

**Summer Training at
NHM, Rajasthan
(April 3 to June 2, 2017)**

**Gap Analysis on Physical Beneficiaries and Financial Expenditures
on Beneficiaries on the Basis of JSSK Entitlements**

**By
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**Under the guidance of
Dr. Goutam Sadhu**

**MBA Hospital & Health Management
2016-2018**


Institute of Health Management Research
The IIHMR University, Jaipur
2017

CERTIFICATE

This is to certify that **Dr. Manakkadan Nitin Gopi** has undergone summer training in **NHM, Rajasthan** from 3rd April to 2nd June 2017.

The candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

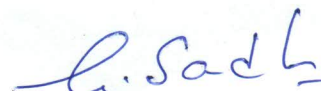
I wish him success in all his future endeavors.



Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur



Dr. Gautam Sadhu

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Date: - 7/06/2017

CERTIFICATE

This is to certify that **Mr Manakkadan Nitin Gopi**, student of MBA Institute of Health Management Research (IIHMR, Jaipur) has successfully completed his Summer Training Program at NHM, Rajasthan from 3rd April, 2017 to 2nd June 2017. He has worked on the project- **A gap analysis on physical beneficiaries and financial expenditure on beneficiaries on the basis of JSSK entitlements.**

His performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

Director RCH

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PREFACE

Any knowledge is incomplete without first-hand experience about it. In the health sector especially getting in to rub of the things is extremely essential as its problems are complex and deep rooted. To manage the problems in the health sector ‘MBA student of health and hospital management ’need to know the functioning of the different organizations be it private or public, for this purpose Summer training of 2 months is scheduled after completion of 1st year.

For the purpose of summer training I opted for NHM Rajasthan as I thought I would get to know the functioning of various government schemes in state of Rajasthan.

In the NHM Rajasthan complete discretion was given to us for opting of programme of our choice to study upon and I opted for the Janani Shishu Suraksha Karyakaram with special focus on “A gap analysis on physical beneficiaries and financial expenditures on beneficiaries on the basis of JSSK entitlements”.

ACKNOWLEDGEMENT

First of all, I would like to thank IIHMR university Jaipur for scheduling Summer Training, and supporting me throughout this endeavor. I am highly grateful to my mentor Dr. Gautam sadhu for his support, expert advice, constructive criticism, motivation during preparation of this report.

I am highly grateful to all the departmental heads and staff of National Health Mission, Rajasthan for giving us time in spite of their hectic schedule. Without their active cooperation and participation, it would not have been possible to accomplish my task.

I want to thank my family and friends who have been source of motivation and guiding light in the course of summer training. And special thanks to my co interns at NHM who helped immensely in the period of 2 months and made stay there immemorable.

ABBREVIATIONS

JSSK- Janani Shishu Suraksha Karyakaram

SPM- State Programme Manager

ASPM- Assistant State Programme Manager

SFM- State Finance Manager

SDO- State Data Officer

MMJRK- Mukhyamantri Jeevan Raksha Kosh

ANC-Antenatal Care

PNC-Postnatal Care

NICU- Neonatal Intensive Care Unit

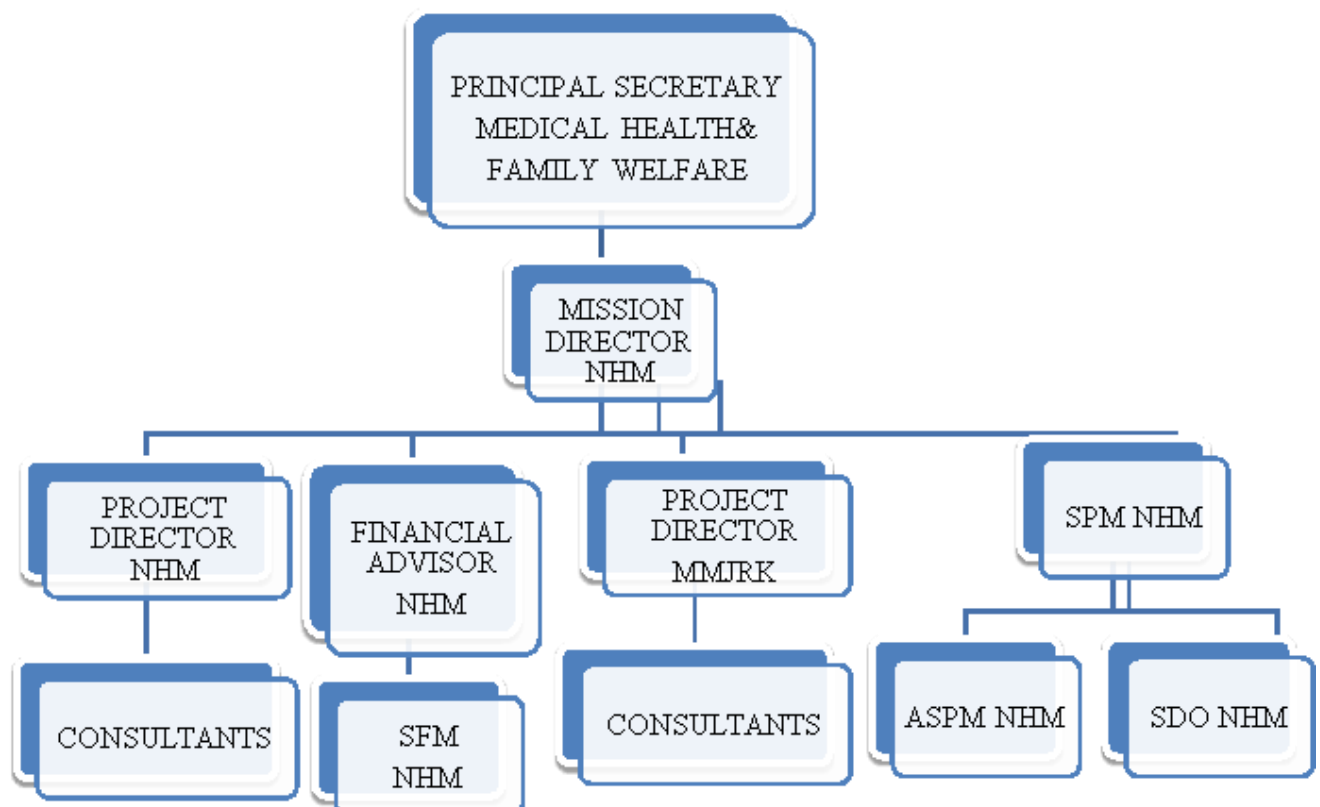
OOP- Out Of Pocket Expenditure

HISTORY OF NHM

NRHM was launched in April 2005 to cater health needs of under-served rural areas. The NRHM was initially tasked with addressing health needs of 18 states that had been identified as having weak public health indicators.

On 1 May 2013 national urban health mission)NUHM(was launched as under umbrella of national health mission)NHM(with national rural health mission)NRHM(being other component under it.

ORGANOGRAM OF NHM, RAJASTHAN



PROGRAMMES OF NHM RAJASTHAN

1.Reproductive & Child Health)RCH-II(:

- ☐ State's RCH programme is working to achieve goal of reducing infant & maternal morbidity & mortality.
- ☐ Achievement of these goal is envisioned through
 - Quality Improvement
 - Enhancement in accessibility & availability & coverage of reproductive & child health services.

2.Immunization:

Immunization is vital for health of child hence it is important strategy under NHM. Immunization coverage in the state is found to be unsatisfactory.

3.Disease Control Programmes:

- ☐ National Vector Born Disease Control Programme
- ☐ National Leprosy Eradication Programme
- ☐ Integrated Disease Surveillance Programme
- ☐ Revised National Tuberculosis Control Programme
- ☐ National Blindness Control Programme

4.Accredited Social Health activists:

- ☐ Asha Sahayogini
- ☐ Asha Soft

5. Janani Suraksha Yojana)JSY(

6.Janani shishu Suraksha karykram)JSSK(

7.OJAS)Online JSY & Subhalaxmi payment system(

8. Integrated Ambulance services

9. Bhamashah Swasthya Bima Yojana

10.Pradhanmantri surakshit matritva karyakram

11. Adarsh PHC

12. Rashtriya Kishor swasthya karyakram)RKSK(

INTRODUCTION: -

Government of India has launched the Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011. The scheme is to benefit pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. All the States and UTs have initiated implementation of the scheme.

SITUATION: -

Pregnant women and their families members in India faces additional expenses for institutional deliveries which they give for user charges, drugs & consumables, diets, diagnostic tests & for C –sections.

THE NEW INITIATIVE: -

Pregnant women & the parent of sick newborn usually face difficulty because of high out of pocket expenditure invested during delivery and for treatment process of sick newborn,so Ministry of Health and Family Welfare (MoHFW) taken this step for all States to provide completely free and cashless services to pregnant women for ANC, PNC, normal deliveries & caesarean operations and sick new born (up to 30 days after birth) in Government health institutions & accredited hospitals in both rural and urban areas.

OBJECTIVE: -

- Removing out-of-pocket expenses for families of sick new born & pregnant women in government health facilities
- To make a reach to all pregnant womens as nearly 75 lakh / year who still deliver at home.
- On time care should be availed to sick new borns.

Review of literature

- JSSK is successful in raising the number of booked obstetric practice (hence a better antenatal care), institutional deliveries and improved access to level III NICU care among the poor resulting in a significant decrease in preterm mortality rates.
- JSSK resulted in significant rise in institutional deliveries because of improved awareness for utilization of its components namely free ANC & PNC, free normal & cesarian delivery, free transportation from home to health institutions, health institution to higher referrals & then back to home as dropback.
- Among pregnant mothers respondents were satisfied with the transport i.e. Transport available to shift the patient from home to hospital and from hospital to home and for referral services.
- majority of the mothers got the transport benefits as defined by JSSK guidelines however OOP incurred among those who were fully benefited was mostly due to extra cost of transport over and above the eligibility for reimbursement.
- JSSK benefitted the mothers utilizing the public-sector facilities however consumables, drugs and transport continued to contribute to the OOP expenditure. There is need for cashless transport facility and better availability of drugs and consumables to further reduce the OOP expenditure on deliveries

Objective

To analyze gap between physical beneficiaries and financial expenditures on beneficiaries on the basis of JSSK entitlements.

Rationale

Indian government brought into light “Janani Shishu Suraksha Karyakram” on 1st July 2011, to provide free and nil money services (i.e) free transportation to all sick new borns & pregnant women to health facilities (government & accredited).

JSSK initiative resulted in immense increase in institutional deliveries. Better awareness is a major cause, accompanied by a proper understanding of the transportation scheme (i.e) from home to health institutions, health institutions to higher referrals & dropback from health facilities to home. This resulted in increased registered delivery and hence proper antenatal care has direct impact on decreased death rates.

In the context of this it is imperative to study, we want to analyze the utilization of resources against expected and major gaps between physical and financial performance and find out possible causes of gaps.

Research questions:-

- What is the level of utilization of service against expected utilization of services among beneficiaries.
- What is the possible cause of gap between physical and financial performance.

RESEARCH METHODOLOGY

Study Design

The present study will be based on secondary data.

Study duration

2 months.

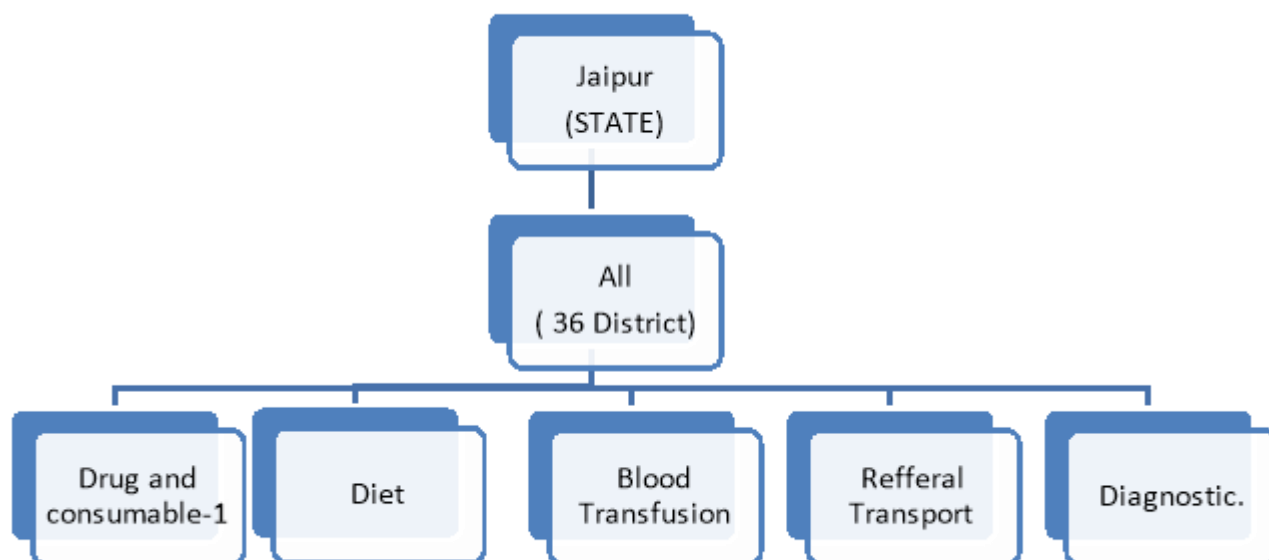
Study Area

The respective study will be based on secondary data, so we took data of all districts of Rajasthan state.

Study Respondents

Data of Janani Shishu Suraksha Yojana.

Figure 1: coverage plan

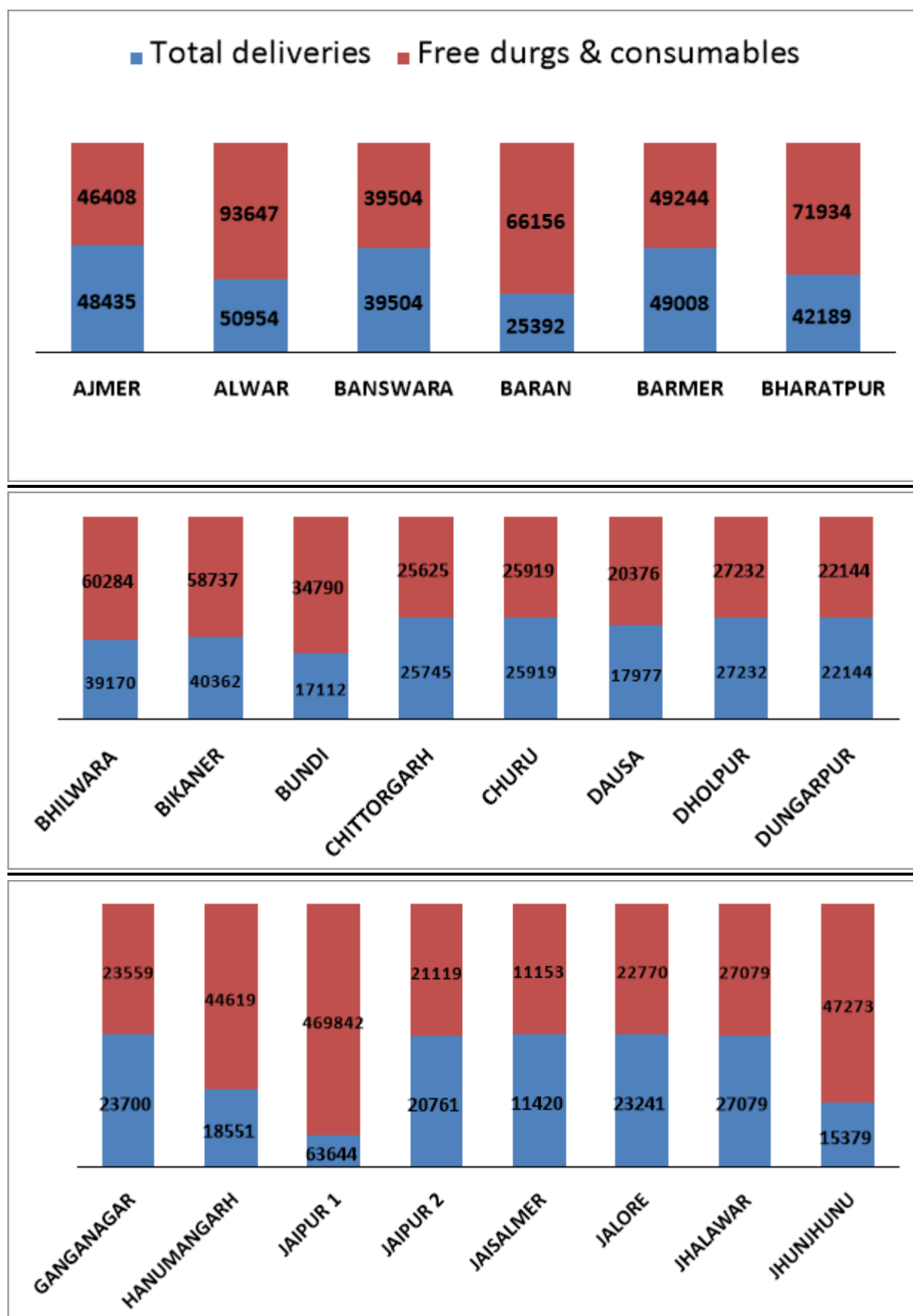


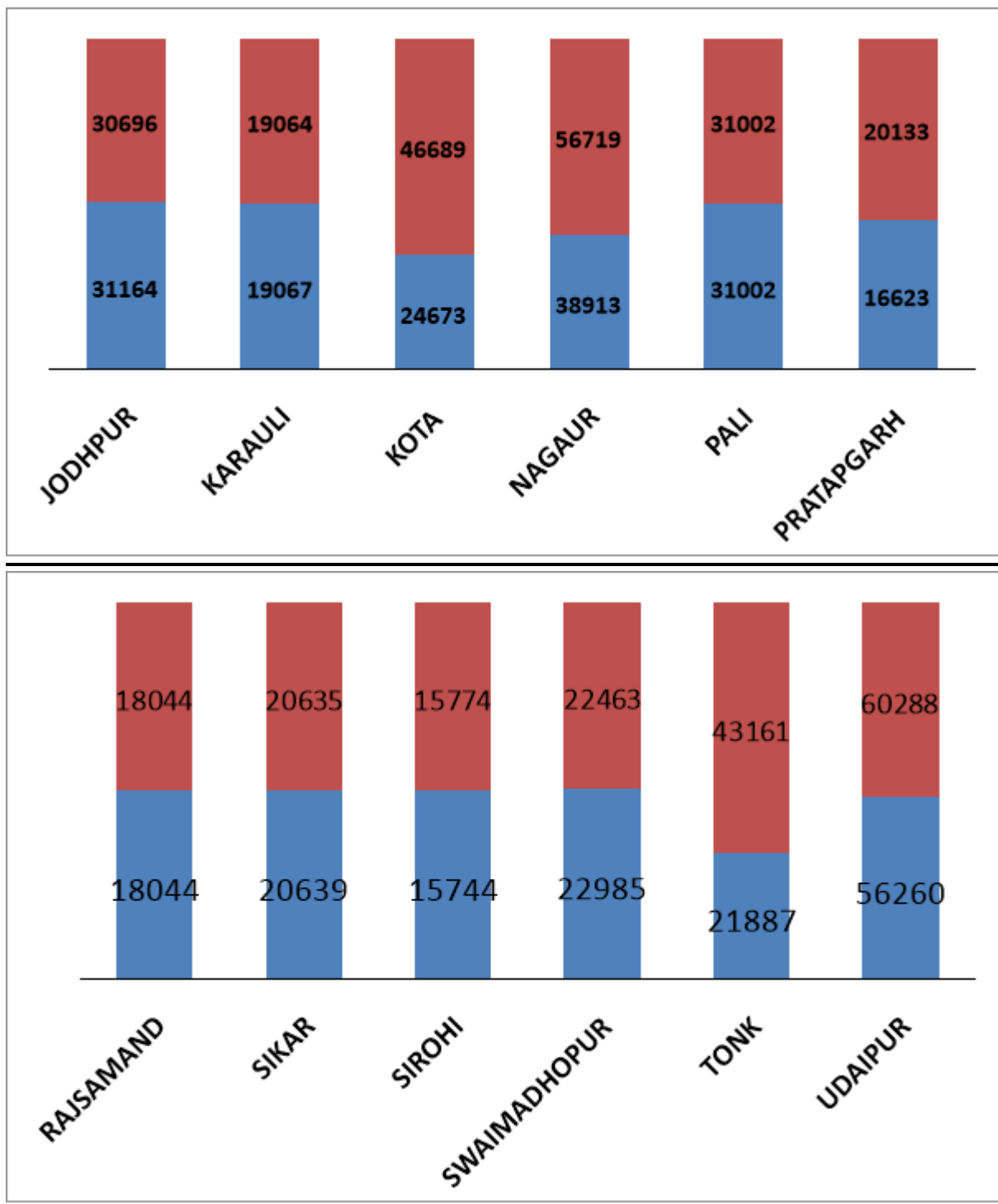
Data Management and Analysis

It is a secondary data based study. I have received complete data of JSSK from NHM Rajasthan , in which I have taken the data of 34 district of Rajasthan. To analysis the gap between physical & financial performances of JSSK entitlements & possible causes accordingly.

Data Analysis

**Drugs and consumables against total
deliveries**





Here data depicts that gap between total deliveries against total beneficiaries who availed services of drug and consumables of the districts of Rajasthan .

Here we can find the gaps among the district of Rajasthan.

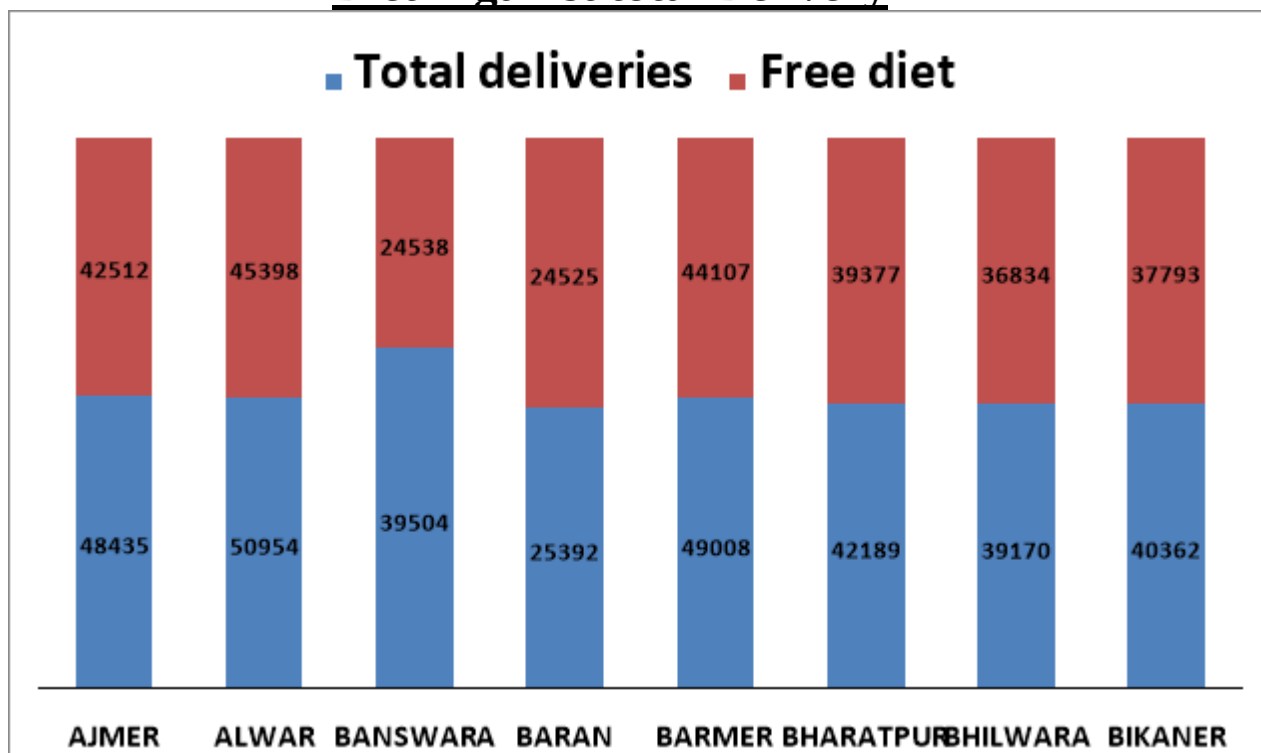
GAP ANALYSIS

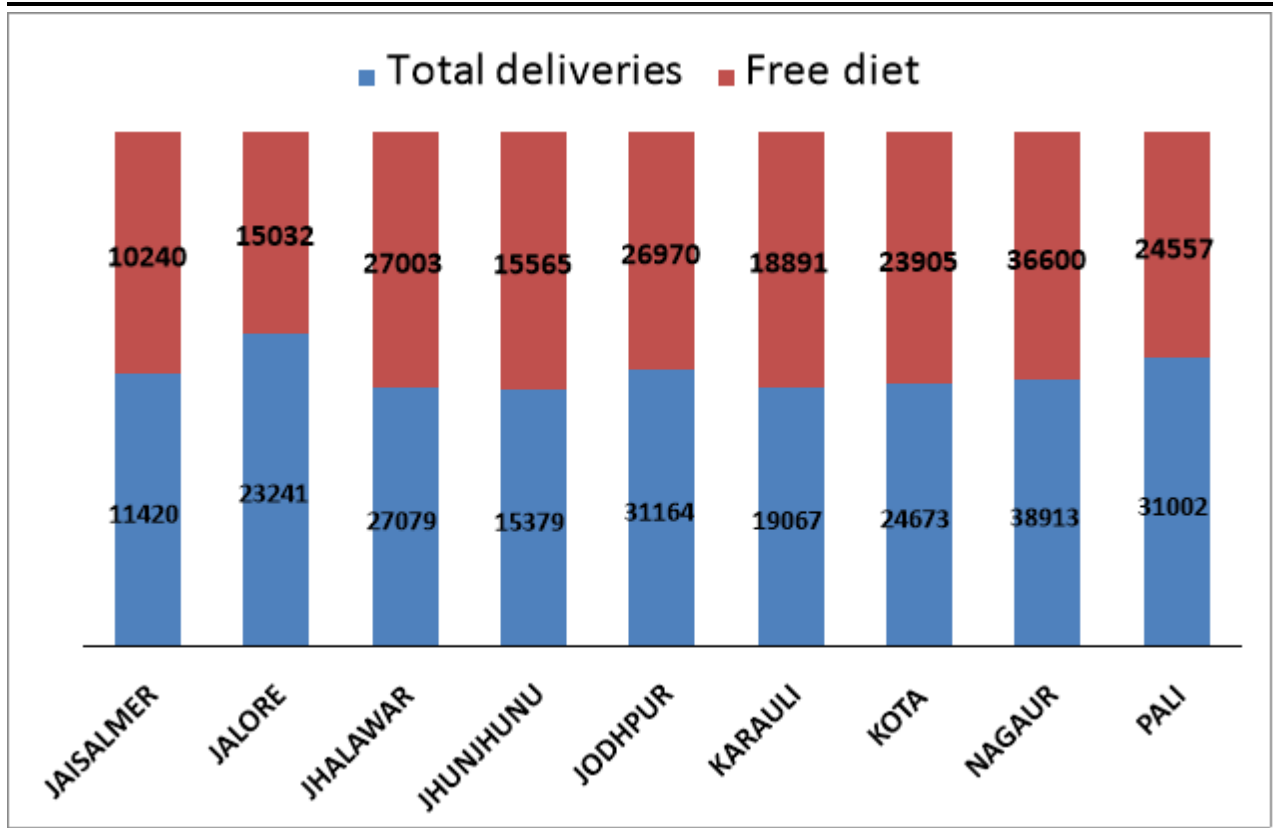
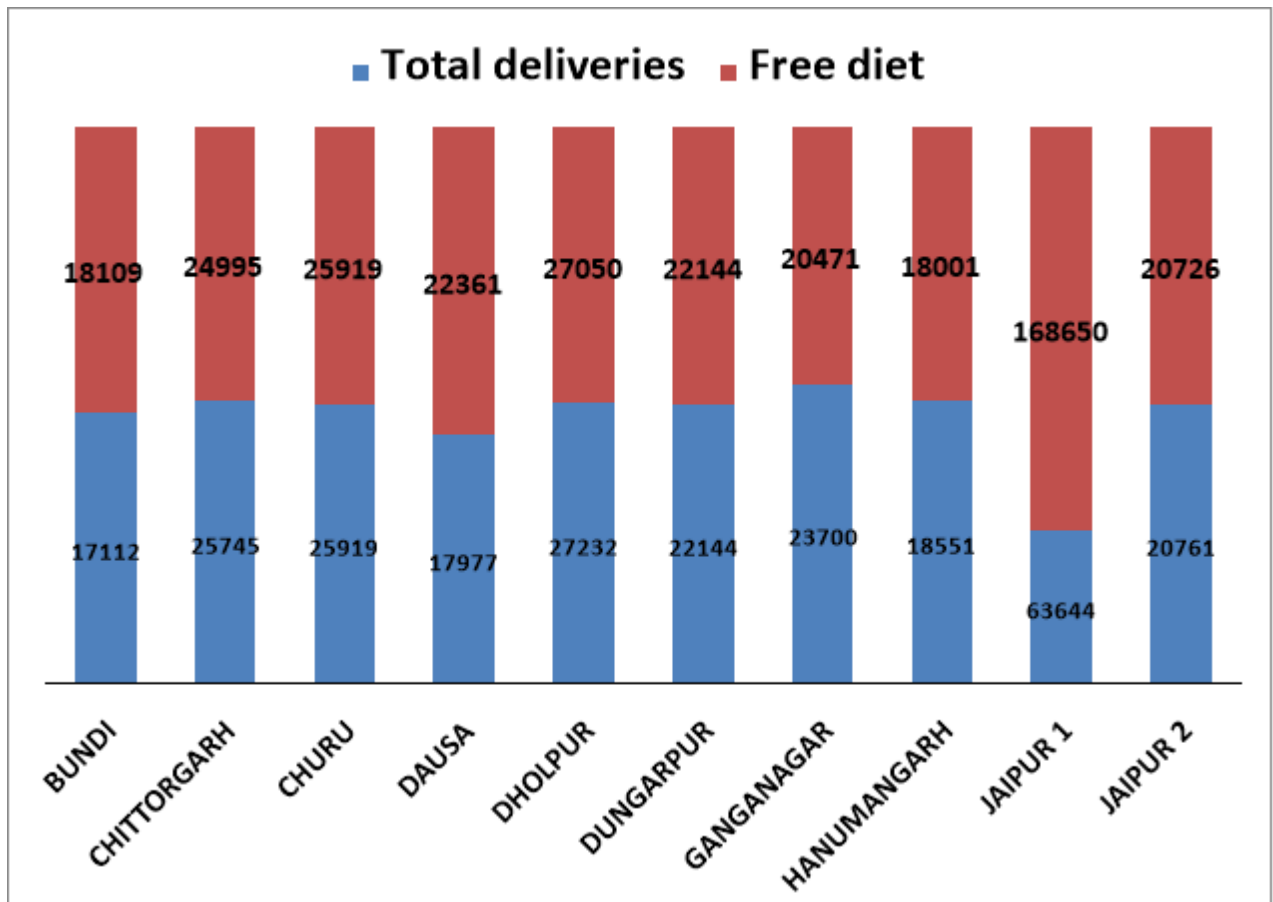
2016-17 Report	Total deliveries	Free durgs & consumables	Benificiaries who didn't receive drugs and consumables
AJMER	48435	46408	2027
ALWAR	50954	93647	-42693
BANSWARA	39504	39504	0
BARAN	25392	66156	-40764
BARMER	49008	49244	-236
BHARATPUR	42189	71934	-29745
BHILWARA	39170	60284	-21114
BIKANER	40362	58737	-18375
BUNDI	17112	34790	-17678
CHITTORGARH	25745	25625	120
CHURU	25919	25919	0
DAUSA	17977	20376	-2399
DHOLPUR	27232	27232	0
DUNGARPUR	22144	22144	0

