ultra sonography the district (with the approval of the state) may reimburse USG @Rs.200 which is the rate approved in the State's PIP.
4. Updated Essential Drug Lists need to be displayed in all delivery points on a priority and other facilities as well.
5. Display of JSSK/ MSSK entitlements need to be better and in local language (using a picture of a local women) to ensure better awareness and audience receptiveness. Signages should be placed in strategic locations, at the entrance to the facility .near the entrance of the gyn/post natal wards, OPD, labor rooms. The entitlement of infants and children may be displayed near the children's ward and nursery.

CHATTISGARH

District	PHC	PHC	CHC	SHC	DH
Narayanpur	Chotedongar	Dhanora	Orchha	Ader	Narayanpur

1. *OPD and IPD services*

- Both OPD and IPD services were free of cost for the pregnant females, in all the facilities visited. OPD: An OPD Registration fee is exempted for all pregnant women and Newborn's in all facilities. No fee is being charged for IPD admissions for pregnant women.

2. *Drugs, consumables and Blood*

- The drugs for maternity cases are provided free of cost to pregnant women.
- The system is centralized purchasing and probably in the process of being established as the supply was not regular and timely for several medicines. Additionally it was observed that system of maintaining inventory including regular watch of expiry date and timely replenishment is lacking. In fact, EDL was absent in the facilities visited, neither were the records computerized. This was also due to the lack of supervision by the PHC Medical Officer and regular stay in the facility.
- The DH has a blood Storage Unit which is not functional. Thus blood transfusion to pregnant anemic women is very few.

3. *Diagnostics*

- Free Lab/diagnostics services were available at CHCs and DH. Exemptions for diagnostic services are available for PW and Sick new born. What is missing is the overall plan of maintenance including AMC. Patients visiting the CHC need to get their USGs done from DH due to unavailability of the USG machine in the CHC. In DH USG is being done free of cost.
- In both the CHC as well as the PHC the facilities were poor with lack of regular provisioning of diagnostics and regular laboratory technician. In such situation, the antenatal checkup is devoid of any significant benefits.

4. *Diet*

- Free diet was being provided to pregnant and postpartum women. The food was generally according to standard menu.

5. *Referral transport*

- Overall in the district, 4 Government and 3 Private Vehicles are available for JSSK transport.

- If the pregnant woman has to come to facilities on their own by bus, by hiring vehicle or using their own vehicle when the regular ambulances are not available on call or it is not possible to connect with the facility due to lack of cellular connectivity
- Drop back facility was available in all the facilities visited though limited due to distances, limited number of Ambulances with respect to the size of the district and extremely difficult terrain.
- The referral transport mechanism was especially poor in case of newborns with as per the data provided by the district authorities, not a single newborn receiving any kind of referral transport.

6. *Display of entitlement and awareness of community*

- JSSK Entitlements were displayed in only 1 of the all facilities visited, which is the PHC Chotedongar. Nevertheless, similar boards in Local language (Gondi) would be needed in the facilities in the tribal areas of the district.

7. *Grievance Redressal/Nodal officer*

- No robust mechanism for redressal of grievances exists in facilities visited.
- A grievance redressal mechanism needs to be put in place urgently at all levels of health facilities, and records of the same maintained. Meaningful analysis can be done after 2-3 months of operationalizing the grievance redressal process and determining the commonest complaints, actions taken and the response time.
- Considering the significant tribal population of the district, for voicing any grievance in the district, a special mechanism versed in the local language may be needed.

8. *Informal payments*

- During the interview it was observed that the beneficiaries were not required to do any informal payments. Nevertheless, these were the facilities at the District level. While discussing with the ASHA from Kurushnar, it was pointed that when the ASHA took a pregnant woman for delivery (on cycle herself as no vehicle could be arranged due to absent cellular connectivity), the obstetrician I / c demanded 5000 Rs saying that the woman will need to be shifted to Jagadapur Hospital. When the mother and the ASHA expressed the inability, finally the mother was delivered in the DH itself.

9. *Toll Free Number:*

- Narayanpur is one of the most underdeveloped, remote, tribal and extremist affected district of Chhattisgarh. 108-toll free service was started in May 2010 for free referral transport but the cellular connectivity is almost absent especially in the Orchha block of the district. This creates a major bottleneck in the optimum implementation of JSSK in the district. Dedicated Call centre is functioning at DHH, to provide free transportation services to pregnant women & neonates. But its functionality is limited.

ODHISA

Introduction & Institutional readiness:

In Jagatsinghpur district total 10 institutions were designated and made functional as delivery points (DP). The institutions are 9 CHCs and districts headquarter hospital (DHH). All these DPs are implementing JSSK.

Visit Findings:

Beneficiaries were interviewed in the visited hospitals wherever available. Total four delivery points namely Balikuda, Biridi, Pradeep CHCs and DHH were visited to conduct interviews with beneficiaries. Though only Balikuda CHC and DHH had mothers/PW available and they took part in the interview. At Biridi CHC team went into the community and interacted with one of the beneficiary's family. Total thirteen (n=13) beneficiaries (excluding the beneficiary interviewed in community) were interviewed, out of them 7 beneficiaries had normal delivery, four underwent c-section and two were in waiting. All the C-section cases are conducted at Balikuda CHC whereas District hospital conducts only normal deliveries. Deliveries were not conducted below CHC level facilities as reported by CDMO. The implementation of JSSK entitlements varies facility to facility.

