Summer Training at

National Rural Health Mission (NRHM)
Jammu and Kashmir
(April 09– June 2, 2012)

Assessment of Janani Shishu Suraksha Karyakram(JSSK) at Different Levels of Public Health Care in District Anantnag and Pulwama, Jammu and Kashmir

By
Wasim Akram Dar

Under the guidance of
Dr. Alok Kumar Mathur

Post Graduate Diploma in Hospital and Health Management
2011-2013

Institute of Health Management Research,
Jaipur
2012

IIHMR JAIPUR

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
1, Prabhu Dayal Marg
Sanganer Airport, JAIPUR - 302 011, INDIA
Tel. : 3924700, 2791431-32
Fax : 91-141-3924738
E-mail : iihmr@iihmr.org
URL : http://www.iihmr.org
Gram : HEALTHINST

Certificate

This is to certify that Dr. Wasim Akram Dar from Institute of Health Management Research, Jaipur has undergone Summer Training from National Rural Health Mission (NRHM), Jammu and Kashmir from 9th April, 2012 to 1st June, 2012.

The candidate himself carried out the project. His approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement is recommended for the award of post graduate diploma in health and hospital management.

I wish him success in all his future endeavors.

Dr. P.R Sodani , Ph.D
Dean Training & Academic and Students Affairs
IHMR, Jaipur

Dr. Alok Mathur
Assistant Professor
IHMR, Jaipur

IIHMR JAIPUR

NATIONAL RURAL HEALTH MISSION

MISSION DIRECTOR NATIONAL RURAL HEALTH MISSION, J&K

Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu.
Telefax: 0191-2674114; 2674244; email: mdnrhmjk@gmail.com

Kashmir Office: J&K Housing Board Complex, Chanapora, Srinagar 190015
Telefax: 0194-2430359; email: dnokashmir@gmail.com

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Wasim Akram Dar** has done his summer training in NRHM Jammu & Kashmir from April 9 to June 2, 2012. He worked on the project **"Janani Shishu Suraksha Karyakram" (JSSK)**. He was found sincere & hard working during this tenure. We wish him all the best for his future endeavours.

Mission Director
NRHM, J&K

Acknowledgements

First of all I would like to offer sincere thanks to Almighty Allah for showering his blessing for successful completion of the project. All my success in the task can come only from Him, in Him I trust and unto Him I turn.

I would like to thank ***Dr. Alok Mathur****, Assistant professor, IIHMR, Jaipur and also my mentor, who has been always encouraging and supportive throughout my training period and has always given his valuable inputs. He showed me different ways to approach a research problem and the need to be persistent to accomplish any goal. I would consider myself lucky if I could imbibe even a fraction of his scientific excellance and extremely humane honest nature.*

I would at the outset like to express my deepest sense of gratitude and indebtedness towards ***Dr. Yashpal Sharma****, Mission Director, NRHM Jammu and Kashmir. His wide knowledge and his logical way of thinking have been of great value for me. Sir, I feel immense pleasure in expressing my sincere gratitude towards you.*

I take this opportunity to express heartful gratitude towards ***Dr. Harjeet Rai****, Divisional Nodal Officer Jammu for his inspiring guidance and constant encouragement.*

I would also like to thank ***Dr. Mushtaq Ahmad Dar****, Divisional Nodal Officer Kashmir for his affection, constant guidance and encouragement.*

I would like to sincerely thank ***Dr. P.R. Sodani****, Prof. and Coordinator, Health Management Stream, PGDHM, for giving me this opportunity and being a continuous guiding source throughout this project.*

The CMOs, BMOs MOs, DPMs of study districts, block MOs, ANMs, ASHAs of the studied SDHs/CHCs, PHCs and Sub -centres have provided excellent support and co-operation in providing information and their opinions during the field study.

I do not know whether I will be able to repay my parents blessing without whom it would not have been possible for me to face the difficult times and conundrums that this project presented. I am forever indebted to my parents for their understanding, endless patience and encouragement when it was most required.

I present my heartful gratitude towards my brother ***Dr. Naseer*** *and my friends* ***Dr. Vishal Sareen*** *and* ***Mr. Adil Hussain*** *for their co-operation and moral support.*

I would also like to thank my sisters ***Ms Sabihia, Dr. Rafia*** *and my brother-in-law* ***Dr. Mukhtar Ahmad*** *whose silent consistent and categorical support have been with me through the most turbulent times and have greatly helped me in realizing my dreams. I thank them all.*

Lastly I would like to thank all who helped me directly or indirectly during this project

Dr. Wasim Akram Dar

LIST OF ABBREVIATIONS

%	-	Percentage
<	-	Less than
>	-	Greater than
ANC	-	Antenatal Care
ANM	-	Auxillary Nurse Midwife
ASHA	-	Accredited Social Health Activist
BPL	-	Below poverty line
CHC	-	Community Health Centre
DH	-	District Hospital
IDI	-	In-Depth Interviews
IMR	-	Infant Mortality Rate
INC	-	Intra-natal Care
J&K	-	Jammu and Kashmir
JSSK	-	Janani Shishu Suraksha Karyakram
JSY	-	Janani Suraksha Yojana
MCCH	-	Maternal and Child Care Hospital
MMR	-	Maternal Mortality Ratio
MO	-	Medical officer
MRP	-	Market Retail Price
MS	-	Medical Superintendent

N	-	Number of Service providers
NRHM	-	National Rural Health Mission
OBC	-	Other backward class
OPD	-	Out Patient Department
PHC	-	Primary Health Centre
PNC	-	Postnatal Care
SC	-	Sub Centre
SDH	-	Sub District Hospital
SPSS	-	Statistical Package for the Social Sciences

CONTENTS:

EXECUTIVE SUMMARY

Since the inception of the National Rural Health Mission (NRHM), a large number of health programmes have been implemented to address various health related concerns and needs with the overall objective of improving the efficiency and effectiveness of the health system.

This report is based on the assessment of the JSSK scheme in the two districts of Jammu and Kashmir, district Anantnag and district Pulwama.

General Objective: To evaluate free health services availed at different levels of public health care under JSSK in district Anantnag and Pulwama.

Specific objectives:

- To evaluate the functioning of different levels of health care in providing ANC, INC, PNC and sick new- born care under JSSK;
- To determine the extent of utilization of various available free services under JSSK;
- To determine the impact of JSSK in reducing out of pocket expenses;
- To identify the gaps in resources such as drugs and consumables, diagnostic tests, blood, transport, diet etc for institutional deliveries and sick new-born care; and
- To analyse the findings and provide suggestions and recommendations for improving the services.

METHODOLOGY: Under methodology, two blocks (SDHs/CHCs) were identified from each district, one closest to the district headquarters and other located remotely with the same selection criterion, eight PHCs in the four selected CHCs of two districts were selected. One sub-Centre from each CHC was randomly selected by systemic random sampling.

The study was held in a typically cross-sectional design, involving quantitative techniques (open ended and semi-structured questionnaires)

The Study Respondents:

The study respondents MO (Gynecologists and Pediatricians), Nurses and ANMs at DH, SDH/CHC, PHC and SC level, Beneficiaries including delivered mothers and sick new-borns.

Silent Features:

1. It was revealed from the study that there was a very little awareness of the scheme in both the districts among both service providers and beneficiaries.

2. Infrastructure which includes maternity beds, Labor room, electricity supply, toilet facility etc was very poor at several places.
3. Implementation of services at different health facilities was poor.
4. Low utilization of free services like free drugs and free referral transport and other services by the beneficiaries.

Recommendations:

1. Drugs should be made available in hospital provisional drug store, at least costlier drugs
2. Quality of drugs should be maintained
3. Hospital labs should be well managed and should be provided with reagents and other resources
4. PHC 24X7 should be availed with emergency investigation services
5. All SDHs should be availed with blood storage facilities.
6. A proper channel should be made for referral transport either for pick up or for drop back provision (e.g District toll Free Number service for pick up)
7. More ambulances should be availed

CHAPTER I

INTRODUCTION

1.1 Background:

National Rural Health Mission was launched in the State in April 2005 with the objective to reduce Maternal Mortality Ratio, Child Mortality Rate, and Total Fertility Rate. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

In June 2011, NRHM launched its new component Janani Shishu Suraksha Yojna for the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) under the slogan "Maa Tujhe Salam". It has been implemented with a view to encourage all pregnant women to deliver in public health facilities and to achieve cent per cent institutional deliveries. JSSK is a new approach in health care as it emphasis on elimination of out of pocket expenses for both pregnant women and for sick new neonates. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no-expense delivery, including caesarean section.

1.2 Rationale:

Since the JSSK is approaching to complete one year now, it was appropriate to review and assess its functioning and utilization of services, quality of care and to understand the processes of implementation for further strengthening the scheme as there was no such study done yet in any of the regions of J&K.

1.3 Objectives:

i) General Objectives: To evaluate free health services availed at different levels of public health care under JSSK in district Anantnag and Pulwama.

ii) Specific objectives:

- To evaluate the functioning of different levels of health care in providing ANC, INC, PNC and sick new- born care under JSSK;
- To determine the extent of utilization of various available services under JSSK;
- To determine the impact of JSSK in reducing out of pocket expenses;
- To identify the gaps in resources such as drugs and consumables, diagnostic tests, blood, transport, diet etc for institutional deliveries and sick new-born care; and
- To analyse the findings and provide suggestions and recommendations for improving the services.

CHAPTER II

METHODOLOGY

2.1. Study Area:

Anantnag and Pulwama districts of Jammu and Kashmir

2.2. Study Type:

It was Cross-Sectional descriptive study

2.3. Study Respondents:

 District level: Available Obstetrician/Gynecologists (2), Pediatricians concerned (1), Staff Nurses (2).

 CHC Level: Available Obstetrician/Gynecologists (1), Pediatricians (1), Staff Nurses (1)

 PHC level: Medical officer in charge, Nurses (1)

 Sub-Centre level: ANM (1).

Village level: Beneficiaries including post-natal patients including mothers of sick new borns.

Table 2.1: List of selected Districts (DHs), Blocks (SDH/CHCs), PHC/CHC, SCs.

District(DHs)	Block(SDHs/CHCs)	PHCs	Sub-Centres
Anantnag	Seer	Mattan	Audoo
		Aishmuqam	
	Bijbehara	B kalan	Sether
		Marhama	
Pulwama	Pampore	Khrew	Lelhar
		Kakapora	
	Tral	Dadsara	Amirabad
		Aripal	

2.4. Sampling Design:

Multi-stage Random Sampling.

a) **Selection of Districts (DHs):** Two Districts were selected by Convenience
b) **Selection of Blocks (SDHs/CHCs):** From each district, two blocks (SDHs/CHCs) were identified, one closest to the district headquarters and other located remotely.
c) **Selection of PHCs:** With the above selection criterion, eight PHCs in the four selected CHCs of two districts were selected.

d) Selection of SCs: One sub-Centre from each CHC was randomly selected by systemic random sampling.

i) For district Anantnag:

Total one hundred twenty three SCs were divided into approximately four similar groups and then one group was selected randomly on the basis of chit system. This selected group was further divided into five approximately similar sub-groups and one sub-group was selected through the same chit system. This sub-group of six SCs was further divided into three equal units and one unit was selected by the same method. Finally the desired SC was selected from this last unit (comprising two SCs).

ii) For district Pulwama:

Total eighty SCs were divided into four equal groups and then one group of twenty SCs was selected randomly on the basis of chit system. This selected group was further divided into five equal sub-groups and one sub-group was selected through the same chit system. This sub-group of four SCs was further divided into two equal units and one unit was selected by the same method. Finally the desired SC was selected from this last unit (comprising two SCs).

Selection of Villages: Under each sub-centre, two villages will be identified - one nearest to the sub-centre and another distant. In the two districts, four CHCs, eight PHCs, four SCs and 8 villages will be thus selected.

e) Selection of Service Providers:

All those staff members who were involved to conduct deliveries and providing sick new born care at the various levels.