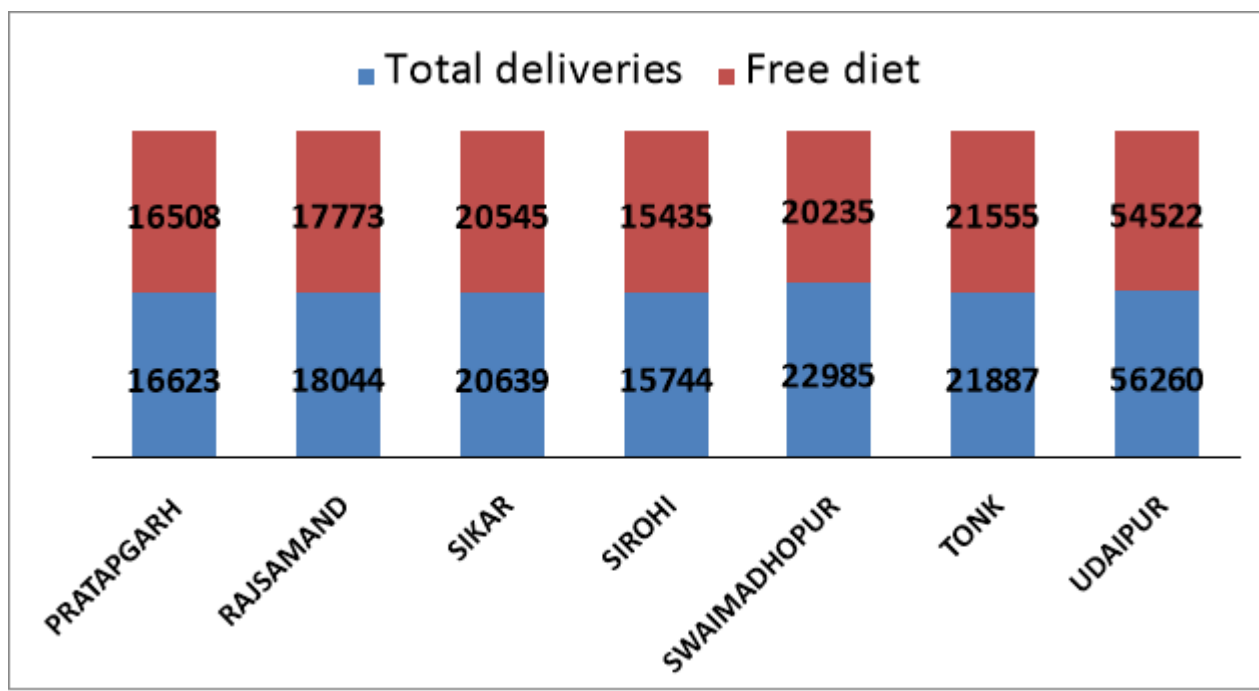
GANGANAGAR	23700	23559	141
HANUMANGARH	18551	44619	-26068
JAIPUR 1	63644	469842	-406198
JAIPUR 2	20761	21119	-358
JAISALMER	11420	11153	267
JALORE	23241	22770	471
JHALAWAR	27079	27079	0
JHUNJHUNU	15379	47273	-31894
JODHPUR	31164	30696	468
KARALI	19067	19064	3
KOTA	24673	46689	-22016
NAGPUR	38913	56719	-17806
PALI	31002	31002	0
PRATAPGARH	16623	20133	-3510
RAJSAMAND	18044	18044	0
SIKAR	20639	20635	4
SIROHI	15744	15774	-30
SWAIMADHOPUR	22985	22463	522

TONK	21887	43161	-21274
UDAIPUR	56260	60288	-4028

Diet Against total Delivery







Here data shows that gap between total deliveries in the district of Rajasthan and total beneficiaries who availed services among total beneficiaries delivered baby.

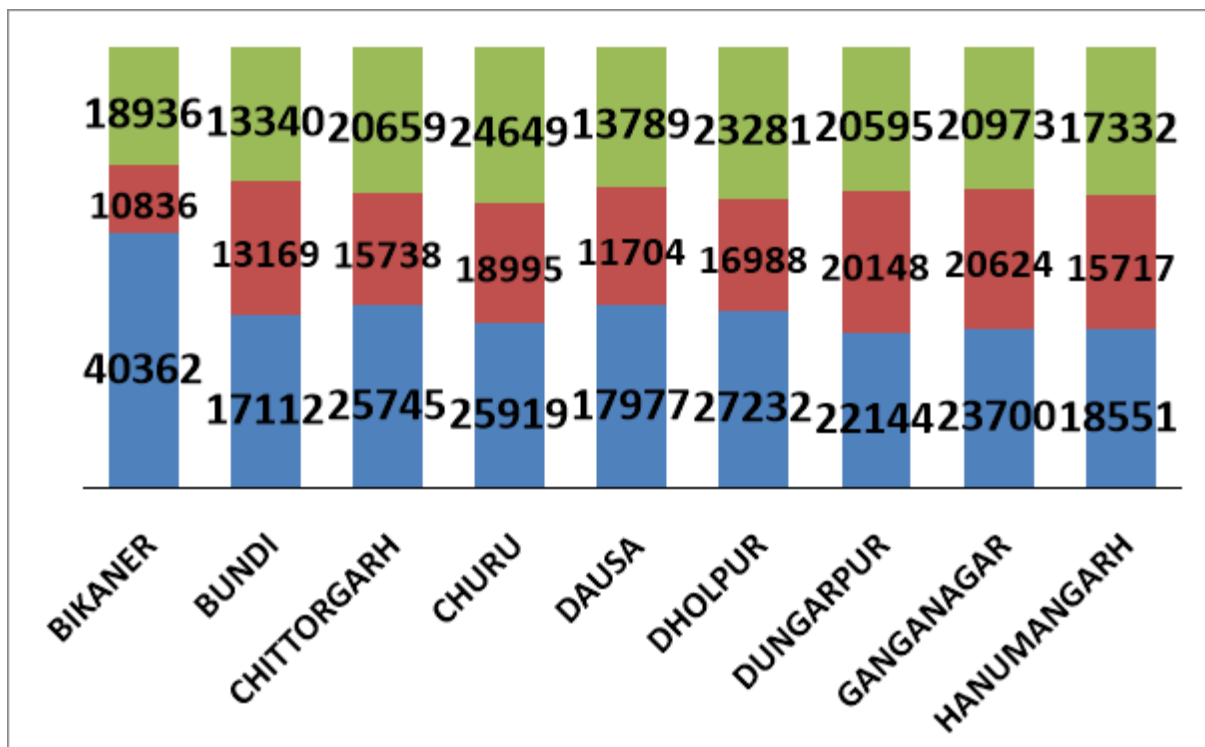
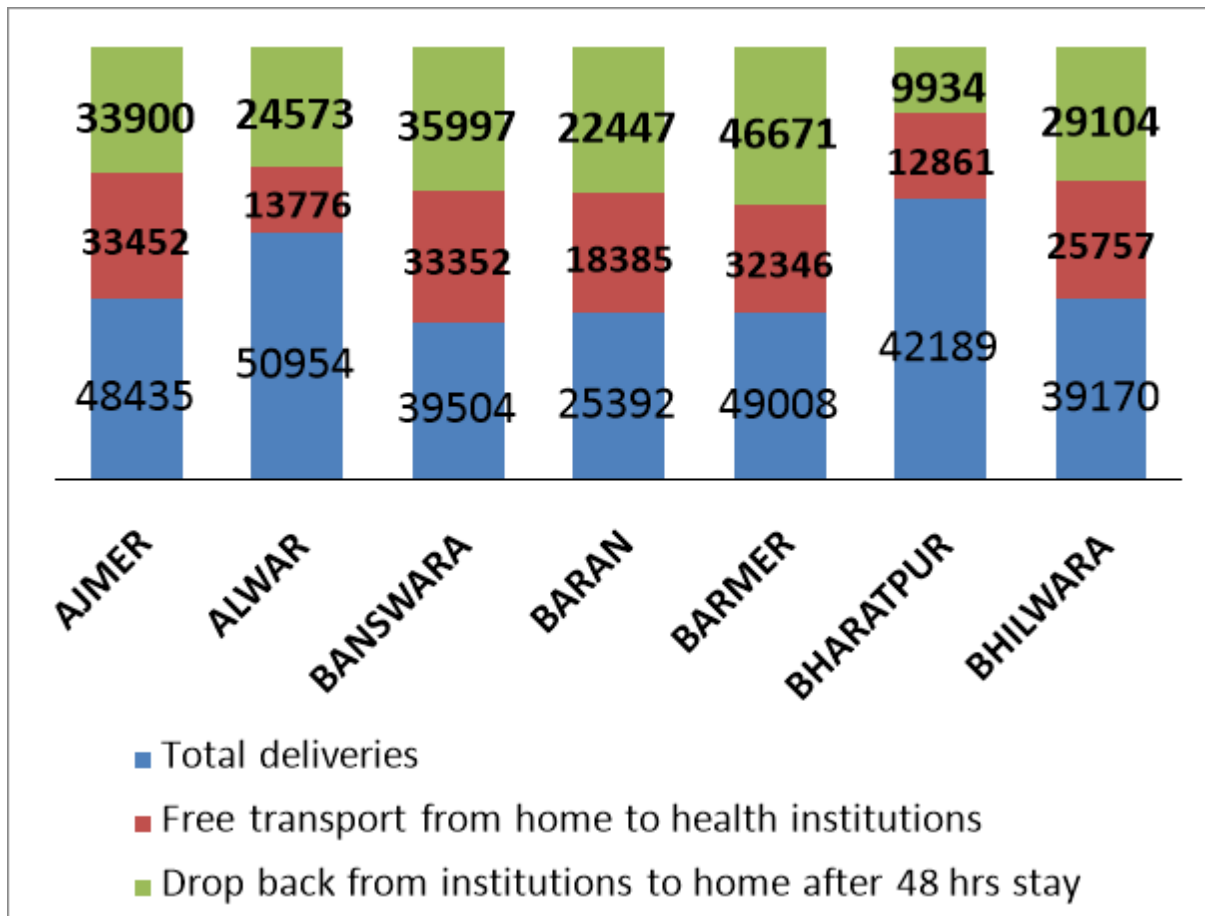
Minor gaps between total deliveries and beneficiaries took free diet.

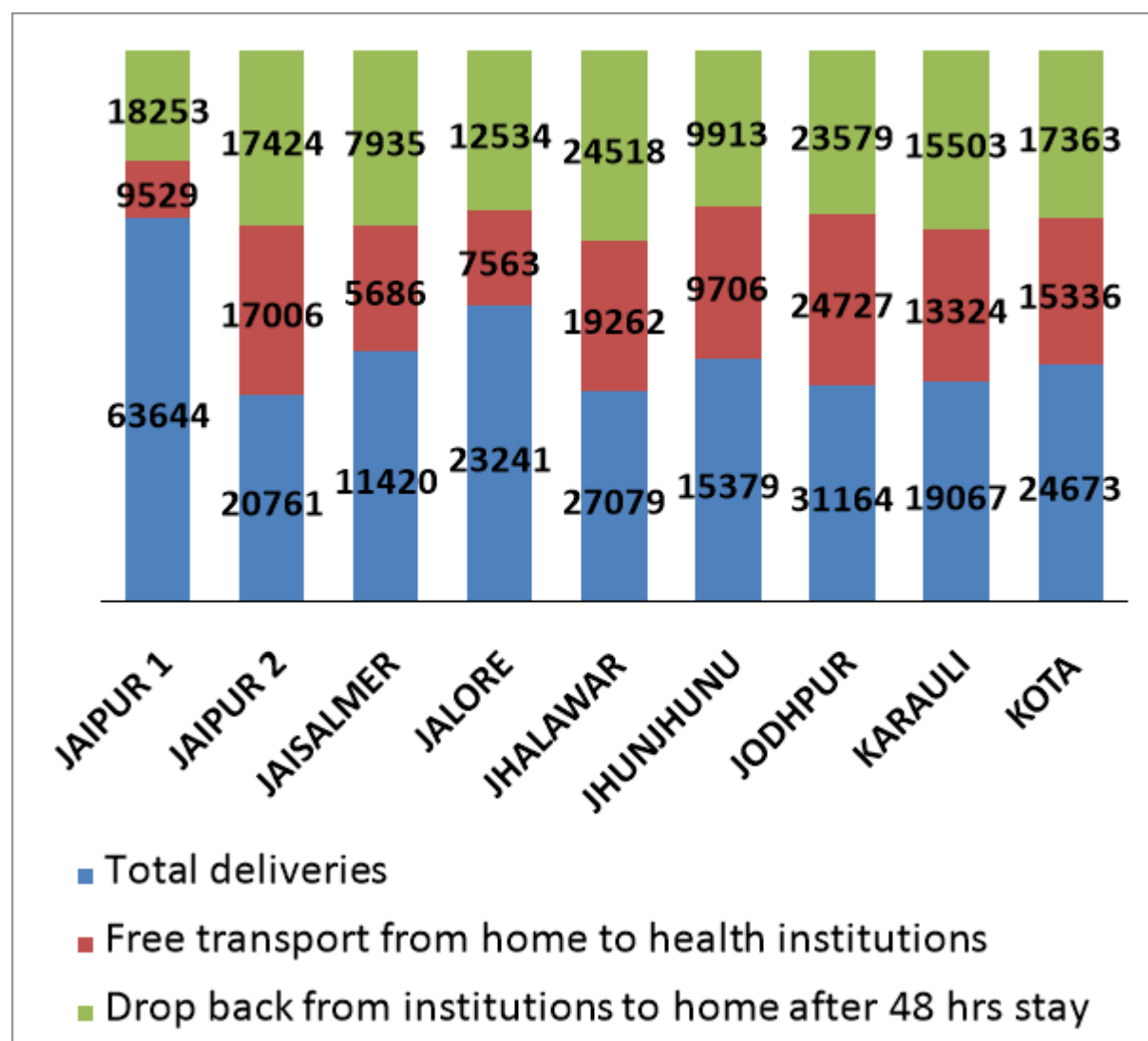
GAP - Analysis

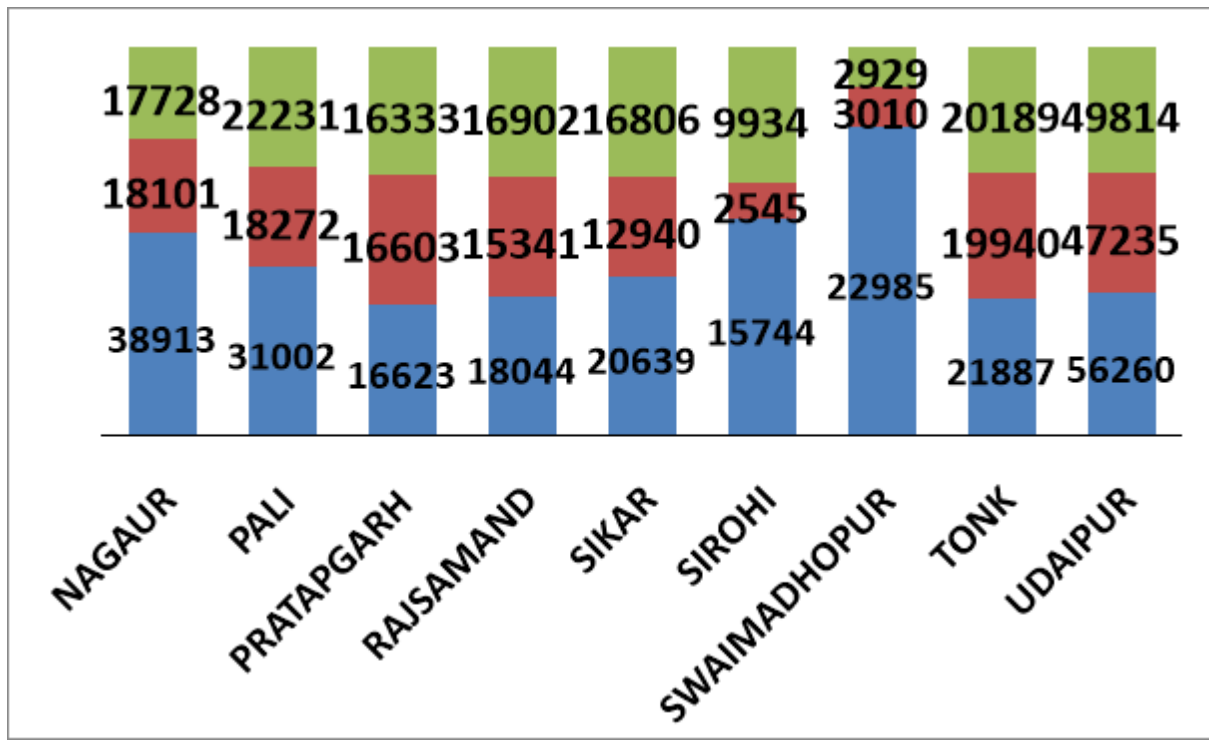
<u>District</u>	<u>Total deliveries</u>	<u>Free diet</u>	<u>Beneficiaries who didn't receive free diet</u>
AJMER	48435	42512	5923
ALWAR	50954	45398	5556
BANSWARA	39504	24538	14966
BARAN	25392	24525	867
BARMER	49008	44107	4901
BHARATPUR	42189	39377	2812
BHILWARA	39170	36834	2336
BIKANER	40362	37793	2569
BUNDI	17112	18109	-997
CHITTORGARH	25745	24995	750
CHURU	25919	25919	0
DAUSA	17977	22361	-4384
DHOLPUR	27232	27050	182
DUNGARPUR	22144	22144	0
GANGANAGAR	23700	20471	3229
HANUMANGARH	18551	18001	550

JAIPUR 1	63644	168650	-105006
JAIPUR 2	20761	20726	35
JAISALMER	11420	10240	1180
JALORE	23241	15032	8209
JHALAWAR	27079	27003	76
JHUNJHUNU	15379	15565	-186
JODHPUR	31164	26970	4194
KARALI	19067	18891	176
PRATAPGARH	16623	16508	115
RAJSAMAND	18044	17773	271
SIKAR	20639	20545	94
SIROHI	15744	15435	309
SWAIMADHOPUR	22985	20235	2750
TONK	21887	21555	332
UDAIPUR	56260	54522	1738

Transportation Facility.







Here data depicts district wise data of beneficiaries availed service of transportation weather home to health facility , or health facility to home against district wise data of total delivery.

We can find out Major gaps.

GAP ANALYSIS

DISTRICTS	TOTAL DELIVERIES	FREE TRANSPORT FROM HOME TO HEALTH INSTITUTIONS	BENEFICIARIES WHO DIDN'T RECEIVE FREE TRANSPORT FROM HOME TO HEALTH INSTITUTIONS
Ajmer	48435	33452	14983
Alwar	50954	13776	37178
Banswada	39504	33352	6152
Baran	25392	18385	7007
Barmer	49008	32346	16662
Bharatpur	42189	12861	29328
Bhilwara	39170	25757	13413
Bikaner	40362	10836	29526

Bundi	17112	13169	3943
Chittorgarh	25745	15738	10007
Churu	25919	18995	6924
DAUSA	17977	11704	6273
DHOLPUR	27232	16988	10244
DUNGARPUR	22144	20148	1996
GANGANAGAR	23700	20624	3076
HANUMANGARH	18551	15717	2834
JAIPUR 1	63644	9529	54115
JAIPUR 2	20761	17006	3755
JAISALMER	11420	5686	5734
JALORE	23241	7563	15678

JHALAWAR	27079	19262	7817
JHUNJHUNU	15379	9706	5673
JODHPUR	31164	24727	6437
KARAULI	19067	13324	5743
KOTA	24673	15336	9337
NAGAU	38913	18101	20812
PALI	31002	18272	12730
PRATAPGARH	16623	16603	20
RAJSAMAND	18044	15341	2703
SIKAR	20639	12940	7699
SIROHI	15744	2545	13199
SWAIMADHOPUR	22985	3010	19975

TONK	21887	19940	1947
UDAIPUR	56260	47235	9025

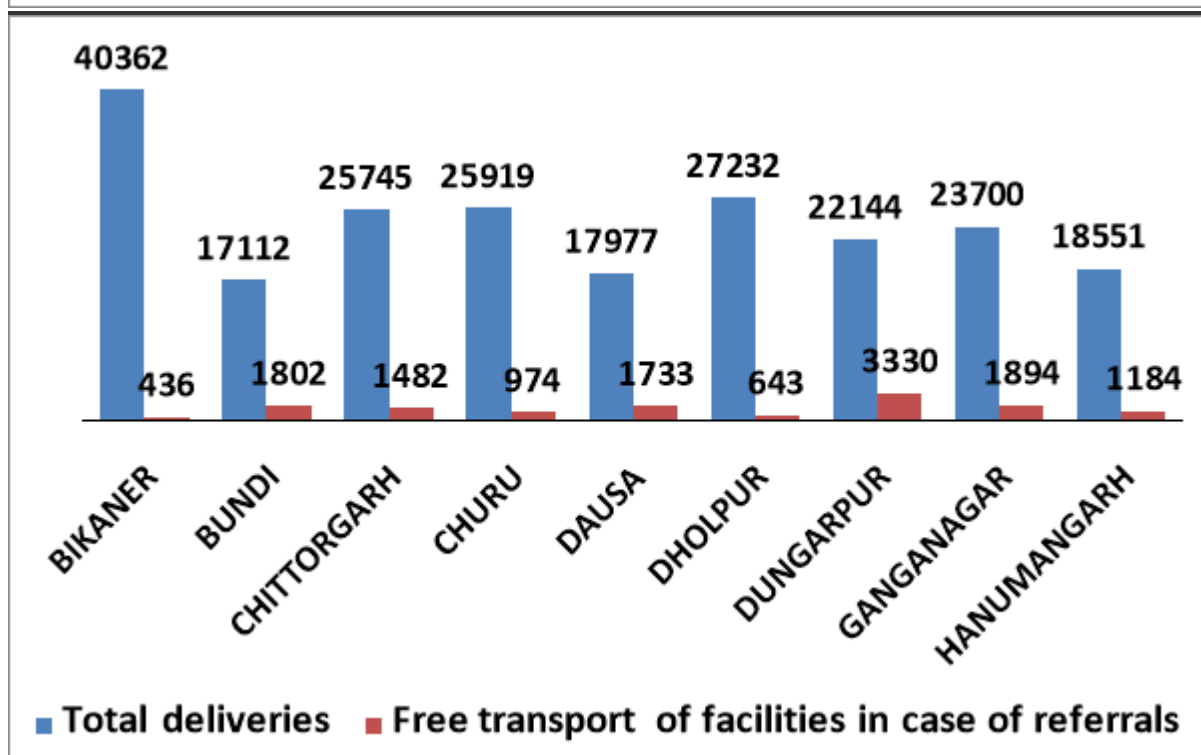
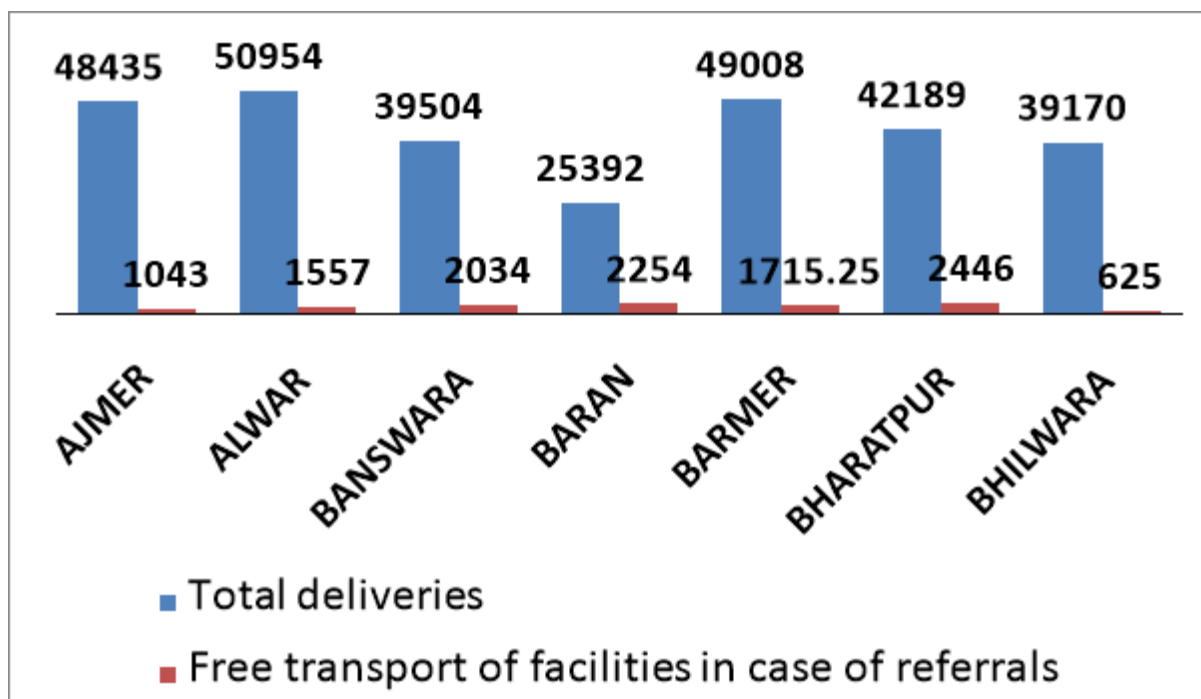
GAP ANALYSIS

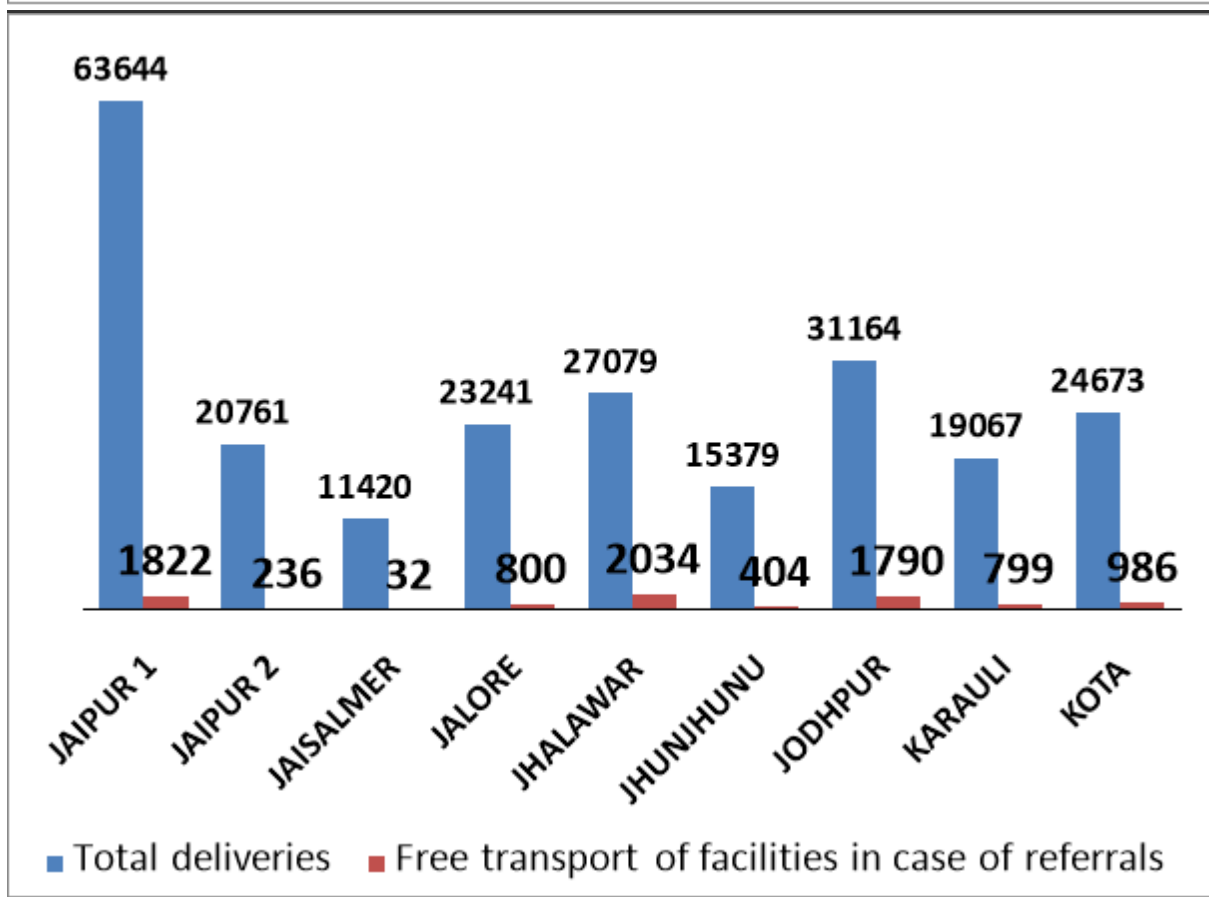
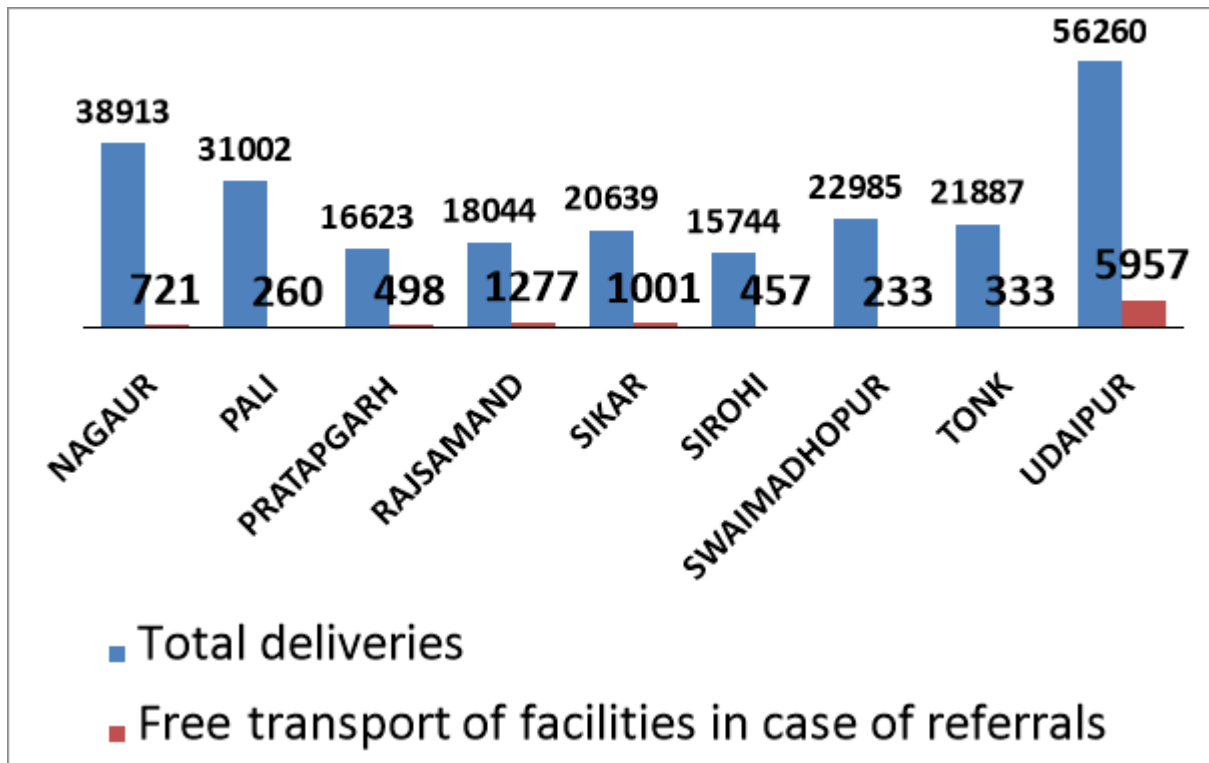
DISTRICTS	TOTAL DELIVERIES	FREE TRANSPORTATION FROM HOSPITAL TO HOME	BENEFICIARIES WHO DIDN'T RECEIVE TRANSPORTATION FROM HOSPITAL TO HOME
AJMER	48435	33900	14535
ALWAR	50954	24573	26381
BANSWARA	39504	35997	3507
BARAN	25392	22447	2945
BARMER	49008	46671.25	2336.755
BHARATPUR	42189	9934	32255
BHILWARA	39170	29104	10066