The detailed findings on implementation of JSSK are as below:

a. Display of entitlements and awareness among beneficiaries-

- All the facilities visited have prominent IEC displays and most beneficiaries were aware about their entitlements under JSSK.
- Out of 13 pregnant women (PW) nine were aware about the scheme benefits. Among the interviewed PW who had been told about free delivery, transport and free drugs, usually ASHA and ANM was the key informant. It was also observed that despite of awareness people are not availing the services such as free transportation.

b. OPD and IPD services

- The OPD and IPD registration charge at District Head quarter Hospital (DHH) is Rs 1/- and Rs 5/= respectively, however exempted for all pregnant women and infants.
- At Paradeep CHC there is no IPD charge but OPD fee is Rs 5/- which is exempted for mothers and neonates.

c. Diet-

- Free diet is available all ten facilities designated as DPs. At district hospital cooked hot food were served to the beneficiaries. However at remaining facilities dry food such as milk, bread and egg were served.
- At Balikuda CHC although the caseload is high (average 350 -400 deliveries per month) but not providing cooked food. The reason cited by MOi/c that this hospital is 16 bedded therefore fund allocation for JSSK is as per bed strength hence not able to arrange cooked diet.
- The beneficiaries informed that they are getting the diet from the facility.

d. Diagnostic tests-

- Lab/diagnostics services are free for pregnant women and newborns wherever available as per the facility norms (CHCs and DH).
- Except DHH, most facilities provide only rudimentary lab tests (blood and urine, sputum for TB and PS for malaria).
- The out of pocket expenses incurred by PW is generally on USG. At DHH USG machine and manpower also available but not in place. Out of 13 PW interviewed at various facilities almost everyone undergone at least one scan. They reported of getting ultra sonogram done at private facility only. The cost of per USG scan was Rs 400/- to Rs 500/-.
- A common practice in the district is the PW entered into public health system during 1st ANC (every PW has MCTS card) and later at the time of delivery. In between majority of the women are in consultation with private providers. The reason for turn up for delivery at public hospital is due to the financial benefits of JSY and Mamta scheme. The BPL families get benefited of RSBY scheme for diagnostics during antenatal checkups in private institution too. The doctors from public health providers are also practicing privately and entertaining the same patient in their Private OPD.

e. Drugs and Blood:

- It was observed during the visit that drug supply was enough to meet the requirement of the beneficiaries However out of six mothers interviewed at DHH five reported of purchasing medicine from outside pharmacy. The Out of Pocket Spending are ranging from 1200/- to 1600/-.
- The commonly prescribed drugs are Dresin, Irentia Plus, Folic Acid, Diclofenac Sodium, and Cholecalciferol tablets which is also available in the pharmacy of DHH.
- The pharmacist of DHH reported that the medicine are available at our store but doctors are prescribing the same drug with different formulation, they convinced the patient that medication available at DHH is low potency and advised to purchase it from private pharmacy
- The DHH has *Janaushadhi* Medicine Store with the intention of providing generic medicine in lesser price than the market price.
- The blood bank was functional at DHH and provides free blood to the PW wherever required. At Balikuda CHC despite of performing C-section there is no functional blood storage unit.

f. Referral transport-

- Out of 13 women interviewed at post natal ward at Balikuda CHC and DHH, three PW used JE to reach the facility. Another five used hired vehicle, five came by their own

vehicle. Those who used hired vehicle spent Rs 400/= to Rs 700/= based on the distance and type of vehicle hired.

- The drop back facility was provided to those who stayed mandatory 48 hrs stay at the institution. For inter-facility referral Ambulance or JE is being used.
- Many interviewed patients stated that they had been aware of the availability of the Janani Express, but rather than waiting for the vehicle to turn up, they made their own arrangements to come to the facility. They stated the reason like emergency situations requiring transport without any delay.
- At district hospital there is a provision of Rs 600/- for up referral (usually transfer to Cuttack medical college). At paradeep CHC there is no empanelled vehicle such as JE were engaged for transportation. The MOi/c dispersed Rs 250/- to beneficiaries for the purpose of transportation. He also informed that presence of industries it's very difficult to empanel any vehicle at such a low prescribed cost.

g. Informal payments-

- Out of 13 PW interviewed in various facilities no one reported of demand of money by service provider.

h. Grievance Redressal-

- No records of registration of complaints, follow up actions, and post-resolution feedback related to JSSK had been maintained in the facilities visited.
- However Sanjog helpline is created to address the grievances of government run programme. There is a need to widely publicize the Sanjog helpline and meaningful analysis can be done for its effectiveness. The analysis can be done for grievance redressal process and determining the commonest complaints, actions taken and the response time.

TAMIL NADU

The report is based on monitoring visit carried out in Viluppuram district of Tamil Nadu from 26th to 28th June 2013. The monitoring visit include all levels of health facilities - Health Sub Centre (HSC), Primary Health Centre (PHC), Community Health Centre (CHC), and District Hospital (DH). PHCs, CHC and DH are catering to the needs of PWs.

1 User fee in OPD and IPD

OPD and IPD services are free in all health facilities.

2 Drugs and Consumables

It is observed that there is no shortage of drugs in all health facilities in the district. No beneficiaries has reported buying any medicine from private medical store.



3 Diagnostics

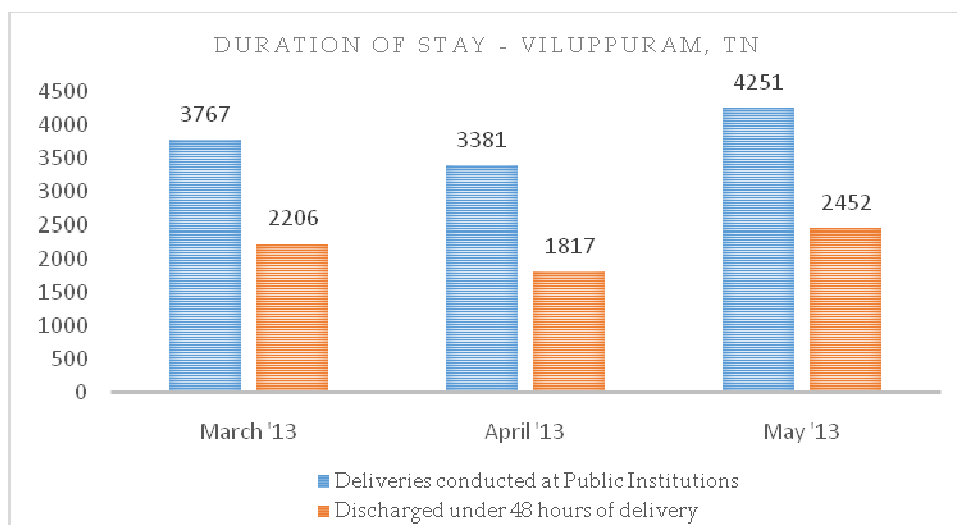
Diagnostic services are free at all levels of facilities, which include routine blood and urine examination, and scanning. Pregnant women are exempted from paying money for laboratory tests. At primary level all facilities are organizing ANC meeting with all listed pregnant women in that catchment area. The meeting is a platform to educate ANC mothers about ANC care and also provide information on available schemes of state and central government. During these meetings ANC mothers undergo routine examination. The health facility provides lunch for all ANC mothers who attend the clinic.

