

## **Janani Shishu Suraksha Karyakram –JSSK**

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## 1. Introduction

Gol has launched the new initiative of Janani Shishu Suraksha Karyakram JSSK in the entire country the year 2011 and all the States are to implement this Karyakram for free and cashless maternity services and newborn care in all Govt healthcare institutions including diet, no out-of-pocket expenditure for drugs, disposables, diagnostics, blood transfusion, referral transport and drop back facility.

Gujarat desires to implement this scheme in true spirit. The deliveries are free in Govt institutions, referral to transport is provided by 108 ambulances, and diet is provided to all beneficiaries in Govt institutions. Many of the components visioned in JSSK are already implemented in Gujarat much before the formulation and launch of JSSK. Necessary executive orders have been issued with guidelines to all stakeholders for implementation. Rogi Kalyan Samitis are directed to bear some of the expenditures involved till a systemic funding is sourced and established. However Rogi Kalyan Samitis have limited sources of income to support this scheme in a longer run in true spirit of the scheme unless specifically supported for this.

### **Continuum of Care for maternal and Newborn Health- From Community to Facility**

- Provision of maternal and newborn care
- through a continuum of care approach,
- ensuring care during critical periods of delivery and postnatal period,
- addresses the need of the mother and the newborn
- through a seamless transition from home and village to facility and back again.

### **Janani Shishu Suraksha Karyakram**

- Assured totally free maternity services upto 42 days and newborn care upto 30 days to all beneficiaries in all Govt. institutions.
- Irrespective of financial status eg BPL or not
- No out of pocket expenditure for diagnostics, treatment, food to beneficiary, to and for transport.
- Mostly complied in Gujarat
- Aim is that no mother or newborn should die due to want of money and all should deliver at institution.
- Launched by Gol on 1 Jun 2011
- Guidelines by Gol sent to all concerned.
- Implemented in all districts of Gujarat
- Two orders for implementation issued with one order for drop back facility and one for free diet to beneficiary and even attendant for two days.
- Template for Entitlement Board issued with orders.
- Various budget lines already include expenditure for certain components
- RKS to support this initiative.
- Sensitization of RDDs, RCHOs, HoDs of OBGY of med colleges already done
- Delivery services (normal and cesarean) and newborn care (upto 30 days) totally free

- No user charges, ambulance charges, lab charges, free medicines, disposables, blood
- Food to mother -3 days in normal delivery, 7 days in LSCS
- Transfer to delivery point, interhospital referral transport and Drop back facility free
- As an entitlement
- Notice boards to be put up in hospital at multiple places
- Grievance redressal system

## **2. Entitlement for Pregnant Women & Sick newborn till 30 days after birth**

### **Entitlement for Pregnant Women**

- Free and zero expense delivery & cesarean section
- Free drugs and consumables
- Free essential and desirable diagnostics (Blood & urine tests, USG, etc) during Ante Natal Care, Intra Natal Care and Post Natal care
- Free diet
- Free provision of blood, however relatives to be encouraged for blood donation for replacement.
- Free transport – home to hospital, interhospital and drop back to home
- Exemption of all kinds of user charges

### **Entitlement for Sick newborn till 30 days after birth**

- Free and zero expense treatment
- Free drugs and consumables
- Free essential diagnostics (Blood & urine tests, USG, etc)
- Free provision of blood, however relatives to be encouraged for blood donation for replacement.
- Free transport – home to hospital, interhospital and drop back to home
- Exemption of all kinds of user charges

### **JSSK : Gujarat value additions**

- Referral transport by 108
- All deliveries, newborn care already free in public health institutions
- Provision of food to relatives
- Ensuring 48 hours stay through Mamta Kit, Family Friendly Hospital initiative, operationalization of 24x7 PHC, FRUs and quality improvement programme
- ASHA incentive of additional 200 Rs in tribal blocks if ASHA brings and stays with mother during delivery for 48 hours
- ASHA incentive of Rs 250 for home based newborn care as per GoI guidelines
- Incentive to AWW for IMNCI home visits
- Chiranjeevi Yojna, Balsakha Yojna with similar aim.

