

**Implementation of Rajasthan Janani Shishu Shuraksha Yojna  
(RJSSY) at Secondary level health facilities in Ajmer and Jaipur  
Districts of Rajasthan.**

**A dissertation submitted in partial fulfillment of the requirements  
for the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**by**

**Tejesh Kumar Chawda**



**International Institute of Health Management Research**

**New Delhi -110075**

**May, 2012**



## **DISSERTATION REPORT**

**On**

**An Assessment on Implementation of Rajasthan Janani Shishu Shuraksha Yojna  
(RJSSY) at Secondary level health facilities in Ajmer and Jaipur Districts of Rajasthan.**

**By**

**Tejesh Kumar Chawda**

Under the guidance of

**Prof. Akhilesh Bhargava (Director- SIHFW, Rajasthan)**

**Dr. S.K. Patel (Associate Professor, IIHMR, New Delhi)**

**Post Graduate Diploma in Hospital and Health Management**

**2010 –12**



**International Institute of Health Management Research,**

**New Delhi**

### **Acknowledgement**

I would like to acknowledge my sincere thanks to **Prof. Akhilesh Bhargava**, Director (SIHFW, Rajasthan), **Ms. Nishanka Chauhan** (Senior Research Officer) and the entire faculty and staff of SIHFW for providing me this learning opportunity and helping in the process of understanding various dimensions of organization.

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**Tejesh Kumar Chawda**

IIHMR, New Delhi,

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Director

F-76(1)/SIHFW/Internship/2011-12/389

### TO WHOM IT MAY CONCERN



This is to certify that Mr. Tejesh Kumar Chawda , a student of PGDHHM course from IIHMR-Delhi has successfully completed his internship as management trainee from Feb to April 2012 at SIHFW-Rajasthan.

During his internship he conducted "An Assessment on Implementation of Rajasthan Janani Shishu Suraksha Yojna (RJSSY) in Ajmer and Jaipur district of Rajasthan" under the guidance of me and my team at SIHFW.

His work is satisfactory and his performance and conduct as a trainee was good.

We wish him good luck for his future assignments



Dr.Akhilesh Bhargava

Director-SIHFW



### Certificate of Approval

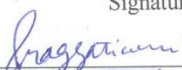
The following dissertation titled "**A Study on Rajasthan Janani Shishu Suraksha Yojna in Two District of Rajasthan**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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### Certificate from Dissertation Advisory Committee

This is to certify that Mr. Tejesh Kumar Chawda, a student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision.

He is submitting this dissertation titled " An Assessment on Implementation of Rajasthan Janani Shishu Suraksha Yojna (RJSSY) in Ajmer and Jaipur district of Rajasthan " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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**List Acronyms:**

<b>ANC</b>	Anti Natal Checkup
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ASHA</b>	Accredited Social Health activist
<b>CHC</b>	Community Health Centre
<b>DH</b>	District Hospital
<b>FBNC</b>	Facility Based New Born Corner
<b>GOI</b>	Government of India
<b>HRA</b>	Human Resources for Health
<b>IDI</b>	In-depth Interview
<b>INC</b>	Intra Natal Care
<b>IPD</b>	In-Patient Department
<b>JSY</b>	Janani Suraksha Yojna
<b>JSSK</b>	Janani Shishu Suraksha Karyakram
<b>MDG</b>	Millennium Development Goal
<b>MMR</b>	Maternal Mortality Ratio
<b>MO</b>	Medical Officer
<b>MOIC</b>	Medical Officer in charge
<b>MoHFW</b>	Ministry of Health & Family Welfare
<b>NACO</b>	National Aids Control Organization
<b>NGO</b>	Non-Government Organization
<b>NIHFW</b>	National Institute of Health and Family Welfare
<b>NRHM</b>	National Rural Health Mission
<b>OD</b>	Organization Development
<b>OPD</b>	Out-Patient Department
<b>PHC</b>	Primary Health Centre
<b>PNC</b>	Post Natal Care
<b>RJSSY</b>	Rajasthan Janani Shishu Suraksha Yojna
<b>SC</b>	Sub Centre



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<b>SIHFW</b>	State Institute of Health and Family Welfare
<b>SHG</b>	Self Health Group
<b>SNCU</b>	Sick New born Care Unit
<b>ToT</b>	Training of Trainers

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## **Executive Summary**

The new initiative of JSSK provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas. The new JSSK initiative is estimated to benefit more than one crore pregnant women & newborns who access public health institutions every year in both urban & rural areas.

This assessment study was taken up so that it would help to understand the implementation of RJSSY scheme at secondary level health facilities and problems/barriers faced by providers to provide entitled benefit to beneficiary and problems faced by beneficiaries to avail entitled benefit under this scheme.

The main objective of this study was to assess the implementation of RJSSY scheme at secondary level health facilities in Ajmer and Jaipur district (I and II) of Rajasthan. For that sample was selected in two categories, these are beneficiary includes pregnant women and Sick newborn (till 30 days after birth) and providers which includes secondary level public health institutions. Total sample size for this study was 212 (205 beneficiary and 7 public health institutions).