BIKANER	40362	18936	21426
BUNDI	17112	13340	3772
CHITTORGARH	25745	20659	5086
CHURU	25919	24649	1270
DAUSA	17977	13789	4188
DHOLPUR	27232	23281	3951
DUNGARPUR	22144	20595	1549
GANGANAGAR	23700	20973	2727
HANUMANGAR H	18551	17332	1219
JAIPUR 1	63644	18253	45391
JAIPUR 2	20761	17424	3337
JAISALMER	11420	7935	3485
JALORE	23241	12534	23241
JHALAWAR	27079	24518	2561
JHUNJHUNU	15379	9913	5466
JODHPUR	31164	23579	7585
KARAULI	19067	15503	3564

KOTA	24673	17363	7310
NAGPUR	38913	17728	21185
PALI	31002	22231	8771
PRATAPGARH	16623	16333	290
RAJSAMAND	18044	16902	1142
SIKAR	20639	16806	3833
SIROHI	15744	9934	5810
SWAIMADHOPUR	22985	2929	20056
TONK	21887	20189	1698
UDAIPUR	56260	49814	6446

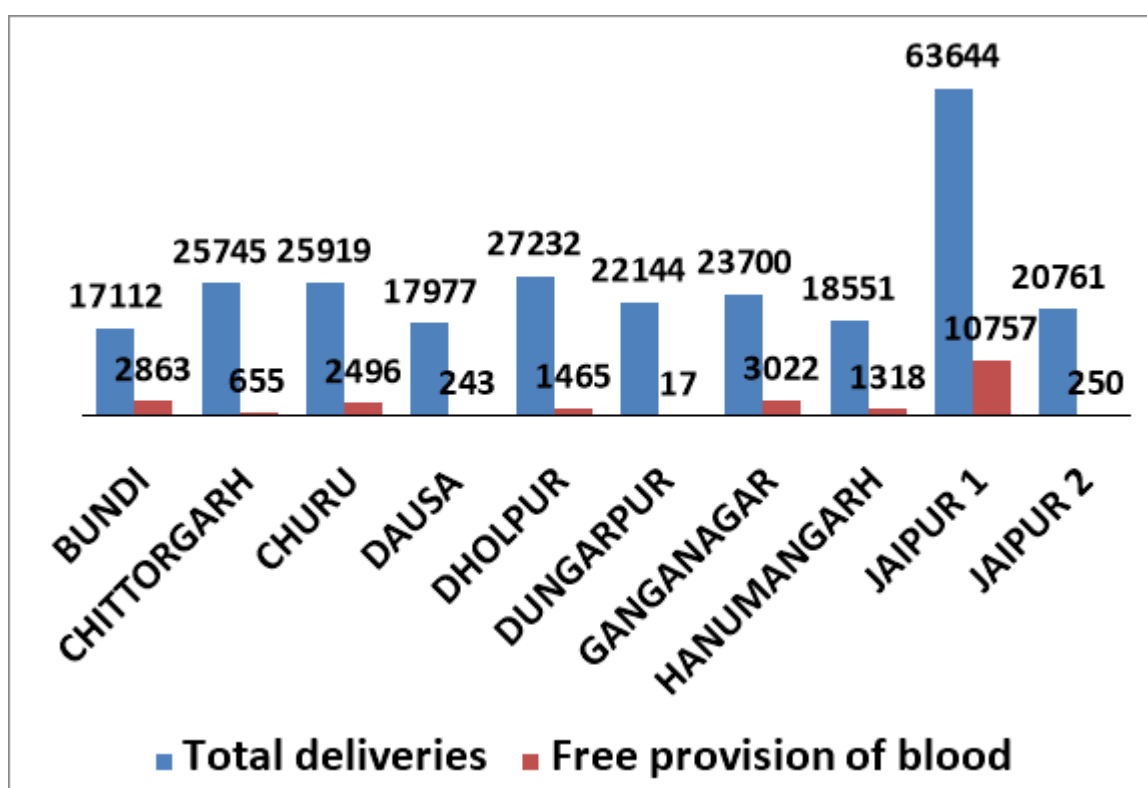
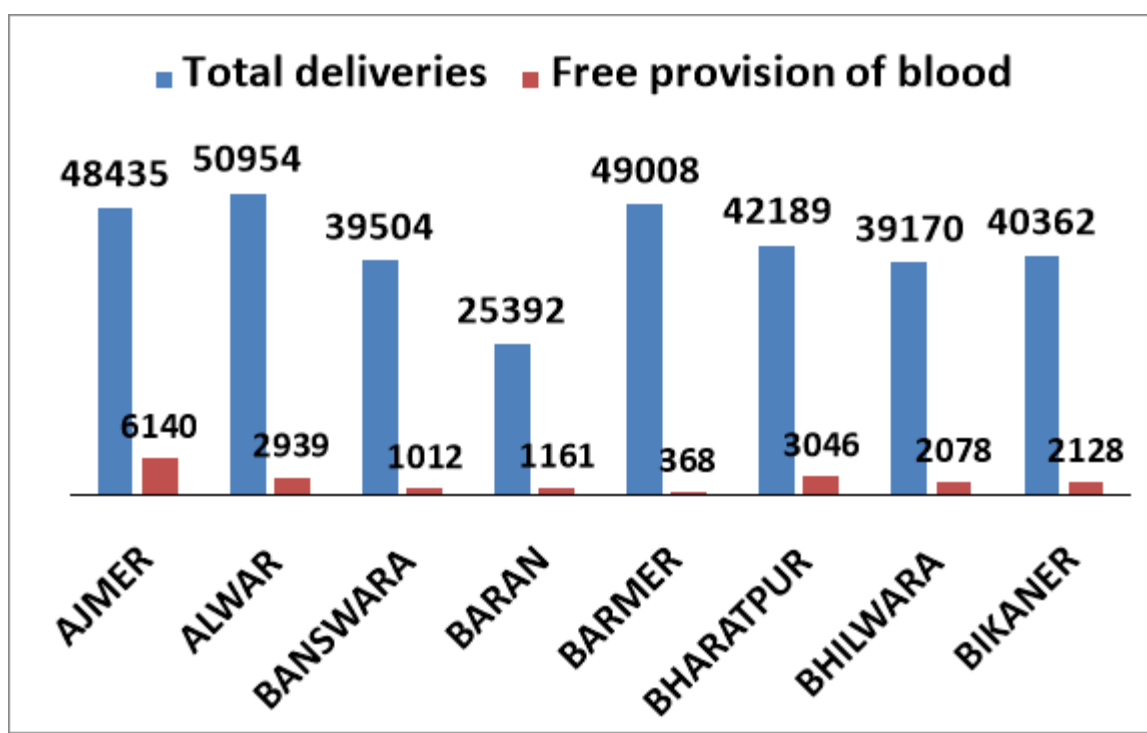
Referral cases

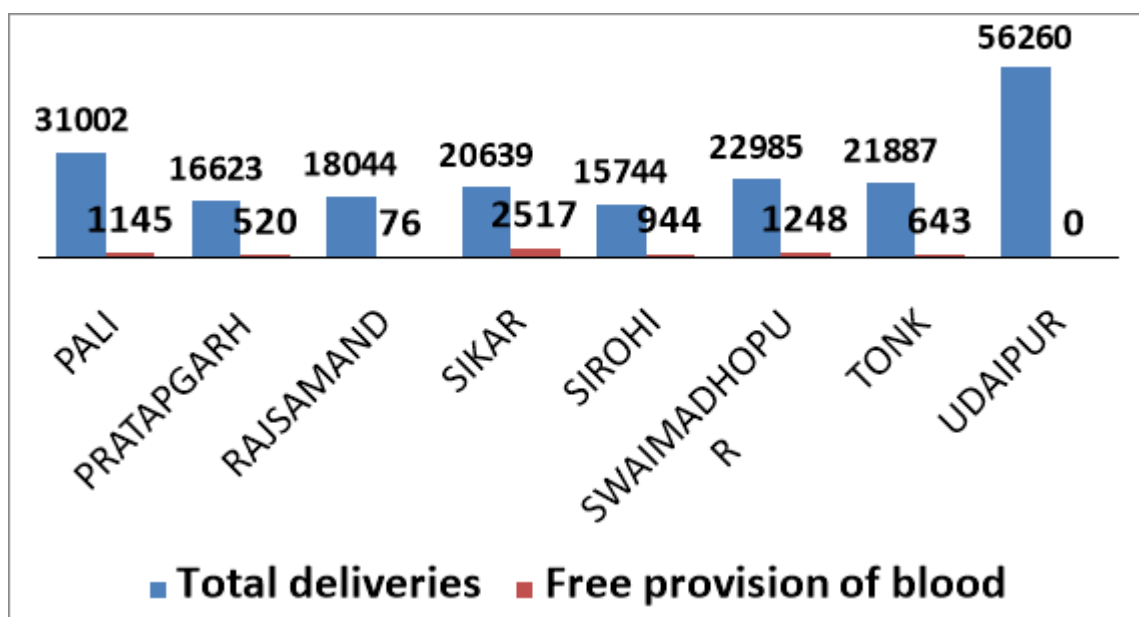
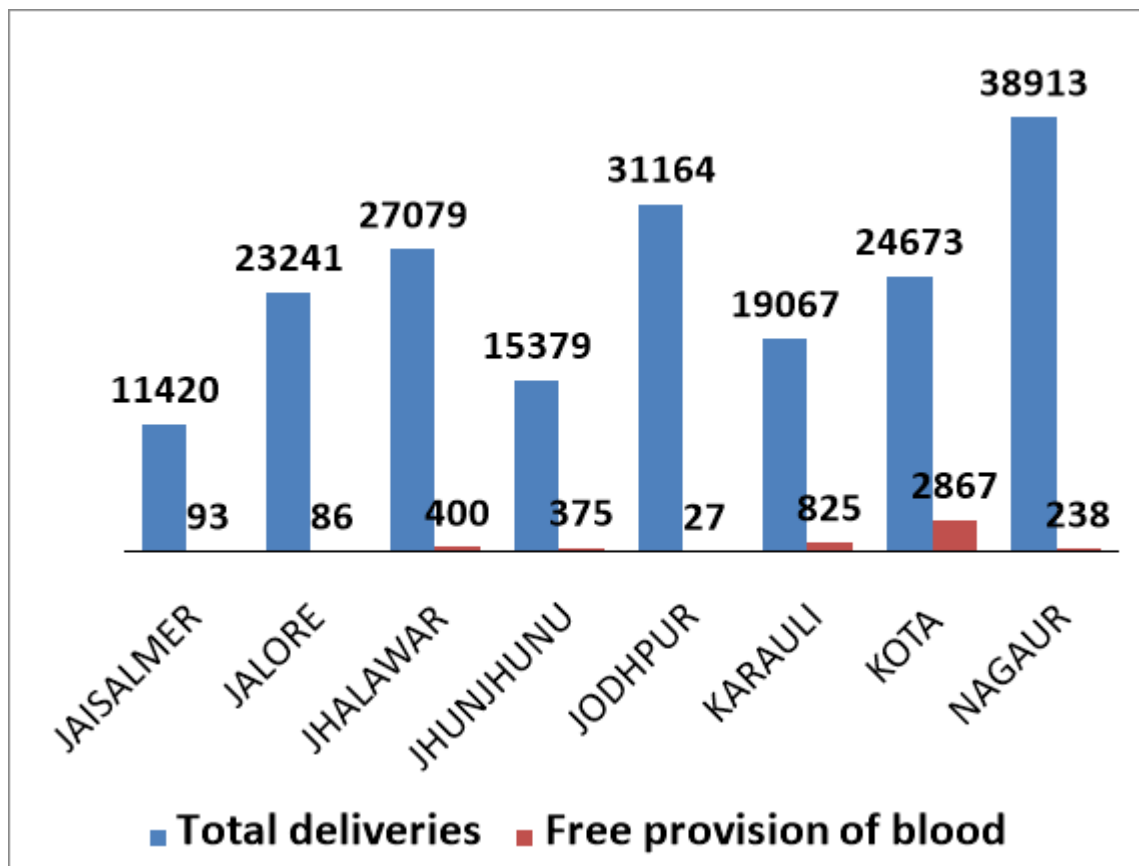




Here we can find out district wise data of total beneficiaries who used govt. transportation facility during referral from health institution to higher facility.

Blood transfusion against delivery





Here data shows that total beneficiaries who availed the services of free blood transfusion against total delivery and we can find out major gaps .

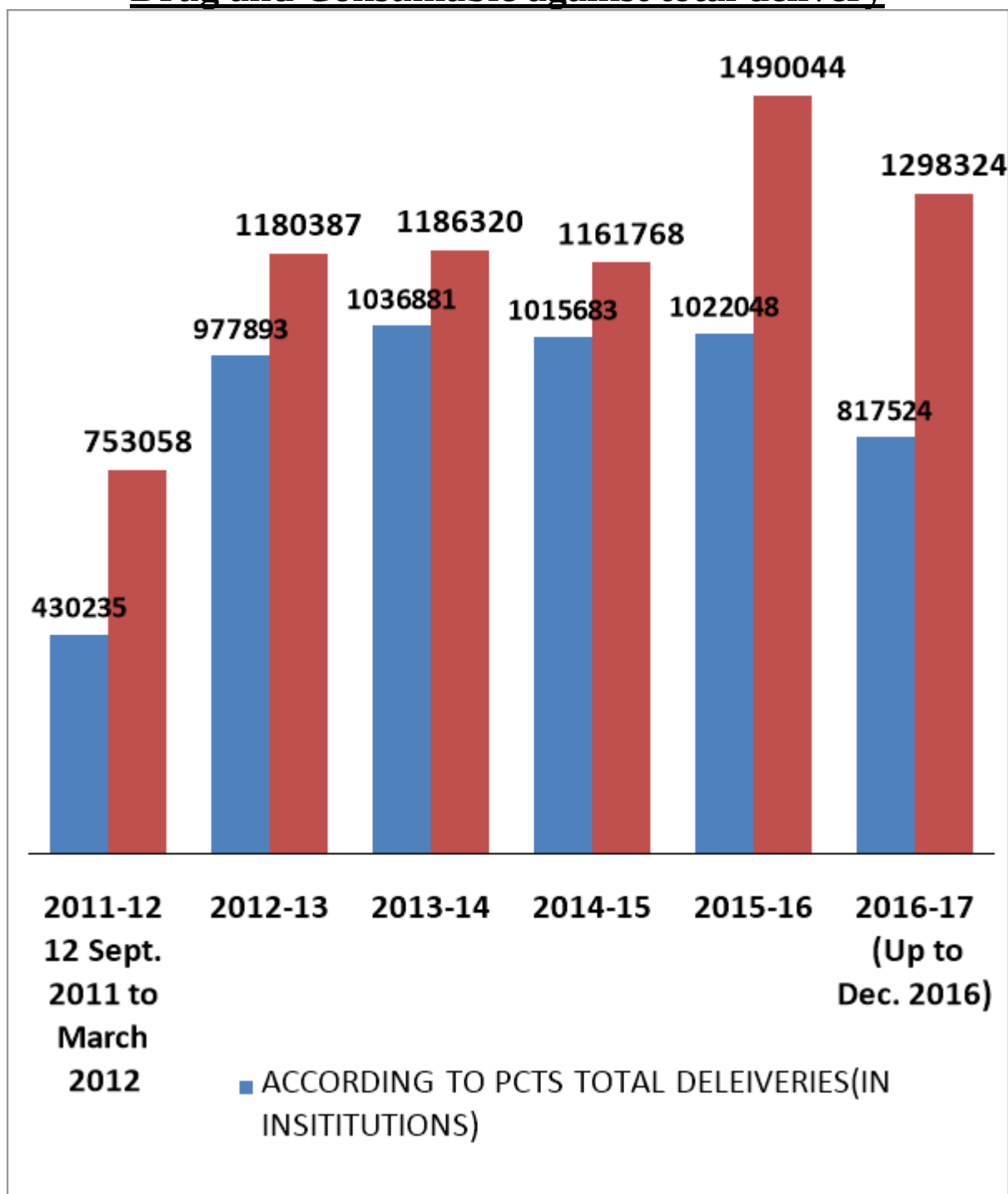
GAP ANALYSIS

DISTRICTS	TOTAL DELIVERIES	FREE PROVISION OF BLOOD	BENEFICIARIES WHO DIDN'T RECEIVE FREE PROVISION OF BLOOD
AJMER	48435	6140	42295
ALWAR	50954	2939	48015
BANSWARA	39504	1012	38492
BARAN	25392	1161	24231
BARMER	49008	368	48640
BHARATPUR	42189	3046	39143
BHILWARA	39170	2078	37092
BIKANER	40362	2128	38234
BUNDI	17112	2863	14249
CHITTORGARH	25745	655	25090
CHURU	25919	2496	23423
DAUSA	17977	243	17734
DHOLPUR	27232	1465	25767
DUNGARPUR	22144	17	22127
GANGANAGAR	23700	3022	20678
HANUMANGARH	18551	1318	17233

JAIPUR 1	63644	10757	52887
JAIPUR 2	20761	250	20511
JAISALMER	11420	93	11327
JALORE	23241	86	23155
JHALAWAR	27079	400	26679
JHUNJHUNU	15379	375	15004
JODHPUR	31164	27	31137
KARALI	19067	825	18242
KOTA	24673	2867	21806
NAGPUR	38913	238	38675
PALI	31002	1145	29857
PRATAPGARH	16623	520	16103
RAJSAMAND	18044	76	17968
SIKAR	20639	2517	18122
SIROHI	15744	944	14800
SWAIMADHOPUR	22985	1248	21737
TONK	21887	643	21244
UDAIPUR	56260	0	56260

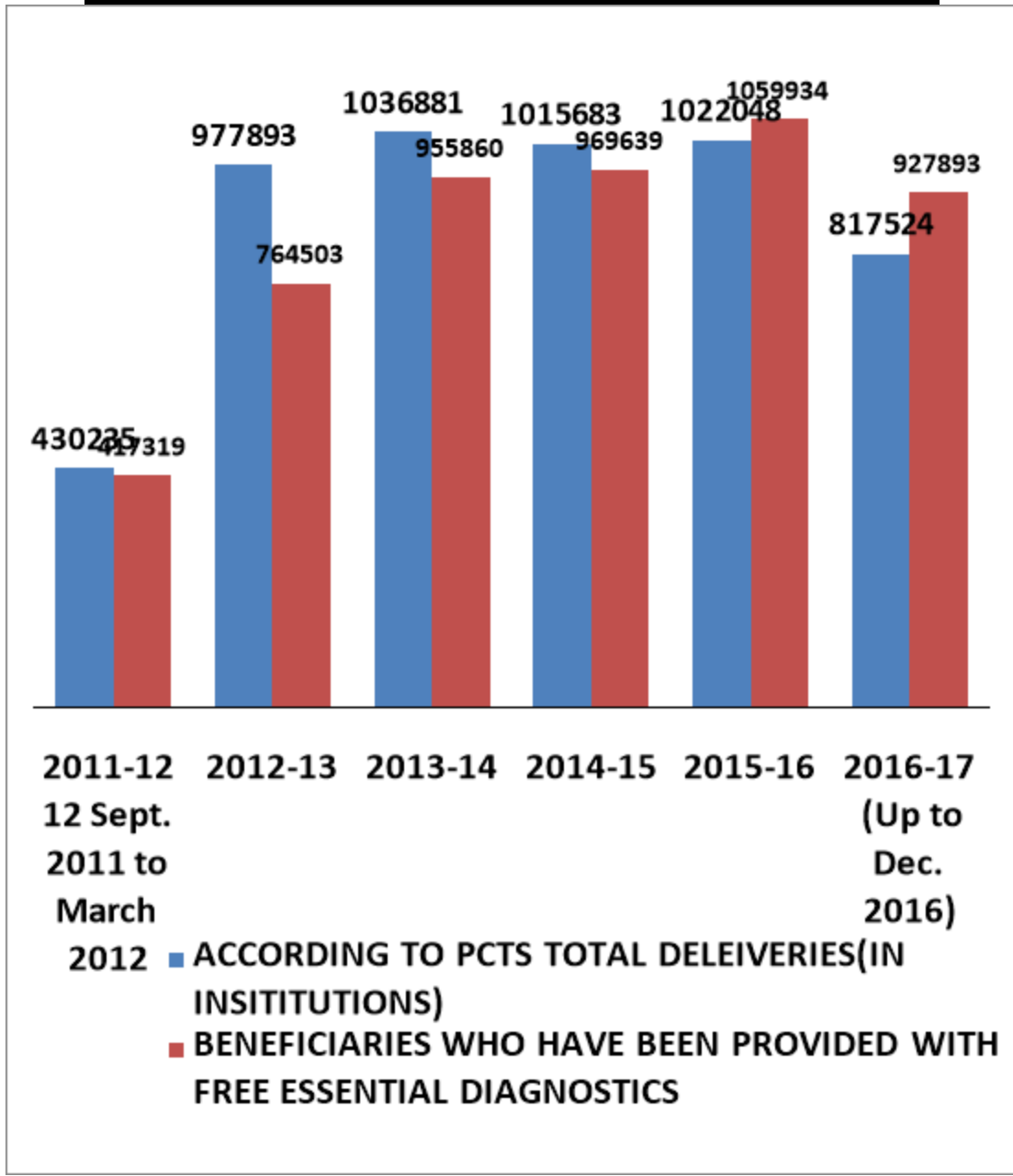
Analysis of last 5 year (JSSK)

Drug and Consumable against total delivery



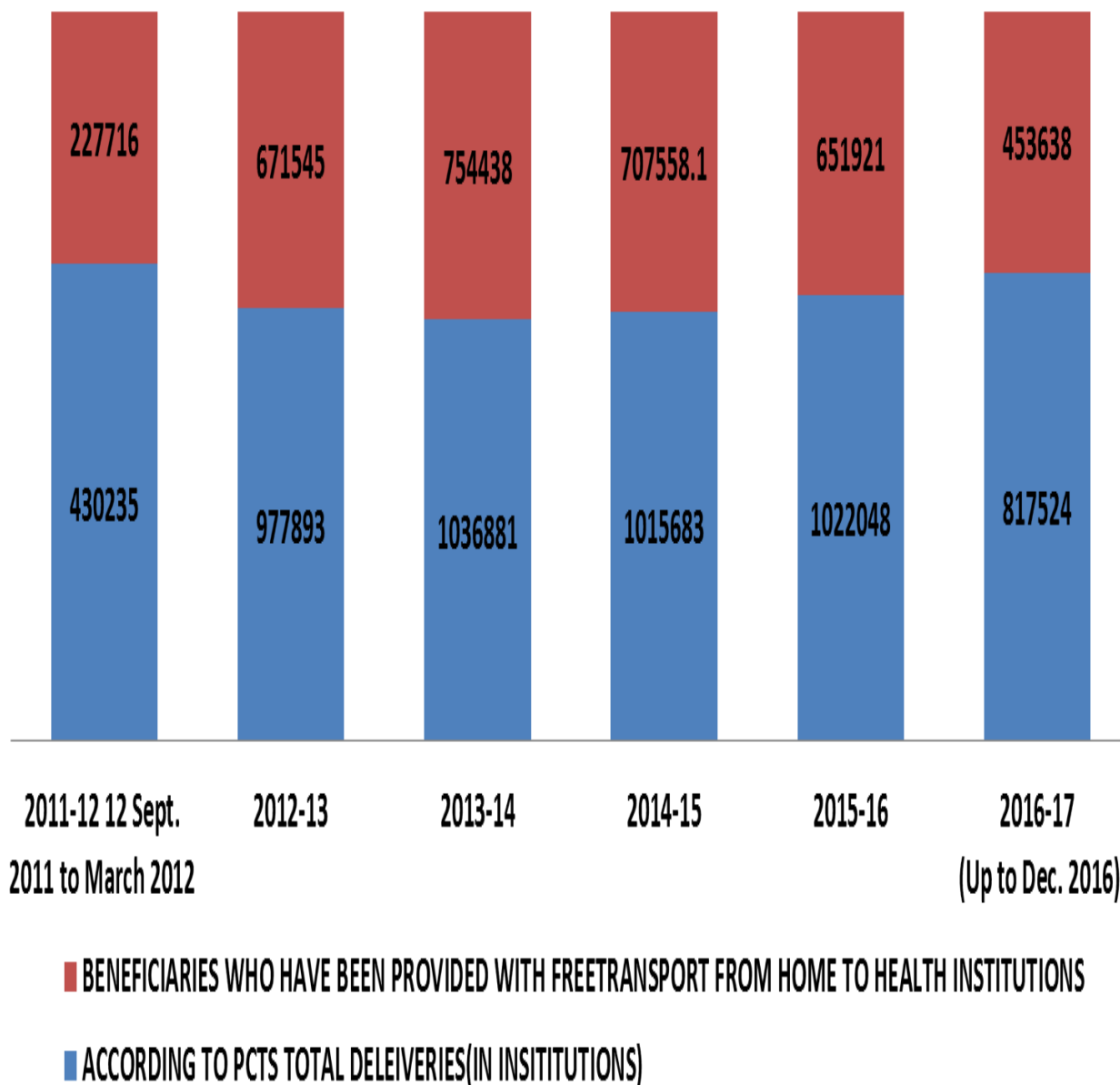
Here data depicts that utilization of services availed by JSSK beneficiaries of free drug against total delivery during last 6 years from when programme started.

Diagnostic Services against total delivery



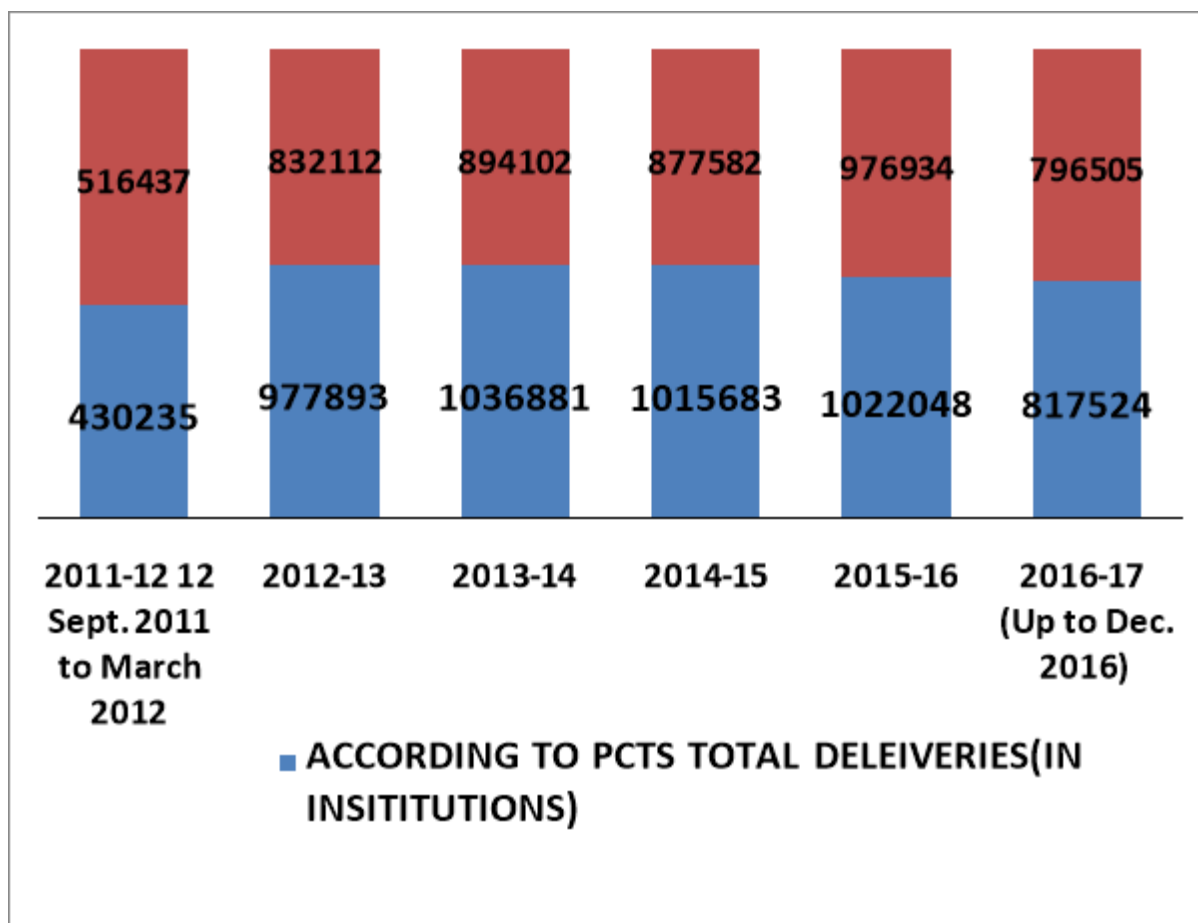
Here data depicts that utilization of services availed by JSSK beneficiaries of free Diagnostic against total delivery during last 6 years from when programme started.