- Obstetrician/Gynecologists and Pediatricians at the level of DHs and SDHs/CHCs
- Concerned MOs at PHC level
- Staff nurses
- ANMs

All those not involved in conducting delivery, not providing sick new born care and those who refused to take part were excluded.

f) Selection of Beneficiaries:

i) Selection of delivered mothers:

40 beneficiaries (delivered mothers) of the JSSK scheme in each district were selected on the basis of data available on total deliveries and institutional deliveries under JSY in 2011 in the two Districts. All women who had institutional deliveries in Govt. health institutions and all those new-borns who were sick within first 30 days of birth and received the services during last 6 months were taken as beneficiaries. For the selection of respondents, all the households in the selected villages were listed and a sampling frame of mothers who delivered in the 5 months prior to the survey (November 2011 to April 2012) were listed. From each village 10 beneficiaries were taken. If adequate numbers were not being available from the same village, they were then chosen from the adjacent village.

ii) Selection of sick new-borns:

24 beneficiaries (sick new-borns) of the JSSK scheme in each district were selected by convenience. Data of sick new-borns in a period November 2011 to April 2012 was obtained from SDH levels of each block. 6 sick new-borns from one block and 6 from other block in each district was the criterion adopted, hence total 12 from each district.

2.5. TOOLS AND TECHNIQUES:

Data was collected using open ended, semi-structured and close ended questionnaires. Primary sources were used for data collection. Primary data was collected from all the respondents. In addition, primary data was also being collected from the beneficiaries in each village by using semi-structured and open ended questionnaires. All the data collected were triangulated to have more clarity on the findings at the time of analysis. Hence data collected was collected from each District through interviews with service providers, 40 delivered mothers and 12 mothers of sick new-borns.

Ethical Consideration-

Participants had given option whether to involve in survey or not. For the sake of privacy and confidentiality informed written consent was taken. Consent explained the general purpose of study; procedures used; right to withdraw/refuse for the participation

2.6. Data Analysis Plan: Data entry and its analysis were done by using SPSS software along with Microsoft Excel where ever required.

CHAPTER III

RESULTS AND DISCUSSION:

This chapter brings out the findings on various aspects of JSSK which includes awareness and utilization of the services among the target beneficiaries as well as awareness of the scheme among the service providers. The background characteristics of the respondents are described first to provide a context for each of the each district and then the utilization of services by beneficiaries.

3.1. Socio-economic characteristics of beneficiaries:

The socio-economic and demographic profile of the mothers indicates that all of them were Muslims. As far as caste is concerned, in district Anantnag 3 out of 40 beneficiaries were OBC and 1out of 40 beneficiaries were SC and rest 36 beneficiaries were of general category. In district Pulwama, 1 out of 40 beneficiaries belonged to SC, 1 belonged to OBC while rest 38 belonged to general category.

In terms of housing characteristics, 15 and 25 per cent of the mothers were living in Semi-Pucca in district Anantnag and Pulwama respectively while rest 85 per cent and 75 per cent were living in Pucca houses. The proportion of women belonging to the BPL category was the more in District Pulwama, 25 per cent in comparison to district Anantnag 17.5 per cent. These two indicators are a reflection of the economic conditions of the mothers interviewed under this study.

The mean age of delivered mothers who were interviewed in this study was 29. Minimum aged mother was of 18 years old while as maximum aged mother was of 40 years old. As far as the literacy level of the mothers is concerned, 50 per cent of the mothers in district Anantnag were illiterate, whereas 42.5 per cent in district Pulwama were in this category.

Table 3.1: Socio-economic characteristics of the mothers in selected districts

Socio-economic characteristics	Districts	
	Anantnag	Pulwama
N	40	40
Caste		
General	90%	95 %
SC	2.5%	2.5%
OBC	7.5%	2.5%
Type of house		
Pucca	15%	75%
Semi-Pucca	85%	25%
BPL status of family		
BPL	17.5%	25%
Main source of drinking water		
Piped water	62.5%	50%
Tube well	25%	
Spring water	12.5%	50%
Age of mothers		
Under 25 yrs	24%	20%
25-34 yrs	65%	70%
Over 35 yrs	11%	10%
Education		
Illiterate	50%	42.5%
Upto 5th standard	17.5%	7.5%
Upto high school	12.5%	32.5%
Above high school	20%	17.5%

3.2. Awareness about the JSSK

3.2.1. Awareness among Beneficiaries:

The respondents were asked about the JSSK scheme. Enquiry was done both spontaneously and also by probing. The levels of awareness among mothers about the JSSK scheme and its various components are presented in Table 3.2. The awareness about the scheme was found to be quite high in almost all the states.

Table 3.2: Percentage of mothers aware about JSSK and its components in selected districts

Variables	Districts	
	Anantnag	Pulwama
N	40	40
Awareness about JSSK		
Spontaneous	15%	2.5%
Probed	37.5%	32.5%
Awareness about entitlements of JSSK		
Free cost of delivery at any health facility	45%	40%
Free drugs and consumables during ANC	67.5%	52.5%
Free drugs and consumables during INC	47.5%	42.5%
Free drugs and consumables during PNC upto 6 weeks	35%	17.5%
Free drugs and consumables for sick new-borns till 30 days after birth	27.5%	10%
Free diagnostics during ANC	47.5%	40%
Free diagnostics during INC	65%	50%
Free diagnostics during PNC upto 6 weeks	25%	17.5%
Free diagnostics for sick new-borns till 30 days after birth	20%	12.5%
Free provision of blood for pregnant women (on replacement basis)	22.5%	15%

Free provision of blood for sick new-borns (on replacement basis)	7.5%	10%
Free transport from home to health institutions for pregnant women	37.5%	42.5%
Free transport between health institutions for pregnant women in case of referral	77.5%	85%
Drop back from institutions to home for pregnant women	60%	50%
Free transport from home to health institutions for sick new-borns	17.5%	10%
Free transport between health institutions for sick new-borns in case of referral	55%	43%
Drop back from institutions to home for sick new-borns	33%	25%
Free Diet for pregnant women during stay in the health institutions	70%	55%
Exemption from all kinds of User Charges for pregnant women	53%	49%
Exemption from all kinds of User Charges for sick new-borns	47%	43%

Respondents from district Anantnag were more aware of the scheme with 15 per cent spontaneous and 37.5 per cent probed responses, in comparison to district Pulwama with 2.5 per cent spontaneous and 32.5 per cent probed responses. Regarding free drugs and consumables for pregnant women most of them were not aware of the scheme, particularly awareness of free cost of drugs during ANC and PNC upto 6 weeks was very less in both districts. Almost half of the respondents were not aware of free diagnostic tests for mothers during ANC, INC and PNC upto 6 weeks. When asked about the free provision of blood on replacement basis a very few respondents were aware of this entitlement in both districts. However, in this regard, the level of awareness among the respondents was more in district Anantnag in comparison to district Pulwama. As far as free referral transport in concerned very few respondents, less than half, were

aware about the free transport from home to health institutions in both the districts. However a majority of respondents were aware of the free transport facility between health institutions in both the districts. When asked about the free drop back facility almost more than half of them were aware in district Anantnag and half of them were aware in district Pulwama. Awareness regarding free diet was again more among the respondents of district Anantnag when compared with district Pulwama. Regarding free sick new-born care till 30 days after birth, a very few respondents were aware of any of the entitlement in both the districts.

3.2.2. Awareness among service providers:

The level of knowledge of the service providers is of great importance in the successful implementation of the JSSK in the community.

The levels of knowledge of the medical officers and nurses at the DHs, CHCs/SDH, PHCs and the ANMs at sub centre's which were assessed with the help of an open ended and a semi structured questionnaire regarding the key components of the JSSK programme. The overall score of < 0.5 was considered to indicate poor knowledge, 0.5 to 1 was an indicator of average knowledge, and >1 as good knowledge.

Awareness of service providers regarding various entitlements of JSSK was found almost similar in both the districts; however the service providers who had good knowledge of JSSK entitlements were more in district Pulwama in comparison to district Anantnag. Only 2 service providers in district Anantnag had good knowledge of JSSK without probing. 10 service providers had good knowledge of JSSK scheme without probing in district Pulwama, Table 3.3. 10 and 11 service provides had good knowledge about free drugs and consumables for pregnant women during ANC, INC, PNC upto 6 week and sick new-borns till 30 days of birth in district Anantnag and Pulwama respectively. 15 out of 22 MO had somewhat knowledge of list of free drugs and consumables for pregnant women and sick new-borns in both the districts. Rest of MOs were knowing very well about the list of free drugs and consumables. More number of service providers, 12, of district Pulwama had good knowledge of free essential diagnostic for both mother and sick new-borns in comparison to district Anantnag 9 service providers had good knowledge about free essential diagnostics. Regarding the entitlement of free diet for pregnant mother during their stay in the health facility, 6 and 9 in district Anantnag and Pulwama had good knowledge respectively. Knowledge of free blood on replacement basis was less among the service providers of both the districts. Majority of the service providers in both the district had

very poor knowledge regarding this entitlement. Knowledge of referral transport for both mother and sick new-borns was quite good among the service providers of both the districts, 10 in district Anantnag and 11 in district Pulwama. Most of service providers had good knowledge regarding the entitlement that the pregnant women and sick new-borns were exempted from all treatment charges.

Service providers were asked about the participation in any campaigns regarding JSSK and almost all service providers had not participated in any campaigns regarding JSSK in both the districts. The main reason given by service providers was that no campaigns were held in their health facilities regarding the awareness of JSSK.

Table 3.3: Awareness of service providers about JSSK and its components in selected districts

Entitlements of JSSK for pregnant women and sick new-borns	District	Service providers(N) and Score											
		Medical officers N = 11(6,6)			Nurses N = 8 (4,4)			ANM N = 4 (2,2)			Total		
		<0.5	0.5-1	>1	<0.5	0.5-1	>1	<0.5	0.5-1	>1	<0.5	0.5-1	>1
Knowledge about JSSK	Anantnag	3	6	2	2	6	0	0	2	0	5	14	2
	Pulwama	0	7	4	2	1	5	1	0	1	3	8	10
Knowledge about free drugs & consumables	Anantnag	1	6	4	0	4	4	0	0	2	1	10	10
	Pulwama	0	7	4	0	2	6	1	0	1	1	9	11
Knowledge about free essential diagnostic tests	Anantnag	1	6	4	0	3	5	0	2	0	1	11	9
	Pulwama	0	6	5	0	2	6	0	1	1	0	9	12
Free diet during the stay	Anantnag	3	6	2	1	5	2	0	0	2	4	11	6
	Pulwama	2	7	2	0	2	6	0	1	1	2	10	9
Free provision of blood on replacement basis	Anantnag	6	1	4	2	4	2	0	1	1	8	6	7
	Pulwama	8	2	1	0	3	5	1	0	1	9	5	7

Free referral transport	Anantnag	1	4	6	0	5	3	0	1	1	1	10	10
	Pulwama	0	7	4	0	2	6	0	1	1	0	10	11
Exemption from all treatment charges	Anantnag	1	5	5	0	3	5	0	0	2	1	8	12
	Pulwama	0	6	5	0	2	6	1	0	1	1	8	12

3.3. FACILITY PREPAREDNESS FOR IMPLEMENTATION:

Physical Infrastructure:

Hospital beds: Availability of hospital beds is a very important factor linked to the preparedness for delivery and sick newborn care services.

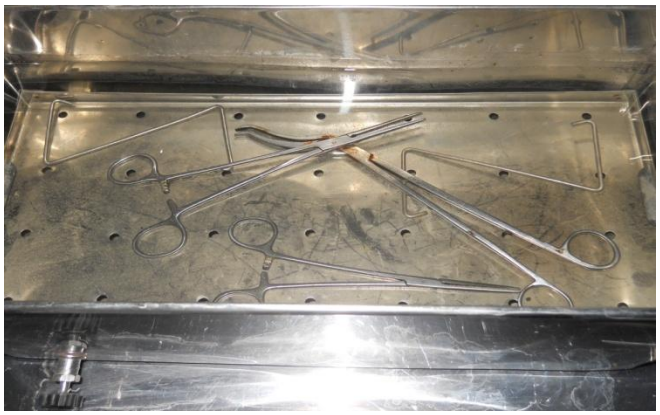
At the level of the district hospitals, the situation was complicated in both the districts since the maternity beds are less in proportion to the daily patient intake. **"Most of the times there is an overload of patients and we adjust patients on the floor by doing temporary matting arrangements"** said MS MCCH Anantnag. Almost all the SDHs/CHCs had an appropriate proportion of beds and patient intake. At the level of the PHCs, the situation varied widely. Some of the PHCs had the adequate maternity beds in proportion to the patient intake. However in some of the PHCs, infrastructure was not the problem but what was missing was functionality. In sub-centres of course, all those which were not in their own building had a major problem.