4 Diet

Provision of free diet is available in all health facilities. PHCs are tie-up with local hotel to provide three time diet for PNC mothers and the cost per head is Rs.80 per day. The menu includes, morning - 4 idli with glass of milk, afternoon - rice, sambar, cooked vegetable and cured and evening dinner. CHCs and DH have separate kitchens to cook food for the inmates of the hospital. Staff nurse would general take additional charge of these kitchens. Almost all interviewed beneficiaries were satisfied with the food provided by the health facilities.

It is observed across all the facilities that at least 50% of the beneficiaries stay 2 days in the health facilities after delivery. Remaining 50% of the beneficiaries discharge after three days, which indicates good intake of diet provision in health facilities. Almost all mothers are aware that they will be discharged after three days.

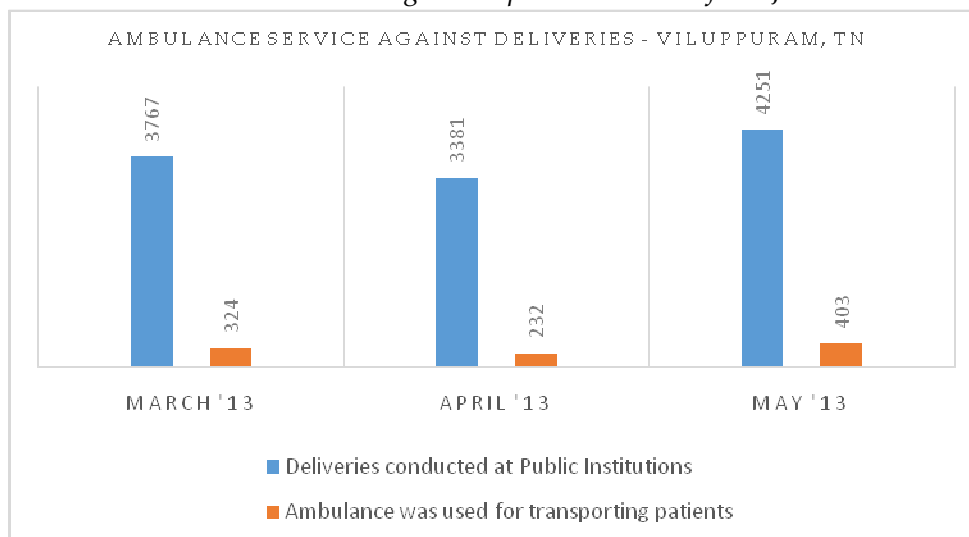
Graph 3 Duration of stay after delivery in Viluppuram, TN from March to May 2013



Source: HMIS

5 Referral Transport

Only 19% (n=16) of the beneficiaries availed the ambulance service to reach the health facility and remaining 13 beneficiaries either used their own vehicle (Auto) or used local bus. For drop-back 50 percent beneficiaries would be utilizing the service and remaining 8 beneficiaries would be using their own vehicle or public transportation. However, during exit interview, all beneficiaries informed that they are aware of ambulance services but due to various reasons they could not avail the facility. Around 50 percent respondent said that they visited health facility during full-term for usual check-up but admitted in the hospital for delivery. **Graph 4** Month wise ambulance service against reported deliveries from Jan to March 2013- Vellore, TN



Source: HMIS

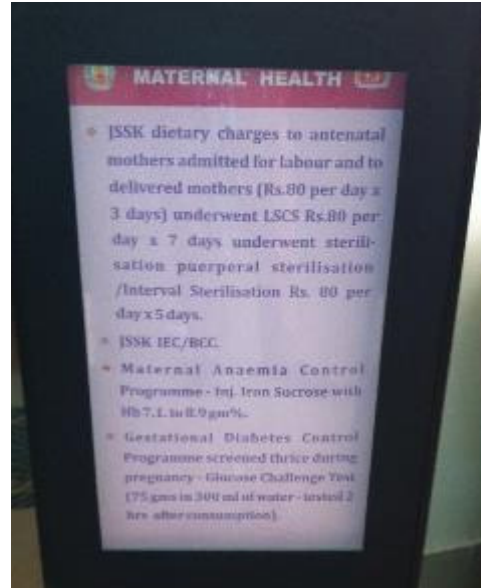
The cost for transportation range from Rs. 15 (bus) to Rs. 150 (auto) depends on distance and time. There is no exclusive ambulance for referral transport but they dependent on 108 ambulance service, which already overburdened with high number of RTA casualties.

Beneficiaries also reported that the response time for 108 ambulance has delayed than expected time from 15 minutes to 35 or more minutes. Administration and finance department informed that the fund has been released to all level health facilities to implement JSSK but secondary and tertiary level hospitals do not have clarity on transportation scheme under JSSK.

It is evident from the reported data that only 7 to 10 percent of the beneficiaries are availing the ambulance facility and remaining of them are dependent on private vehicles which is one of the major contribution for out of pocket expenditure among the PWs.

6 Display of entitlements

The signage of JSSK not displayed in health facilities visited but displayed at state health society premises (see photo). However, when discussed with the district officials, they informed that JSSK programme started in January 2013 in the district. However, display of JSY is visible in all health facilities visited and display of state health schemes such as Dr. Muthu Lakshmi Reddy Maternity Benefit Scheme and CM comprehensive health insurance schemes well displayed in all health facilities.