Free Transportation



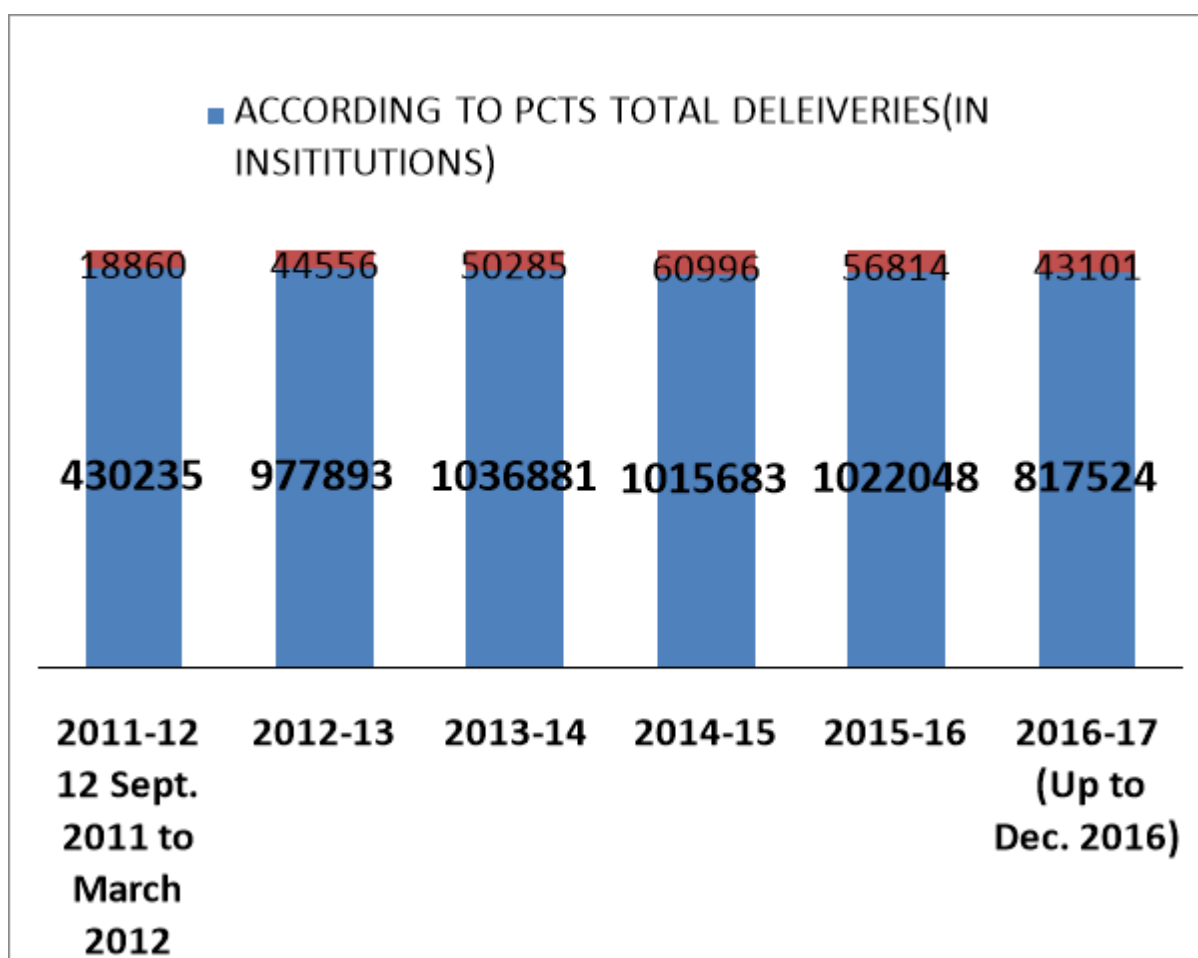
Here data depicts that utilization of services availed by JSSK beneficiaries of free Transportation from home to health institution , referral and drop back against total delivery during last 6 years from when programme started.

Fresh and Warm Food



Here data depicts that utilization of services availed by JSSK beneficiaries of free Transportation from Fresh and warm food, against total delivery during last 6 years from when programme started.

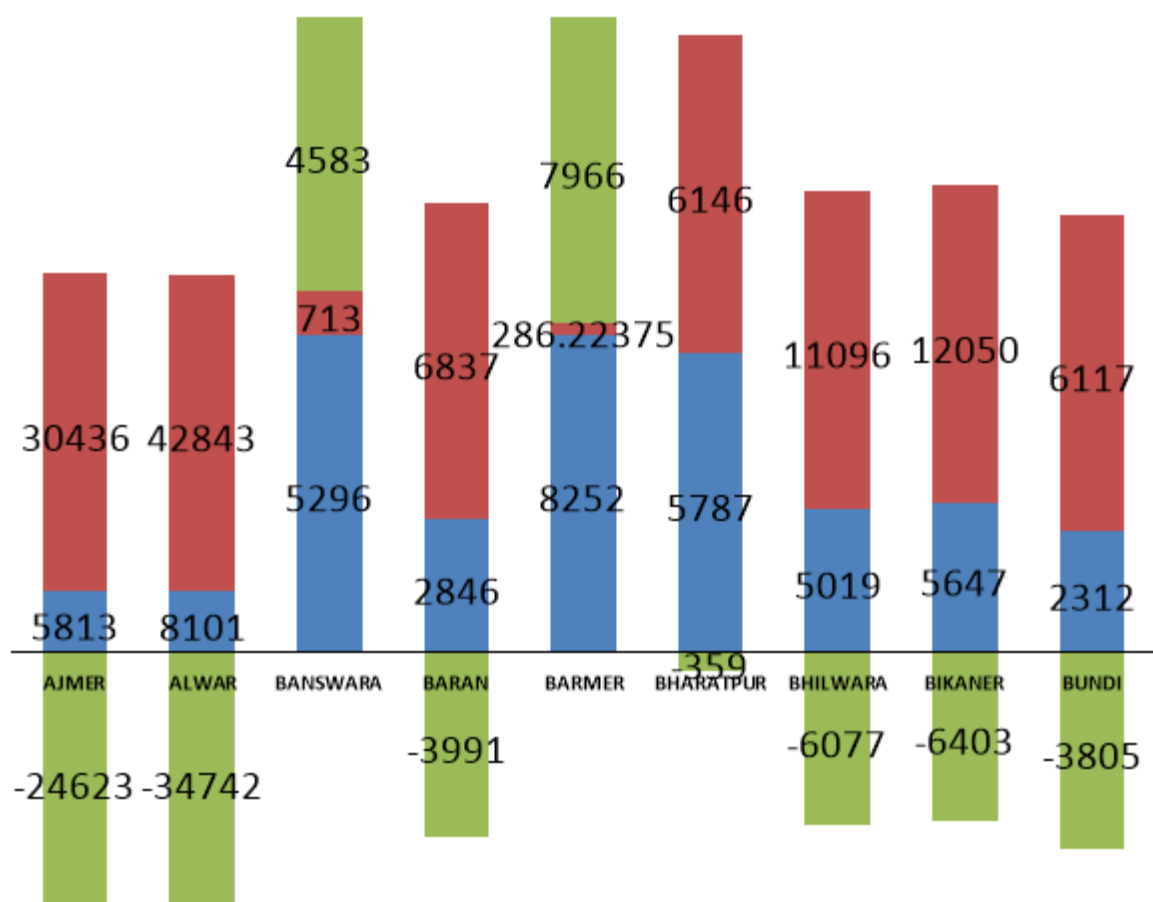
Free Blood Transfusion



Here data depicts that utilization of services availed by JSSK beneficiaries of free Transportation from Free blood transfusion, against total delivery during last 6 years from when programme started.

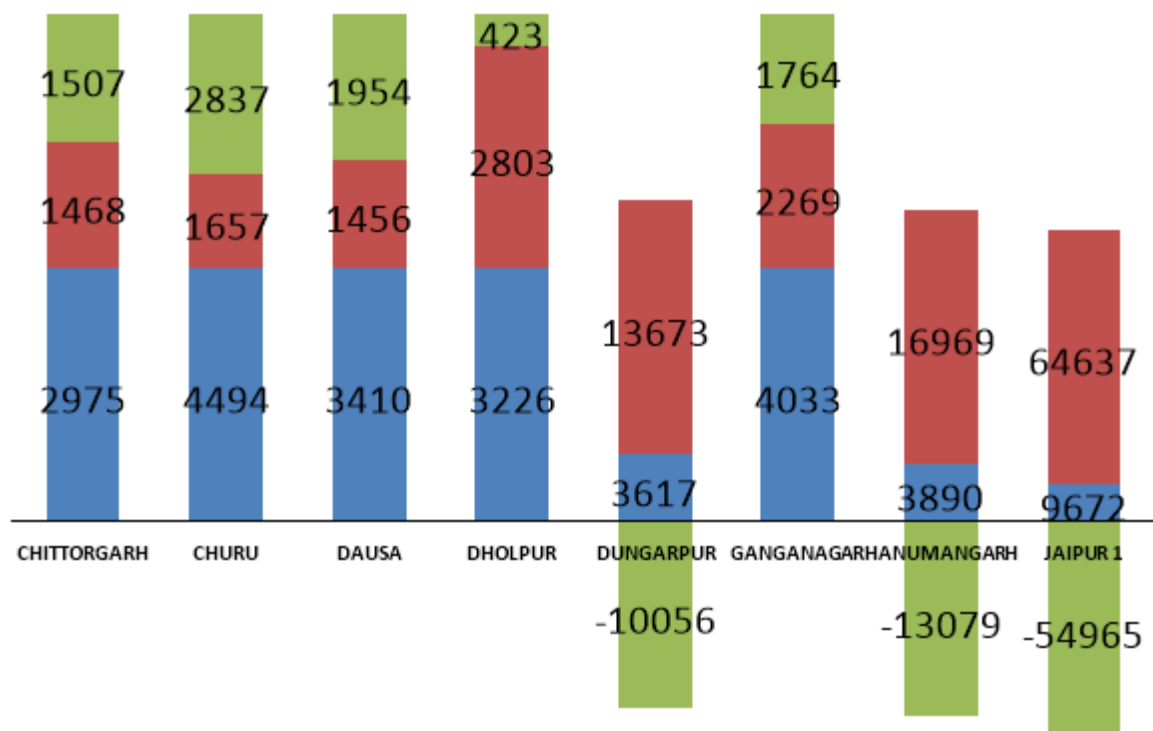
free durgs and consumables against total reported sick new borns

- total Newborn availed jssk services
- Free drugs & consumables to new born
- beneficiaries who didn't receive free drugs & consumables



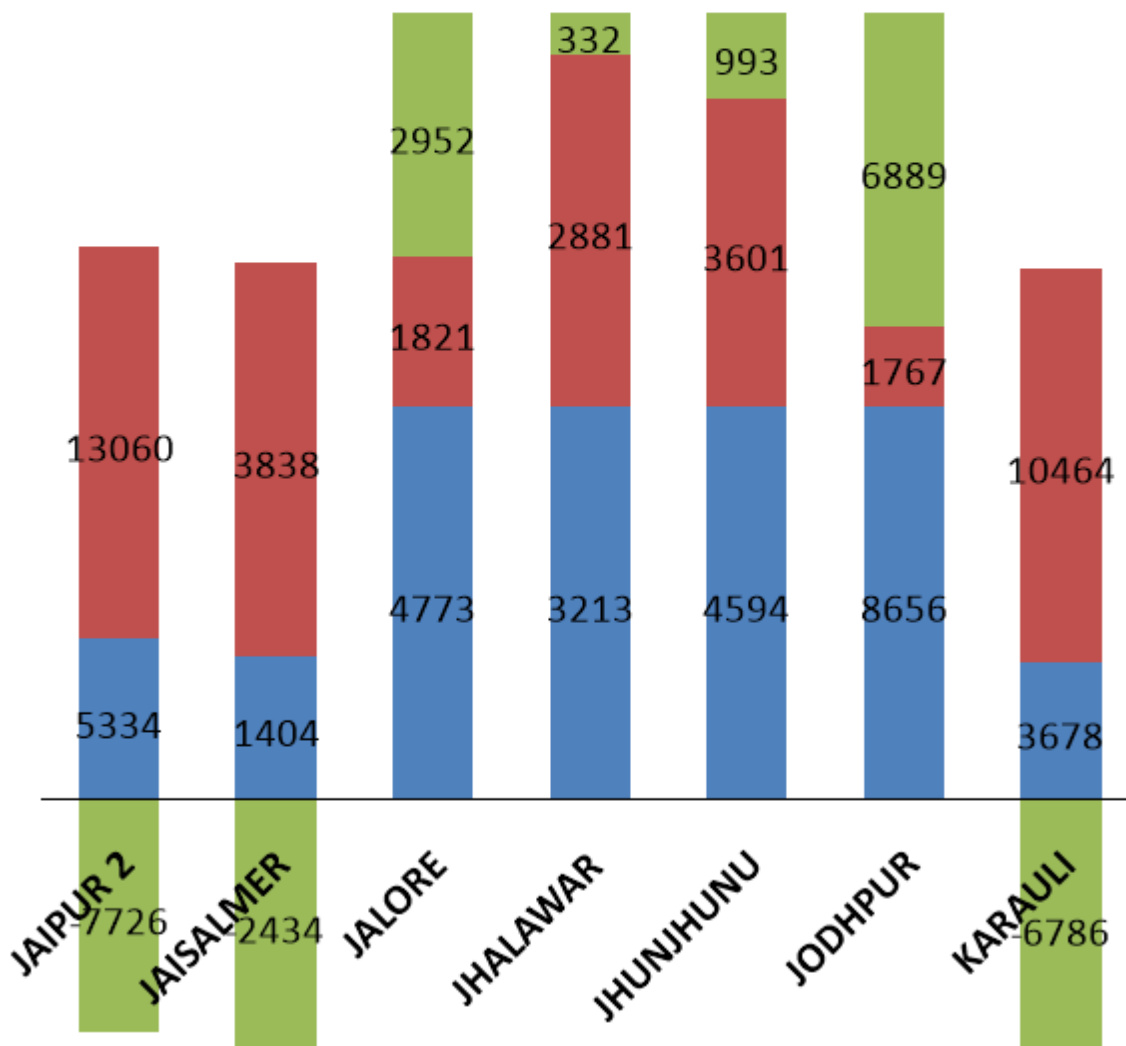
free drugs and consumables against total reported sick new borns

- total Newborn availed jssk services
- Free drugs & consumables to new born
- beneficiaries who didn't receive free drugs & consumables



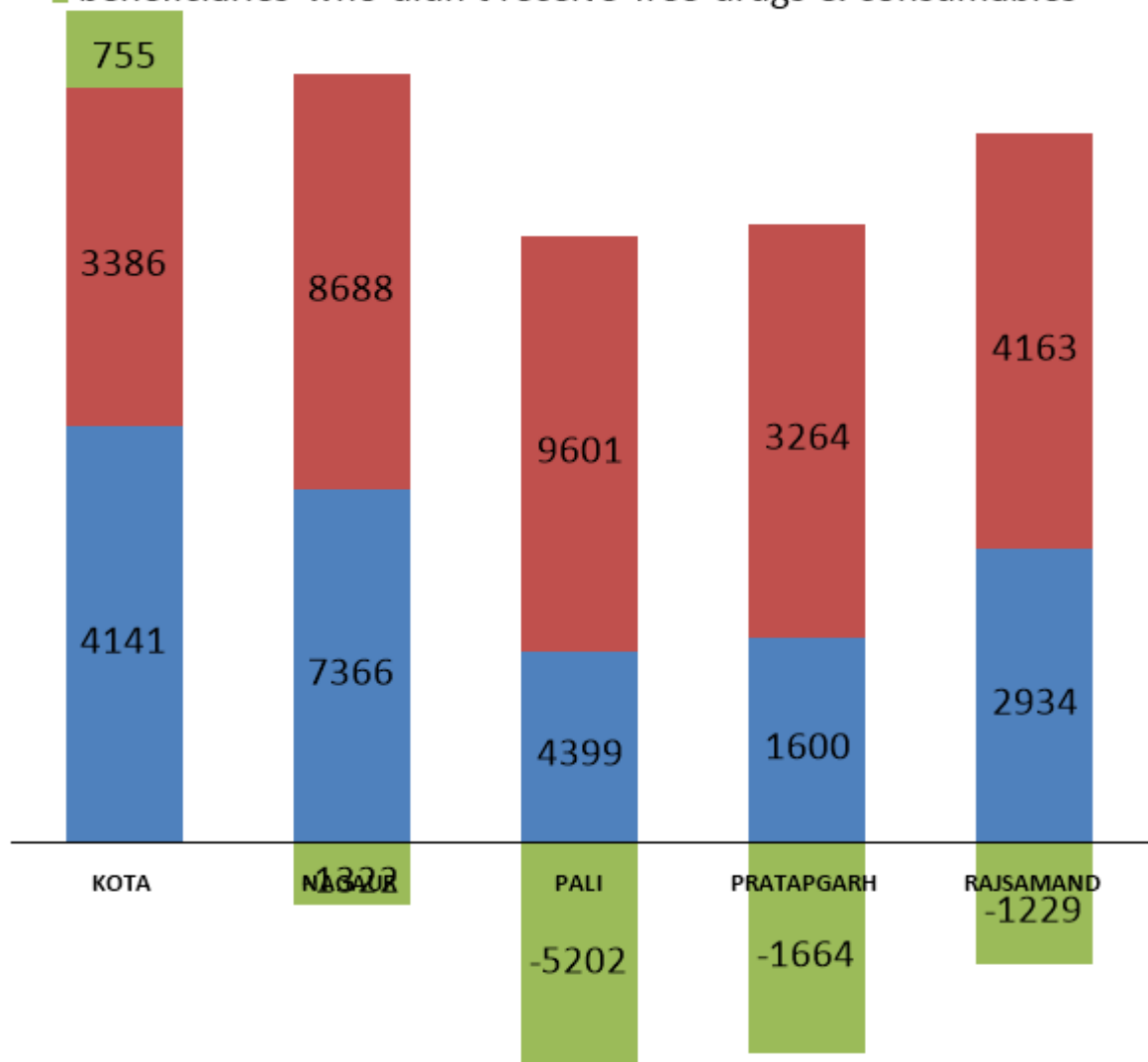
free drugs and consumables against total reported sick new borns

- total Newborn availed jssk services
- Free drugs & consumables to new born
- beneficiaries who didn't receive free drugs & consumables



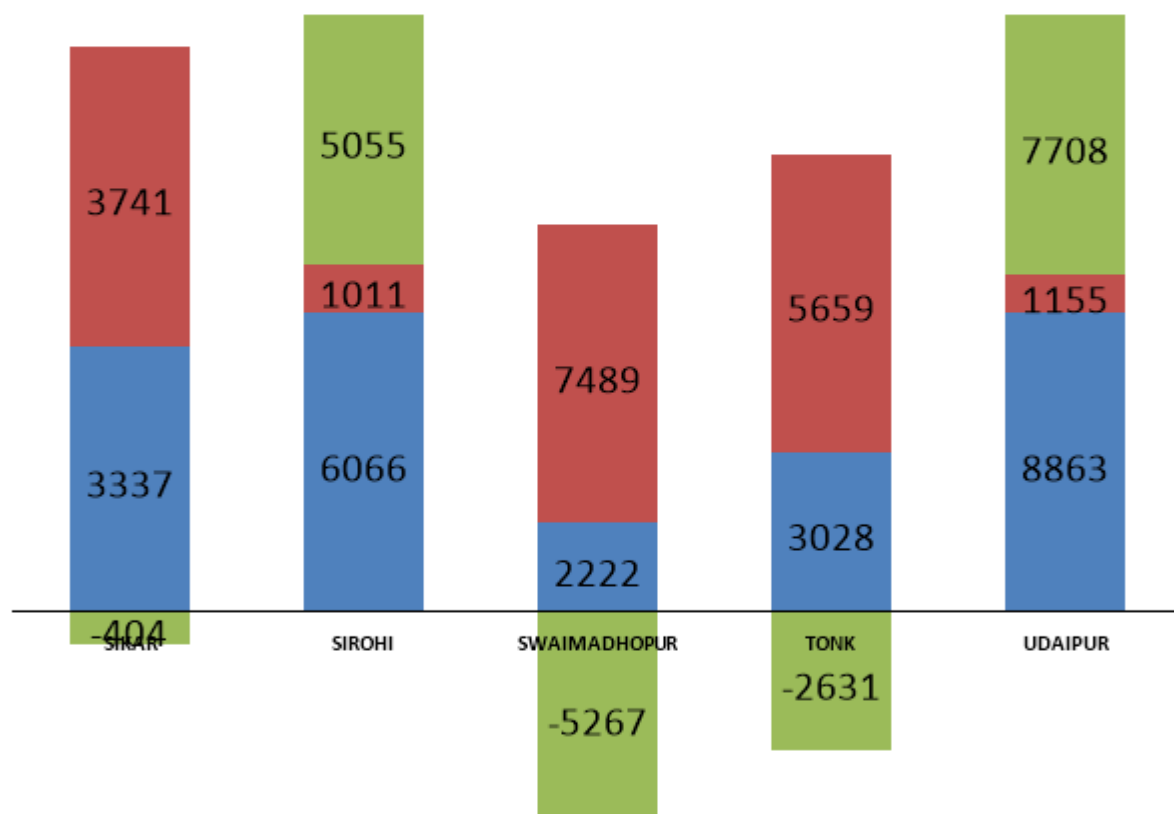
free durgs and consumables against total reported sick new borns

- total Newborn availed jssk services
- Free drugs & consumables to new born
- beneficiaries who didn't receive free drugs & consumables



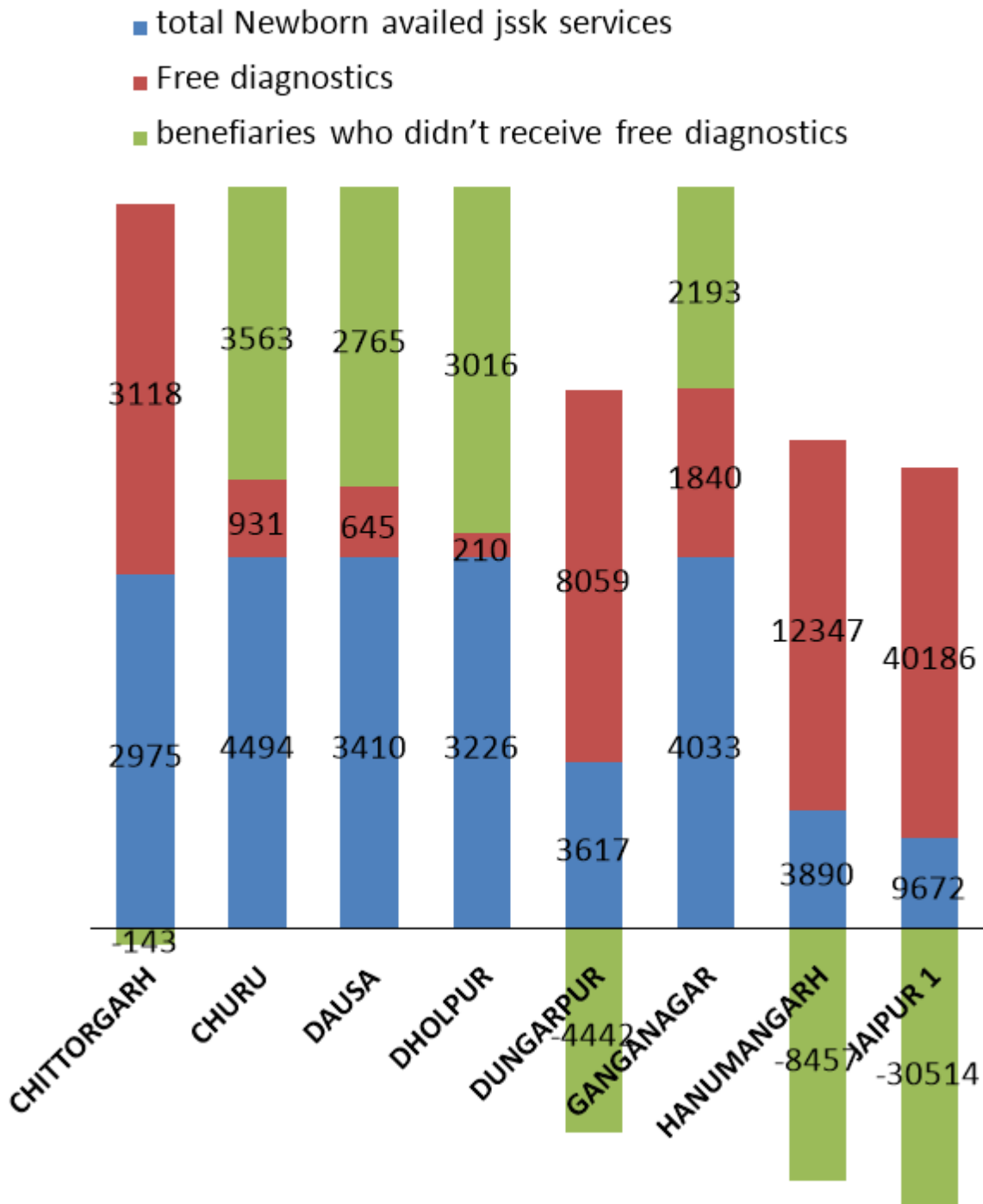
free drugs and consumables against total reported sick new borns

- total Newborn availed jssk services
- Free drugs & consumables to new born
- beneficiaries who didn't receive free drugs & consumables



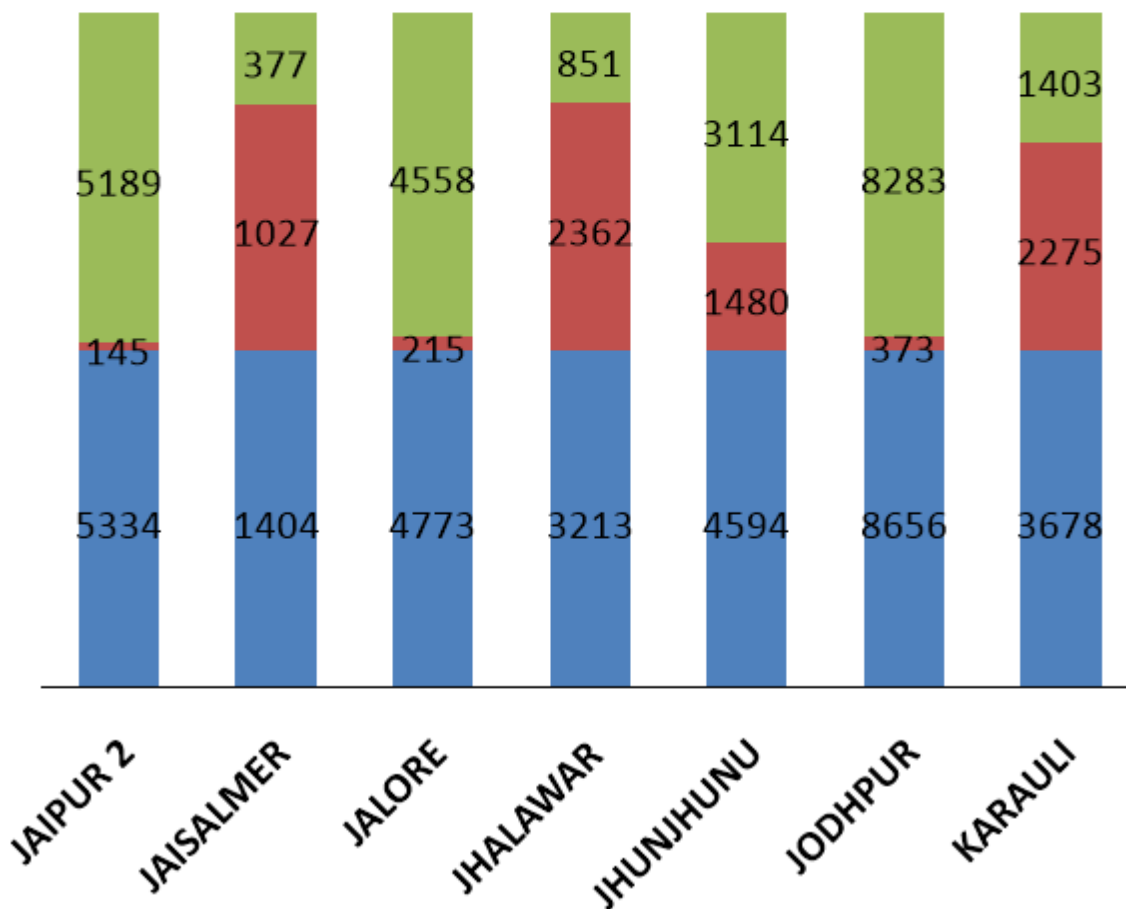
Here data depicts that total newborn availed services of drug and consumable against total reported sick newborn and the gap between newborn who availed services and who dint receive services of drug and consumable.