Findings of this study from providers side indicates the problems faced by them in proper execution of this scheme were related to the lack of manpower, not received proper guidelines for providing transport benefit, vehicle owner demanded cash in place of cheque etc. and problems faced by beneficiary were related to no reimbursement, unavailability of all type of drug at public health institutions etc. Though the scheme was launched 6 months back, still 73% beneficiary (sick newborn) and 56 % beneficiary (mother) have some kind of out-of-pocket expenditure.

The satisfaction level for free food was more (79%) than other benefits as drug and other consumables (74%) and transport (70%) in case of beneficiary mothers and satisfaction level was more in drug and other consumables (58%) than transport (24%) in cases of beneficiary sick newborn. Highest used mode of transport in cases of home to health institution was

private vehicle/ auto/ taxi etc. and Govt. vehicle, in case of health institution to home transport. In many of the cases, reimbursement was not done as per guidelines.

Though, 30% increase in institutional delivery has been reported after the implementation of the scheme but still all type of drugs were not available to the beneficiaries. Resultantly they were forced to buy from private shops which lead to the burden of out of pocket expenses.

The satisfaction amongst the beneficiary (mothers) was highest for food and least for transport while in the case of treatment for sick newborn least satisfaction has been reported with drugs and other consumables benefit under this scheme, the overall satisfaction of beneficiary for transport was 60 % and for drugs, lab. test, other consumables was 71%.

Not all beneficiaries were aware about this new initiative- RJSSY, only 53% were aware about the scheme, and awareness is directly related to chances of reimbursement and Out of pocket expense.

## **Organizational Profile**

State Institute of Health and Family Welfare (SIHFW), Rajasthan is an apex level autonomous training and research organization in the Health Sector of the State. The institute was established on April 19, 1995 as a registered society (Reg. No.25/Jaipur/1995-96) by the Government of Rajasthan under Societies Registration Act 1958. For the first time in the history of institute, the institute has a full time Director since April 2008.

SIHFW is the only ISO 9001:2008 certified training institution in health sector. It is the only Institute across the country, which is self-financed (partially supported by NRHM). The institute is known for following dress code for staff and faculty; working 24 x 7 and availing minimum number of holidays. There is an HR manual in place besides a quality manual endorsed by BSCIC. The institute has a virtually paperless office and is energy efficient contributing to safe environment in a modest manner.

### **Goals:**

The process of developing human resources for the health is being augmented by SIHFW through:

- Enhancing the capacity of the HFWTCs in Rajasthan.
- Enhancing the capacity of ANM training centers located in different districts and uses them concurrently for in-service training of health functionaries.
- Conduct training of Trainers (ToT) for different programs.
- Developing Training Program and modules on the basis of Training Need Assessment of the health staff at various levels.
- Contributing to organization development of Medical, Health and Family Welfare of the State Government through operational research.
- Providing consultancy on issues related to health

**Mission:**

The mission of the institute is committed to improvement in health care through HRD, Health Research, Consultancy, and networking aiming at enhancement in the quality of life.

1. Develop Human Resources for Health (HRH) through capacity building.
2. Organizational Development (OD) through operations research.

**Governance:**

SIHFW Rajasthan is governed by a Governing board chaired by the Minister for Health and Family Welfare. The members on the Board include Principal Secretary (Health), Finance Secretary, Secretary (FW), Directors of Medical, Health & Family Welfare, Director - HCM-RIPA, Principal- SMS Medical College and Director-Indian Institute of Health Management Research (IIHMR). The Director, SIHFW is the Member Secretary. Besides, three renowned and prominent trainers/ consultants/ social workers in the field of health and family welfare are nominated by the State Government as other members.

**Executive Council:**

Executive Council of SIHFW is chaired by the Principal Secretary (Health. Members comprise of all the Directors of Department of Medical, Health and Family Welfare, Dy. Secretary (Finance-Expenditure) Government of Rajasthan, renowned academician and a faculty member. The Director SIHFW is the Member Secretary.

**Funding:**

Since its inception SIHFW was fully funded by IPP-IX Project till Dec. 2001. Thereafter, UNFPA supported it between 01.01.2002 to 30.06.2003. Subsequently, Institute has been carrying itself through Projects, studies and consultancies on its own.

**Functions:**

- |                  |                 |
|------------------|-----------------|
| 1. Training      | 4. Recruitments |
| 2. Consultancy   | 5. Research     |
| 3. Documentation | 6. Monitoring   |

**Networking:**

SIHFW has established formal linkages with World Bank, UNICEF, UNFPA, IIMR, IIPS, ASCI, VHA, FRCH, TISS, PRB, PFI, EPOS, NACO, NIHFW and other institute and welcomes the collaboration with other institutes.

**Human Resource:**

The staff comprises of professionals with qualification and experience in diversified fields as Public Health, Medicine, Health/ Hospital Management, Communication, Nutrition, Psychology, Anthropology, Sociology, IT, Finance and like. This adds to the resource pool for various activities especially trainings, researches and material development.