Labor room:

In all PHCs, CHCs and in DHs, labor rooms were available and functional except PHC Aripal, where labor room was inside the OPD room merely separated by a bed side screen. There was however a high variation in standards of cleanliness and maintenance, shown in Picture. In terms of sterility and cleanliness the labor rooms were not treated similar to the operation theatres. Both staff and the patients entered into the labor room along with their foot wears almost in all health facilities.

Electricity:

In both DHs and in almost all SDHs/CHCs had special electric power lines and backup generators to ensure provision of 24×7 services and had invertors too. Despite this, all DHs were affected by power cuts, due to inadequate capacity of backup systems. "**Power cuts occur frequently and sometimes we have to conduct delivery under the candle light"** said nurse in SDH Pampore. Almost same scenario was present in all PHCs despite some of them being 24x7.



Picture: Showing rusted instruments used in labor room

Picture: Showing the condition a labor room in PHC Kakapora.

Toilets:

Toilets in most facilities were dirty, and in some facilities they were non functional (blocked up, had not been cleaned, no water available). **"There is only one toilet facility inside the maternity ward and we have to share it with patients, moreover, the condition of this toilet is worst and is the reservoir of several infections"** said a nurse in DH Pulwama. In all SDHs/CHCs and PHCs, toilets were not provided and men and women had to share the same toilets. At the SC level there were generally no toilets at all. **"We don't have toilet facility here, so we use the toilet of a nearby house"** said an ANM of SC Amirabad Tral.

Picture: Picture shows the condition of washroom and toilet inside maternity ward of district hospital Pulwama

3.4. Implementation of Entitlements:

Free Cashless delivery:

All health facilities assessed in this study were providing more or less free cashless delivery services under JSSK.

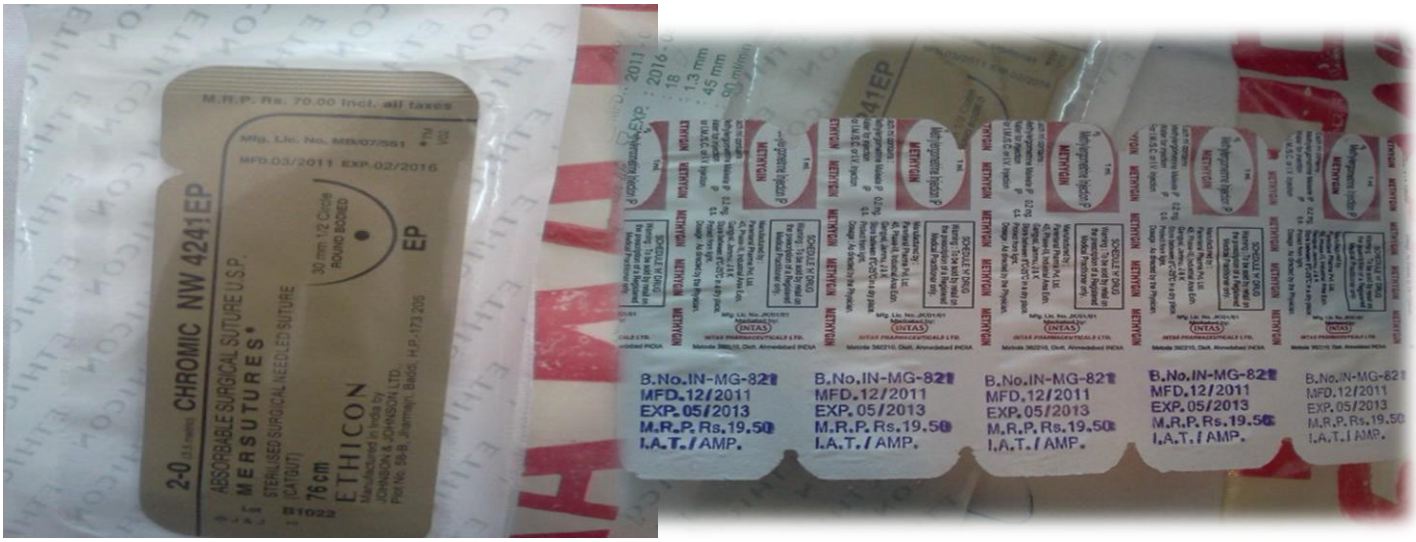
Free drugs and Consumables for mothers and sick new-borns:

Almost all the health facilities reported of having the provision of free drugs and consumables for pregnant mother and sick new-borns. The scenario of implementation was varying from facility to facility.

Most of the drugs and consumables in all health required for delivery (normal and caesarian) facilities were not present in hospital drug provisional stores and except PHC Khrew all health facilities were arranging these required drugs from the market and making them available free to the patients. Out of the available drugs and consumables in the hospitals provisional drug store, four health facilities were not receiving regular drug supply. Both the district hospitals were receiving regular drug supply, table 3.4. Irregular drug supply was reported from SDH Pampore. However both SDHs of Anantnag were receiving regular drug supply. Out of eight PHCs in both the district 3 were not receiving regular drug supply. Drugs were provided for ANC, INC and PNC in district hospital Anantnag (MCCH). District hospital Pulwama was provding drugs only for INC and PNC. Both the SDHs of district Pulwama were providing drugs for ANC, INC and PNC. However both the SDHs of district Anantnag were provding drugs only for INC. All chosen four PHC of district Pulwama were providing drugs for ANC, INC and PNC table3.5. Out of twelve facilities which provided drugs for PNC in both the districts, only two were providing drugs for PNC upto 6 weeks table3.6. The unit cost of drugs and consumables was reported to be more than 300 for normal delivery and more 1600 for caesarian delivery in both the district hospitals table 3.7. Only SDH Bijbehara reported that the unit cost of drugs and consumables for both normal and caesarian delivery was upto 300 and 1600 respectively. The unit cost of drugs and consumables for sick new-born care was reported to be more than 100 in all six health facilities which were providing sick new-born care.

The quality of drugs purchased by the hospital to fulfill the demand was poor in almost every health facility. **“The drugs available here are not of good quality at all”** Said MO in MCCH Anantnag.

A peculiar scenario was noticed regarding the drugs purchased by the hospital, as the drugs which were supplied by the general drug store of the hospital to respective maternity and neonatal wards and to patients, was having a written MRP on it as shown in pictures and there was no mark of hospital so that it could symbolize the free drug supply, hence led to the mal-practicing along with drug trafficking.



Picture: Picture shows written MRP without any mark of hospital over free drugs

Table 3.4: Health facilities receiving regular drug supply

District	Type of health facility						
ANANTNAG	DH ANANTNAG	SDH SEER	SDH BIJBEHARA	PHC MATTAN	PHC AISHMUQAM	PHC B KALAN	PHC MARHAMA
	✓	✓	✓	✓	✓	X	X
PULWAMA	DH PULWAMA	SDH PAMPORE	SDH TRAL	PHC KHREW	PHC KAKAPORA	PHC DADSARA	PHC ARIPAL
	✓	X	✓	✓	✓	X	✓

Table 3.5: Health Facilities providing drugs for ANC, INC, PNC

HEALTH FACILITIES	ANC	INC	PNC
DISTRICT ANANTNAG			
DH ANANTNAG	✓	✓	✓
SDH SEER	X	✓	X
SDH BIJBEHARA	X	✓	X
PHC MATTAN	✓	X	✓
PHC AISHMUQAAM	✓	✓	✓
PHC B KALAN	✓	✓	✓
PHC MARHAMA	✓	✓	✓
DISTRICT PULWAMA			
DH PULWAMA	X	✓	✓
SDH PAMPORE	✓	✓	✓
SDH TRAL	✓	✓	✓
PHC KHREW	✓	✓	✓
PHC KAKAPORA	✓	✓	✓
PHC DADSARA	✓	✓	✓
PHC ARIPAL	✓	✓	✓

Table 3.6: Period upto which drugs are provided by health facilities after delivery

HEALTH FACILITIES	LESS THA 6 WEEKS	UPTO 6 WEEKS	MORE THA 6 WEEKS	NOT AT ALL
DISTRICT ANANTNAG				
DH ANANTNAG		✓		
SDH SEER				X
SDH BIJBEHARA				X
PHC MATTAN	✓			
PHC AISHMUQAAM	✓			
PHC B KALAN	✓			

PHC MARHAMA		✓		
DISTRICT PULWAMA				
DH PULWAMA	✓			
SDH PAMPORE	✓			
SDH TRAL		✓		
PHC KHREW			✓	
PHC KAKAPORA	✓			
PHC DADSARA	✓			
PHC ARIPAL	✓			

Table 3.7: Per unit cost of drugs and consumables in different health facilities for normal and caesarian delivery.

Normal delivery			
Cost	Type of facility	Districts	
		Anantnag	**Pulwama**
More than 300	DH	Anantnag	Pulwama
	SDH/CHC	Seer	Pampore & Tral
	PHC	Aishmuqaam, B Kalan, Marhama	Aripal, Kakapora
Upto 300	SDH/CHC	Bijbehara	X
	PHC	x	Khrew, Dadsara
Caesarian delivery			
More than 1600	DH	Anantnag	Pulwama
	SDH/CHC	x	Pampore & Tral
Upto 1600	SDH/CHC	Bijbehara	x

Free essential diagnostics for pregnant women and sick new-borns:

All the selected health facilities were providing free essential diagnostic services to pregnant women and to sick new-borns. The level implementation of this entitlement was different health in different facilities. Both DHs emergency investigation facilities and were both providing this

facility 24x7. As far as SDHs are concerned all selected four SDHs were providing emergency investigation services but out of them only SDH Tral was providing this facility 24x7 table 3.8. All 24X7 PHC were not having emergency diagnostic services. "**We don't have USG facility here merely for that we have to refer patient for higher facilities which in turn increases the patient load on higher facilities"** said MO Kakapora. Free diagnostic tests were being provided for ANC, INC, and PNC in both the DHs. Both the SDHs and three PHCs of district Pulwama were providing free diagnostics for ANC, INC and PNC. Seven health facilities were providing this facility only for ANC and INC including both the SDHs of district Anantnag table 3.9. Shortage of reagents and consumables in the hospital laboratory was reported by some of the health facilities particularly at PHC level table 3.10.

Table 3.8: 24x7 emergency investigations at different health facilities

Emergency investigation 24x7	Type of health facility	District	
		Anantnag	Pulwama
Yes	DH	Anantnag	Pulwama
	SDH/CHC	X	Tral
No	SDH/CHC	Seer & Bijbehara	Pampore

Table 3.9: Health facility providing investigation for ANC, INC, PNC

HEALTH FACILITIES	**ANC**	**INC**	**PNC**
DISTRICT ANANTNAG			
DH ANANTNAG	✓	✓	✓
SDH SEER	✓	✓	X
SDH BIJBEHARA	✓	✓	X
PHC MATTAN	✓	✓	X
PHC AISHMUQAAM	✓	✓	X
PHC B KALAN	✓	✓	X
PHC MARHAMA	✓	✓	X
DISTRICT PULWAMA			

DH PULWAMA	✓	✓	✓
SDH PAMPORE	✓	✓	✓
SDH TRAL	✓	✓	✓
PHC KHREW	✓	✓	✓
PHC KAKAPORA	✓	✓	✓
PHC DADSARA	✓	✓	✓
PHC ARIPAL	✓	✓	X

Table 3.10: Shortage of reagents at health facilities

Health facility	District	
	Anantnag	**Pulwama**
PHC	Mattan, B Kalan, Marhama	Dadsara, Aripal

Free provision of blood on replacement basis:

Free availability of blood was having a wide implementation gap in most of the health facilities. Most of the health facilities neither had blood storage facility nor able to transfuse blood, if the donor was available. Only DH Pulwama was having blood bank facility and DH Anantnag had only blood storage facility. It was reported from SDH Pampore that there was no blood transfusion facilities either. There was a well established building, shown in picture, for blood storage and transfusion in SDH Pampore but functionality was totally missing. All selected PHCs of both the districts were not able to transfuse blood to the patients.