free diagnostics against total total reported sick new borns

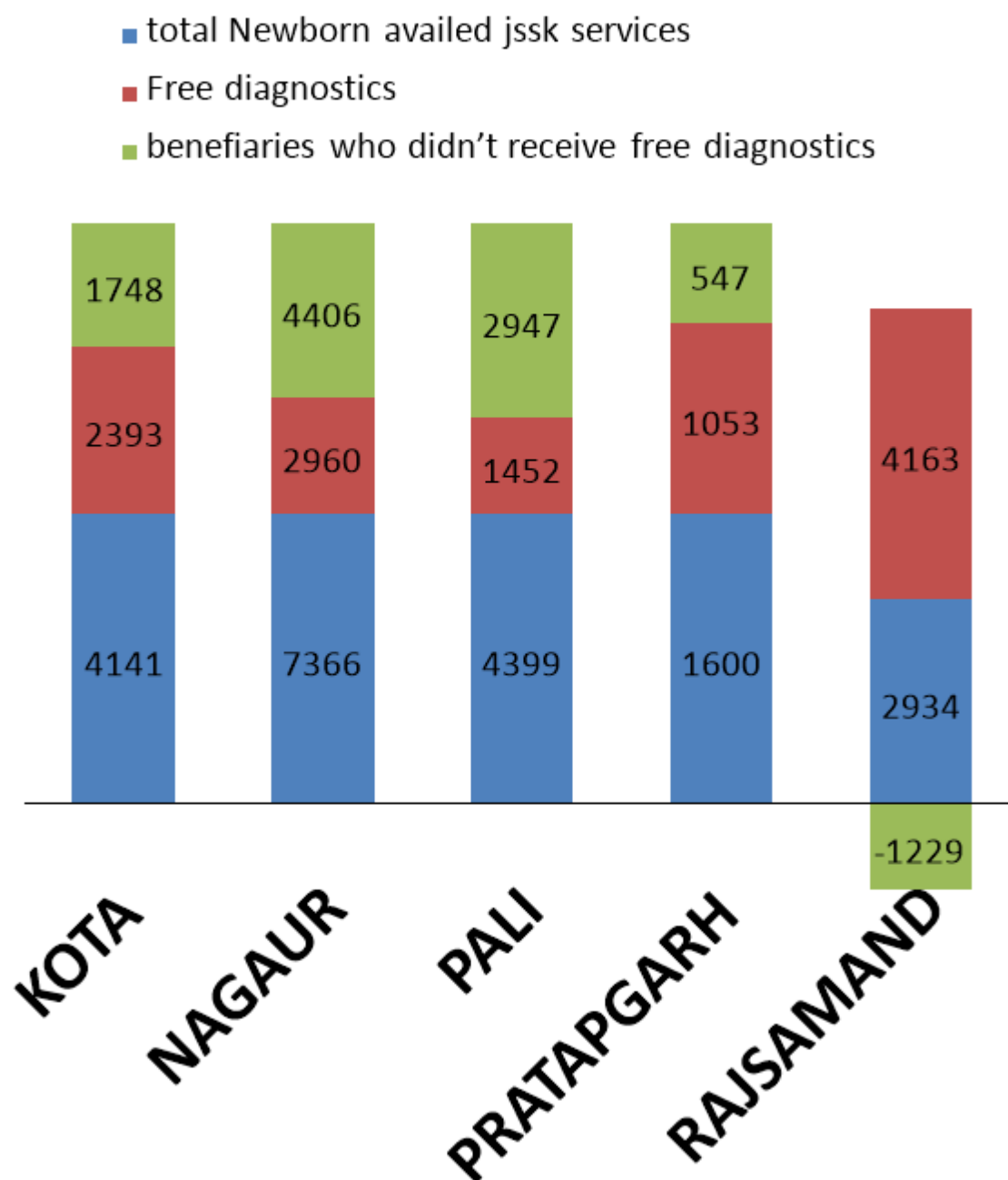


free diagnostics against total reported sick new borns

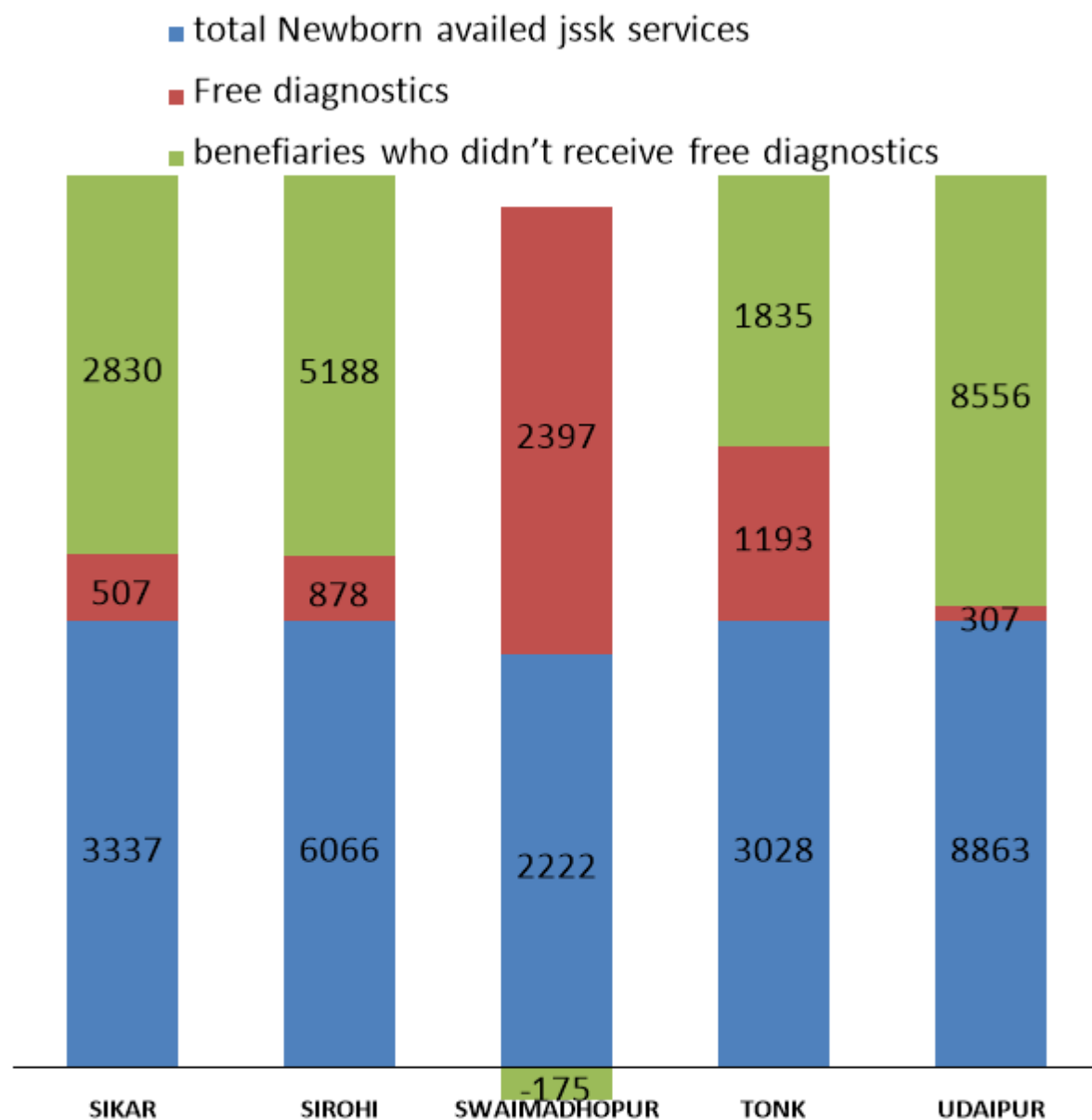
- total Newborn availed jssk services
- Free diagnostics
- beneficiaries who didn't receive free diagnostics



free diagnostics against total reported sick new borns



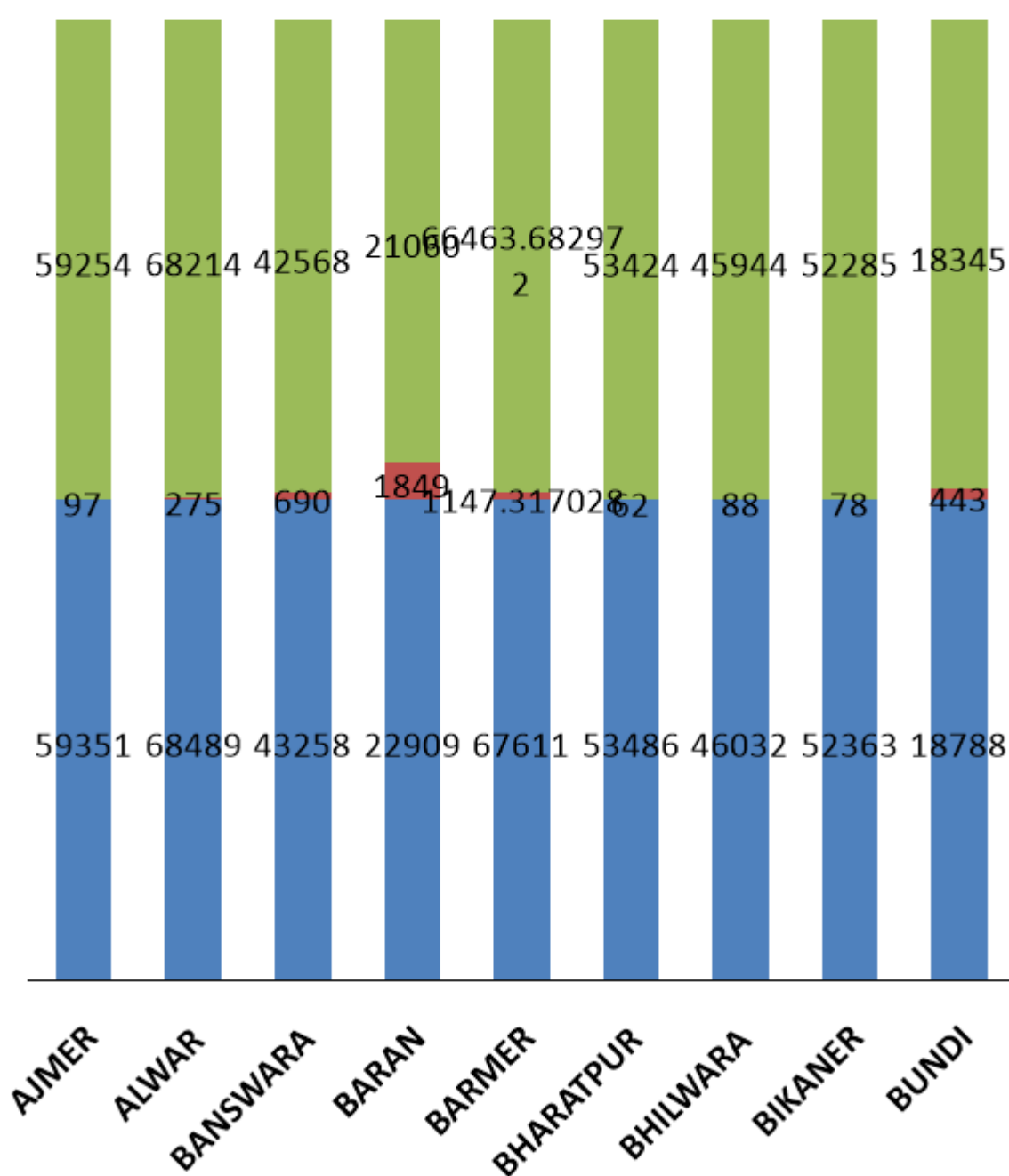
free diagnostics against total reported sick new borns



Here data depicts that total newborn availed diagnostics services against total reported sick newborn and the gap between newborn who availed services and who dint receive services of Diagnostic.

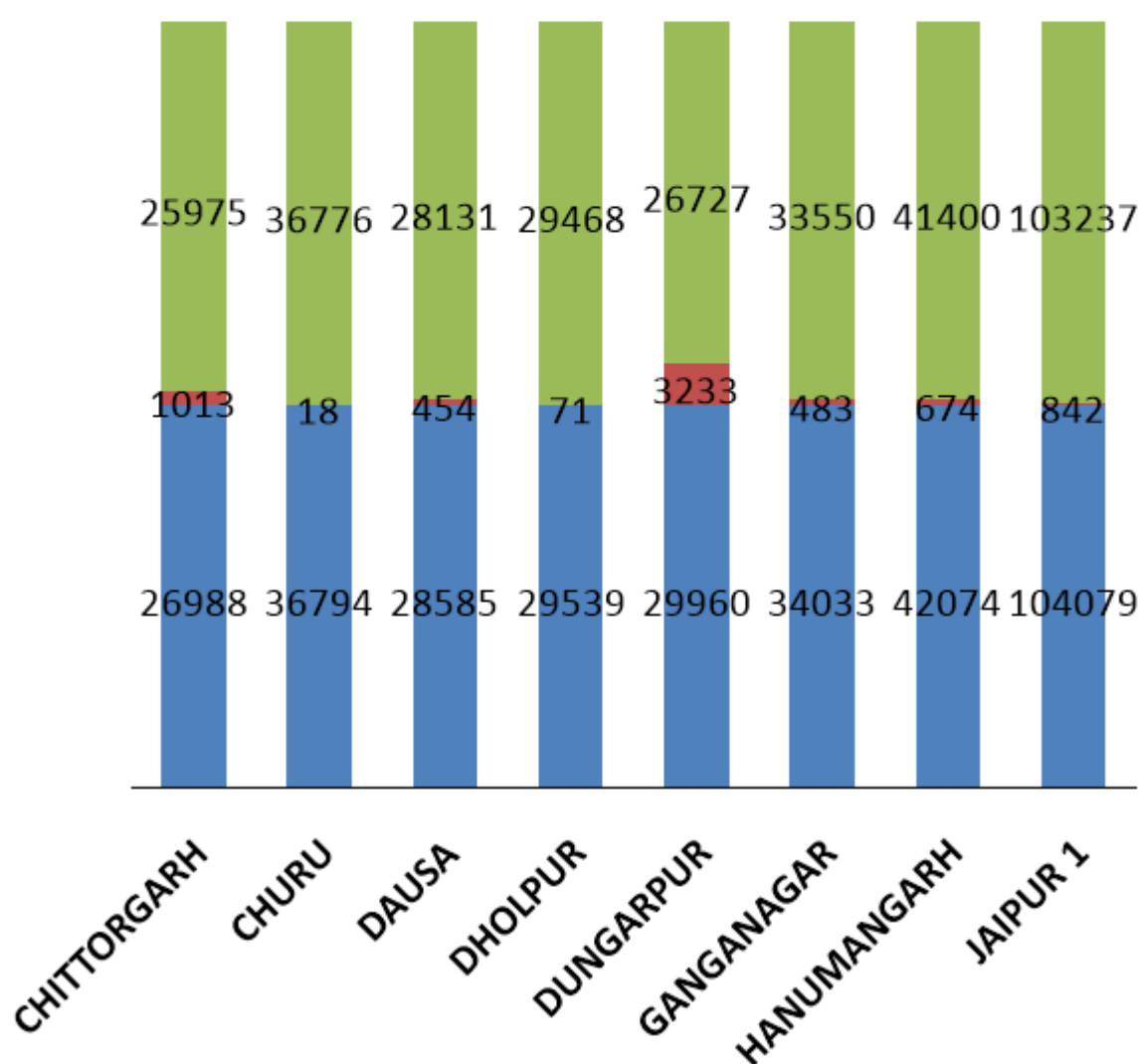
free transportation from home to health institution against total reported live births

- reported live birth
- Free transport from home to health institutions
- Beneficiaries who didn't receive free transportation from home to health institutions



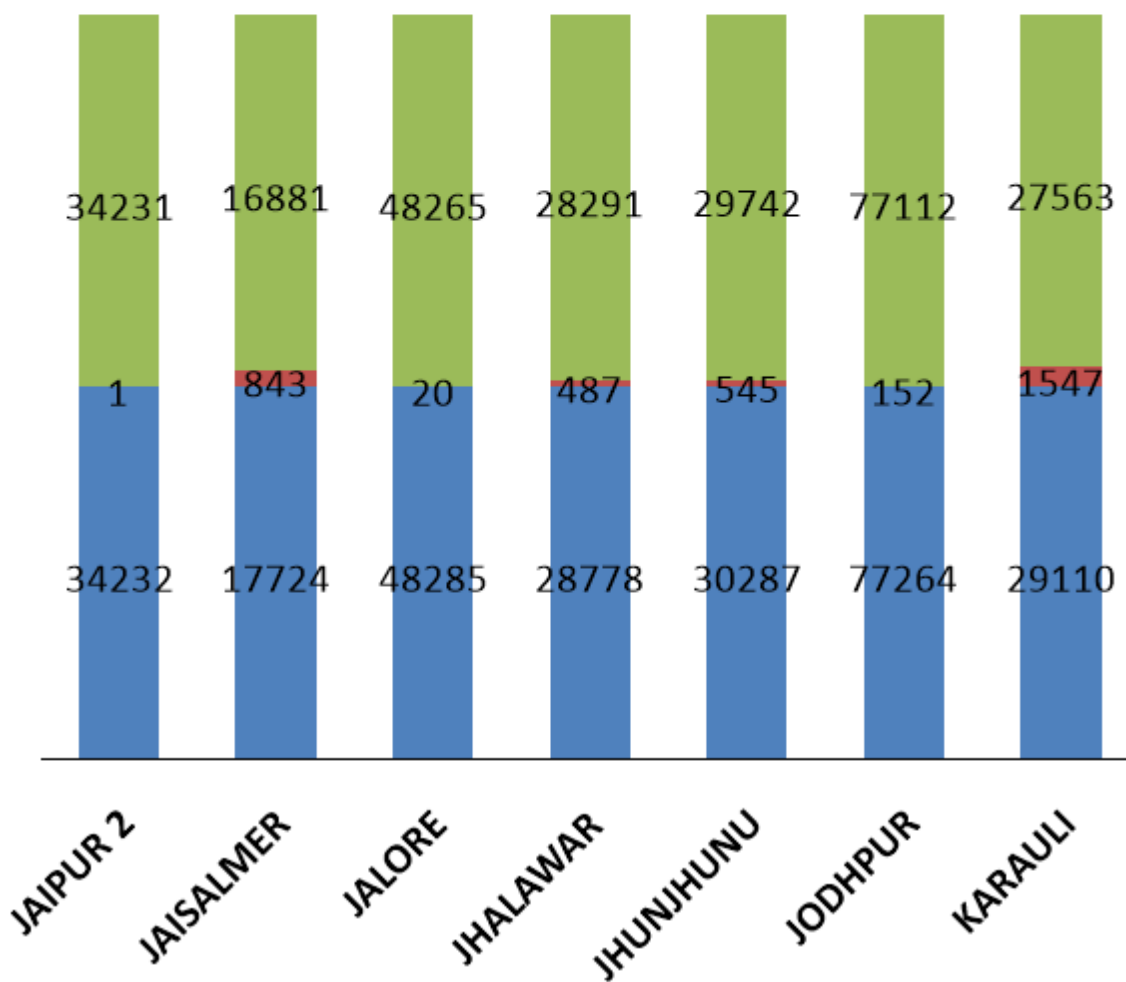
fre transportation from home to health institution against total reported live births

- reported live birth
- Free transport from home to health institutions
- Beneficiaries who didn't receive free transportation from home to health institutions



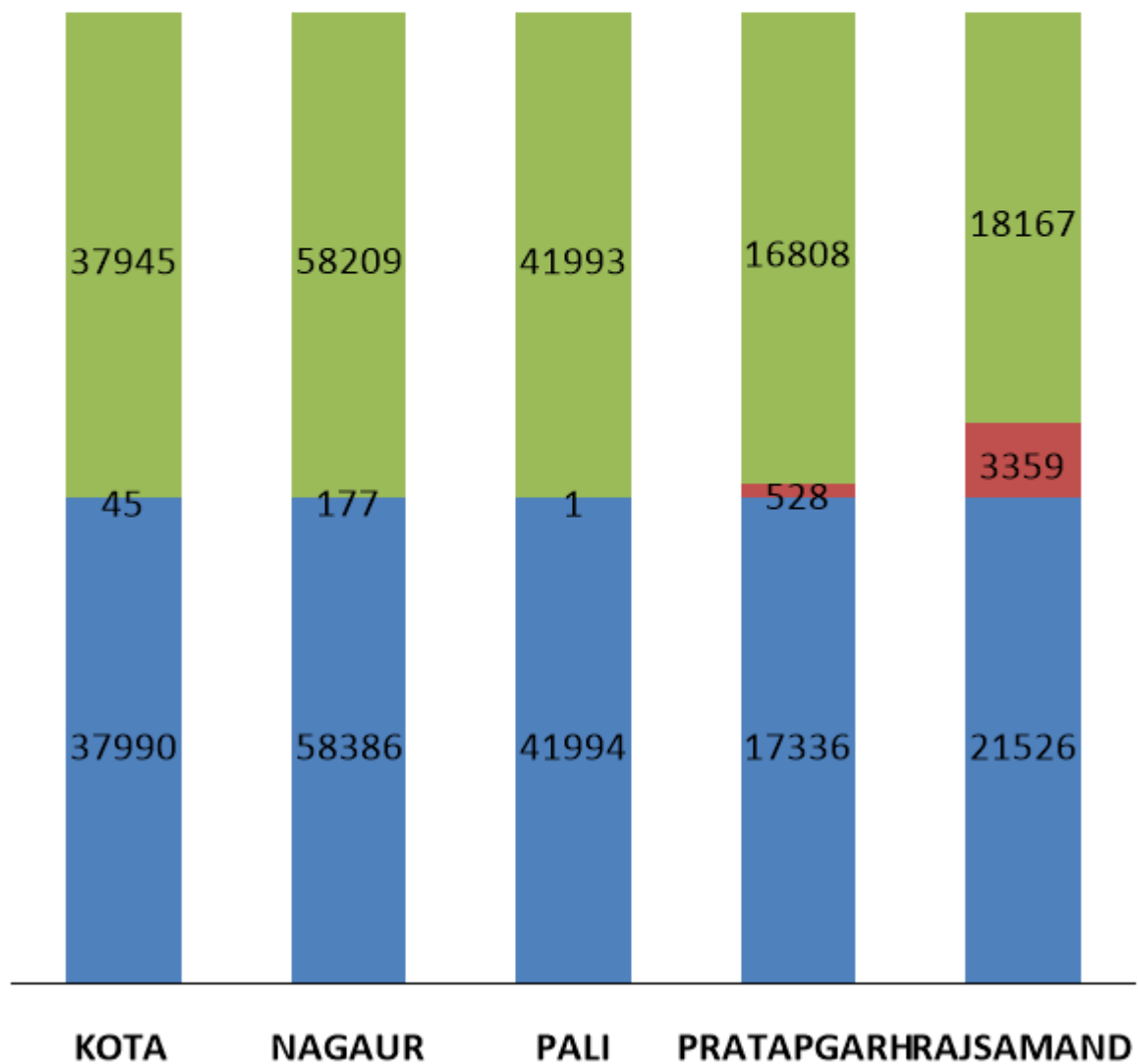
fre transportation from home to helath institution against total reported live births

- reported live birth
- Free transport from home to health institutions
- Beneficiaries who didn't receive free transportation from home to health institutions



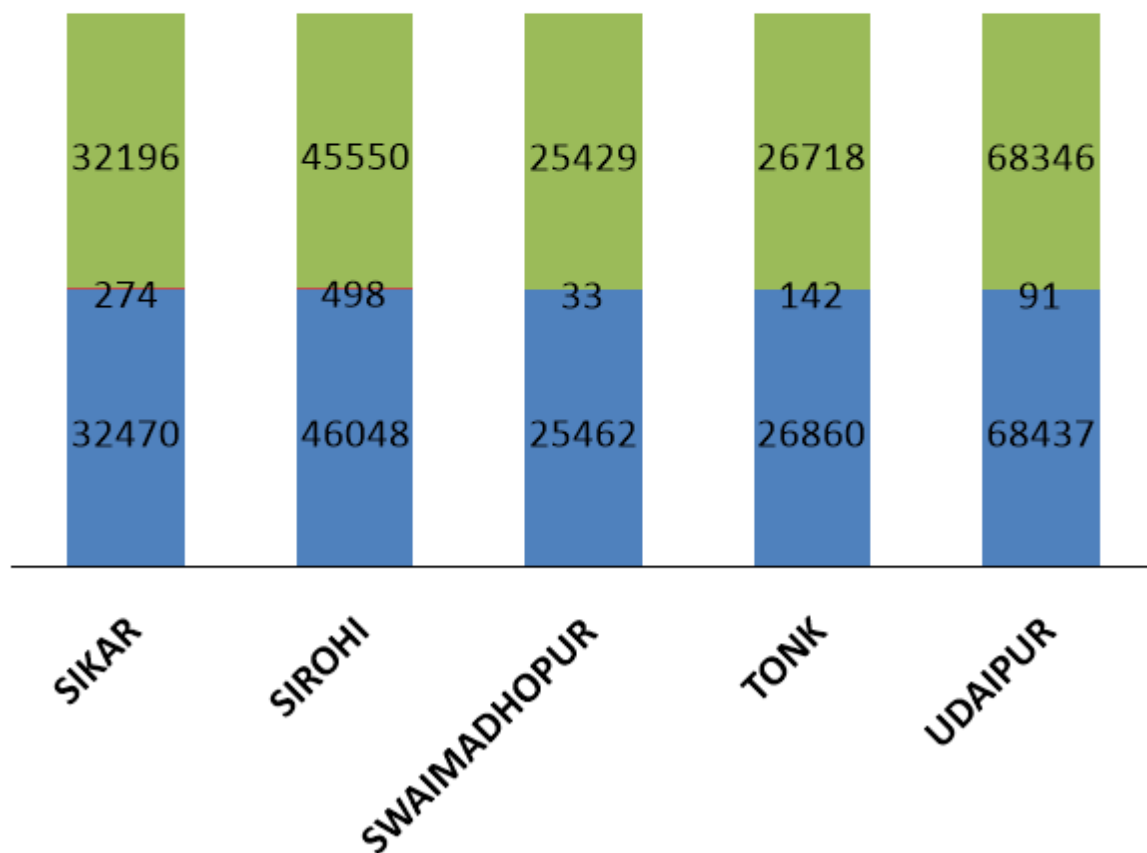
free transportation from home to health institutions against total reported live births

- reported live birth
- Free transport from home to health institutions
- Beneficiaries who didn't receive free transportation from home to health institutions



free transportation from home to health institutions against total reported live births

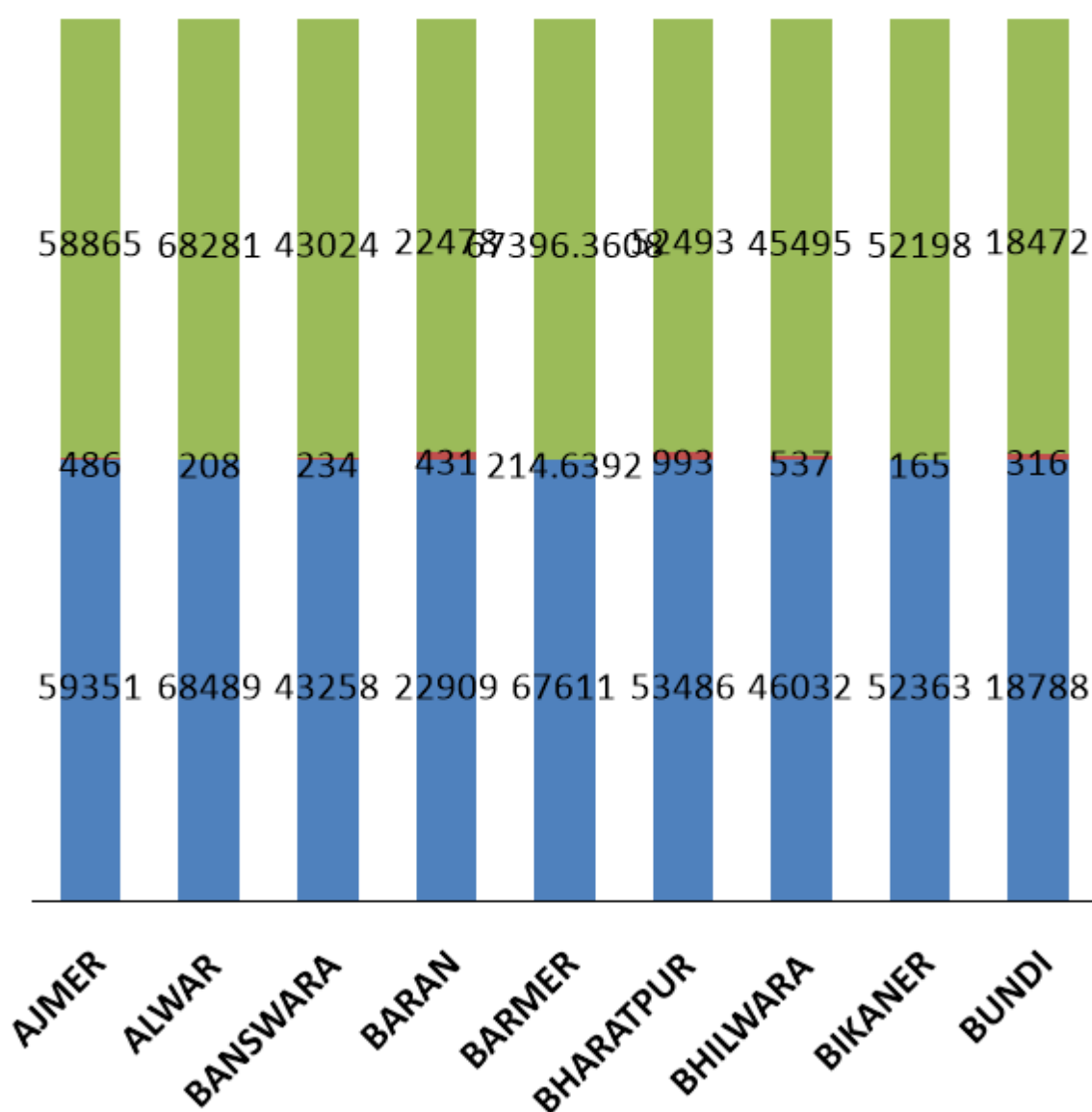
- reported live birth
- Free transport from home to health institutions
- Beneficiaries who didn't receive free transportation from home to health institutions



Here data depicts that total newborn availed services of Free transportation from home to health institution against total live birth . and the gap between newborn who availed services and who dint use services of public transportation.