7 Awareness of community

When enquired about JSSK entitlements with beneficiaries, they are aware about entitlements under different schemes including JSSK. Weekly ANC meeting at PHC level is a good platform to create awareness about different schemes and also for ANC checkup. Village Health Nurse (VHN) also act as catalyst to create awareness among communities. Socially and politically communities are empowered to demand health services. State has also maternity benefit schemes, which provides Rs.12,000 for BPL families. The scheme provides amount in three instalments, 1st installment after completion of ANC check-up, 2nd after delivery and 3rd instalment after complete immunization of child.

8 Grievance Redressal Cell

There is no formal grievance redressal mechanism available in the visited facilities, when enquired with the beneficiaries, 33 percent said MO, 42 percent VHN and 25 percent said they will approach nurse. No one has said that they don't know but there is no formal system to address beneficiary grievances in health facilities.

9 Out of pocket expenditure / informal charges

Interaction with beneficiaries revealed that out of pocket expenditure arise mostly on transportation. Around 82% interviewed beneficiary have used their own vehicle or public transportation for convenience even though they know the availability of ambulance services. State level programme officer informed that they are in the process of pooling ambulance to

place at health facility with centralized call center for assured referral services for eligible mothers.

RAJASTHAN

The following findings are based on the interactions with 17 beneficiaries across the facilities visited – 1 DH, 2 CHCs, 1 PHC and 1 SC - in Dausa District.

Awareness and display of entitlements



The JSSK entitlements were well displayed across all the facilities visited. Of the 17 beneficiaries interacted with, 13 were aware of the JSSK benefits while 2 were partially aware and 2 were unaware of the scheme and their entitlements. Of the 15 women who were aware, 3 cited ASHAs as being the source of information while of the remaining 12 - 3 said they had received benefits in earlier deliveries, 4 cited newspapers as being the source of information and 3 had heard of the entitlements from their relatives. Two beneficiaries were partially aware of the benefits.

Out of pocket expenditure

• User Charges

None of the beneficiaries interacted with reported having to pay user charges for OPD, IPD services. While this was the case, 9 of the 17 beneficiaries reported having paid informal delivery charges at the facility. An average of Rs.200 was paid by the beneficiaries in the labour room. Of the 9 beneficiaries who paid informal amounts for delivery, 2 reported that they had “*paid of their own will*” as per prevalent customs within their community. One beneficiary who was present at the office for claiming his cheques, claimed that he was asked to give Rs.200 to a personnel at the DH, in return for information about the various schemes.

• Drugs and consumables

None of the beneficiaries reported any expenditure on drugs and consumables, which is also reflective of the successful implementation of the MNDY scheme along with the JSSK benefits in the state.

- **Diagnostics**

None of the beneficiaries interacted with reported any expenditure on diagnostics.

- **Diet**

All the beneficiaries, except at Rahuwas PHC reported that they had received diet at all 3 times in the day. The diet consisted of *dalia*, *khichdi*, and beverages. At Rahuwas PHC, the empanelled agency had not been paid and hence had discontinued their services. As a result, one beneficiary who was present at the time of visit to the facility reported buying food from outside.

- **Referral transport**

Of all the 17 beneficiaries interacted with, majority i.e. 15 reported using hired vehicles for transportation to the facility, spending Rs.520 on an average. One beneficiary at the Bandikui CHC had travelled up to Rajgarh in a 108 ambulance and from thereon had hired a jeep. Of the remaining 2 beneficiaries, one had used their own vehicle while the other had borrowed a friend's car. 13 beneficiaries were aware of the drop back facilities, while 2 were not aware and the remaining 2 although partially aware of the scheme were not aware of the transportation facilities. Of those aware of the benefits, they reported knowing that they would be paid by the facility as per the reimbursement criteria set out by the government:

Distance	Amount
0 – 12 kms	Rs. 125
12 – 25 kms	Rs. 250
Above 25 kms	Rs. 7 per km

Grievance Redressal Mechanism

Although there is no specific mechanism of grievance redressal for JSSK, only two of the beneficiaries reported not being aware of where to file their complaints. The remaining 15 beneficiaries reported being aware of whom to contact in case of registering complaints.

Records and Registers



The records and registers for JSSK were reviewed at all the facilities, except the DH where the accounts personnel in charge of maintaining the registers was on leave. The registers include details of the services availed by the patient under JSSK. At the Dhanawad SC, with 10-15 deliveries conducted per month, no funds were available at the ANMs disposal for provision of diet to the beneficiaries. Also, the beneficiaries were getting cheques only for their JSY as well as scheme-specific (*Subhalakshmi*) amount. They were not reimbursed for the transportation as per

the distance travelled. This needs to be further reviewed by the officials.

KERALA

The following findings are based on the interactions with 17 beneficiaries across the facilities visited – 1 GH, 1 DH and 1 Taluk Hospital- in Malappuram District.

Awareness and display of entitlements

The JSSK entitlements are well displayed across the facilities. A point to be noted though is that the displays were available at all the ‘delivery points’ and not at all the facilities. Since, deliveries are concentrated at the tertiary centres in Kerala, prominent displays were available primarily at these centres. All the SCs visited also had good displays of the JSSK entitlements. This could be expanded to include the PHCs and the Ayurveda/homeo dispensaries as well in order to further increase the awareness.



There was also a high awareness of JSSK entitlements amongst the beneficiaries with whom interactions were carried out. Of the 17 women interacted with, all were aware of the JSSK entitlements and benefits. The source of information cited was ‘other reasons’ – i.e. newspapers, friends and relatives by 14 (82%) of the women, while 1 each responded that they came to know about the entitlements at the facility and through the ASHA respectively.



The extension of the entitlements for the sick newborns from 30 days to up to 1 year has not been disseminated to the state and the districts, hence the officials were not aware of the same.

Out of pocket expenditure

• User Charges

None of the beneficiaries interacted with reported having to pay user charges, either formal or informal for availing delivery services.

• Drugs and consumables

Except for one beneficiary, there were no expenses incurred on the drugs and consumables by any of the 17 beneficiaries. With the launch of the JSSK scheme, patients reported that they did not encash



on their RSBY cards for delivery care and were able to use this amount for any other ailment when required. The beneficiary who reported expenditure had to buy medicines worth Rs. 300 from a private pharmacy, which was to be reimbursed through the RSBY. The Kerala Medical Services Corporation (KMSC) has launched the Karunya Community Pharmacy project wherein karunya outlets at the facility provides for medicines at a 20-30% discount.