### **3.Implementation**

#### **RCHO – District Nodal Officer , RMO –Hospital Nodal Officer**

- Commissioner’s orders
- Ensure implementation in all DH, CHCs, PHCs, SC of his district.
- Liaison with RMOs of Medical college hospitals and district hospitals – nodal officers for these hospital
- Visit for compliance
- Collect, collate district report and submit to ADFW
- Prepare budgetary estimates for this year, ask for and disburse additional grants as and when available.
- Ensure planning budget in next PIPs in new budget line.
- Monitor physical and financial progress of this and related budget lines
- Monitor grievance redressal mechanism and activities
- District level orientation of other District Officials esp ADHO, QAMO, DPHN, DTT faculty, DIECO, BHO, CHC Supts and Mos, PHC MOs, nurses, pharmacists, data entry operators.
- Sensitize supervisors, FHWs / ANMs, ASHAs, RKS members at all levels.
- Ensure adequate awareness with DIECO, local media announcements when all / specified activities under JSSK are implemented in a facility.

#### **Role of CDHO**

- Ensure and facilitate implementation in all PHCs, SCs and CHCs (as DCMO) in their districts
- Include in JSSK in physical and financial review
- Inspect implementation of JSSK during field visits
- Ensure completeness and timeliness of reporting
- Support and review functions of RCHO as nodal officer

#### **Role of CDMO / Superintendents**

- Ensure and facilitate implementation in their hospitals
- Include in JSSK in physical and financial plan and review
- Inspect implementation of JSSK during hospital rounds visits
- Ensure completeness and timeliness of reporting
- Support RCHO as district nodal officer

#### **Role of RDD**

- Ensure and facilitate implementation in all districts in the zone
- Include in JSSK in physical and financial review
- Inspect implementation of JSSK during field visits
- Special efforts for district hospitals and medical college hospitals.
- Ensure completeness and timeliness of reporting

#### **Actions at State level**

1. CoH orders on free entitlements issued
2. State Nodal Officer appointed (Dr N B Dholakia, DD MCH)
3. Institute grievance redressal mechanism

4. Ensure regular procurement and availability of medicines at all govt. delivery points
5. Ensure functional diagnostic facilities
6. Operationalize blood banks and blood storage centres.
7. Ensure state wide transport mechanisms with central control room (done for to transport : 108)
8. Provide necessary finances & Govt orders
9. Financial empowerment of district & facility in-charges for above activities, esp. stock outs
10. Monitor progress on designated formats
11. Review implementation during meetings with various officers / stakeholders

#### **Actions at District level**

1. District Nodal Officer appointed (RCHO and RMO of Hospital)
2. Circulate Govt order to in-charges of all facilities that are delivery points.
3. Widely publicize entitlements in public domain
4. Institute grievance redressal mechanism
5. Ensure regular procurement and availability of medicines at all govt. delivery points
6. Ensure functional diagnostic facilities
7. Prepare plans to operationalize blood banks and blood storage units in time bound manner
8. Review transport linkages & its utilization by beneficiaries
9. Financial empowerment of district & facility in-charges & BHOs for above activities, esp. stock outs
10. Monitor progress on designated formats at specified periodicity. Ensure entry in E mamta.
11. Review implementation during meetings with various Mos, CHC Supt, BHOs / stakeholders

#### **Ensure drugs and consumables**

1. Drug list as per Annex II of guidelines to be notified as essential drug list
2. Ensure regular procurement, uninterrupted supply and availability of drugs and consumables
3. Availability of drugs to be displayed in health facility
4. Empower heads for emergency purchase in stock outs
5. Quality and shelf life of the drugs to be ensured
6. Ensure proper inventory for stock outs and expiry
7. Pharmacist to ensure availability of drugs and consumables at all dispensing points – eg labour room, OT, indoor, casualty, etc after routine hours