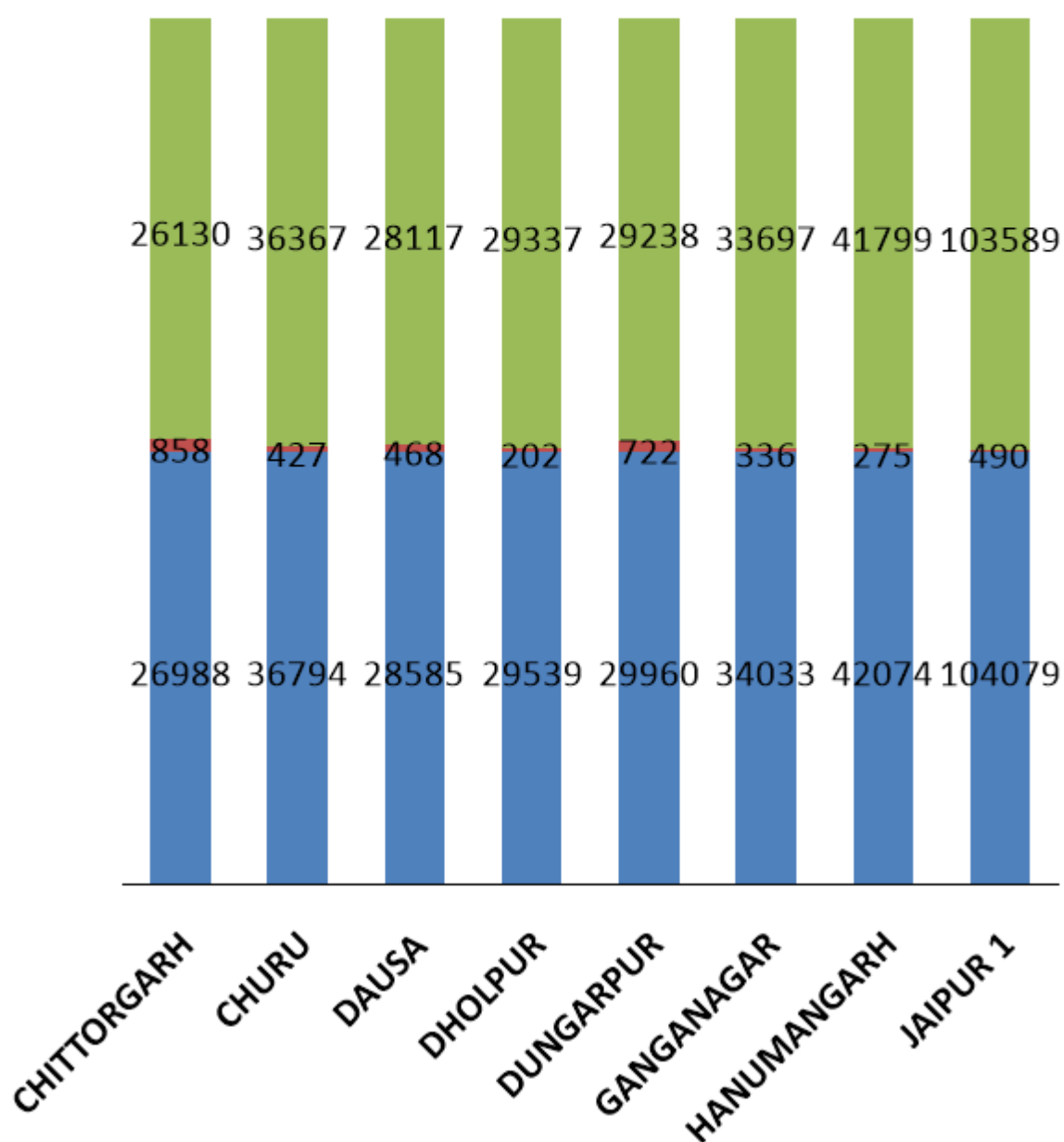
free referral transports against total reported live births

- reported live birth
- Free transport of facilities in case of referrals
- Beneficiaries who didn't receive free transportation from health institutions to referral units



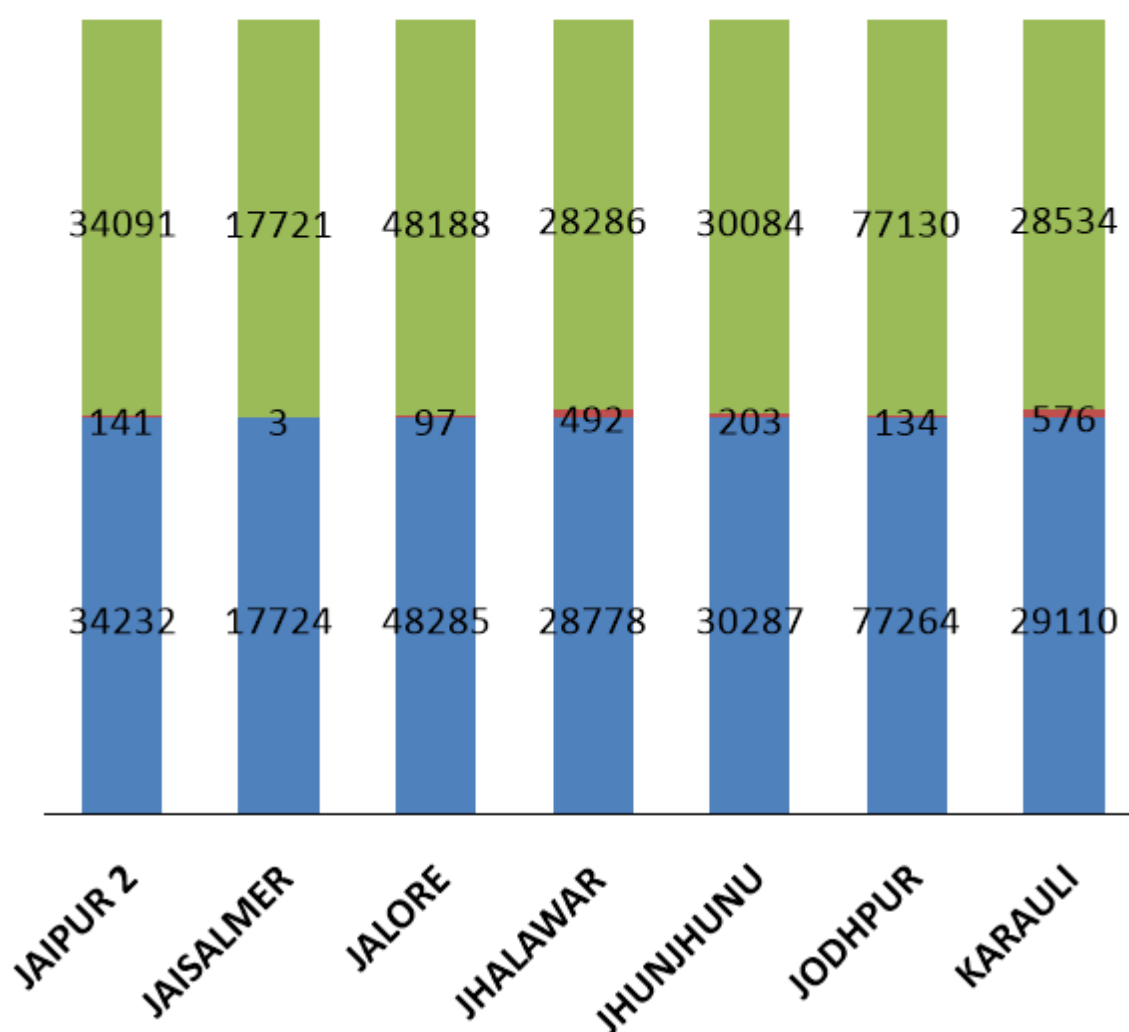
free referral transportation against total reported live births

- reported live birth
- Free transport of facilities in case of referrals
- Beneficiaries who didn't receive free transportation from health institutions to referral units



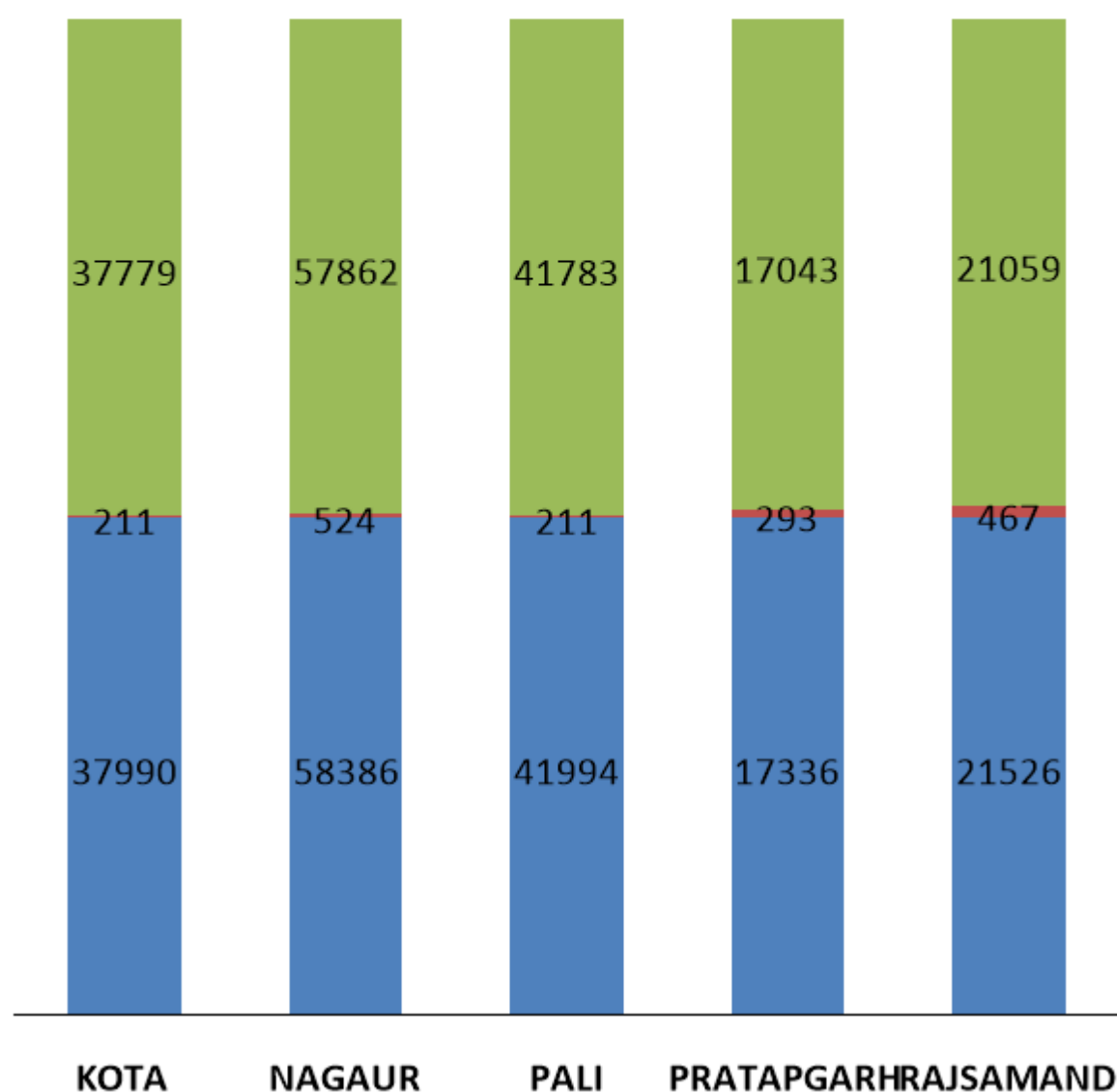
free referral transport against total reported live births

- reported live birth
- Free transport of facilities in case of referrals
- Beneficiaries who didn't receive free transportation from health institutions to referral units



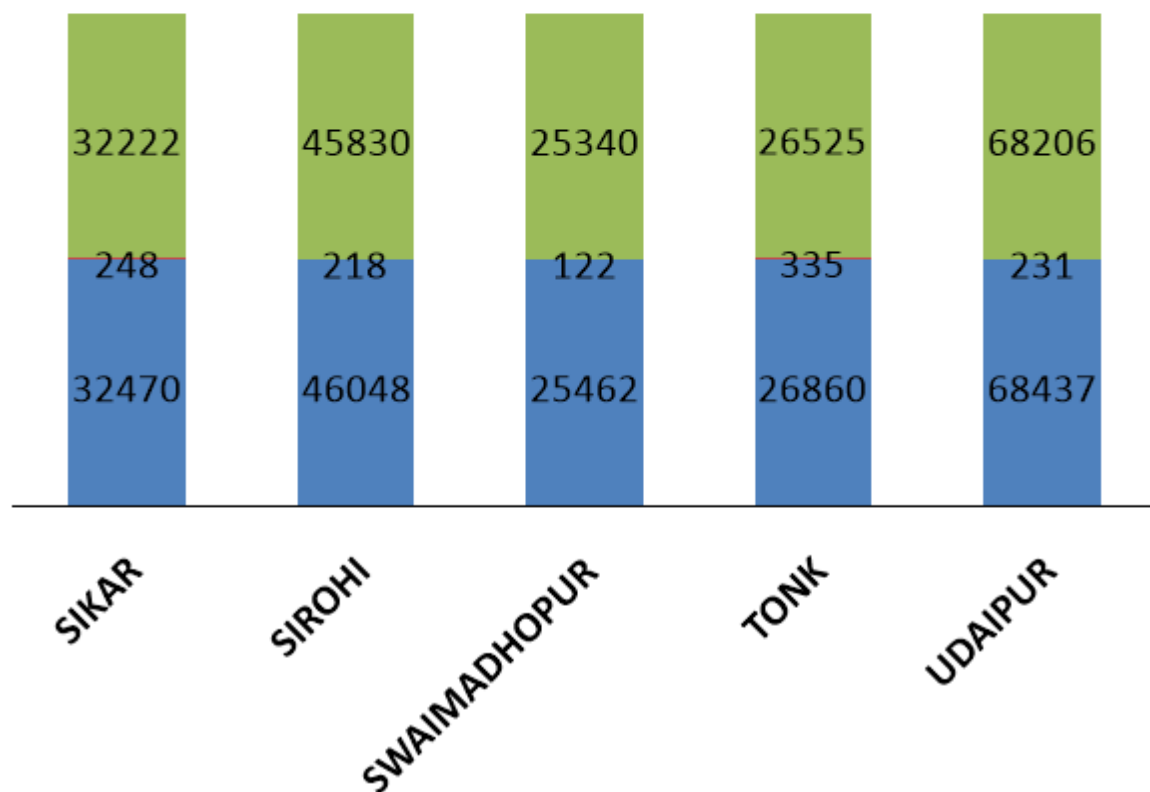
free referral transport against total reported live births

- reported live birth
- Free transport of facilities in case of referrals
- Beneficiaries who didn't receive free transportation from health institutions to referral units



free referral transport against total reported live births

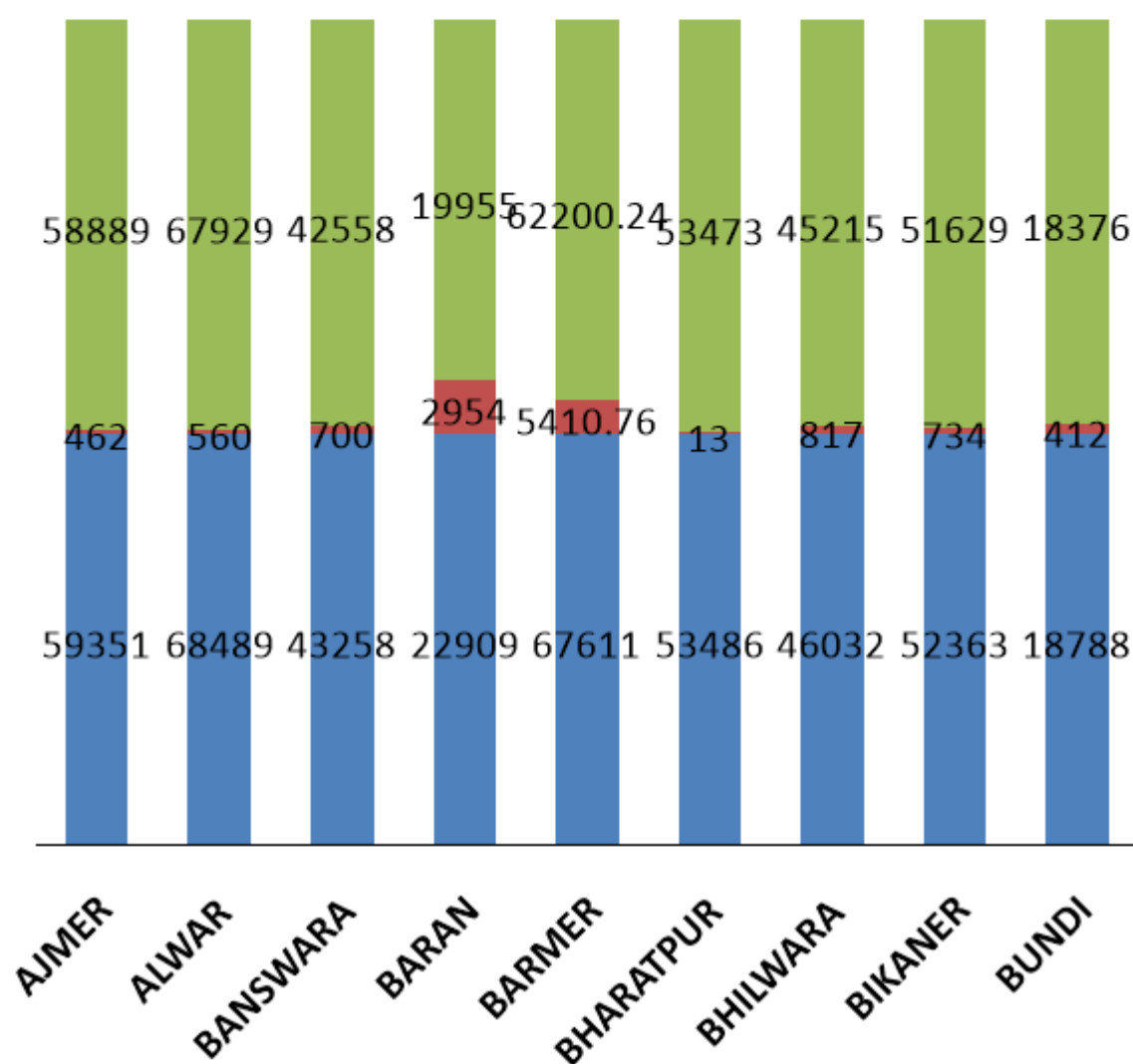
- reported live birth
- Free transport of facilities in case of referrals
- Beneficiaries who didn't receive free transportation from health institutions to referral units



Here data depicts that total newborn availed services of public transportation facility for referral. and the gap between newborn who availed services and who dint receive use services of public transport for referral..

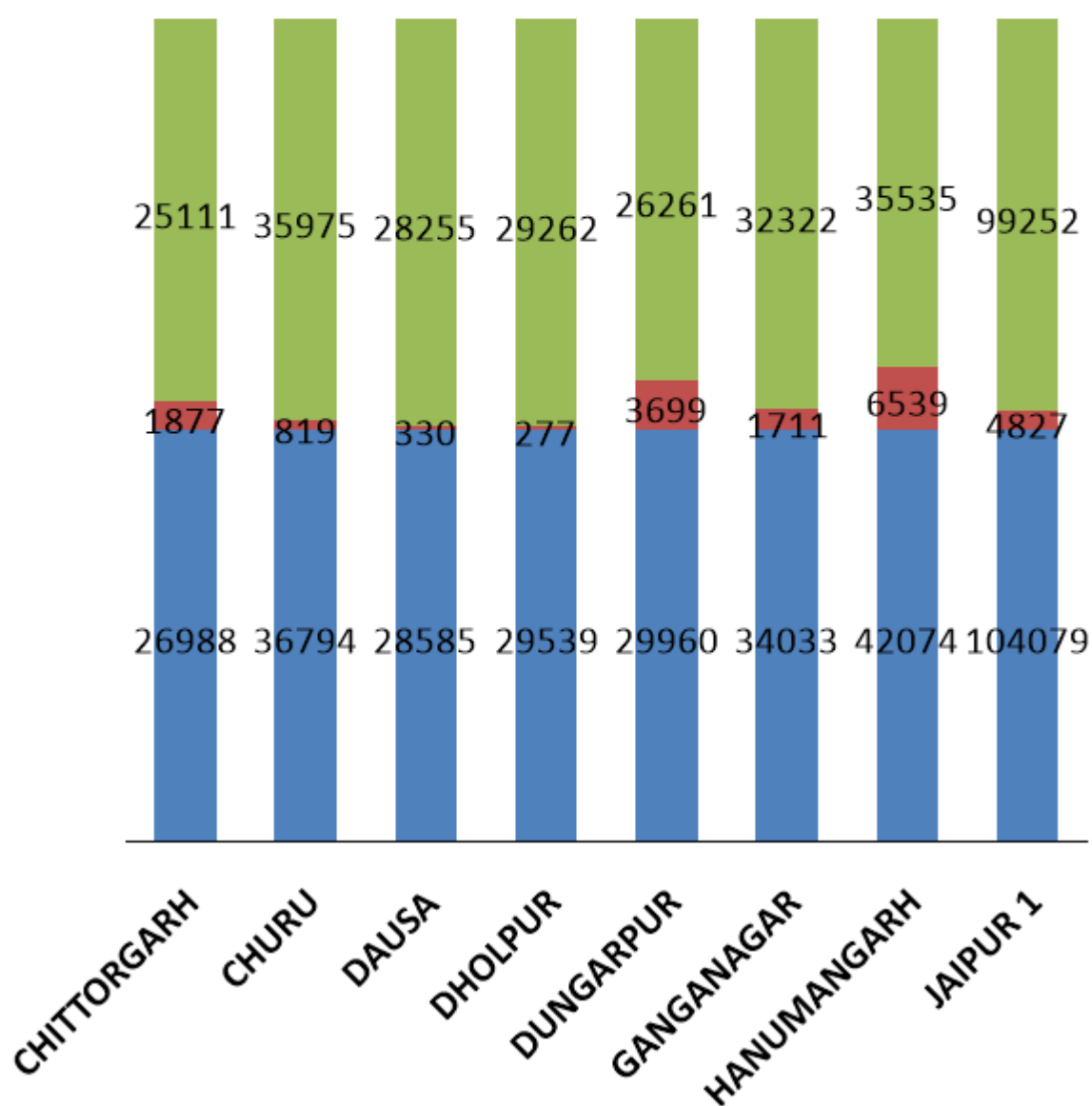
free dropback transport against total reported live births

- reported live birth
- Drop back from institutions to home
- Beneficiaries who didn't receive drop back from institutions to home



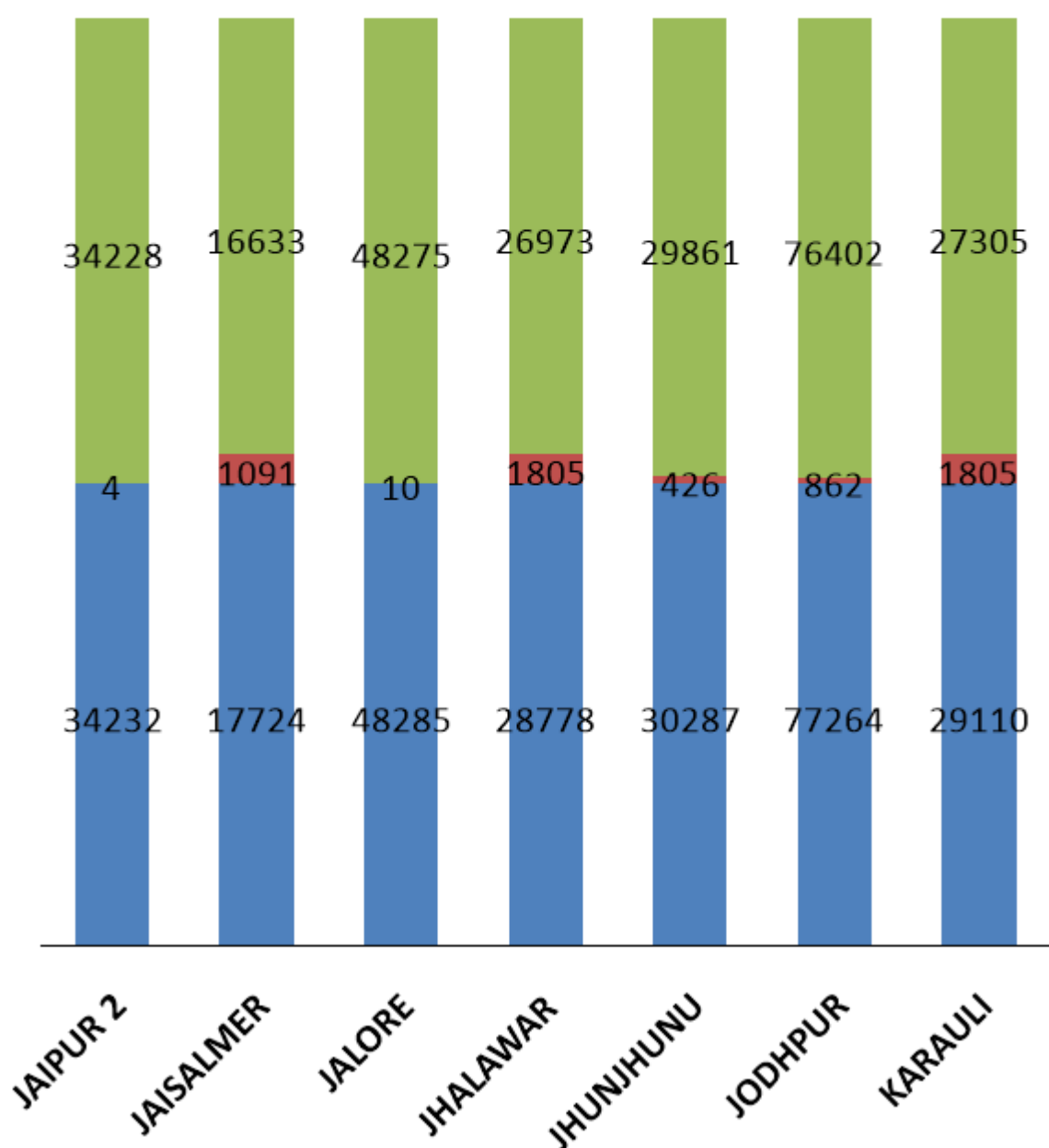
free drop back transport against total reported live births

- reported live birth
- Drop back from institutions to home
- Beneficiaries who didn't receive drop back from institutions to home



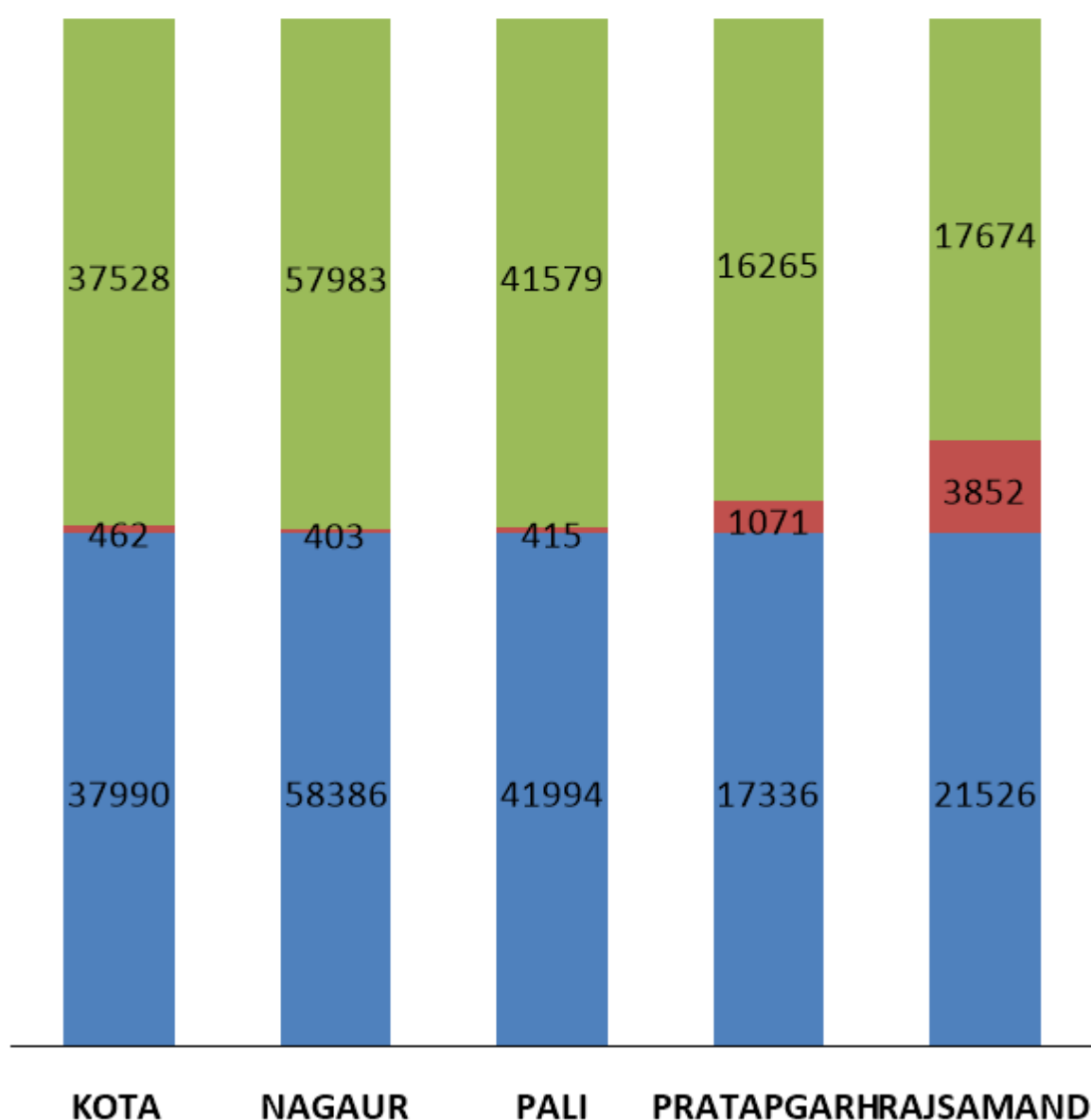
free drop back transport against total reported live birth