- **Diagnostics**

None of the beneficiaries reported expenditures on the diagnostic services and tests availed during their pregnancy. Provision for lab services should be ensured right from the CHCs to the PHC level as all the 24 x 7 PHCs do not have lab facilities, e.g. at Pothukal PHC there is no lab facility and only basic HB, UPT tests are conducted; at Areacode CHC with an average monthly delivery of 30, no UPTs are done. The reason cited was that most of the patients attend only after confirmation of pregnancy at their homes. Moreover, at the Porathur CHC the UPT charges for Rs.40/- per test were displayed and being charged. As cited, the facilities which are not identified delivery points do not receive funds for the implementation of JSSK. This may be looked into by the district and state officials, as it is JSSK's mandate to provide for the desirable and essential investigations free of cost during ANC. Meanwhile, provision for 'core' JSSK funds were made by the state to upgrade facilities in order to improve the services before the launch of JSSK for e.g. the lab at DH Tirur has been completely upgraded using RSBY and core JSSK funds - a haematology analyser and electrolyte analyser were purchased from these funds.



- **Diet**

Dietary provision, under JSSK was present at all the delivery points visited, except CHC Areacode, where the diet being provided was not through the JSSK funds. The reason cited was that there were no takers/quotations for the allocated amount of Rs. 100 per day for the diet. As food is already being provided to all the inpatients, it was recommended that the JSSK fund for diet may be used to accommodate for fruits etc. to supplement the diet given to the beneficiary.



The quality of the diet provided was very good and this was done either through various self help groups or charitable institutions. Simple, hot food in keeping with the prevalent

eating habits such as milk and bread for breakfast, rice, *sambar for lunch, fried plantains*, evening tea and *kanji/khichdi* for dinner were served to the beneficiaries.

- **Referral transport**

There is 1 ALS and 4 BLS available in the district. There is no provision for pick up and drop back for pregnant women established in the state. Reimbursement for referral transport amounting to Rs.500 (for pick up and drop back) is provided to the beneficiary. All the beneficiaries interviewed were aware of the facilities under the JSSK and intended to avail the amount upon discharge.

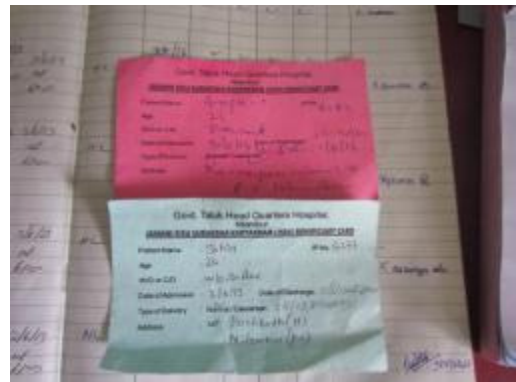
The maximum out of pocket expenditure was reported to be incurred on the transport by the patients. Out of the patients interviewed, 8 (47%) reported hiring vehicles to get to the facility while 2 (7%) used their own vehicles and the remaining 7 (41%) used either a friend's car, an auto or a bus. The average expense incurred on transportation from the home to facility was Rs.226. The patients interviewed intended to return in hired vehicles, along with their newborns.

Grievance Redressal Mechanism

There is no separate grievance redressal mechanism for JSSK although complaint boxes for general grievance redressal were placed at the centres.

Records and Registers

JSSK-related records and registers were very well-maintained. Meticulously kept records detailing each component of the JSSK such as JSSK cash book, JSSK diet book etc. were available at all the facilities visited, except at the Areacode CHC where record keeping needs improvement. Separate slips for diet were given to the patients, at the GH and the Nilambur Taluk hospital, who had availed these and a copy retained by the staff.



Majority of the staff nurses interacted with reported having to spend a lot of time on 'clerical' work rather than clinical work, such as filling the diet receipt slips, reimbursing the referral transport amount and additional registers in relation to JSSK. To deal with this, for e.g. at the GH Manjeri, with an average monthly delivery load of around 400, separate staff has been hired on a daily wage basis (Rs.300/day) through the HMC (Hospital Management Committee) funds who maintained all the relevant records and registers.

JHARKHAND

Visit Schedule and Team composition

Date	29 th May 2013	30 th May 2013
Facility visited	Chandawara PHC, Jainagar, CHC, Chadrapipradih SC	District Hospital, Koderma Domchanch FRU Malnutrition treatment centre, Koderma

The exit interviews were conducted at facilities visited where delivery conducted. Total (n=8) beneficiary were interviewed. The key findings of interview are as follows:

i. Display of entitlements and awareness among beneficiaries-

- All the facilities visited have prominent IEC displays, however most beneficiaries were not aware about their entitlements under JSSK.
- Out of eight pregnant women (PW) five were not aware about the scheme benefits. Among the interviewed pregnant women (PW) who had been told about free delivery, transport and free drugs, usually ASHA and ANM was the key informant.
- *There is a need of an hour for an intensive awareness raising campaign by front line workers and PRI members about entitlements under JSSK to intended beneficiaries.*

j. OPD and IPD services

- The OPD and IPD registration charge at all the visited facilities were exempted for pregnant women and infants.

k. Diet-

- Free diet is available across the facilities visited. At district hospital cooked hot food were served to the beneficiaries. However below DH level facilities where deliveries are few- milk, bread and egg were served.

l. Diagnostic tests-

- Lab/diagnostics services are free for pregnant women and newborns wherever available as per the facility norms (CHCs and DH).
- Except District hospital, most facilities provide only rudimentary lab tests (blood and urine, sputum for TB and PS for malaria). At Domchanch FRU lab/diagnostic services are closed. The FRU facility in-charge informed that all the diagnostic services are outsourced however there was no MoU available in this regard.
- The out of pocket expenses incurred by PW is generally on USG. At DH USG machine was available but trained manpower was not available. Now initiative has been taken to train the existing manpower of DH to make it operationalize.
- Out of 08 PW interviewed at various facilities seven were reported of getting ultra sonogram from a private practitioner and paid Rs 400/-.