- Director
- Registrar
- Faculty-02
- Senior Research Officers-02
- RCH staff - 07
- Research Officers- 09
- Accounts, Gen. Admin & other support staff - 18

**Campus:**

The Institute is located in a sprawling campus of 4.4 hectare in the east of the Jaipur city in a scenic and serene area. The constructed area includes 6 training halls, 36 A/C rooms hostel with a 64 cover dining space, 10 faculty rooms, 2 halls equipped with separate work stations for administrative & support staff and 5 staff quarters and 2 guest houses. Overall built-up area is 4621.4 sq.m. The premises are adorned with big beautiful lawns and blooming



flowers beckoning the attention of visitors. The plantation has been initiated with a vision to make the campus eco friendly and lush green.

The Institute is in the process of making its campus Wi-Fi. Presently all faculty and staff computers are connected through LAN and have broadband facility.



## **INTERNSHIP REPORT**

### Tasks Assigned to me at SIHFW:

The learning experience has been immense because of the many opportunities given to me where I could as a trainee use my managerial skills and at same time be a useful resource to the Organization. During the first week I was given the opportunity to interact with various staff members and understand the working of the organization. Next I was attended various training which were conducted in SIHFW during the dissertation period and learned the capacity building aspect of health professionals, I have attended weekly organized CME's on different aspect of public health.

The list of the attended training during the dissertation period as follows:

S. No.	Training	Organization	Participating members
1.	ICTC Team Training	RSACS	ICTC In-charge/ Counselor/ Lab. Technician
2.	Review Meeting of Focus District Coordinators and Divisional Coordinators	UNICEF	Focus District Coordinators and Divisional Coordinators
3.	ToT on Supervisory module for delivery of HBPNC	NIPI	DMCHN/ BMCHN/ BCMOs/ MOs/ RO & Consultants - RCH (SIHFW)
4.	Training on Appreciative Inquiry	UNICEF	Free Lancers/SIHFW Staff
5.	Routine Immunization	NIPI	MO-IC

To review the development of the Institute, the timeline from its inception to present was divided into five year intervals.

- **Phase 1: 1995-1999:** SIHFW was established under the India Population Project IX, funded by the World Bank. With the principle of providing a formal institute to provide quality trainings for strengthening the in-service training programmes of all categories of health care providers and by providing technical support to other training institutions in the state.
- **Phase 2: 2000-2004:** In 2001 when IPP ended, SIHFW faced a crisis. The funding for the entire establishment expenditure including salary of the faculty and support staff, office expenses and other contingency expenditure ran dry and the institute had to find alternative sources of funding to function from January 1<sup>st</sup>, 2002.
- **Phase 3: 2005-2009:** Under the NRHM it was proposed to set up a State Health System Resource Centre. The objectives of the SHSRC were almost same as envisaged in the MOU of SIHFW society of Rajasthan, therefore a proposal was developed, whereby in Rajasthan could be located within SIHFW albeit maintaining its own identity.
- **Phase 4: 2009 to Present:** New reforms were introduced in SIHFW. Staffing pattern as per the recommendations of SHSRC was implemented. As it became a growing organization, employee motivation and retention also became areas of interest to administrators. The focus, which was earlier only on completion of trainings, now included to in-house capacity building and growth.

#### **Major developments during different phases:**

- **Phase 1:** SIHFW was assigned the responsibility of developing a training policy for the State in 1997. Training programmes for various cadres were conducted. Technical support and backstopping to Regional Health & Family Welfare Training Centers located at Jaipur, Ajmer & Jodhpur and 15 District Training Centers & 12 ANM Training Centers was provided. The institute conducted several research assignments for international donors such as UNFPA, UNICEF and CARE India. The institute utilized more than 85 % funds received under IPP-IX. The Institute also contributed in developing Population Policy for the State.

- **Phase 2:** It submitted proposals for short-term and long term sustainability to the Government and requested the State Government to allot funds in the State budget. It was recognized that the Institute had a potential to become self sustainable in due course of time, if it functions at full capacity with full staff contingent and is given complete autonomy to raise and retain funds by organizing trainings and carrying out research & consultancy. A new process of induction of faculty and initiating the training activities from a new end and taking up relevant operational studies for the state was started. SIHFW became a resource center for RCH Projects. UNICEF funded Border District Cluster Strategy provided SIHFW an opportunity to initiate a special project of capacity building of service delivery system in three border districts. For the capacity development, collaborations with agencies like IIMR and EPOS Health Consultants were formed.
- **Phase 3:** SIHFW got approval of creation of Health System Resource Centers (SHSRC) in Rajasthan. This meant a new lifeline for the institute with new funds and additional posts. The honorarium paid to the trainers was raised from the earlier level. The trainings which were held only in 3 districts, gradually increased and after NRHM an increasing number of districts were covered.
- **Phase 4:** Various new changes were introduced in the Institute. Including:
- Appointment of a full time director
  - Introduction of an appraisal system
  - Increase in remuneration package
  - New strategies and mission were adopted
  - ISO 9001:2008 certification was obtained
  - Became a fully self financed organization
  - A documented HR Policy was developed
  - A Quality manual endorsed by BSCIC was adopted
  - Paperless and energy efficient office
  - Staff was covered with Med-claim
  - Website Developed (<http://sihfwrajasthan.com>)
  - Uniform was introduced
  - Evaluation of trainings was done on regular basis and feedback was obtained.