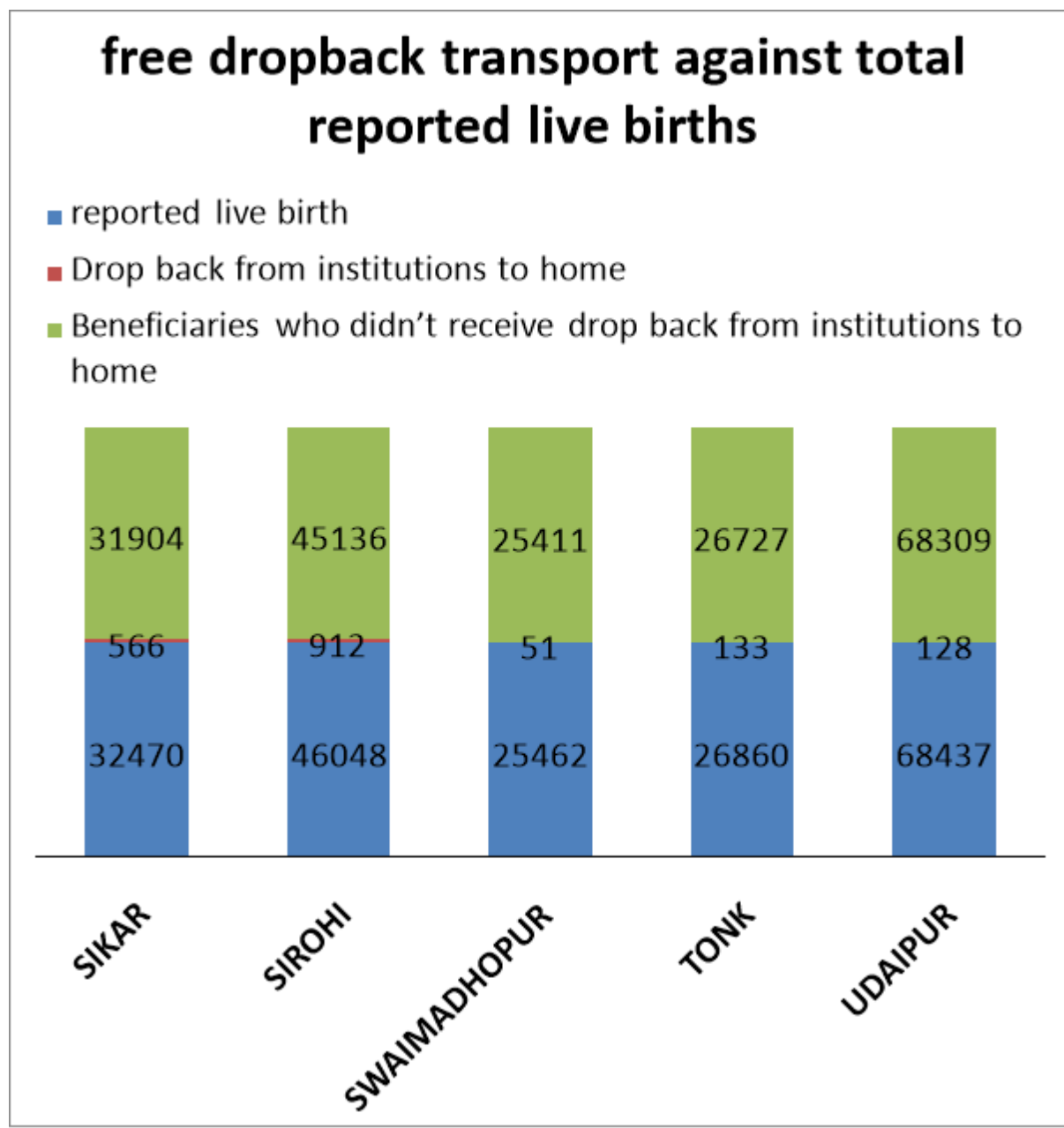
- reported live birth
- Drop back from institutions to home
- Beneficiaries who didn't receive drop back from institutions to home



free drop bak transport against total reported live births

- reported live birth
- Drop back from institutions to home
- Beneficiaries who didn't receive drop back from institutions to home

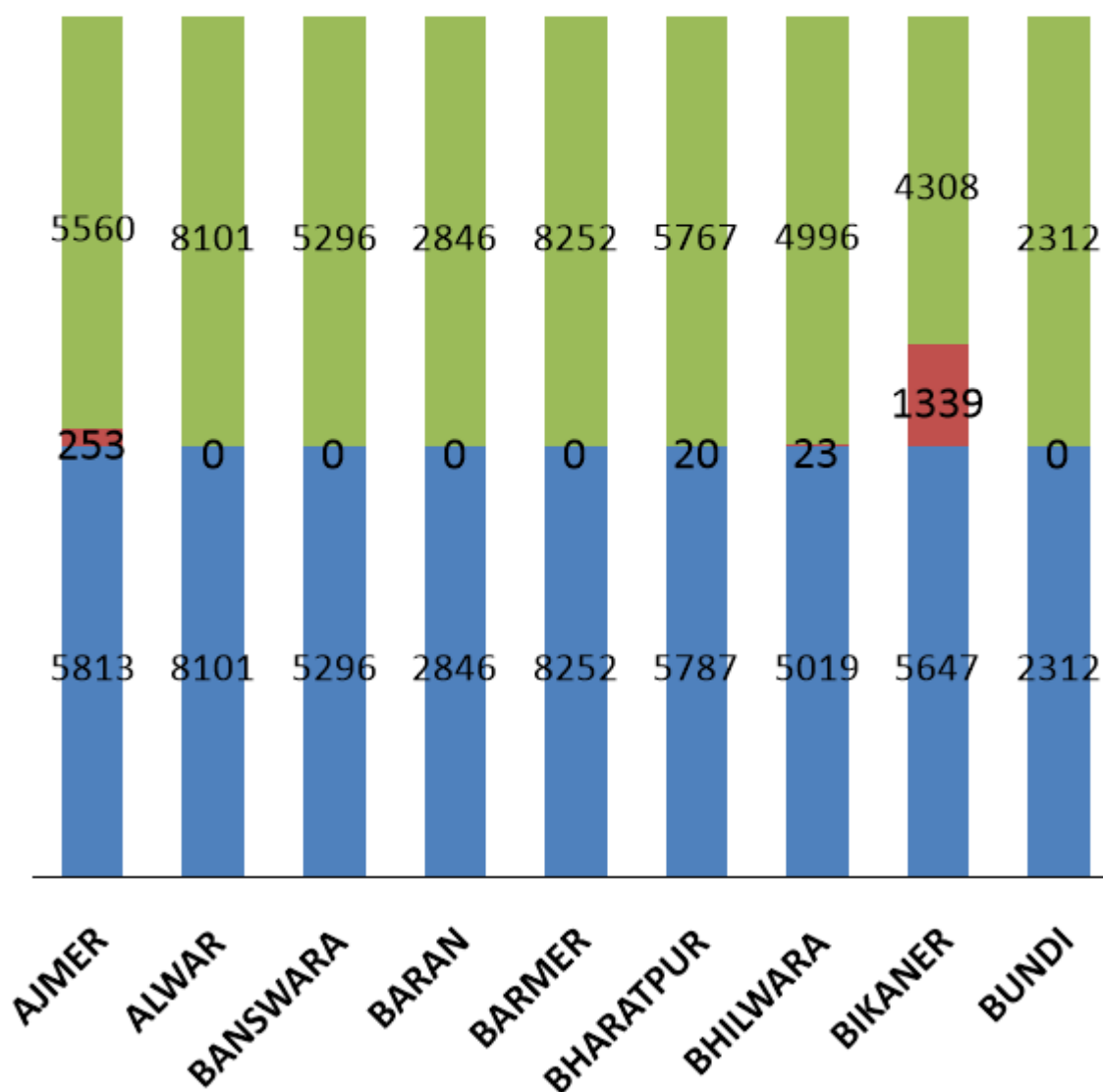




Here data depicts that total newborn availed services of public transportation for drop back from health institution to home against total reported live birth and the gap between newborn who availed services and who dint use public transpotationn facility for the same.

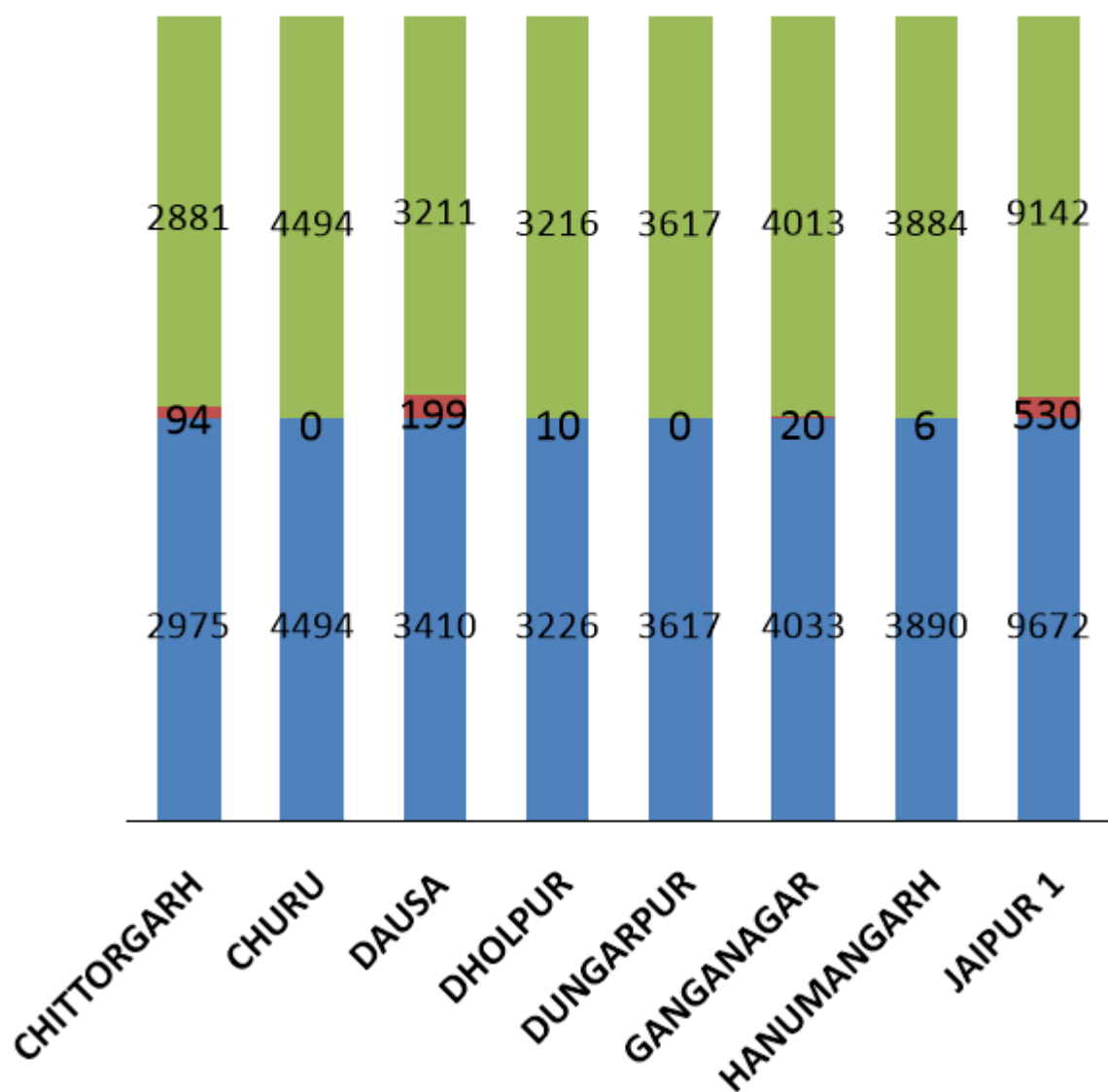
free provision of blood against total reported sick new borns

- total Newborn availed jssk services
- Free provision of blood
- Beneficiaries who didn't receive free provision of blood



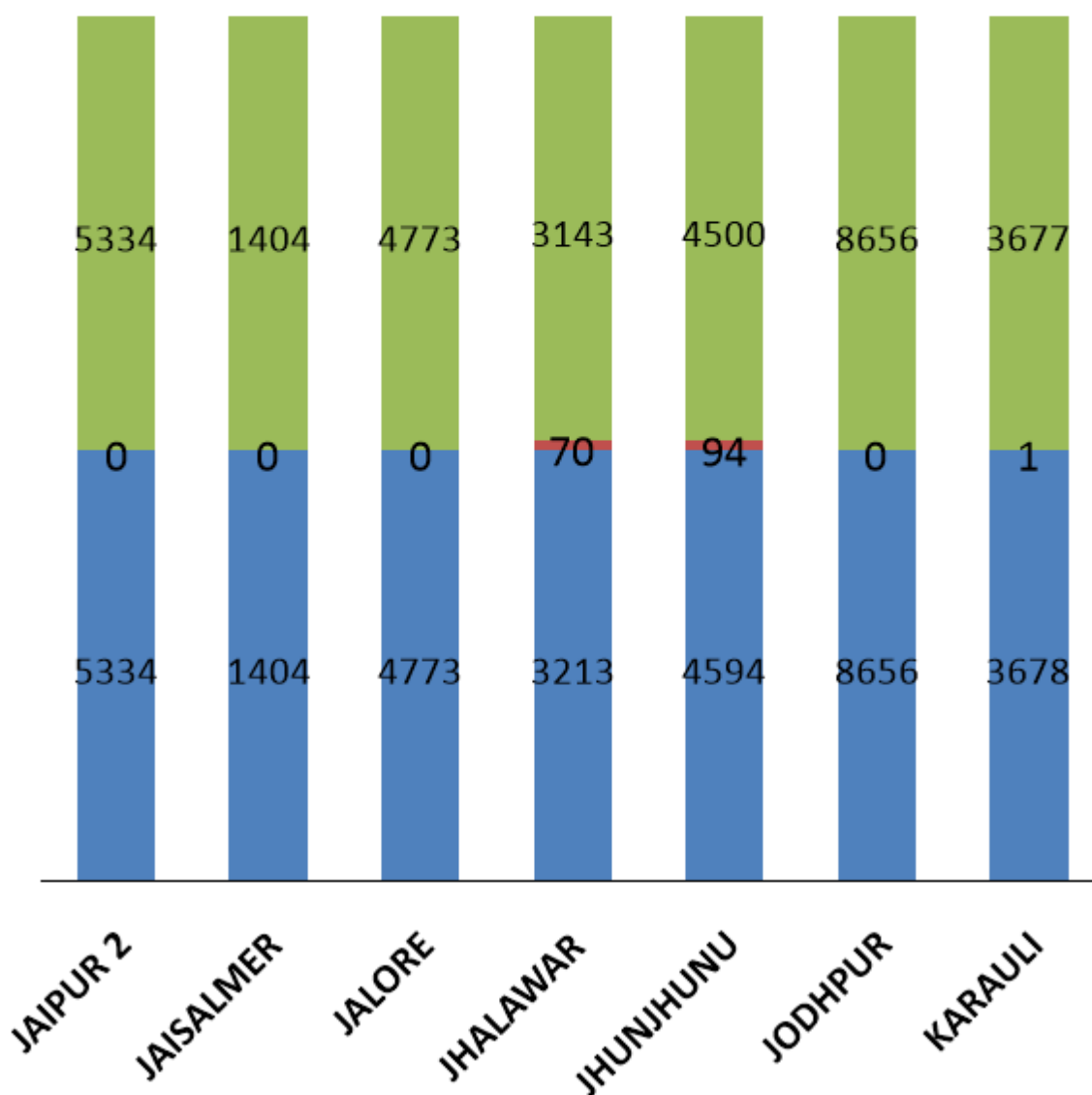
free provision of blood against total reported sick new borns

- total Newborn availed jssk services
- Free provision of blood
- Beneficiaries who didn't receive free provision of blood



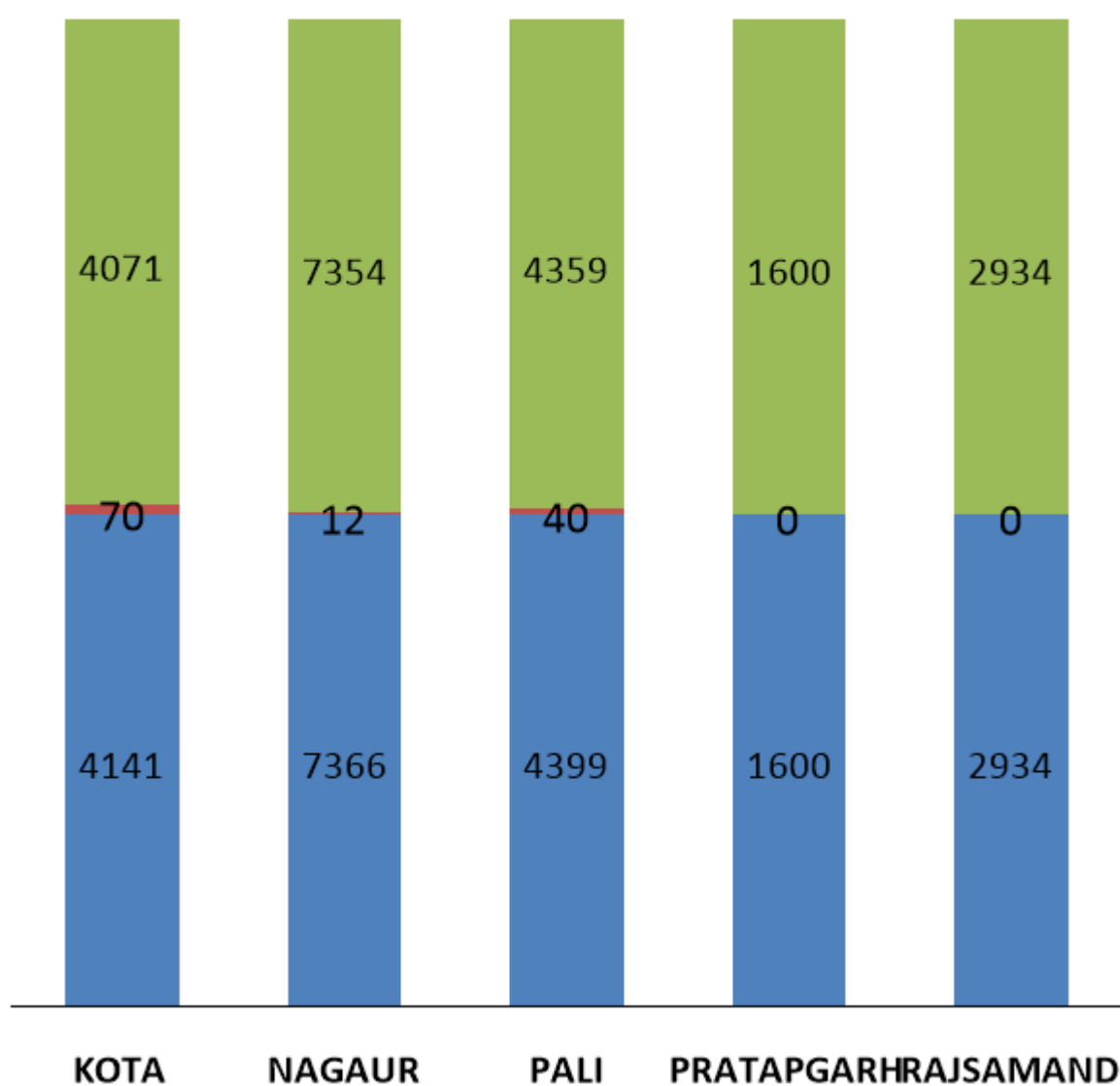
free provision of blood against total reported sick new borns

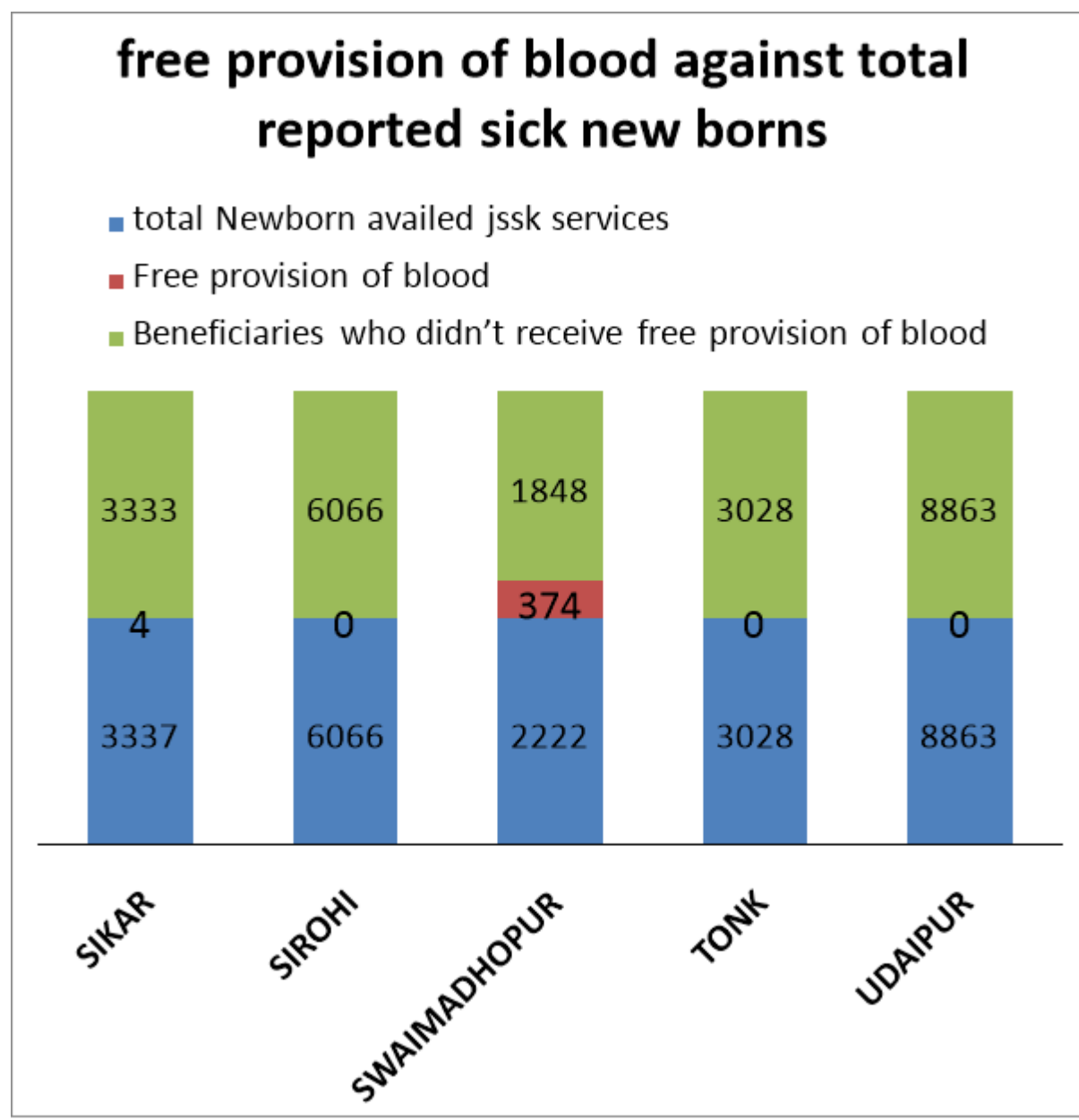
- total Newborn availed jssk services
- Free provision of blood
- Beneficiaries who didn't receive free provision of blood



free provision of blood against total reported sick new borns

- total Newborn availed jssk services
- Free provision of blood
- Beneficiaries who didn't receive free provision of blood

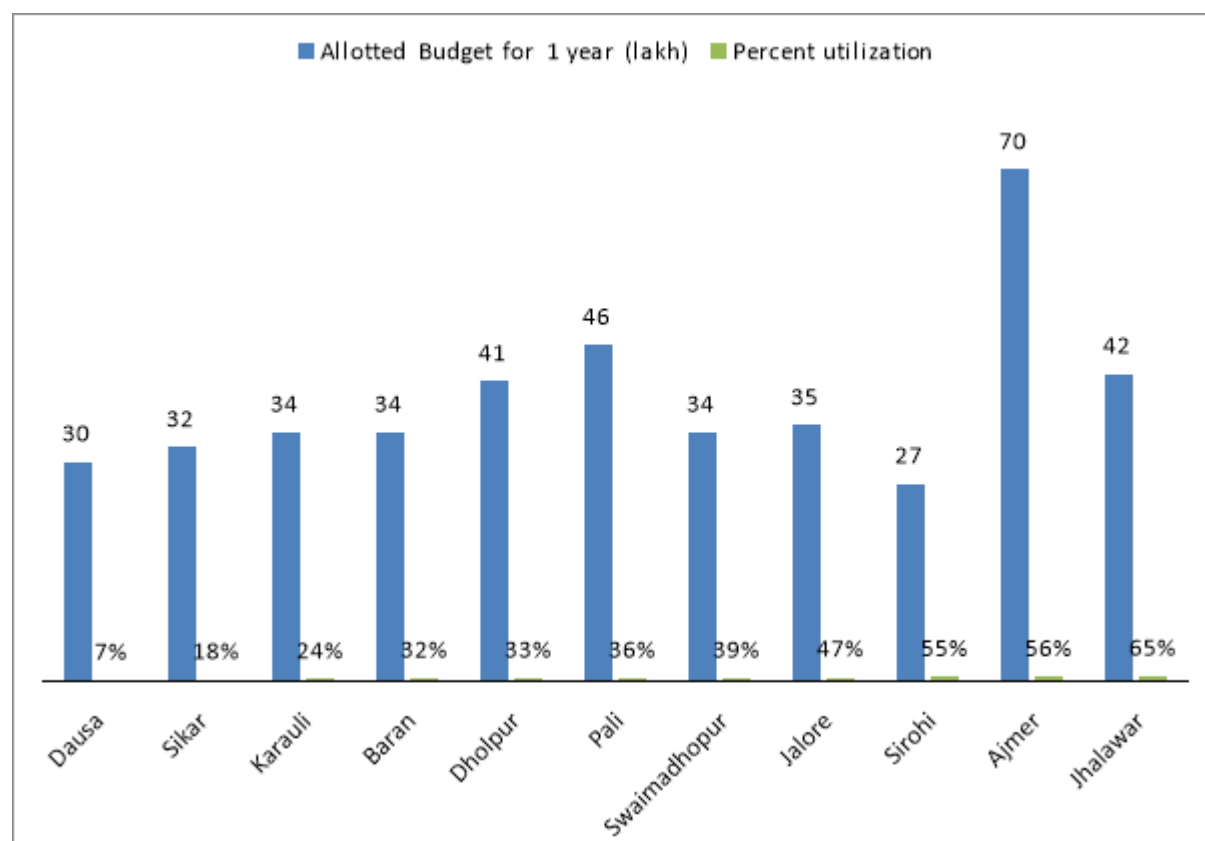
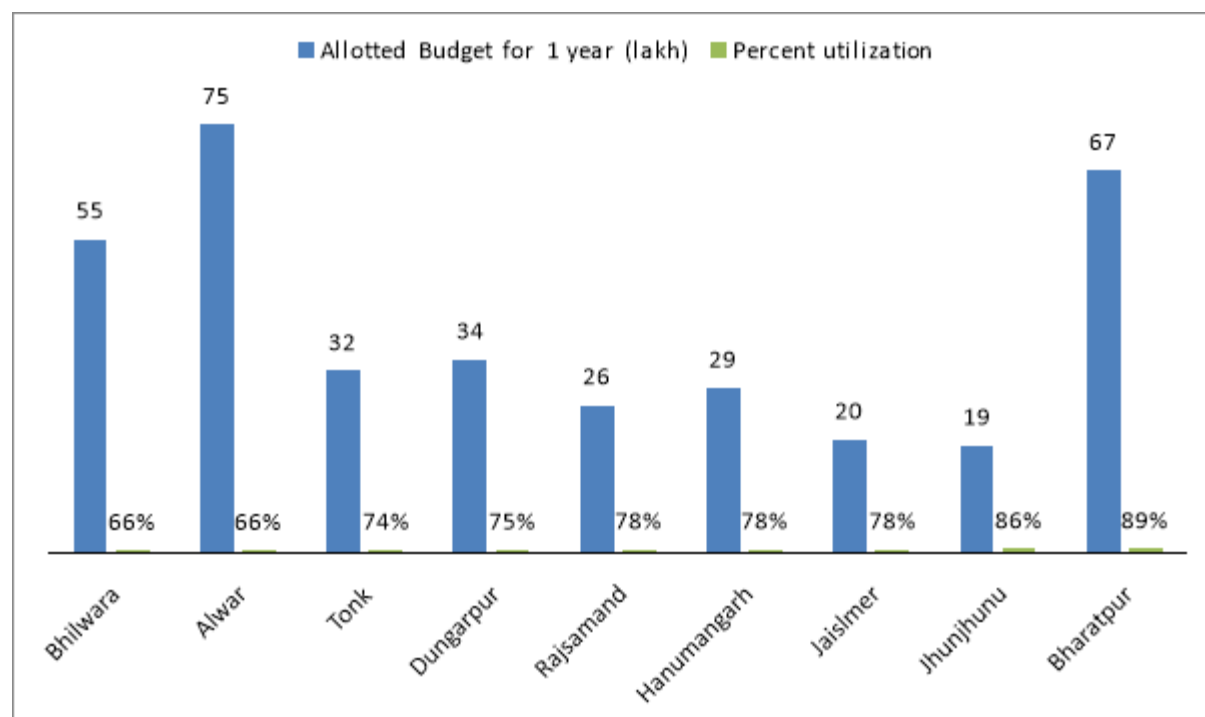


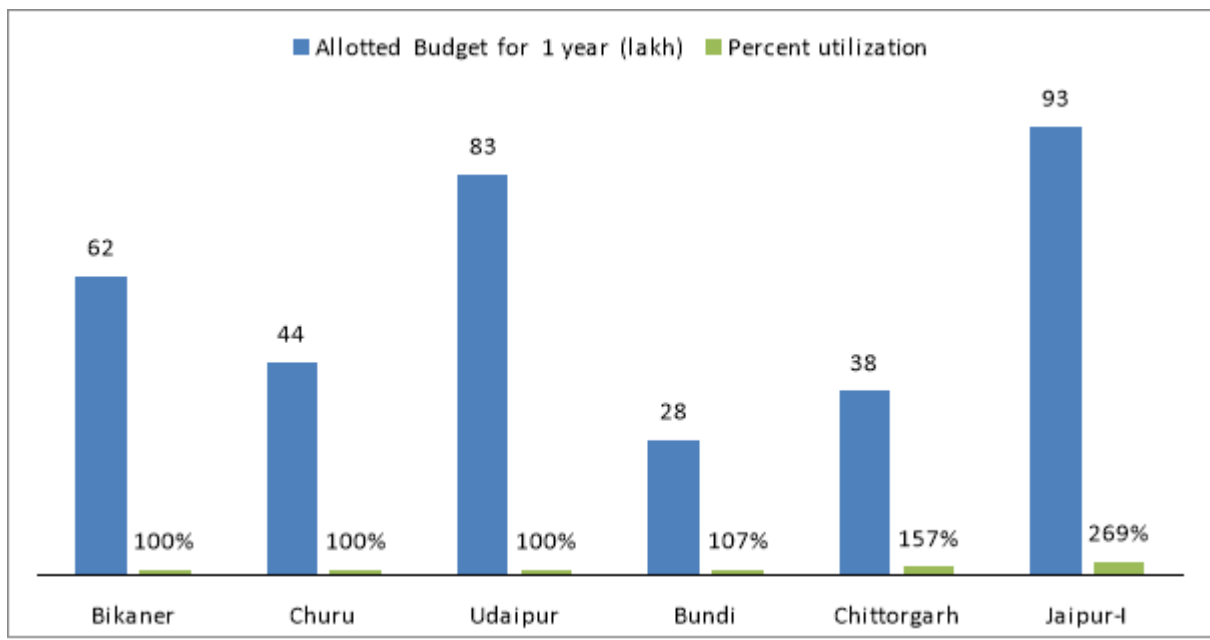
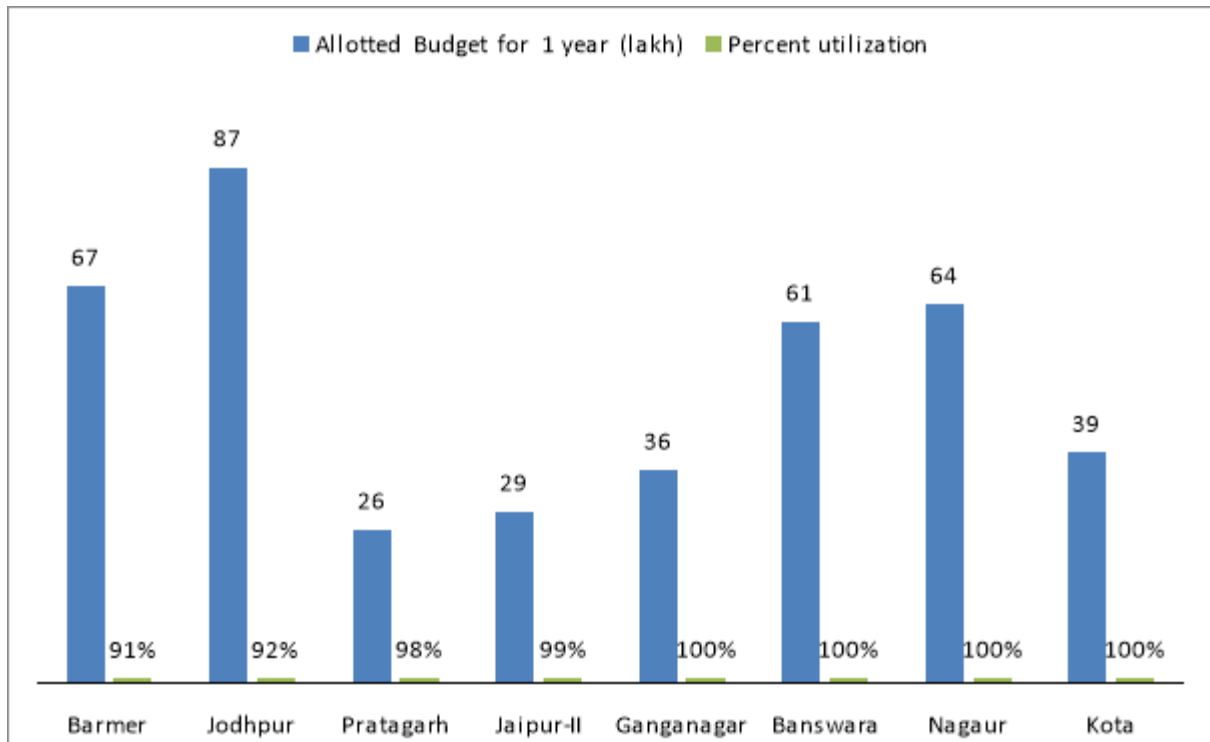


Here data depicts that total newborn availed services of blood transfusion against total reported sick newborn and the gap between newborn who availed services and who dint require services of blood transfusion.