Picture: Picture shows non functional blood storage building of SDH Pampore.

Free diet for mothers: Both the DHs were providing diet facilities by outsourcing as proper kitchen and man power was not available. The same mechanism of functioning was also adopted by all SDHs and some of the PHCs of both the districts. However, some PHCs of both the district were not providing diet services at all like PHC Mattan, PHC B Kalan of district Anantnag and PHC Khrew, PHC Dadsara and PHC Aripal of district Pulwama. Some of them were giving cash instead of diet to the patients, as in PHC Dadsara Table 3.11. In all selected health facilities diet was provided to the patients as long as their stay in the facility. Diet register was maintained by all facilities which provided diet to the patients except SDH Seer of district Anantnag and some of the PHCs of both districts like PHC Ashmuqaam of district Anantnag Table 3.11. .

Table 3.11: Availability of diet in the health facilities.

District	Type of health facility						
ANANTNAG	DH ANANTNAG	SDH SEER	SDH BIJBEHARA	PHC MATTAN	PHC AISHMUQAM	PHC B KALAN	PHC MARHAMA
	✓	✓	✓	X	✓	X	✓
PULWAMA	DH PULWAMA	SDH PAMPORE	SDH TRAL	PHC KHREW	PHC KAKAPORA	PHC DADSARA	PHC ARIPAL
	✓	✓	✓	X	✓	X	X

Free referral transport:

All selected health facilities had the provision of free referral transport for both mother and sick new-borns, but there were several bottle necks in implementation of the entitlement. As far as DHs are concerned both were having the provision of free referral transport but it was reported by both the DH that they face problems in Pick and Drop system. **"People call us from far flung areas like Banihal and other places for pickup service as they are not aware whom they should call. Same situation arises in drop back cases who demand ambulances for drop back to such areas which are not under our catchment area. We cannot send an ambulance to such areas as we have limited number of ambulances in the hospital"** said MS MCCH Anantnag. The same situation was prevailing in district Pulwama. In both the district no

call centre was present. All of selected health facilities were using hospital ambulances for transportation services. Most of the health facilities did not have an adequate number of ambulances according to the patient intake table 3.12. No health facility provided any means of transport for emergency cases, in case of non availability of ambulances in the hospital.

Table 3.12: Health facilities with adequate number of ambulances

District	Type of health facility						
ANANTNAG	DH ANANTNAG	SDH SEER	SDH BIJBEHARA	PHC MATTAN	PHC AISHMUQAM	PHC B KALAN	PHC MARHAMA
	X	X	X	X	✓	X	✓
PULWAMA	DH PULWAMA	SDH PAMPORE	SDH TRAL	PHC KHREW	PHC KAKAPORA	PHC DADSARA	PHC ARIPAL
	X	✓	X	✓	✓	X	X

Dissemination of entitlements in the public domain:

Entitlements were displayed in the boards by every selected health facility. However entitlements were displayed only in certain locations in the health facilities. Mostly they were present only in out-patient areas and at the entrance. In many health facilities they were displayed in only one language (English). No display of entitlements was found in labor room, female wards, and neonatal wards.

Grievance Redressal: Complaint box was found in every health facility PHC Aishmuqam, PHC Aripal and PHC B Kalan. However it was reported by most of the health facilities that complaint boxes often remained empty.

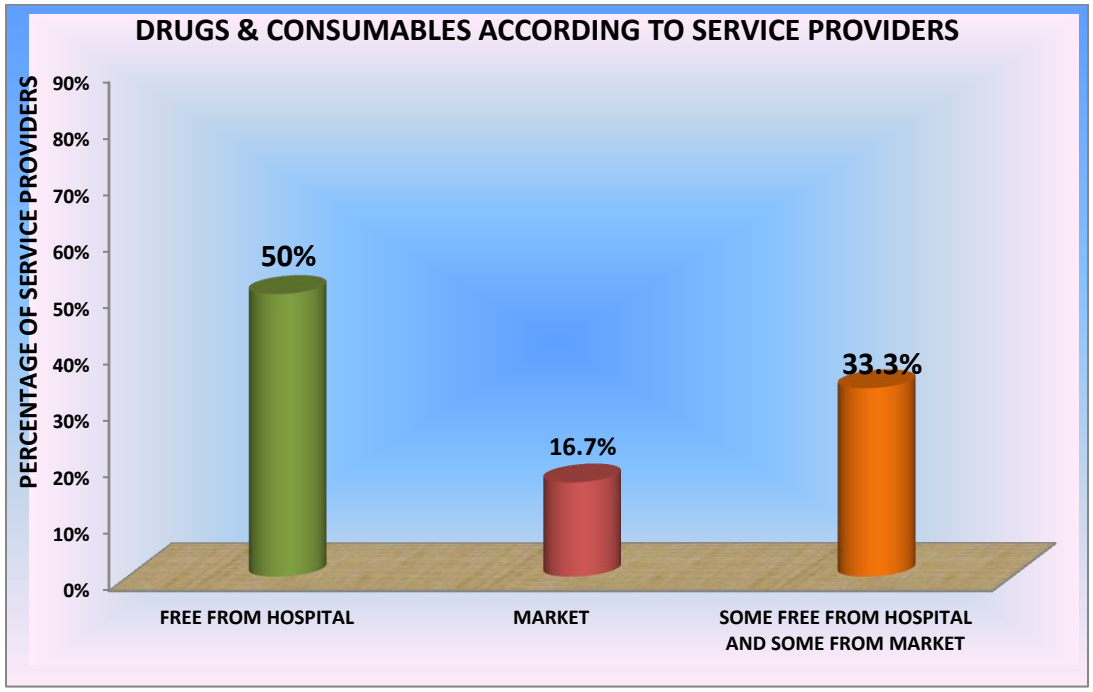
3.5. UTILIZATION OF THE SERVICES:

3.5.1. Extant of Utilization of services according to service provides:

Opinion of service providers over the utilization of services by the beneficiaries availed under JSSK was assessed by means of a semi structured questionnaire.

Drugs and Consumables:

According to the 50 per cent of service providers, most of the patients got medicines and consumables free from the hospital. 33.33 per cent of service providers thought that patients got only some of the drugs and consumables free from the hospital graph 3.1. Patients had to buy all drugs and consumables from market, was the thinking of 16.66 per cent of service providers. 50 per cent service providers who told that patients had to buy all or some of the drugs and consumables from the market, gave non availability of drugs in the health facility as a reason.

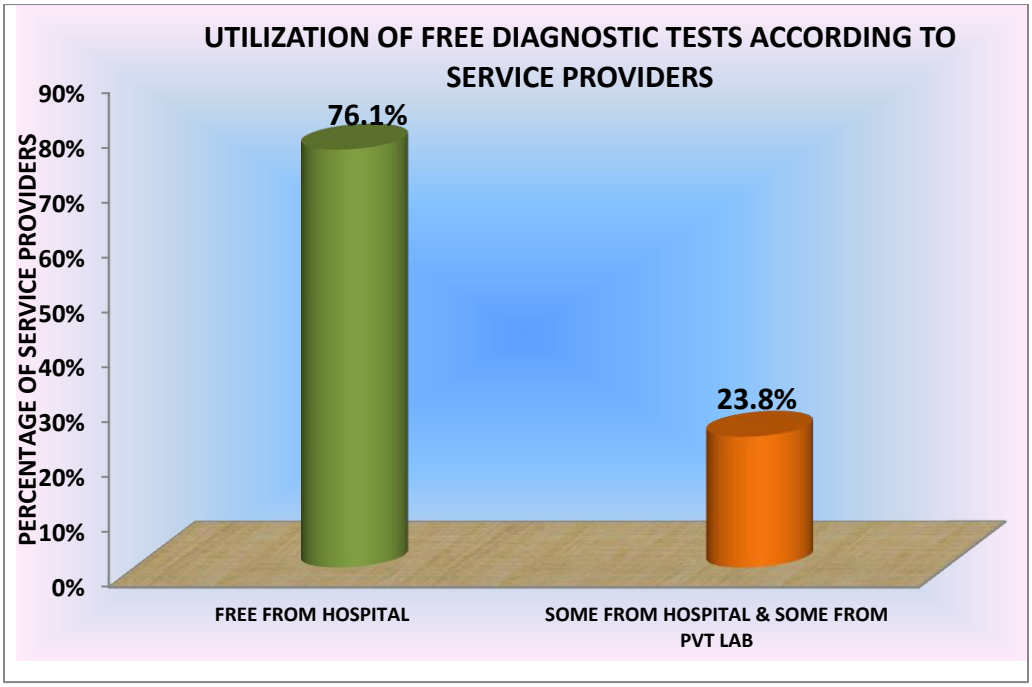


Graph 3.1: Drugs & Consumables got from by most of the beneficiaries according to Service Providers

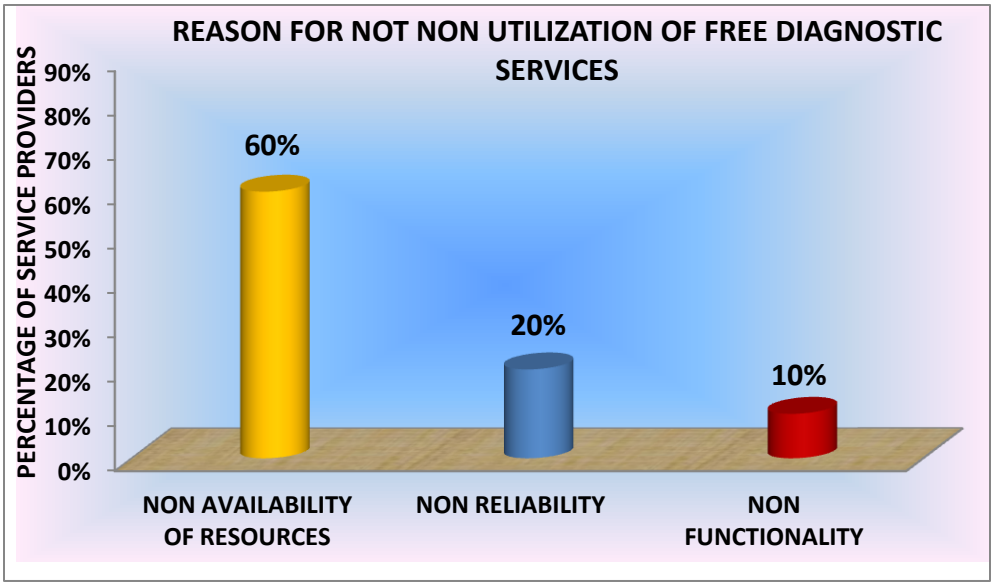
Diagnostic Tests:

76.1 per cent of service providers said that most of the patients had done their diagnostic tests from the hospital. According to the rest of the service providers, some of the patients had done their diagnostic tests from the hospital while others went for private diagnostic centres graph 3.2. Out of 23.8 per cent of service providers who had opinion that patients had to go outside the hospital for the diagnostic tests 60 per cent gave non availability of resources in the hospital lab

as a reason. 20 per cent gave non reliability of hospital diagnostic tests as a reason while 10 per cent gave non functionality of hospital lab as a reason graph 3.3.



Graph 3.2: Graph shows the extant of utilization of free diagnostic services.