## **DISSERTATION REPORT**

## **Introduction**

### **Background:**

About 67,000 women in India die every year due to pregnancy related complications and approximately 13 lakh infants die within one year of birth. Out of the 9 lakh newborns who die within four weeks of birth (2/3<sup>rd</sup> of the infant death), about 75 per cent die within the first week (a majority of these in the first two days after birth). The first 28 days of infancy period are therefore very important and critical to save children. Both maternal and infant death could be reduced by ensuring timely access to quality services, both essential and emergency, in public health facilities without any burden of out of pocket expenses.

While India has made considerable progress towards the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), the current pace of decline is not sufficient to achieve the goal and targets, committed under NRHM and MDG.

With the launch of the Janani Suraksha Yojna (JSY), the number of institutional deliveries has increased significantly. However more than 25% pregnant women still hesitate to access health facilities. Those who have opted for institutional delivery are not willing to stay for 48 hrs hampering the essential services available for both mother and neonate, which are critical for identification and management of complications during the first 48 hrs after delivery.

Important factors affecting access include high out of pocket expenses in user charges for OPD, admission, diagnostic tests, blood etc., purchase of medicines and other consumables, arrangement for food and transport (from and to home besides referrals). The cost incurred in case of caesarean operation was also high.

Thus out of pocket payments are, without doubt, a major barrier for pregnant women and children so far as access to institutional healthcare is concerned. Under these circumstances, the goals of NRHM for provision of affordable, equitable and accessible health services are defeated. Under NRHM, it is expected that each and every pregnant women and infant gets timely access to the health care system for the required quality antenatal, intra-natal, post natal care and immunization services free of cost.

## Rajasthan Janani Shishu Suraksha Yojna (RJSSY)

In June 2011, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) launched the Janani-Shishu Suraksha Karyakram (JSSK), a national initiative to make available better health facilities for women and children.

The new initiative of JSSK provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas. The new JSSK initiative is estimated to benefit more than one crore pregnant women & newborns who access public health institutions every year in both urban & rural areas.



**Fig. 1: IEC of Janani Shishu Suraksha Yojna**

Janani-Shishu Suraksha Karyakram supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at **mitigating the burden of out of pocket expenses** incurred by the families of pregnant women and sick newborns. Before this scheme, out of pocket expenses and user charges for transport, admission, diagnostic tests, medicines and consumables, caesarean operation were being incurred even in the case of institutional deliveries by pregnant women and their families.

The Government of Rajasthan launched the ambitious *Janani Shishu Suraksha Yojna* in all the 33 districts of Rajasthan on 12 September 2011. The inaugural of the scheme was done by Rajasthan Chief Minister Mr. Ashok Gehlot at Dudu near Jaipur. The Scheme aims to bring down maternal and child mortality rate in the state.