m. Drugs and Blood:

- It was observed during the visit that drug supply was enough to meet the requirement of the beneficiaries. Out of 8 PW interviewed PW only one reported of purchasing medicine from outside pharmacy. The OOPS for medicine incur was Rs 150/-
- There is *Janaushadhi* Medicine Store established in the premises of DH. It supplies the generic medicine in lesser price than the market price of the same drug.
- The DH has blood bank whereas blood storage unit was found anywhere not even at Domchanch FRU.
- Blood Bank provides the blood to the PW wherever required free of cost. It is maintained by Red Cross.

n. Transportation-

- Five ambulances are functional in the district. Beside this empanelled vehicle as MamtaVahan was also available for transportation of pregnant women from home to facility and drop back.
- Out of 8 women interviewed only three availed services of ‘Mamtavahan’ to reach facility for delivery. Remaining reached either by own or through hired vehicle. The out of pocket expense ranged from Rs 100/- to Rs 400/- for transportation depending upon the distance travelled and type of vehicle used.
- Majority of interviewed PW did not attempt to call MamtaVahan because they were not aware about the free transport facility.
- Drop back to home is only provided to those who stayed mandatory 48 hours in the facility. It was also observed through records that utilization of MamtaVahan for drop back is very less as beneficiaries left the facility soon after the delivery.
- For inter-facility referral Ambulance or MamtaVahan is being used.

o. Informal payments-

- Out of 8 PW interviewed in post natal ward one PW reported demands for money and she handed over Rs 200/- to the service provider.
- The state needs to ensure that such informal charges are not made from people by disseminating more information about JSSK entitlements within facilities. This can be done by display of entitlement in post natal wards, labor room, waiting area in local language.

p. Grievance Redressal-

- No robust mechanism for redressal of grievances exists in facilities visited not even suggestion box was available at the facilities visited.
- None of the PW aware about where contact in case of any complaint.
- A grievance redressal mechanism needs to be put in place urgently at all levels of health facilities, and records of the same maintained. Meaningful analysis can be done after 2-3

months of operationalizing the grievance redressal process and determining the commonest complaints, actions taken and the response time.

MAHARASHTRA

District	SHC	PHC	RH	SDH	DH
Chandrapur Facilities visited	Wadsi	Wasera	Saoli	Mul	Chandrapur

1. OPD and IPD services

- Both OPD and IPD services were free for the pregnant, postpartum women and newborns in all the facilities visited. The awareness of the new rule of extending the benefit to 1 year may be focused upon.
- OPD: An OPD Registration fee is exempted for all pregnant women and newborns in all facilities. No fee is being charged for IPD admissions for pregnant or postpartum women.

2. Drugs, consumables and Blood

- Maharashtra has undertaken significant efforts to create a transparent and smoothly run system of procurement, distribution and supply of the medicines and consumables. As a result, whenever the drugs are available, are freely provided for maternity and newborn cases. cases are provided free of cost to pregnant women.
- The bottleneck was availability of medicines in the facilities, in the PHC and SHC through the DHO and in the DH and the CHCs through the District Hospital. As per the system in Maharashtra, for each batch supplied of medicines costing >1 CroreRs, a sample is collected from several facilities / districts in Maharashtra to cross check the quality through FDA. Even if some district does not provide samples, the results are not out of the quality check and no district can use the supplies available. For ex. there were 1 Lakh Ranitidine Ampoule in the District Hospital which could not be used due to lack of clearance.
- This was leading to a situation of shortage of several critical medicines (list in the following table) compromising such important medical procedures such as surgeries, induction of labour and management of Eclampsia. This was also compelling patients to purchase medicines from outside increasing the out of pocket expenditure.
- Additionally, the monitoring of the stock with due precaution to the expiry date, display of EDL and supervision by the PHC MO of the stock was lacking.
- The online system for inventory management (by NELCO) was not responsive and there were several complaints regarding the server of the system.

Hence, solutions should be urgently considered to ensure ready availability of medicines for actual use in the facilities.

Medicines / Consumables lacking in the facilities visited					
Sr. No	Drug / Consumable	Sr. No	Drug / Consumable	Sr. No	Drug / Consumable
1	Oxytocin	17	Alfadopa	33	Cromic Catgut
2	Atenelol	18	Carboprost	34	Disposable Needle
3	Epidocin	19	Sorbitrate	35	Intracatch Neonatal
4	Asthalin	20	Adrenalin	36	IV Set
5	Ranitidine	21	Diazepam	37	Spirit
6	Deriphyllin	22	Tetanus Toxide	38	Betadine
7	Furesemide	23	Avil	39	Nifedepin
8	Metoclopramide	24	ORS	40	Dettol
9	Folic Acid	25	Cefotaxime	41	Phenyl
10	Vaseline / Petroleum Jelly	26	OT Antiseptic Solutions	42	EDTA and Citrate Bulbs
11	Dexamethosone	27	Sutures	43	Masks
12	Prostaglandins	28	Medichlore	44	Cord Clamp
13	Mannitol	29	Intracath	45	Buscopan
14	Misoprostol	30	Pediatric IV sets	46	GBH Lotion
15	Nicardia	31	IG Tube	47	IV Fluids
16	UPT kits	32	Apron	48	Foleys catheter
48	LP needle	50	Tramadol	51	Iron Supplement

3. Diagnostics

- Free lab / diagnostics services like routine heamogram, urine testing, RH compatibility etc are available at CHCs and DH. Exemptions for diagnostic services are available for PW and Sick new born. It is heartening to observe adequate equipment's in the CHC and DH as well as reagents.
- The key constrain is the lack of the overall plan of maintenance including AMC, lack of calibration schedules and adequate skill set of the staff (BSc Microbiology Laboratory Technician was unable to do Urine Microscopy in the PHC). In the District Hospital, the CT Scan machine was dysfunctional since 1 year, Automated Analyzer was present since 3 months without installation and several times the patients were being sent to private facilities by in house doctors, causing out of pocket expenditure.