#### **Strengthen Diagnostics**

1. Ensure lab and diagnostic facilities at all govt healthcare points
2. Ensure regular pregnancy test, HB and urine routine at SC level
3. Rational posting of lab techs
4. Emergency investigations available round the clock in FRU onwards.
5. Uninterrupted supply of lab reagents
6. Local heads empowered to procure reagents in stock outs.
7. In case investigations not available in-house, free investigations to be provided by outsourcing /  
PPP

#### **Provision of Diet**

1. Cooked food to be provided upto 24x7 PHC
2. Services can be outsourced.

3. Local seasonal food, fruits, milk and egg can be given for proper nutrition
4. MO to monitor quality of food
5. Diet for 3 days for normal delivery and for 7 days in cesarean operation.
6. Health facility to be provided funds for diet in advance.

#### **Ensure availability of blood in case of need**

1. Time bound action plan to operationalize blood banks and blood storage units
2. Maintain adequate stock of each blood group
3. Ensure availability of reagents and consumables used for blood testing and transfusion
4. Mandatory screening of blood before storage
5. Organize voluntary blood donation camps
6. Assure electric backup and funds for POL
7. Blood bank incharge to periodically visit blood storage units.

#### **Referral Transport**

1. Ensure no area left uncovered, 24x7
2. Any mode of transport can be used- govt vehicle, 108, PPP.
3. Toll free number at district / State level
4. Take action in designated time frame and convey to the complainant
5. Maintain proper records of actions taken.
6. Establish linkages for inaccessible areas ( Mamta doli)
7. Publicize free transport through print and electronic media
8. Monitor services at each level including utilization of each vehicle & number of cases transported

#### **Actions**

- In – hospital circular, orientation meeting
- Decide nodal person for implementation
- Decide nodal person for grievance redressal
- Notice boards
- Adequate budgeting, inventory stock management, ensuring no stock outs indenting of medicines, consumables, etc.
- Stamp – JSSK Beneficiary – No charge to be taken
- No prescriptions to procure from outside
- Resolution in RKS to exempt all user charges and support any inevitable expenditure even in individual beneficiary case
- Authority and mechanism for emergency purchase
- To maintain Govt ambulances in serviceable condition and drivers available
- Outsourcing of drop back facility
- Devise record registers and Responsibility of records
- Reporting to CDHO and State in monthly format.

## 4. Dissemination of Entitlements and Grievance Redressal

### **Dissemination of Entitlements in Public Domain**

1. Widely publicize these entitlements in print & electronic media
2. Display prominently the entitlement as per the format given on adequate sized boards which are clearly visible from distances in all govt healthcare institutions eg SCs, PHCs, CHCs, FRUs/ District hospitals / medical college hospitals at main entrances, labour rooms, female & neonatal wards and in OPD areas
3. IEC budget sanctioned in PIPs can be utilized for this

### **Grievance Redressal**

1. Prominently display the names, address, email, tel nos, mobile phone nos, fax nos of grievance redressal authorities at facility level, district level, state level and disseminate them widely in public domain.
2. Set up help desk / suggestion box, complaint box
3. Keep fixed hours at least 1 hour on any two working days to meet the complainants and address their grievances
4. Take action in designated time frame and convey to the complainant
5. Maintain proper records of actions taken.

### **Grievance Redressal Officers:**

1. District Grievance Officer: RCHO (Reproductive and Child Health Officer), Office of Chief District Health Officer, Jilla Panchayat, respective district
2. Hospital Grievance Officer : RMO, Concerned District / Civil Hospital
3. Deputy Director, (MCH), Commissionerate of Health, 2<sup>nd</sup> Floor, Block 5, Dr Jivraj Mehta Bhavan, Gandhinagar. Email: [mh.gujarat@gmail.com](mailto:mh.gujarat@gmail.com), [nbdholakia@rediffmail.com](mailto:nbdholakia@rediffmail.com)  
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