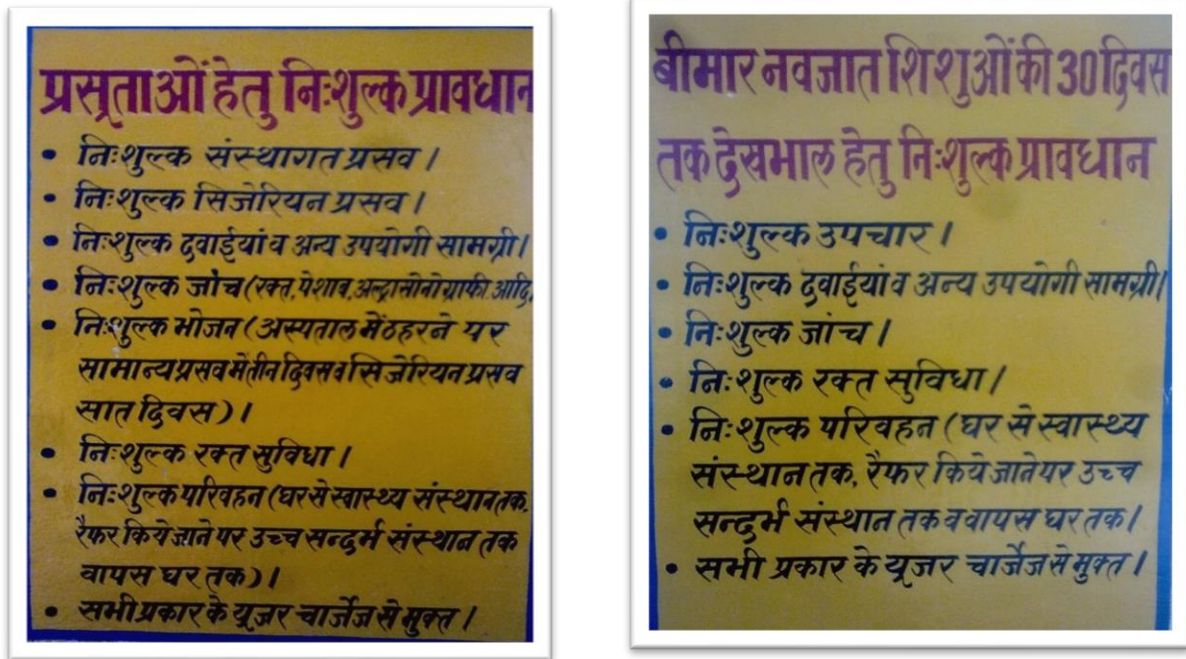


Fig. 2: IEC of benefit

#### Entitlements for the pregnant women under the scheme:

- Free and zero expense delivery and caesarean section.
- Free drug and consumables.
- Free essential diagnostics (blood urine tests and ultra-sonography etc.).
- Free diet during stay in the health institutions (up to 3 days for normal delivery and 7 days for caesarean section).
- Free provision of blood.
- Free transport from home to health institutions.
- Free transport between facilities in case of referral.
- Drop back from institutions to home after 48hrs stay.
- Exemption from all kind of user charges.

**Entitlements for Sick Newborn till 30 days after birth under the scheme:**

- Free and zero expense treatment.
- Free drugs and consumables.
- Free diagnostics.
- Free provision of blood.
- Free transport from home to health institutions.
- Free transport between facilities in case of referral.
- Drop back from institutions to home.
- Exemption from all kind of user charges.

**Rationale of Study:**

Janani Shishu Suraksha Karyakram (JSSK) invokes a new approach to healthcare, placing, for the first time, utmost emphasis on entitlement and elimination of out-of-pocket expenses for both pregnant women and sick neonates.

This assessment study was taken up so that it would help to understand the implementation of RJSSY scheme at secondary level health facilities and problems/barriers faced by providers to provide entitled benefit to beneficiary and problems faced by beneficiaries to avail entitled benefit under this scheme.

This study was done on secondary level public health facilities because no significant numbers of deliveries have been observed at primary level health facilities (SCs and PHCs) and people from village level, directly go to secondary level health facilities in most of the cases. Hence, secondary level health facilities were a good platform to conduct this assessment study.

Keeping in view that as RJSSY has been recently launched (Sep, 2011), an early assessment was useful as it would support in taking corrective measures or making necessary amendments regarding the implementation of this scheme. The assessment at initial phase would also give a foundation for future studies on RJSSY.

**General Objective:**

The main objective of this study was to assess the implementation of RJSSY scheme at secondary level health facilities in Ajmer and Jaipur district (I and II) of Rajasthan.

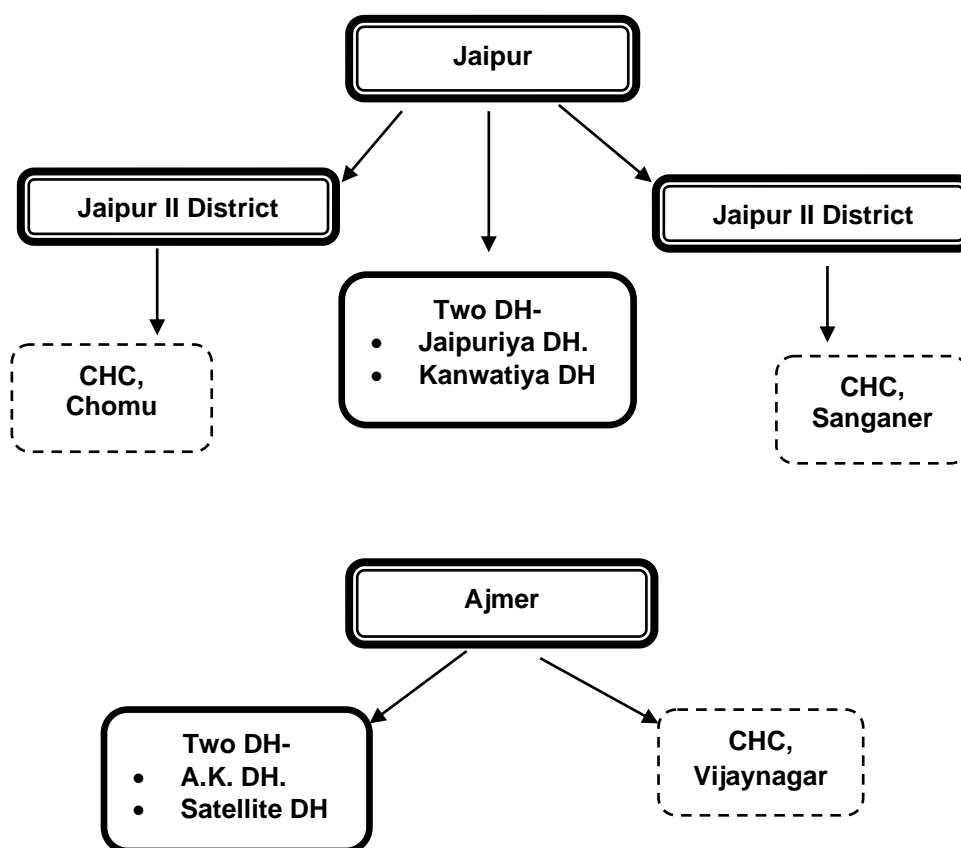
**Specific Objective:**

- To review the implementation process of RJSSY in terms of benefits entitles for pregnant woman and sick newborn under this scheme.
- To find out the impact of RJSSY on institutional delivery.
- To assess the beneficiaries satisfaction for RJSSY scheme.
- To identify the problems faced by providers and beneficiaries under RJSSY scheme.