4. Diet

- In the District Hospital especially kitchen facilities were excellent, nevertheless, in other facilities the diet provision was unsatisfactory. For example, lack of diet chart, lack of provision of breakfast, lack of provision of milk.

5. Referral transport

- Basically 2 types of Ambulances in all facilities – Facility level, Additional facility level
- Drop back was available in all the facilities visited nevertheless was limited due to distances as well as the limited number of Ambulances with respect to the size of district.
- It was observed that the beneficiaries do stay back in the facilities for 48 hours if provided with sensitive care by medical officers as well as provision of all JSSK benefits
- Several interviewed patients stated that they had been aware of the availability of the Ambulances, nevertheless, rather than waiting for the vehicle to turn up, they made their own arrangements to come for institutional delivery.

6. Display of entitlement and awareness of community

- JSSK Entitlements were displayed in only 2 of the four facilities visited, that is the PHC and SDH. Flex banners in local language (Marathi) were used.
- Most of the beneficiaries were aware of the entitlements, primarily through the information provided by the ASHA.

7. Grievance Redressal / Nodal officer

- No specific mechanism for redressal of grievances exists in facilities visited. The district does not have a separate JSSK nodal officer for solving grievances and the confusion was visible in the interviews also, with most of the respondents being unaware of whom to contact in case of any grievance. There is no specific accountability or responsibility for following up on complaints received has been instituted. No records of registration of complaints, follow up actions, and post-resolution feedback related to JSSK have been maintained with the primary reasons mostly being the lack of complaints.

8. Informal payments

- During the interview in the DH and SDH facilities it was observed that the beneficiaries were not required to do any informal payments. Nevertheless, it must be pointed out that these were the facilities at the District level as well as in one of the most developed and urban block of the district, with significant level of awareness.

9. Emergency care:

In DH: Labour room – except MgSo₄ no medicines were available for management of eclampsia. Emergency drugs were absent. LSCS not attended by pediatrician, increasing chances of birth asphyxia and delaying the immediate management.

10. Toll Free Number:

- A dedicated Call centre is functioning at DHH, round the clock to provide free transportation services to pregnant women & neonates.

PUNJAB

This report is based on the visit undertaken to the district Sangrur during 18-20th June, 2013. In order to assess the implementation progress of the JananiSishuSurakshaKaryakram, the following health facilities were visited and 13 postnatal mothers admitted in the wards were interviewed

Table 1: Facilities visited

Health Facility	Block	Status
GH Sangrur		Delivery point (FRU)
SDH Malerkotla	Malerkotla	Delivery point (FRU)
CHC Bhawanigarh	Bhawanigarh	Delivery point (24/7)
PHC Nadampur	Bhawanigarh	Delivery point (24/7)
SC Sakrodi		Non Delivery point

User Fee for OPD/ IPD services User fee for admission in the IPD were not charged from any of the 13 women interviewed in the facilities.

Drugs and consumables

Of the 13 women interviewed, all had reported receiving drugs from within the hospital free of cost. One mother in CHC Bhawanigarh reported buying injections, but could not specify the amount spent.

Diagnostics

Interviews with the 13 beneficiaries reveal except 3 patients, the remaining 10 had availed Hb, blood sugar, urine tests in house in the CHC Bhawanigarh, SDH Malerkotla and the DH. Of the two patients, one has spent Rs. 700 on USG and blood tests, whereas the other had spent Rs. 150 on USG. In Malerkotla, one patient had paid Rs. 150 (This is the rate fixed by the SDH for payment for each USG) for USG to the diagnostic clinic to whom USG has been outsourced. At least two laboratory technicians were available in the CHC Bhawanigarh and SDH Malerkotla and 4 in the DH. All three health facilities had well equipped lab which were conducting all routine tests. However, lab tests in the PHCs would be limited as assessed from the visit to the Mini PHC Nadampur (designated as 24/7), where the lab technician was absent during the time of the visit (3 p.m). This is a problem since this is a designated delivery point and 24/7 and hence the presence of lab technician is necessary. 7 patients were tested for Hb in the OPD, in the morning (as was observed from the lab register).

Diet

In CHC Bhawanigarh and SDH Malerkotla, diet was provided to the mothers twice- tea, rusk and biscuits. In the DH, all mothers mentioned receiving cooked meals twice a day.

Referral Transport

Under the patient referral transport system, the district has a pool of 25 vehicles. Of these, 11 are basic, regular ambulances, of which 10 are fitted with GPS. These are primarily used for inter facility

transfers and to a certain extent for drop back home. For JSSK beneficiaries, the 14 EMRI basic ambulances provide the home to facility services. The coverage of this service by these ambulances is high (as seen by the number of patients availing the ambulances in Table 2 below). This was also evident from our interviews with the beneficiaries: of the 13 beneficiaries, 12 had reached the health facility through the use of 108 EMRI ambulances. Drop back services are currently being provided by the regular ambulances.

Table 2: Coverage of JSSK beneficiaries by referral transport

Referral transport services	State vehicles	EMRI/EMTS	State vehicles	EMRI/EMTS	State vehicles	EMRI/EMTS
2013	January		February		March	
Home to health institution	0	441	0	307	0	368
Transfer to higher level facility for complications	17	-	21	-	16	-
Drop back home	18	-	4	-	7	-

The beneficiary interview also show that most beneficiaries are not aware of the drop back facilities – 11 of the 13 beneficiaries were not aware that they would dropped back home from a vehicle from the facility. Since the number of regular ambulances is limited, very few women were dropped home. In the facilities visited maintenance of records on JSSK was limited to only a diet register. During the visit to the facilities, the visiting team suggested that records of referral transport needs to be maintained. The facility level staff (SNs, Matrons), informed that often patients would not wait for the facility level ambulance for drop back, since they are in a hurry to reach home. Further, since most are not aware of the drop back, they return home on their own-all leading to low coverage of drop back services . The team suggested that the facilities could have a coupon system . Whenever a pregnant women in admitted in the facility, she or her attendant should be provided a coupon which mentions about the free drop back. Following the discharge, this coupon should be produced to the ambulance in charge / hospital superintendant who would then arrange for the vehicle for the beneficiary.