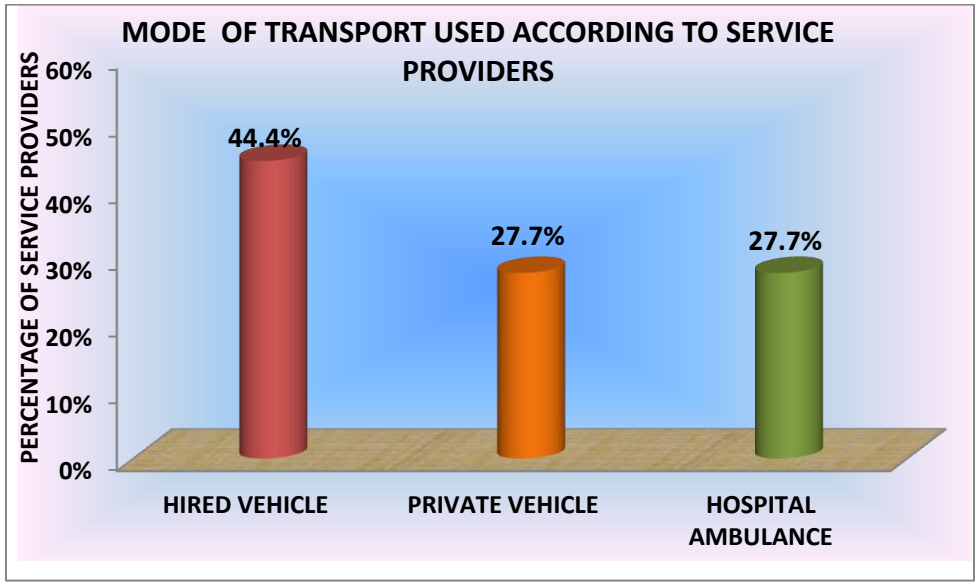
Graph 3.3: Graph shows reason given by service providers for non utilization of free diagnostic services.

Blood Transfusion:

Utilization of free blood transfusion services by the patient was assessed by asking the service providers, who worked at those facility were blood transfusion was available, about the number of times hospital was able to transfuse blood to the needy patients. 57.8 per cent of the service providers reported that hospital was not able to transfuse blood most of the times.

Referral Transport:

Service Providers were asked about on time arrival of mothers to health facility at the time of delivery. 63.88 per cent of service providers were with the opinion that only sometimes pregnant women arrived to the health facility without delay. 36.11 per cent had opinion that pregnant women arrived always on time at the time of delivery graph 3.4. 44.44 per cent and 27.7per cent of service providers said that the patient used hired and private vehicles respectively to come to the health facility. 27.7 per cent said that patients use hospital ambulance to come to the health facility. 65.4 per cent service providers said that patients were provided with hospital ambulance in case of referral while 34.6 per cent had opinion that patient used their own vehicle or hired vehicle to go higher facilities in case of referral.



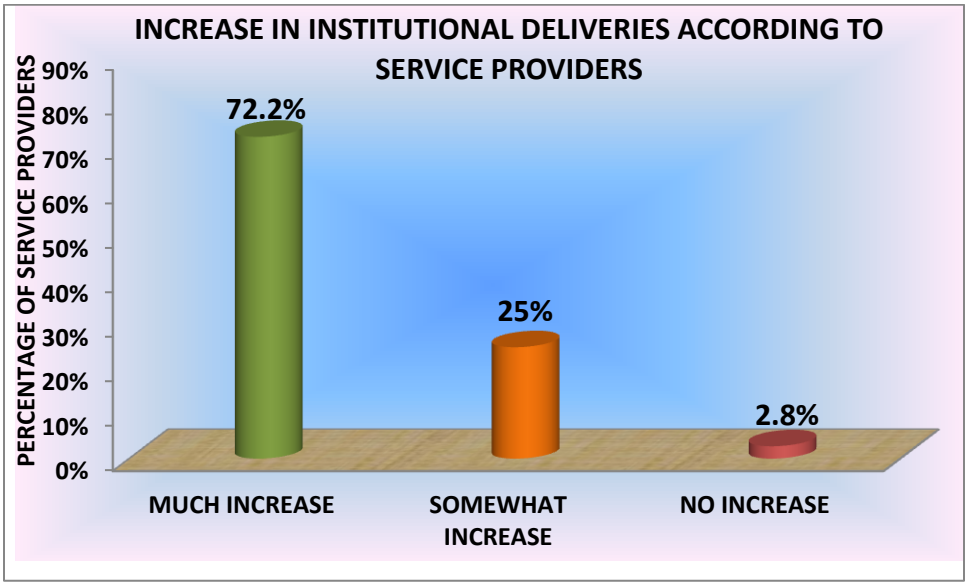
Graph 3.4: Graph shows the mode of transport used by beneficiaries according to service providers

Diet Facility for mothers:

Service providers were asked about the motivation of pregnant women to stay in the health facility and 52.3 service providers said that patients were somewhat motivated to stay by availing this facility. 23.8 per cent said that patient were highly motivated to stay in the health facility.

Increase in institutional deliveries:

72.22 per cent of service providers said that there was much increase in institutional deliveries graph3.5. 25 percent of service providers said that there is somewhat increase in institutional deliveries. Rest of service providers had opinion that there was no increase in institutional deliveries.



Graph 3.5: Increase in institutional deliveries according to service providers.

Reduction in out of pocket expenses:

There was much reduction in out of pocket expenditure was the response of 66.66 per cent of service providers. Rest of service providers said that there was somewhat reduction in out of pocket expenditure of the patients.

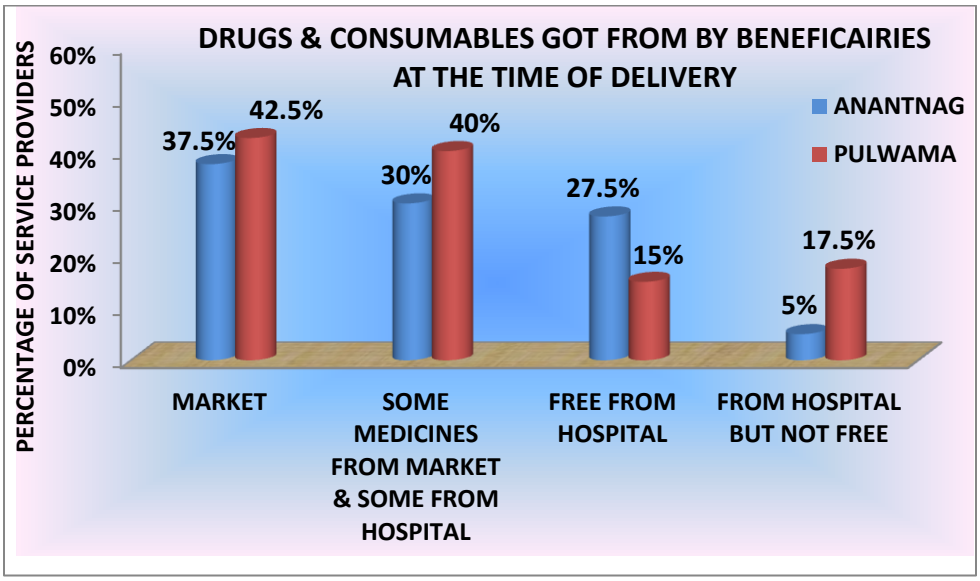
3.5.2 Utilization of Services by the Beneficiaries:

A semi structured questionnaire was used to know the extent of utilization of services by the beneficiaries.

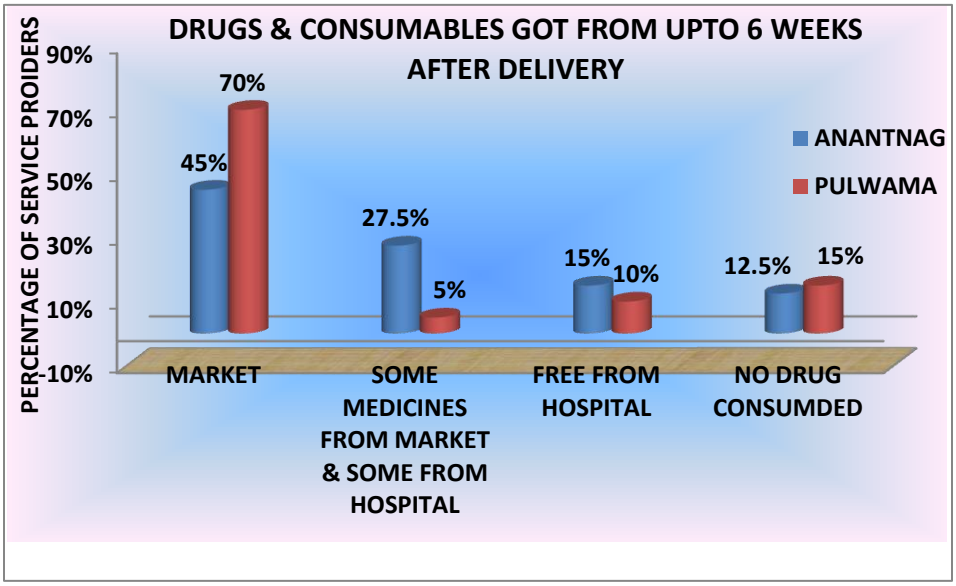
Drugs and Consumables:

Pregnant mothers:

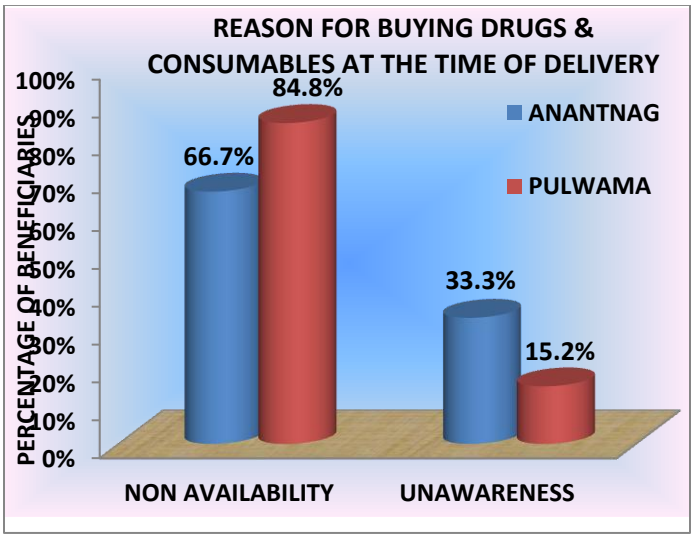
The response of beneficiaries over the utilization of free drugs and consumables services was different in two districts. The utilization was more in district Anantnag than in district Pulwama. In district Anantnag 37.5 per cent and 45 per cent beneficiaries have bought medicines and consumables from the market at the time of delivery and upto 6 weeks after delivery respectively, while 27.5 percent and 15 per cent got all medicines and consumables free from the health facility at the time of delivery and upto 6 weeks after delivery respectively graph 3.6 and graph 3.7. 30 per cent and 27.5 per cent have bought some of the medicines and consumables from market and got some medicines and consumables free from the hospital at the time of delivery and upto 6 weeks after delivery respectively.



Graph 3.6: Graph shows the percentage of beneficiaries who got drugs free from hospital and who bought drugs from market.



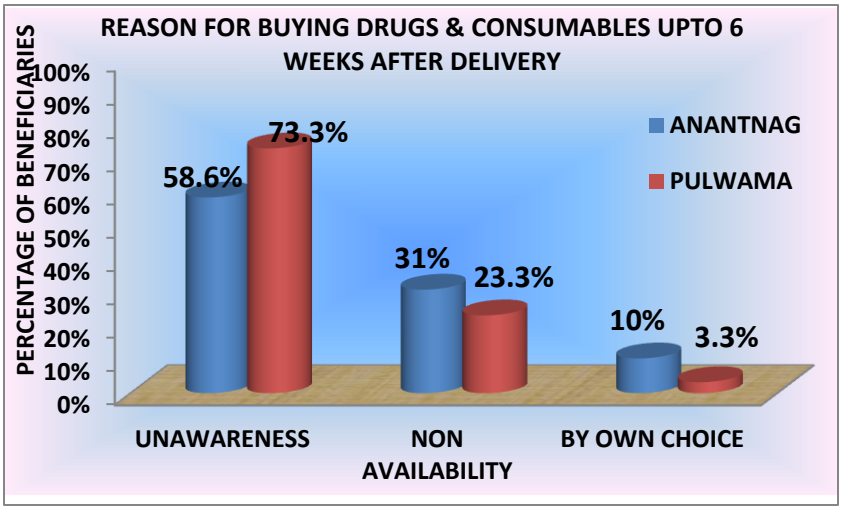
Graph3.7 shows the percentage of beneficiaries who got drugs free from hospital and who bought drugs from market upto 6 weeks after delivery.