## **Methodology:**

### **1. Area of study:** Ajmer, Jaipur I and II districts of Rajasthan.

- Secondary level health facilities include District Hospitals and Community Health Center (CHC).



**Fig. 3: Area of Study**

### **2. Study Design:**

- Cross sectional- descriptive study
- Both qualitative and quantitative.

### 3. Universe of Study: Universe of study was divided into two categories –

#### a) Providers from DH and CHC –



**Fig. 4: Picture of DH and CHC**

#### b) Beneficiaries – Mothers, Sick Newborns (till 30 days after birth) -



**Fig. 5: Picture of admitted mothers and Sick newborns**

#### 4. Sampling Procedure:

Purposive sampling technique was used to select universe of providers and beneficiaries at secondary level health facilities.

#### 5. Selection Criterion:

##### a) Selection of providers:

Providers from all DHs were selected from Ajmer and Jaipur districts. Further, 1 CHC from each district was selected, where the delivery load was comparatively high.

##### b) Selection of beneficiaries:

- 1) Selection of first category of beneficiary (mother): All discharged and admitted mothers at health facility on the day of health facility visit were selected for study.
- 2) Selection of second category of beneficiary (Sick newborn): All sick newborns (less than the age of 30 days), seeking treatment (OPD/IPD) on the day of field visit were selected for study.

#### 6. Sample Size:

Type of health facility	Providers	Beneficiary	
		Mothers (admitted and Discharged)	Sick newborn (till 30 days after birth) (OPD/ IPD)
<b>DH</b>	4 (2 from Ajmer and 2 from Jaipur).	50 from Ajmer District and 50 from Jaipur District (50 + 50 = 100)	15 from Ajmer district and 15 from Jaipur District (15 + 15 = 30)
<b>CHC</b>	3 (1 from each district that is Ajmer, Jaipur I and II)	20 from each CHC (20 X 3 = 60 )	5 from each CHC (5 X 3 = 15)
<b>Total</b>	7	160	45
<b>Total Sample</b>	<b>7 + 205 = 212</b>		

## 7. Data Collection Methods:

- **Tools:** In total, 3 set of questionnaire were developed, one for provider at selected health facility, second was for first category of beneficiary - mother and third was for second category of beneficiary that is sick newborn (till 30 days after birth).
- Both Primary and Secondary data were collected.



**Fig. 6 Interview of providers and beneficiaries**

## 8. Field Work:

The fieldwork was done in March 2012 in Ajmer and Jaipur district of Rajasthan. Each facility was visited at least 2-3 times.

Primary data were collected through semi-structured schedules and in-depth interviews and checklist from the providers and beneficiaries. Secondary data was collected from the available records at the health facilities.

## **9. Data Management:**

### **1. Data entry:**

All filled questionnaire from beneficiaries were entered in SPSS sheet and questionnaire from providers were filled in tables prepared in MS excel to analyze the data.

### **2. Data Analysis -**

- Quantitative data analyzed through SPSS 16.0.
- Qualitative data analyzed through content analysis using MS excel.

## **Observations**

### **A. Observation - Providers regarding RJSSY scheme:**

A total of seven health facilities were visited and details regarding the scheme were collected from the gynecologist there. Though inputs also came from pediatrician, staff nurse, health manager, accountant of that health facility.

All health officials were aware about the RJSSY schemes and benefits entitled under this scheme.

It was observed that all the benefits under the scheme were provided at four of the seven health facilities. But as blood was not available at three of the health facilities so free blood provision could not be provided.

All the health facilities provided similar menu under the free food provision - milk and biscuit in morning; 'namkeen daliya' in the afternoon and 'sweet daliya' in the evening, which was outsourced and was prepared by the SHG members.

In case of normal delivery free food was provided to the mother for two days and if she had a 'C' section delivery it was made available till seven days. Only one health facility reported that they provided food till the time of discharge. This somehow coincided with two and seven days.

When probed about the priority to be given to the vehicle in case of transport to home or referral to other health facility, only two health facilities had a clarity and the rest were using whatever vehicle was easily available at the moment.

The reimbursement of expenditure incurred in transport to facility to the beneficiaries was done at the time of discharge at all the facilities.

All types of lab tests as per the guidelines was made available at only one health facility but the drugs and consumables were being provided to the beneficiaries at all the health facilities.

Health providers from two of the health facilities expressed that the number of institutional deliveries did not increase after the implementation of RJSSY.