Referral transport to the sick new borns is being provided through the regular ambulances. It has provided free inter facility transport to 17 sick new born in the last quarter. The visiting team also observed that in spite of the GOI directive of using an uniform design and logo for all referral transport vehicles, the EMRI 108 ambulances were yet to make the change and were still carrying

the political leaders images in the vehicle (image).

Grievance Redressal

Currently, the facilities have a complaint box for grievances. There is no system for registering of complaints or addressing them.

Display of JSSK and awareness

The JSSK signages in Gurumukhi were displayed in the Civil Hospital, in CHC Bhawanigarh and Malerkotla. However, display of signage was not seen in all delivery points.



Fig 3: JSSK signage in CHC Bhawanigarh

RECOMMENDATIONS

Based on the visit and the key findings, the following action points are recommended for the district :

- Drop back facility needs to be improved by making the EMRI 108 vehicle available for drop back. Data of drop back and home to facility (sp. For sick new born) needs to be maintained in every delivery point.
- Ensure that patients are informed about the outsourcing of USG, which is cashless – through signage displayed in the gyn OPD, general OPD registration counters, labour room and wards. A coupon with the stamp of the hospital may be given to every patient for showing to the USG clinic for availing the free USG.
- Ensure that signages on JSSK entitlements are displayed in all delivery points. The current signages are heavy on text, and could be modified by adding pictorials to attract more attention.

WEST BENGAL

This report is based on the visit undertaken to Hugly district during June 05-07, 2013. The following delivery points were visited in the district and 11 mothers admitted in the post natal wards were interviewed:

Table 1 : Facilities visited

Facilities visited by the team		
DH	1	District Hospital Hooghly
RH/CHC	2	Haripal Rural Hospital, Chanditala Rural Hospital
PHC	2	PHC Bandipur , PHC Gangadhar
SC	2	SC Bandipur, SC Haripal
ICDS centre	1	ICDS centre

User Fee for OPD/ IPD services User fee for admission in the IPD were not charged from any of the 11 women interviewed in the facilities.

Out of pocket expenditure is noted in the district (especially on USG and Hb tests done externally instead of coming to the facility or when visited a doctor in their neighbourhood and also on hiring of vehicle to come to hospital for delivery). Under JSSK, amount spent on drugs, investigations and transport are reimbursed by the facility (block) from RKS funds but most of the beneficiaries are not aware about this.

Drugs and consumables

Of the 11 women interviewed, all had reported receiving drugs from within the hospital free of cost. A few mothers in RH Chanditala reported buying medicines and tonics when they visited a private doctor in their place of stay on some complication but all of them could not specify the amount spent while three mentioned to have spent between Rs.500 - 1500.

Diagnostics

Interviews with the 11 beneficiaries reveal all of them had availed Hb, blood sugar, urine tests in house in the facilities visited. Main expenditure incurred by them had been on USG amounting from Rs.500 to 2000 in different cases. All the health facilities had well equipped lab which were conducting all routine tests.

Diet

Mothers are receiving three diets each day of their stay (morning – egg, tea, pao-roti and Banana; lunch – fish, dal, rice and curry and dinner – bread, egg, dal and vegetable).

Referral Transport

Free transport does not get provided to all the pregnant women especially picking up from home since most people come on their own due to either non availability of the service at a short notice or they just take their own means of transportation to reach in time.

Emergency transport services exist in the district through Nischay Yan (some ambulances are marked for JSSK and rest are for other emergency transport or referrals to higher facility, e.g. at a facility there were 5 vehicles, 2 were kept for JSSK and the rest 3 for referrals etc.). These ambulances are in PPP mode and facilities pay the fixed amount travelled by the ambulance to transport pregnant women on the basis of distance covered. For all other category, patients have to pay fuel amount of distance travelled by him/ her. There is no specific TOLL free number for the Nischay Yan and at each place a specific phone number is provided which ASHAs and ANMs have with them. This contact number of the driver is also displayed in the facility.

Currently 44 Nischay Yan are available in the district (39 are empanelled) and each vehicle is carrying 1.8 patient per day in the district (data received from district as on March'13). 55% of women under JSSK scheme are receiving to and fro services through Nischay Yan and 13% women are referred to higher facilities (as on march'13). 35% of patents (other than pregnant women) are utilizing Nishay Yan services. Total amount reimbursed by the district to Nischay Yan is 10 lakhs per month for providing emergency transport services which is catering 54% of estimated beneficiary. Amount paid to PPP agency for Nischay Yan is not sufficient to cater service for long distances. Nischay Yan agency receives only the fixed amount which falls short of the fuel cost spent



by the agency. Therefore Nishcay Yan agency does not prefer to cater for long distance referral or pick and drop as it is not cost effective. *This is the major cause of under utilization of referral transport provided by the government.*

Sl	FY	Number of Vehicles	Beneficiary	Number beneficiary of PW under JSSK Scheme	Number of Vouchers Reimbursed			Total Amount reimburse d (Rs)	% of beneficiary received transport (to and fro)
					V1 (Home to Facility)	V2(Facility to Home)	v3(Referred to higher facility)		
1	Apr-Mar'13	44	Pregnant women	15512	9177	8853	2385	5284808	59%

2	Apr- Mar'13	44	Sick patients	849	349	321	361	333802	35%
Total Number of Empanelled Ambulances = 39									

Grievance Redressal

There is no system for registering of complaints or addressing them. Grievance redressal unit should be established at the state for understanding the grievances of human resource especially the contractual health care providers.

Display of JSSK and awareness

The JSSK signages were displayed in the District Hospital, RH, CHCs and PHCs visited.

RECOMMENDATIONS

Based on the visit and the key findings, the following action points are recommended for the district:

- IEC for pick-up of pregnant women for delivery needs to be established so that the service gets availed. Data of drop back and home to facility (sp. For sick new born) needs to be maintained in every delivery point.
- Ensure that patients are informed about the facilities of USG and if done outside on referral, its reimbursement at the facility. The signage to be displayed in the gyn OPD, general OPD registration counters, labour room and wards etc. to educate people on the available services and benefits of the scheme.