Graph3.8: Graph shows the reason given by beneficiaries for buying drugs at delivery.

In district Pulwama 42.5 per cent and 70 per cent of beneficiaries reported that they have bought all medicines and consumables from the market at the time of delivery and upto 6 weeks after delivery, while only 15 per cent 10 per cent received all drugs and consumables free from the hospital at the time of delivery and upto 6 weeks after delivery respectively. 40 per cent and 5 per cent of beneficiaries said that they have bought some of the medicines from market while

some were available free from the hospital at the time of delivery and upto 6 weeks after delivery respectively.



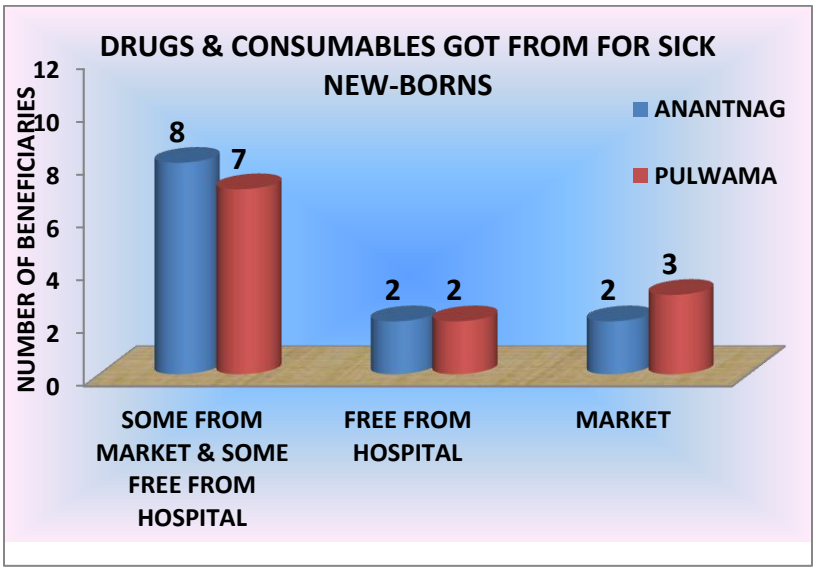
Graph 3.9: Graph shows the reason of beneficiaries for buying drugs & consumables upto 6 weeks of deliverys

The Reason given by some beneficiaries, 66.66 percent from Anantnag and 84.8 per cent from Pulwama, who have bought some or all medicines and consumables from market at the time of delivery, gave non availability as the reason. Unawareness of the scheme at the time of delivery was the reason of other beneficiaries, 33.33 per cent from Anantnag and 15.2 per cent from Pulwama, graph 3.8. The reason of beneficiaries for buying some or all medicines and consumables from the market upto 6 weeks after delivery was mainly unawareness of the scheme, 58.6 per cent from district Anantnag and 73.3 per cent from district Pulwama, graph 3.9. Non availability of drugs and consumables was the reason of 31 per cent and 23.3 per cent of beneficiaries from district Anantnag and Pulwama respectively. By own choice was the reason of 10.3 per cent and 3.3 percent of beneficiaries from district Anantnag and Pulwama respectively.

Sick new-borns:

Out of 12 mothers of sick new-borns 8 (66.66 per cent) from district Anantnag and 7(58.33 per cent) from district Pulwama reported that they have bought some medicines and consumables from the market while some medicines and consumables were given free from hospital, graph 3.10. Two (16.66 per cent) from district Anantnag and 2(16.66 per cent) from district Pulwama

said that all drugs and consumables were available free from the hospital. Rest 2 (16.66 per cent) and 3 (25 per cent) from district Anantnag and Pulwama respectively said that they have bought all drugs from the market. The main reason, given by the mothers of sick new-borns of both the districts who had bought some or all medicines and consumables from the market, was the non availability of medicines and consumables in the hospital 9 (90 per cent) 7 and from both the district Anantnag and Pulwama respectively.

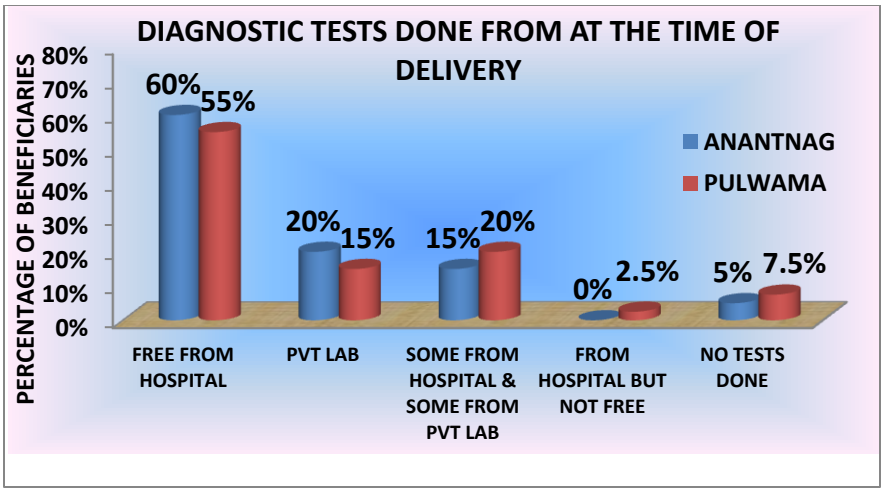


Graph 3.10: Graph shows the drugs got from by respondents of sick new-borns

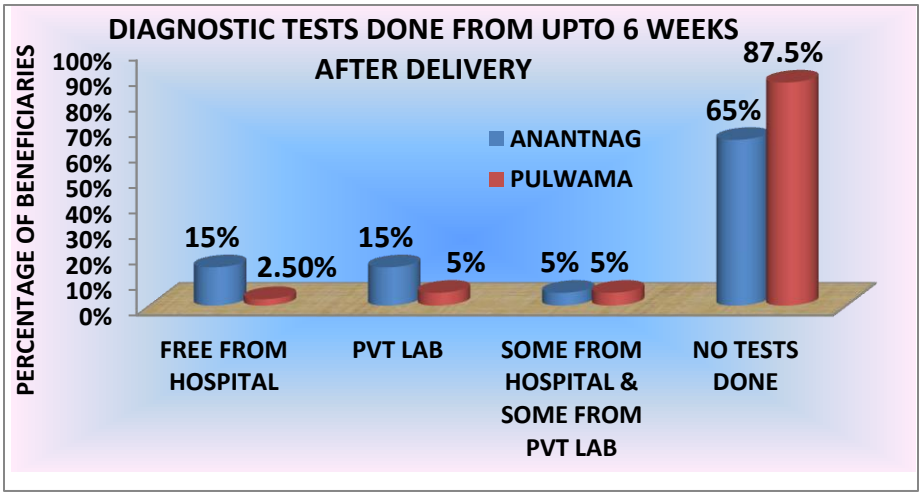
Diagnostic tests:

Pregnant mothers

In District Anantnag 60 percent and 15 percent of the beneficiaries have done their diagnostic tests free from the health facility at the time of delivery and upto 6 weeks after delivery respectively. 20 per cent and 15 per cent have done their diagnostic tests from private diagnostic lab at the time of delivery and upto 6 weeks after delivery respectively. 15 per cent and 5 per cent have done some of the tests free from the hospital while others from private diagnostic lab at the time of delivery and upto 6 weeks after delivery respectively. 5 per cent and 65 per cent have not done any diagnostic tests at the time of delivery and upto 6 weeks after delivery respectively graph 3.11 and graph 3.12



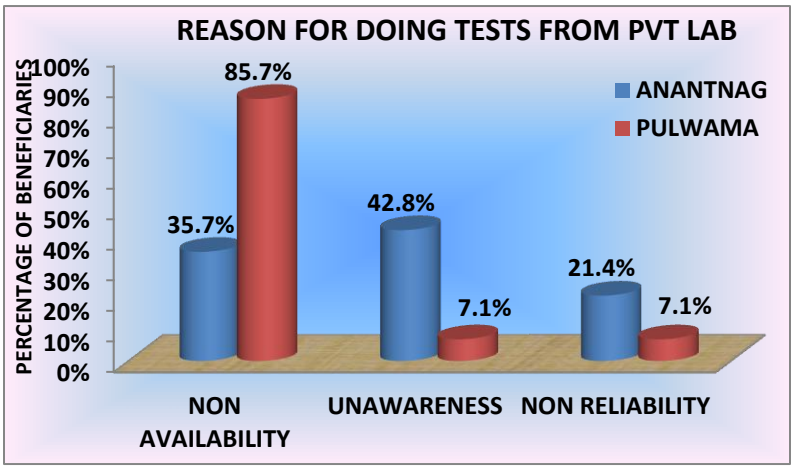
Graph 3.11: Graph shows the diagnostic tests done from by beneficiaries at the time of delivery.



Graph 3.12: Graph shows the diagnostic tests done from by beneficiaries after delivery upto 6 weeks

In district Pulwama 55 per cent and 2.5 per cent of the beneficiaries have done their diagnostic tests free within the health facility at the time of delivery and upto 6 weeks after the delivery respectively. 15 per cent and 5 per cent have done their diagnostic tests from private diagnostic lab at the time of delivery and upto 6 weeks after delivery. However 20 per cent and 5 per cent have done only some of their diagnostic tests free from the health facility at the time of delivery and upto 6 weeks after delivery. 7.5 per cent and 87.5 per cent have not done any tests at the time of delivery and upto 6 weeks after delivery respectively.

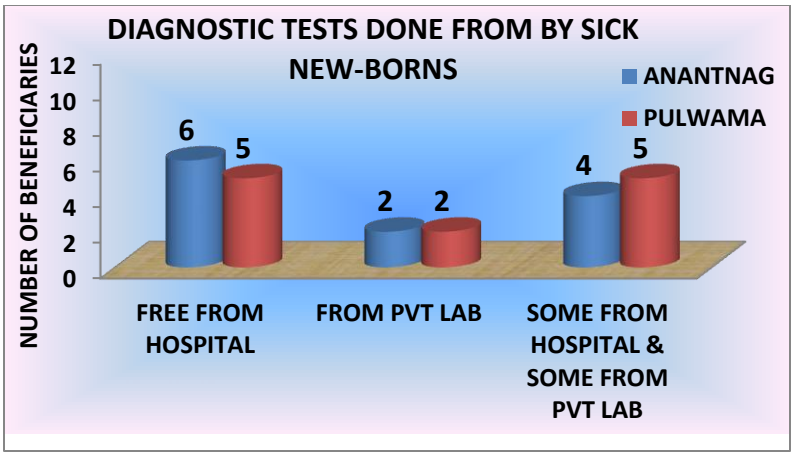
They main reason given by the beneficiaries of district Anantnag , 42.8 per cent, for doing diagnostic tests from private diagnostic lab was their unawareness towards the scheme graph13. While 35.3 per cent of beneficiaries gave non availability of free diagnostic tests in the health facility, as a reason. The main reason given by 50 per cent of beneficiaries of district Pulwama for doing some or all diagnostic from private diagnostic lab was non availability of free diagnostic tests in the hospital followed by 25 per cent of beneficiaries who gave unawareness towards scheme as reason garph14.



Graph 3.13: Graph shows the reason of beneficiaries for doing diagnostic tests from Pvt. Lab

Sick New-borns:

In district Anantnag 6 (50 per cent) out of 12 mothers of sick new borns said that they have done all diagnostic tests of their baby free from the hospital, graph 3.13, while 2 (16.66 per cent) mothers of sick new- borns have done all of the diagnostic tests of their baby from private lab. 4 (33.33 per cent) mothers of sick new-borns have done only some of the diagnostic tests of their baby from the hospital and other tests from private lab. 5 out of 12 (41.66 per cent) mothers of sick new-borns have done all diagnostic tests of their baby free from the health facility while 2 (16.66 per cent) have went for private diagnostic centres for diagnostic tests of their baby. 5 (41.66) have done some of the diagnostic tests of their baby free from hospital while other tests have been done from private diagnostic centres.