The observations suggest that as the scheme is in the initial phase all the provisions have not come into execution equally across the health facilities.

**Problems faced by Providers in proper execution of scheme:**

Majority of the problems faced by providers were related to providing transport facility to beneficiaries and reimbursements.

Adequate manpower was not available in three of the health facilities (only 1 driver) which lead to calling private vehicle in their absence.

Private vehicle owners refused to take the cheque and demanded for cash or collected directly from the beneficiary's family.

Absence of clear directives for providing transport facility thus they were unable to decide the highest limit of kms for which they could reimburse or reimbursement in case of a pregnant woman coming from other district or CHCs without referral tickets.

Similarly the highest limit of distance to be covered by the government vehicle/ ambulance.

Some of the health facilities reimbursed money only when the beneficiary claimed for it, and/or if they provided name and vehicle number of vehicle owner then cheque in the name of vehicle owner to beneficiary was given.

Issues as family of the beneficiary asking to drop them to 'pihar'; non-encashment of cheque by the beneficiaries and demand for a different menu for food were also mentioned.

**Suggestions for improvements by interviewed health official:**

With different experiences the officials interviewed came out with suggestions and these included:

Specific and clear guidelines for transportation.

Availability of trained and adequate manpower according to standards for proper execution of scheme.

Monetary benefit to be restricted to first two deliveries because due to monetary benefits provided under the scheme number of sterilization was decreasing.

No reimbursement to be given to those who used their own vehicle, as they were those who came from nearby area.

Separate counter for drug distribution for RJSSY beneficiaries.

Cheque distribution should not be restricting to office time; beneficiaries should be free to take cheque any time as per their convenience or at the time of discharge.

No. of beds should be increase, where the delivery load high so that minimum 48 hrs stay in health facility can be assured.

Drug supply should be smooth to make sure the availability of all type of required drugs and consumables.

**B. Impact of RJSSY on Institutional delivery:**

To determine the impact of implementation of RJSSY on institutional delivery, data was collected on total number of institutional deliveries registered before and after the launch of RJSSY. To waive off any biases data of same months from previous year (before RJSSY) and after the implementation were taken.

- Months of Institutional delivery before RJSSY - Oct.2010, Nov.2010, Dec.2010, Jan.2011.

- Months of Institutional delivery after RJSSY – Oct.2011, Nov.2011, Dec. 2011, Jan 2012.

**Table 1: Health Facilities and number of deliveries before and after RJSSY implementation**

S. No.	Name of Health facility	Total no. of deliveries in 4 months		Percent difference ID
		Before RJSSY	After RJSSY	
1.	Shri Haribaksh Kanwatiya Hospital, Jaipur.	279	361	29
2.	CHC, Chomu	1724	576	-66
3.	Rukmani Devi Beni Prasad Jaipuriya Hospital, Jaipur.	270	390	44
4.	A.K. Hospital, Beawar	1934	2532	31
5.	Satellite Hospital, Ajmer.	271	351	30
6.	CHC, Vijaynagar	162	418	158
7.	CHC, Sanganer	677	710	5

- This table shows that in all health facility after the launch of RJSSY no. of institutional deliveries has significantly increased except one health facility that is CHC, Chomu where the no. of institutional delivery were decreased due to unavailability of gynecologist in Aug, 2011, after that gynecologist was appointed resulting gradually increase in no. of institutional delivery.
- Vijaynagar CHC, shown highest percent increase in institutional delivery, but out of four months selected before RJSSY, in one month gynecologist was absent so only few deliveries were registered in that month.
- Out of 7 health facility, 3 health facilities (Kanwatiya DH, A.K. DH, and Satellite DH) have shown around 30 % increase in institutional deliveries. CHC, Sanganer

shown minimum increase in institutional delivery that is 5 %. Jaipuriya Hospital has shown 44 % increase in institutional deliveries.