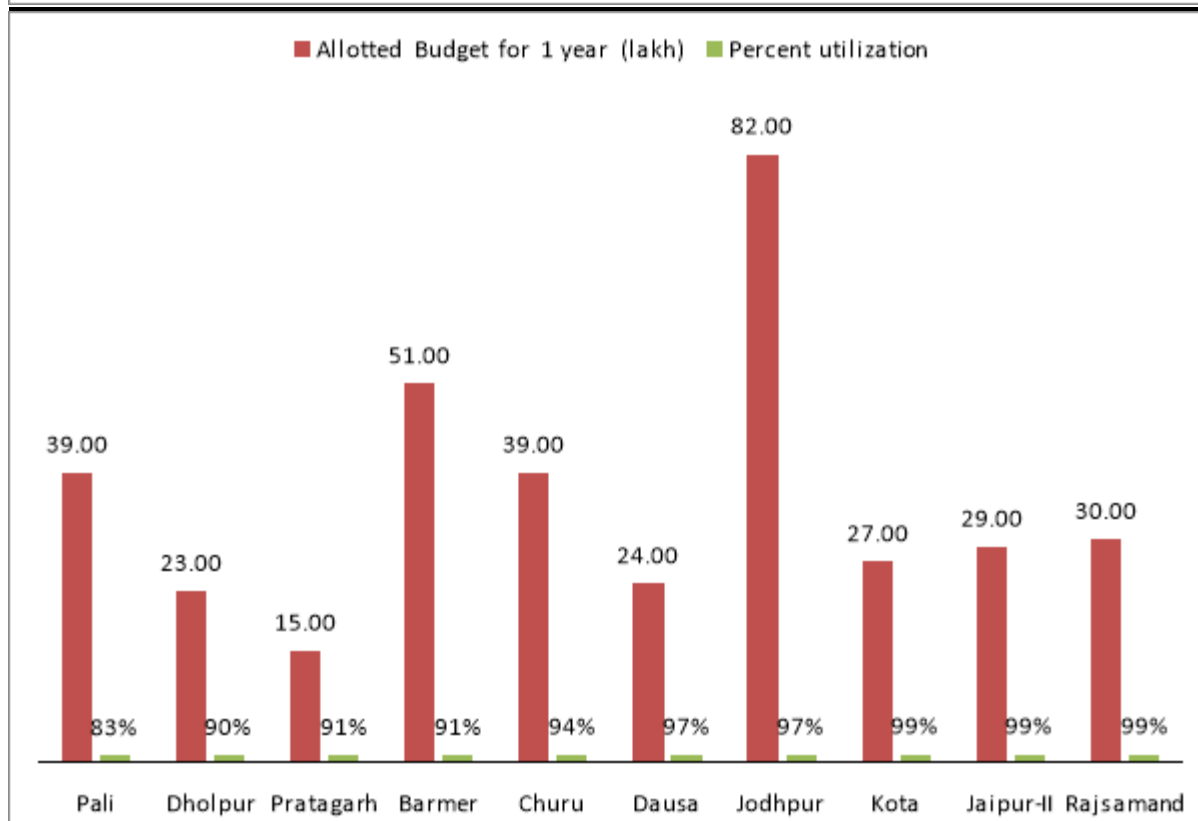
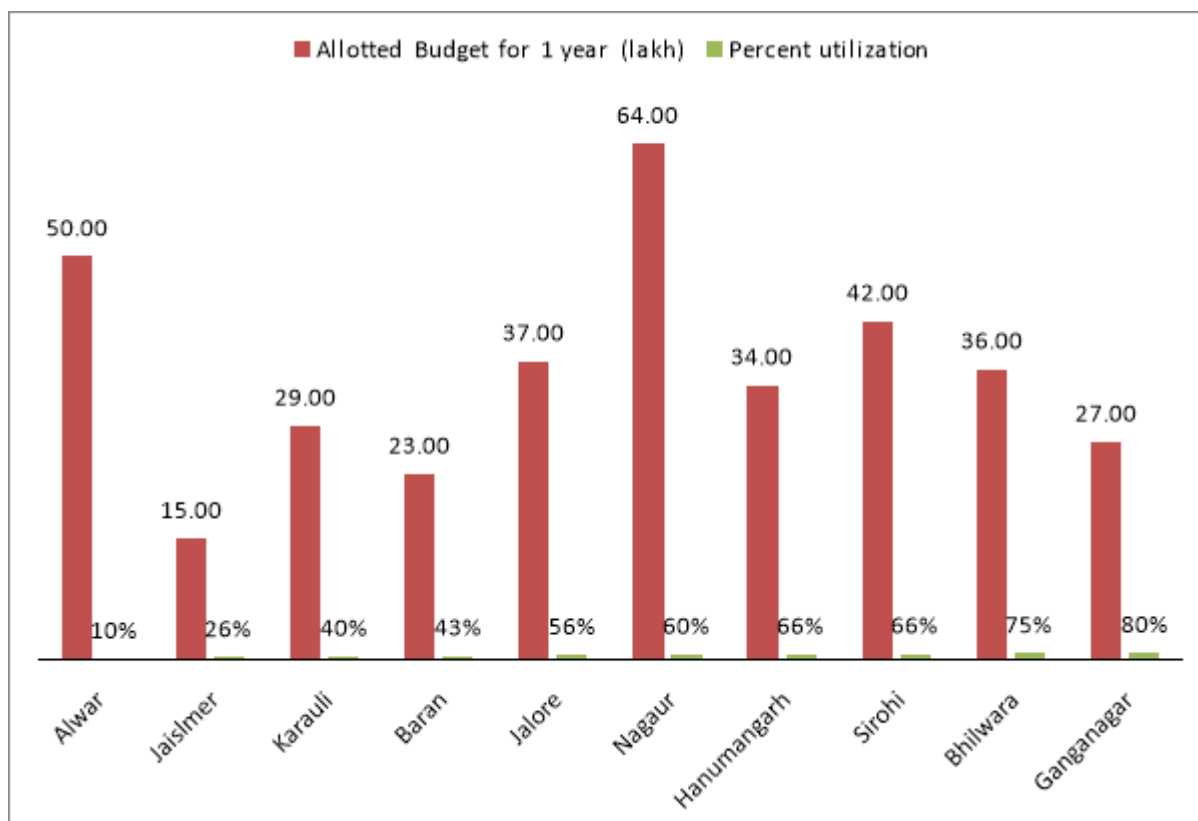
FINANCIAL ANALYSIS

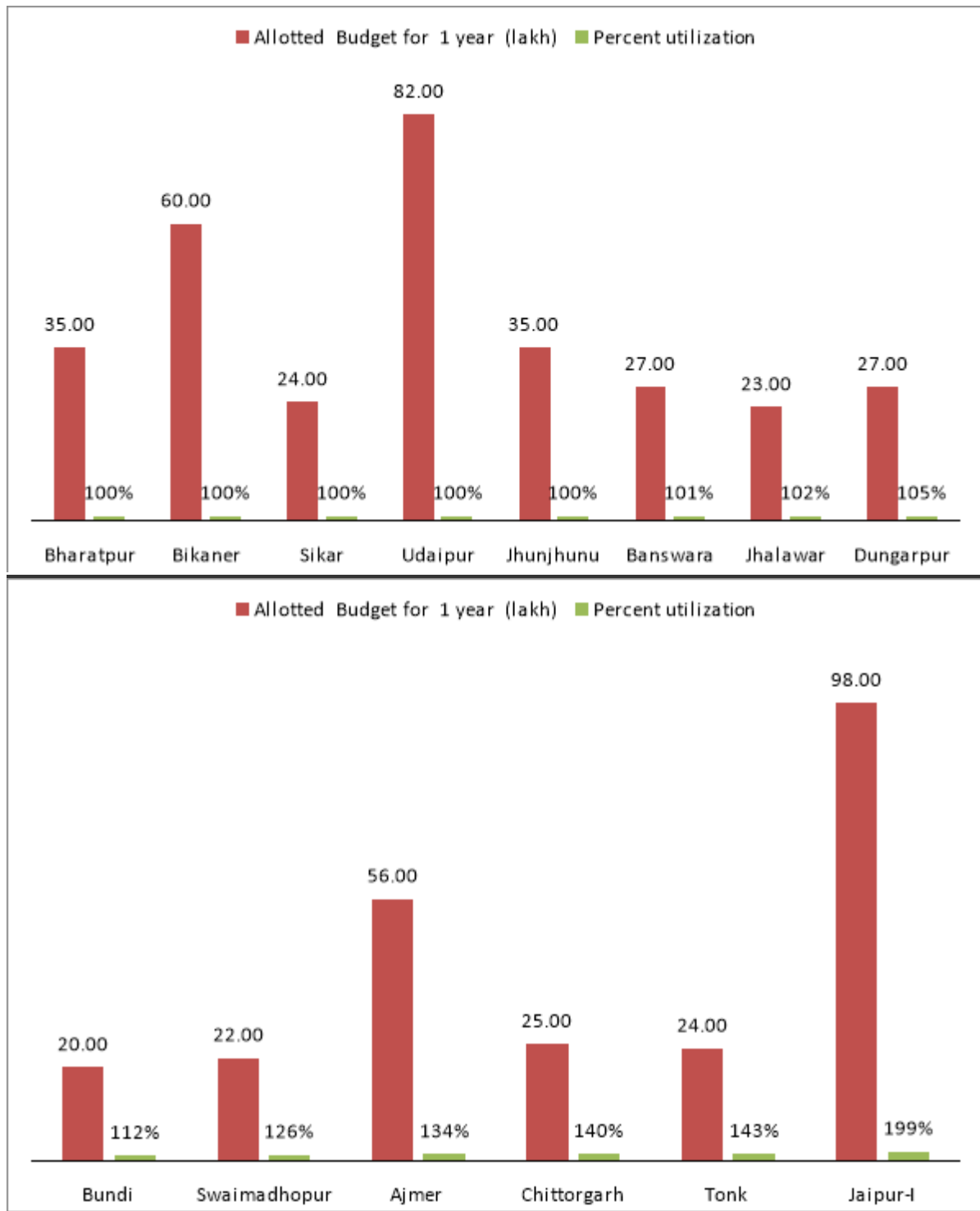
Percentage utilization of Budget against approved for Drug & Consumable



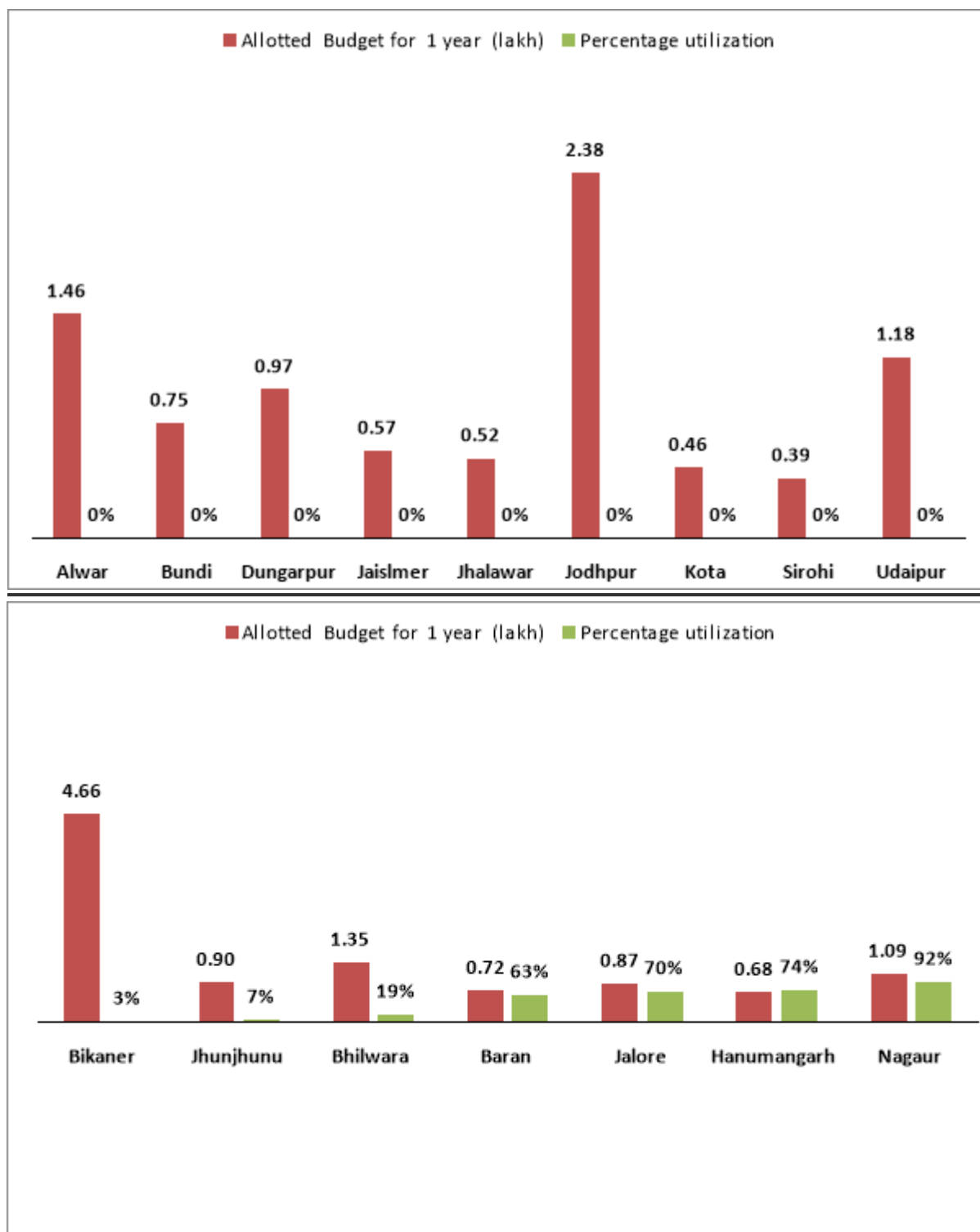


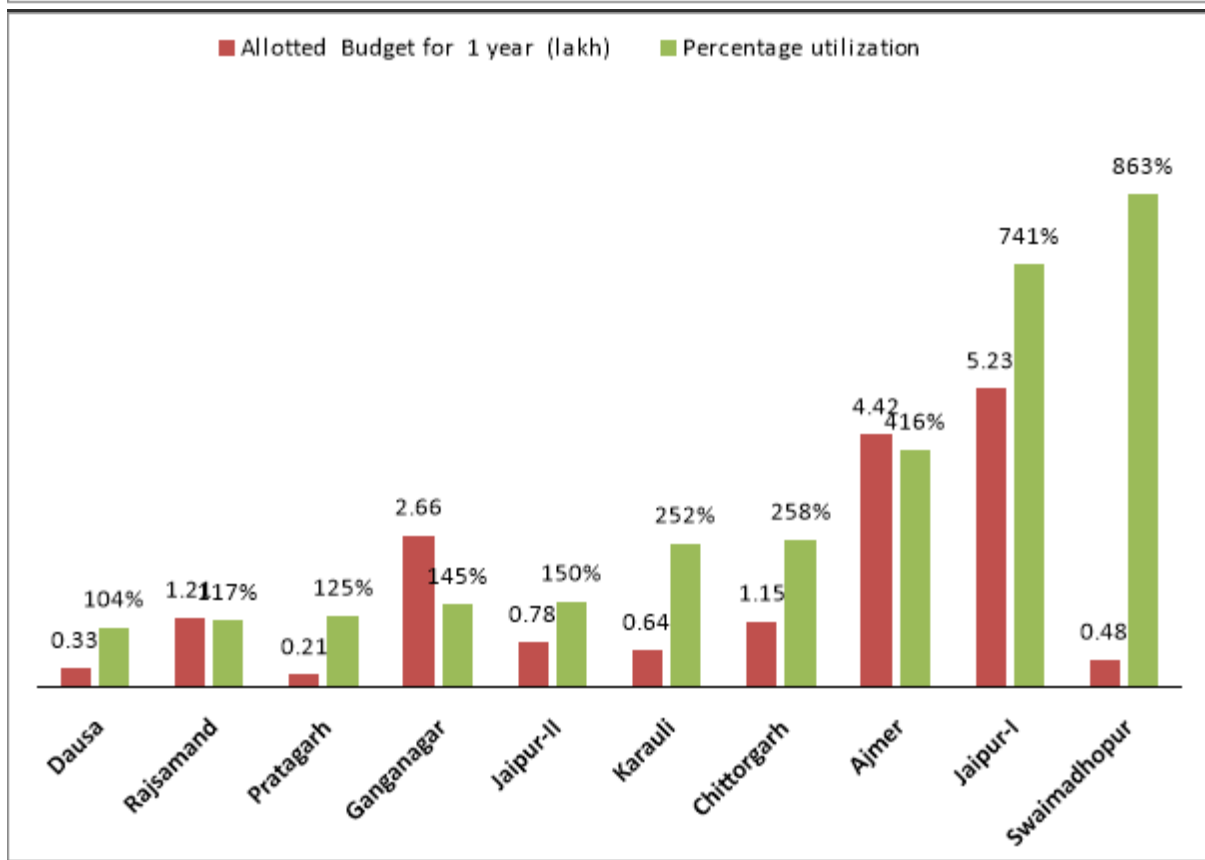
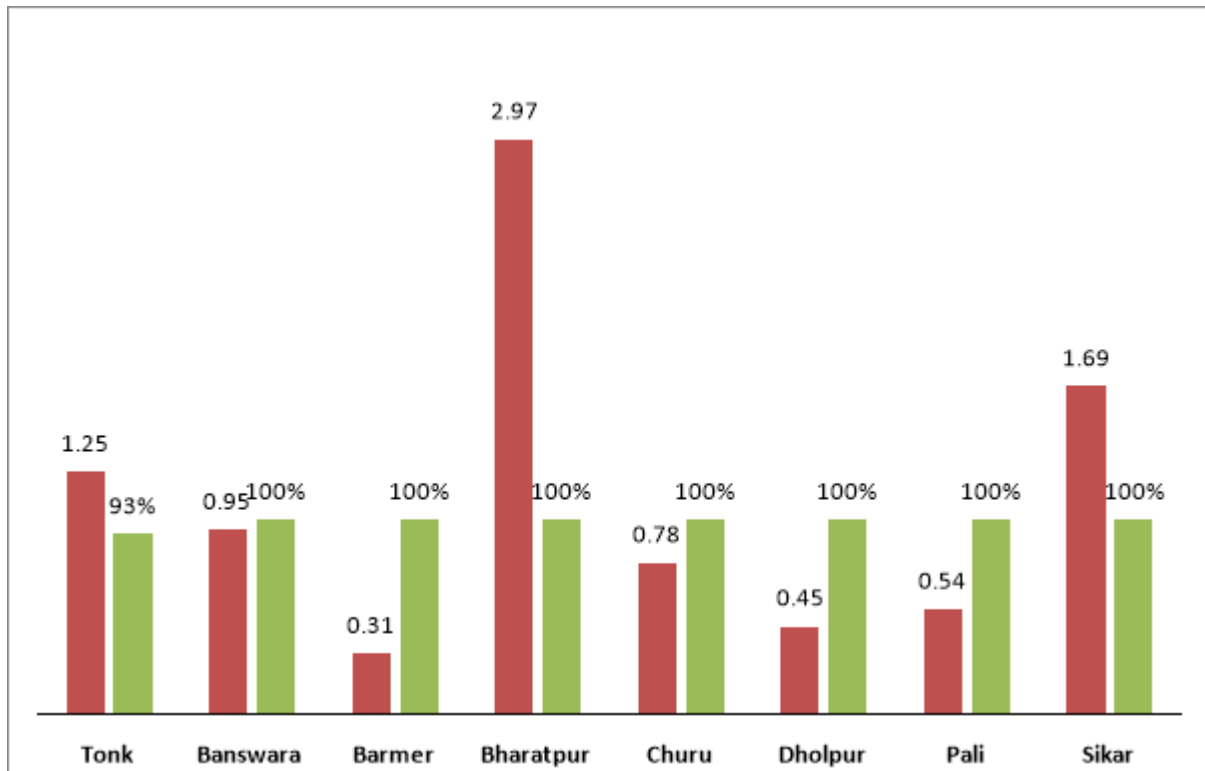
Percentage utilization of Budget against approved for Diagnostic





Percentage utilization of Budget against approved for Blood





	ACCORDING TO PCTS TOTAL DELEIVERIES (IN INSITITUTIONS)	BENEFICIARIES WHO HAVE BEEN PROVIDED WITH FREE DRUGS & CONSUMABLES	GAP Analysis	BENEFICIARIES WHO HAVE BEEN PROVIDED WITH FREE ESSENTIAL DIAGNOSTICS	GAP Analysis
2011- 12 Sept. 2011 to March 2012	430235	753058	-322823	417319	12916
2012- 13	977893	1180387	-202494	417319	560574
2013- 14	1036881	1186320	-149439	955860	81021
2014- 15	1015683	1161768	-146085	969639	46044
2015- 16	1022048	1490044	-467996	1059934	-37886
2016- 17 (Up to Dec. 2016)	817524	1298324	-480800	927893	-110369

	ACCORDING TO PCTS TOTAL DELEIVERIE S(IN INSITITUTIO NS)	BENEFICI ARIES WHO HAVE BEEN PROVIDED WITH FREE FRESH &WARM FOOD	GAP Analysis	BENEFICIARIE S WHO HAVE BEEN PROVIDED WITH FREETRANSPOR T FROM HOME TO HEALTH INSTITUTIONS	GAP Analysis
2011- 12 12 Sept. 2011 to March 2012	430235	516437	-86202	227716	202519
2012- 13	977893	832112	145781	671545	306348
2013- 14	1036881	894102	142779	754438	282443
2014- 15	1015683	877582	138101	707558	308125
2015- 16	1022048	976934	45114	651921	370127
2016- 17 (Up to Dec. 2016)	817524	796505	21019	453638	363886

	ACCORDING TO PCTS TOTAL DELEIVERIES(IN INSITITUTIONS)	BENEFICIAR IES WHO HAVE BEEN PROVIDED WITH FREE PROVISION OF BLOOD	GAP Analy sis
2011-12 12 Sept. 2011 to March 2012	430235	18860	411375
2012-13	977893	44556	933337
2013-14	1036881	50285	986596
2014-15	1015683	60996	954687
2015-16	1022048	56814	965234
2016-17 (Up to Dec. 2016)	817524	43101	774423

	ACCORDING TO PCTS TOTAL DELEIVERIES(IN INSITUTIONS)	BENEFICIARIES WHO HAS BEEN PROVIDED WITH FREE TRANSPORT BETWEEN FACILITIES IN CASE OF REFERRAL	GAP Analysis	BENEFICIARIES WHO HAVE BEEN PROVIDED WITH FREE TRANSPORT FROM INSTITUTION TO HOME AFTER 48HRS STAY	GAP Analysis
2011-12 12 Sept. 2011 to March 2012	430235	1518	428717	289978	140257
2012-13	977893	3025	974868	697773	280120
2013-14	1036881	3035	1033846	806121	230760
2014-15	1015683	51276	964407	772722	242961
2015-16	1022048	41475	980573	734446	287602
2016-17 (Up to Dec. 2016)	817524	34942	782582	537184	280340

SOME OF POSSIBLE CAUSES FOR GAP IN UTILIZATION OF JSSK ENTITLEMENTS

- Lack of quality care in government health facilities could be possible reason.
 1. The problems of bad hygiene in delivery rooms and badly kept bed linens were common in government facilities.
 2. Improper cleaning of delivery instruments and delivery table could also added to the bad experience of patients.
 3. Besides hygiene, concerns regarding patients' privacy were also emphasized as an important determinant of low utilization.
 4. The issue of delay in delivery of the baby in government hospitals was stressed by the ASHAs according to articles.

- Misconduct of hospital staff could be another possible reason.
 1. Poor demeanour of staff in government facilities could result in less utilization.
 2. Staff nurses of government health facilities could have failed to adequately explain the details of the procedure/examination process that was to be performed on the patients.

- Lack of utilization of transport facilities
 1. Could be considerable delay between calling the control room and the ambulance reaching their homes.
 2. Reason could be as some private hospitals also provided free ambulance for transporting patients to their hospitals. They usually solicited patients by using agents such as dais, traditional healers, Angan wadi workers, and rarely ASHAs and for this monetary incentives were provided to them.
 3. In addition to non-availability of ambulance services in the immediate vicinity, dismal condition of village roads also caused the delay.

- Frequent referral from government hospitals could again be reason.
 1. Frequent referrals to higher centres, especially after a considerably prolonged stay at the PHC, could be considered as important deterrent for future deliveries in PHCs. This affects not only the decision of that particular family but also others in their neighbourhood.
 2. Less commonly stated cause of underutilization were non-availability of staff at the facility especially on holidays, lack of medicines and supplies, corruption, traditional practices.

PROBABLE SUGGESTIONS

- Free drugs and consumables schemes is already under process but most of the ANC & PNC's cases goes unreported. So it is important that report or record of drugs & consumables as well as diagnostics given to beneficiaries should be maintained separately and should be reported separately.
- For assured referral transport there is already integrated ambulance facilities is present
- If beneficiaries feels somewhat hospital staffs failed in explaining the technicality & medical procedures n processes which could be the contributing factor than training regarding how to deal patients and maintain a helping enviroment.
- Further awareness regarding utilization of JSSK is still to be achieved by making reach the scheme detail to the grass root levels by emphasising and educating ASHA'S, dais, traditional healers,& Anganwadi workers by time to time workshops and camps on how and what to convey about the schemes and also including time to time helath care professionals in the process.
- By including more hospitals in accreditation could help beneficiaries in reaching health facilities on right time and increasing bed numbers could also help in handling large volume of cases.
- If there is delay in ambulance reaching to remote areas because of improper roads than by whatever means if beneficiaries able to reach they should be provided with special facilities for further .

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- Ved, R., Sundararaman, T., Gupta, G., & Rana, G. (2012). Program evaluation of the Janani Suraksha Yojna. In *BMC Proceedings* (Vol. 6, No. Suppl 5, p. O15).
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- KabitaBarua. Awareness and utilisation of Janani ShishuS uraksha Karyakram (JSSK) in rural areas of Kamru District,Assam.