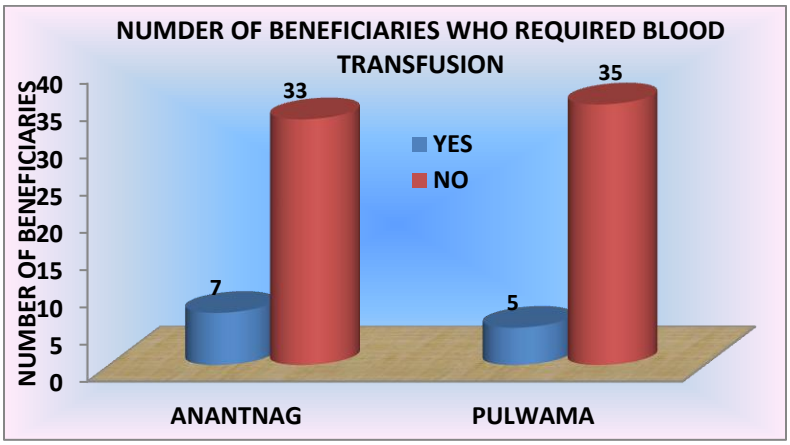
Graph 3.14: Graph shows the diagnostic tests done by respondents of sick new-borns of their baby

The main reason given by the mothers of sick new-borns of both the districts, who have done all or some of the diagnostic tests of their baby from private lab, as non availability of free diagnostic tests in the hospital, 4 (66.66 per cent) and 6 (85.7 percent) of district Anantnag and Pulwama respectively.

Blood Transfusion:

Pregnant mothers:

Beneficiaries were asked about the requirement of blood at the time of delivery; only 7 (17.5 per cent) and 5 (12.5 per cent) required blood transfusion at the time of delivery in district Anantnag and district Pulwama respectively graph3.15. Out of them 3 (42.8 per cent) and 1 (20 per cent) received blood free from hospital while 4 (57.1 per cent) and 4 (80 per cent) got blood when their donor was available in district Anantnag and Pulwama respectively. Only in district Anantnag one among the 4 beneficiaries was charged for transfusion of blood.



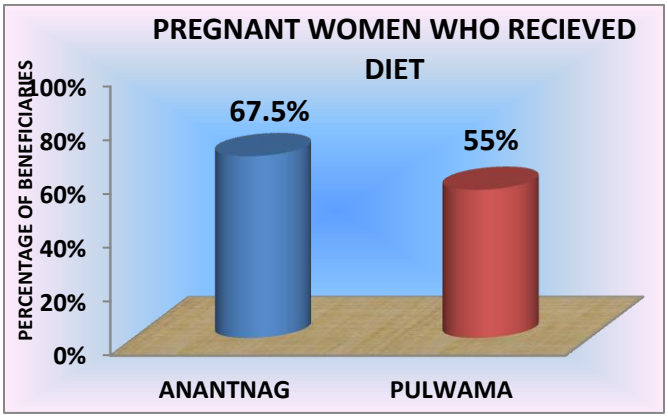
Graph 3.15: Graph shows the number of beneficiaries who required blood transfusion

Sick new-borns:

Out of 12 sick new-borns from Anantnag 2 required blood transfusion and both got this blood free from the hospital and in district Pulwama 3 out of 12 sick new-borns required blood transfusion and all of them also got this blood free from the health facility.

Diet for pregnant mother:

In the Anantnag 67.5 per cent beneficiaries have received diet during their stay in the hospital. 32.5 per cent had not received diet during their stay in the hospital and out of which 69.2 per cent gave non availability as a reason for not receiving diet during their stay in the hospital graph3.16. In district Pulwama there were 55 per cent beneficiaries who had received diet during their stay in the hospital while rest 45 per cent had not received and the main reason given by 70 per cent of beneficiaries was again non availability of free diet facility in the hospital.



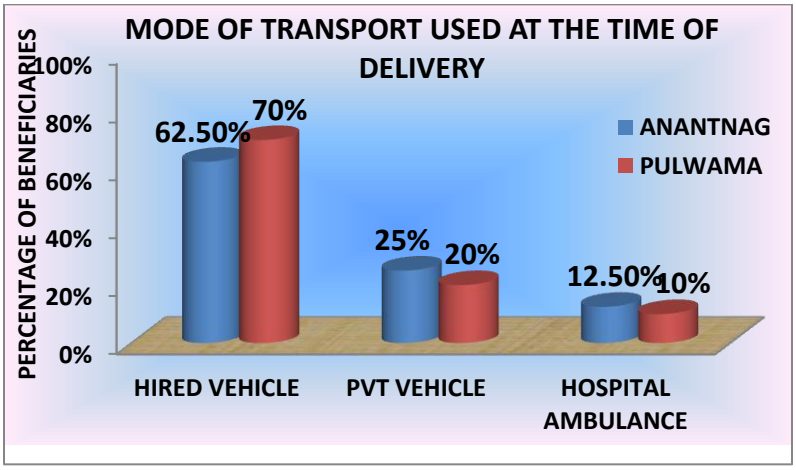
Graph 3.16: Graph show percentage of beneficiaries who received diet

Referral transport:

Pregnant mothers:

In district Anantnag 62.5 per cent of beneficiaries reached hospital at the time of delivery by means of hired vehicle. 25 per cent used their private vehicle to reach to the health facility at the time of delivery and 12.5 per cent reached by hospital ambulance graph 3.17. It was unawareness towards the scheme as a reason given by 55 per cent of beneficiaries who had came to the hospital by vehicles other than hospital ambulance. 20 per cent of beneficiaries said that they were already in the hospital for routine checkup, graph 3.18. There were beneficiaries 7.5 per cent who called the hospital at the time of delivery for ambulance but ambulance they were

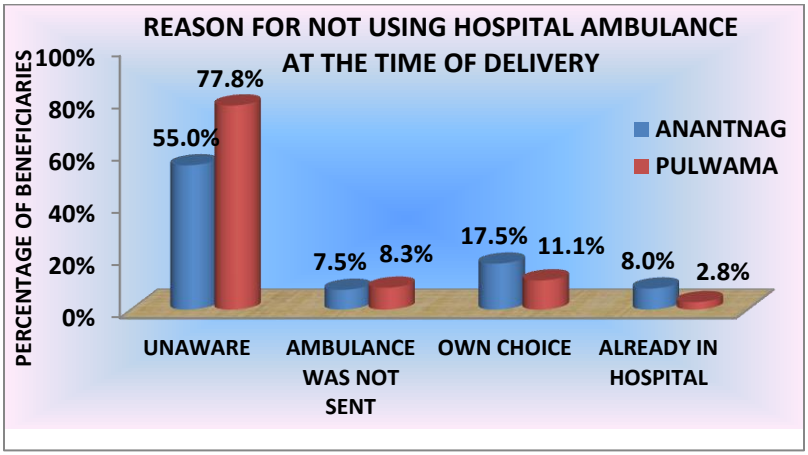
not availed with this service by the hospital. 30 per cent of beneficiaries were referred to higher facilities and 41.6 per cent of beneficiaries used hospital ambulance to reach to the higher facilities and same percentage of beneficiaries used hired vehicle to reach to the higher facilities, graph 3.19. Others used private vehicles to reach to higher facilities. Non availability of ambulance in the hospital was the main reason given by those beneficiaries, 42.8 per cent, who reached to higher facilities by hired or private vehicle while 57.14 per cent reached to the higher facilities by hired or private vehicle by their own choice. 70 per cent of beneficiaries used hired vehicle to reach their home after delivery, graph 3.20. Only 17.5 per cent of beneficiaries got ambulance for drop back while 12.5 per cent used their own vehicle to reach home. The reason given by 40 per cent of beneficiaries was unawareness towards the scheme. 35 per cent of beneficiaries said that no ambulance was given to them when they demanded for it, graph 3.21.



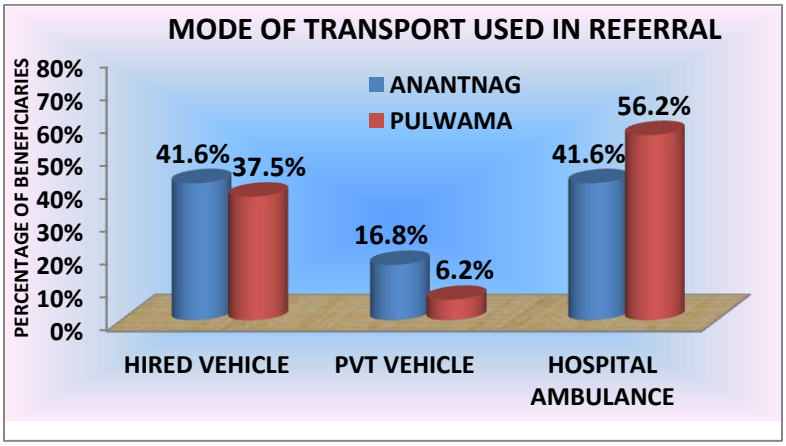
Graph 3.17: Graph shows mode of transport used by beneficiaries at the time of delivery

In district Pulwama only 10 per cent beneficiaries utilized the free ambulance service to come to the health facility at the time of delivery while 70 per cent and 20 per cent of beneficiaries used hired vehicle and private vehicle to come to the hospital at the time of delivery. In district Pulwama also unawareness towards the scheme was the main reason for not utilizing free transport services, given by 77.8 per cent of beneficiaries while 11.1 per cent said that they had came to the health facility by means of hired or private vehicle by their own choice at the time of delivery. There were beneficiaries 8.3 per cent like in district Anantnag who called the health facility at the time of delivery for pickup service but no ambulance was sent for them. Some of

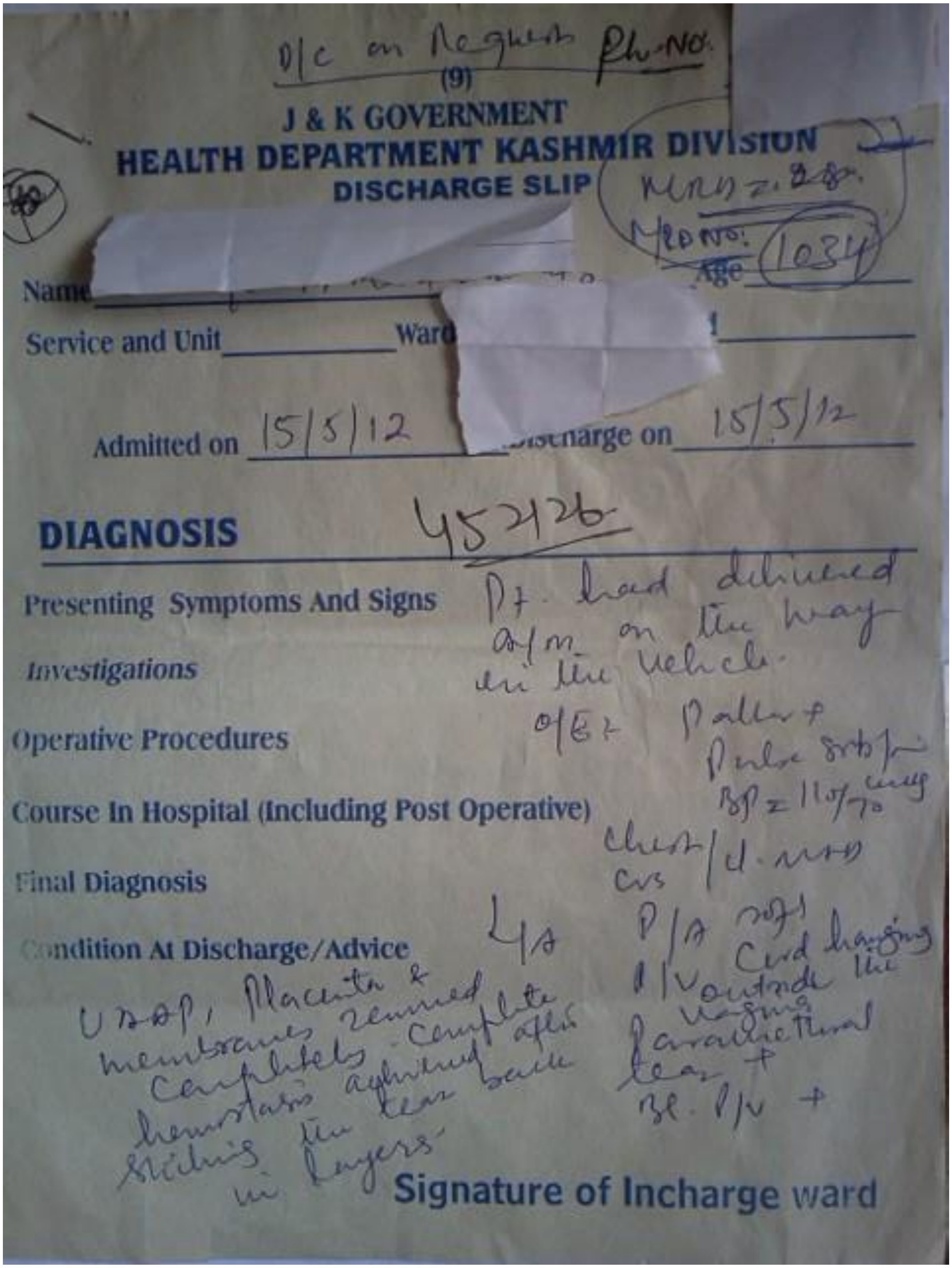
the beneficiaries 40 per cent were also referred to higher facilities out of which a majority 56.2 per cent had used hospital ambulance while 37.5 per cent and 6.2 per cent reached to higher facilities by hired and private vehicles respectively. 85.7 beneficiaries gave non availability of ambulance in the hospital as a reason for not using hospital ambulance at the time of referral to higher facilities. 65 per cent of beneficiaries hired vehicle to reach to home after being discharged from hospital. Hospital ambulance was used by 17.5 per cent of beneficiaries. Others used private vehicle to reach to home. Non availability of hospital ambulance was given as a reason by 63.6 per cent of beneficiaries and 30.3 per cent gave unawareness towards the scheme as the reason. The extant of services provided can be imagined by picture shown.



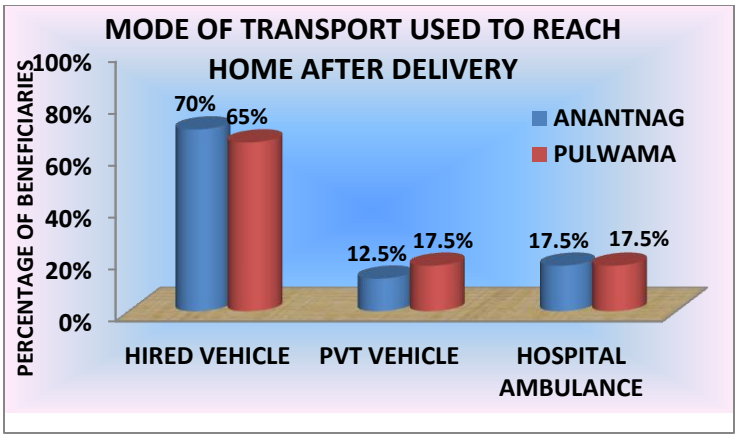
Graph 3.18: Graph shows the reason given by beneficiaries for not using ambulance to come to hospital at delivery time



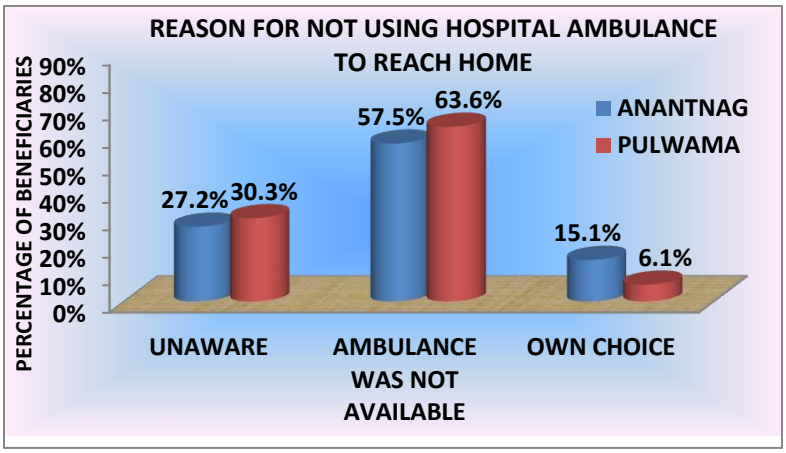
Graph 3.19: Graph shows mode of transport used by beneficiaries at the time of referral.


O/C on Request Ph.NO.
(9)
J & K GOVERNMENT
HEALTH DEPARTMENT KASHMIR DIVISION
DISCHARGE SLIP
Name
Age
Service and Unit
Ward
Admitted on 15/5/12
Discharge on 15/5/12
DIAGNOSIS
Presenting Symptoms And Signs
Pt. had delivered a/m on the way in the vehicle.
Investigations
Operative Procedures
Course In Hospital (Including Post Operative)
Final Diagnosis
Condition At Discharge/Advice
Signature of Incharge ward

Picture: Picture of a discharge card showing on the way delivery of a woman in the hired vehicle.



Graph 3.20: Graph shows mode of transport used by beneficiaries to reach home.



Graph 3.21: Graph shows the reason given by beneficiaries for not using ambulance to reach home after delivery.

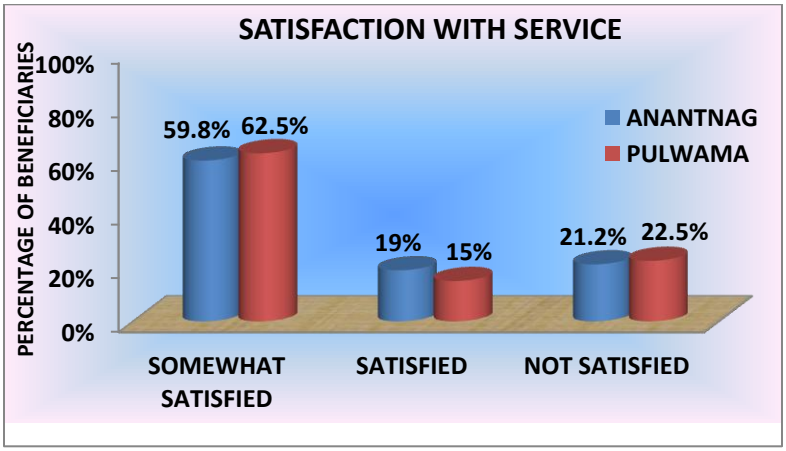
For Sick New-borns:

Out 12 sick new-borns 4 sick new-borns of district Anantnag were already present in the hospital after delivered by their mothers. 6 were referred from higher centres after delivered by their mothers and 3 out of them were provided with hospital ambulance and rest 3 reached by hired vehicles. Only 4 out of 12 sick new-borns were provided with hospital ambulance to reach home.

In district Pulwama, out of 12 sick new-borns 5 were already present in hospital after delivered by their mothers and 7 were referred to higher facilities. 2 referred patients were provided with hospital ambulance and rest 3 and 2 sick new-borns used private and hired vehicles. Only 5 were provided with hospital ambulance out of 12 sick new-borns for drop back.

SATISFACTION WITH SERVICES:

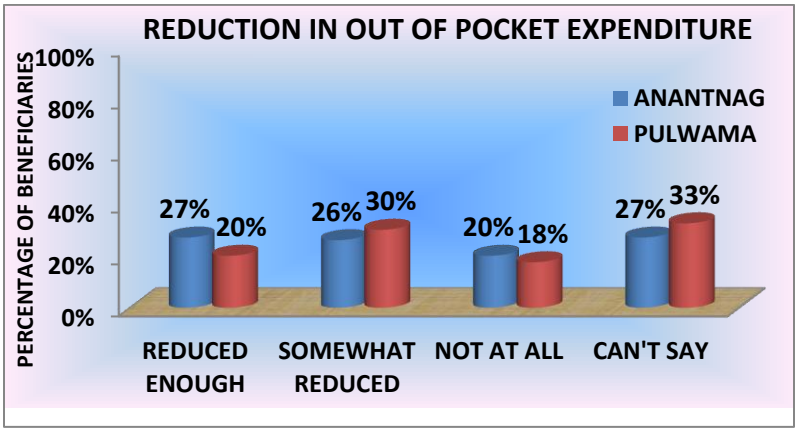
The level of satisfaction of beneficiaries regarding different free health services under JSSK was almost same in two districts, graph 3.22. Overall the beneficiaries were not fully satisfied with the services provided to them. Non satisfied beneficiaries are more than satisfied beneficiaries in both the districts.



Graph 3.22: Graph shows the level of satisfaction among beneficiaries of two districts.

REDUCTION IN OUT OF POCKET EXPENDITURE:

Different scenario was found for the response of reduction in out of pocket expenditure. Some beneficiaries said that the expenditure is somewhat reduced while others said that reduction in out of pocket expenditure is much enough graph 3.23. There were beneficiaries who couldn't say anything because last delivery being their first delivery.



Graph 3.23: Graph shows reduction in out of pocket expenses of beneficiaries.

CHAPTER IV

RECOMMENDATIONS

Areas of concern	Actions Recommended
Policy Issues: ❖ Shortage of most of the drugs required for normal, caesarean delivery and sick new-born care in facility drug provisional store. ❖ Drugs purchased by hospitals and making them available at different sections of hospital without any mark indicating free drug supply, leads more chances of mal-practices and drug trafficking. ❖ Low quality of drugs purchased by hospital ❖ Lack/Shortage of resources and reagents in hospital Lab ❖ PHC 24x7 do not have emergency investigations ❖ Lack blood storage facility at SDH level. ❖ Lack of proper kitchen facility ❖ Lack of proper guidelines especially for higher facilities for availing transport facilities to beneficiaries ❖ Inadequate number of Ambulance in health facilities	❖ Drugs should be made available, at least costlier drugs. ❖ Drugs should be supplied and should not be purchased by hospital. Or if purchased, there should be marking on those drugs indicating free drug supply. ❖ If drugs are to be purchased, it should be done at least at District level by an organised body and then supplied to whole district. ❖ Hospital labs should be well managed and should be provided with reagents and other resources ❖ PHC 24X7 should be availed with emergency investigation services. ❖ All SDHs should be availed with blood storage facilities. ❖ Kitchen facility should be availed at least at District hospital level ❖ A proper channel should be made for referral transport either for pick up or for drop back provision (e.g District wise toll free number service for pick up) ❖ More ambulances should be availed

Programme Issues: ❖ Low quality of drugs and consumables are available ❖ Diagnostic tests are not availed from ANC to PNC upto 6 weeks after deliver ❖ Lack of hygiene measures in every section of health facility ❖ Ineffective monitoring and supervision by the medical personnel. ❖ Display of entitlements in only specific areas ❖ Referral transport is not availed in most of health facilities, mainly due to inadequate transport facility especially at SDH and DH level.	❖ Quality of drugs should be maintained ❖ Investigations for ANC, INC & PNC should be made available at every health facility. ❖ Hygiene measures should be maintained at least in labor rooms and neonatal wards. ❖ Proper working of scheme at facility level in only possible when monitoring and supervision will be done ❖ Display of entitlement should be done in every area which is associated with maternal and child care in all languages. ❖ PPP mode of referral transport should be encouraged and should be given more preference than hospital ambulance.
IEC: ❖ Poor knowledge about the programme among the Service providers ❖ Poor knowledge about the programme among the beneficiaries	❖ Sensitization of all levels of service providers needs to be stepped up ❖ More awareness camps should be held at all community levels ❖ Feedbacks from top to bottom need to be streamlined