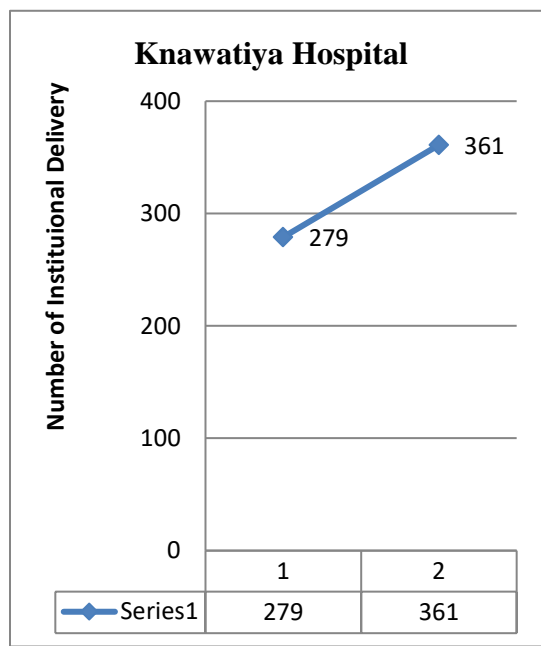


Fig. 7.1

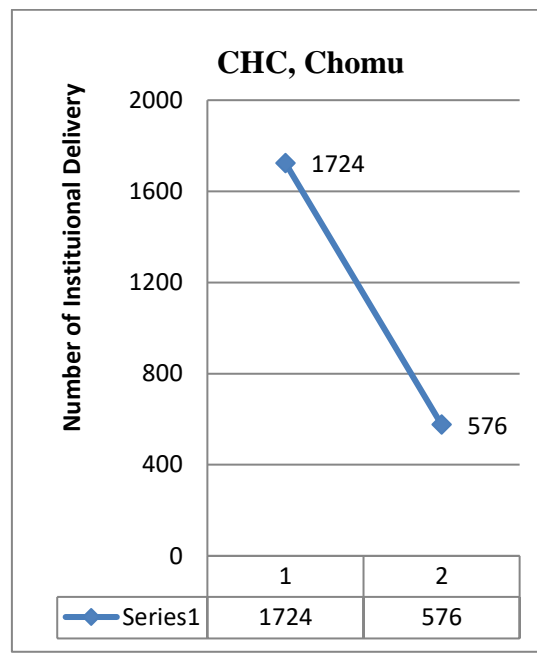


Fig. 7.2

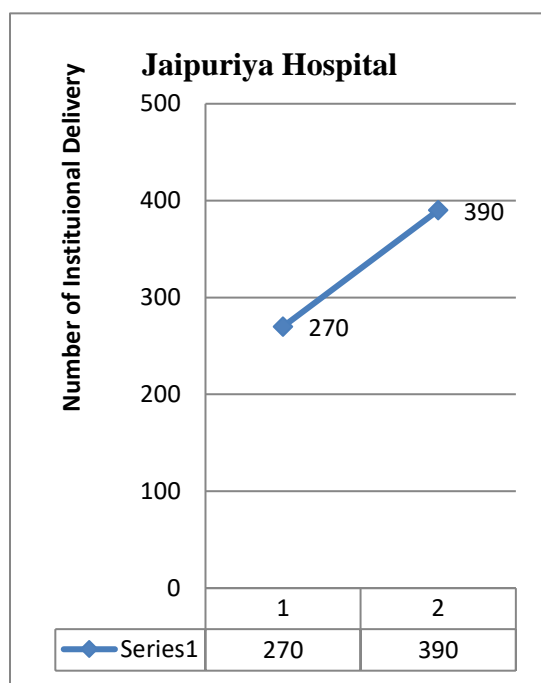


Fig. 7.3

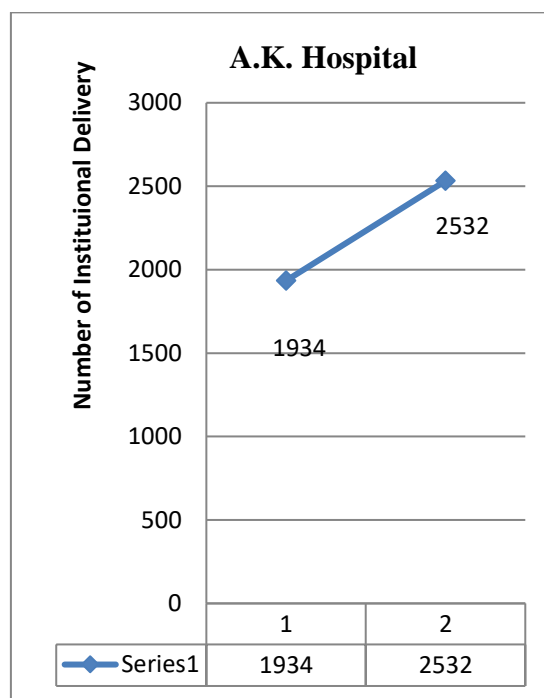


Fig. 7.4

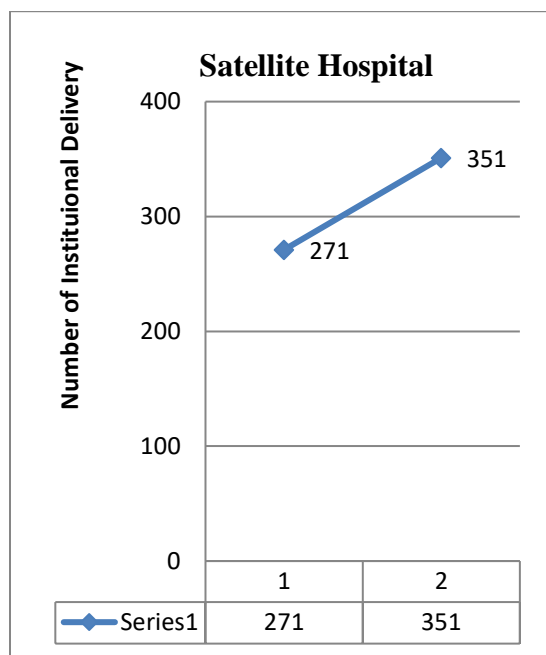


Fig. 7.5

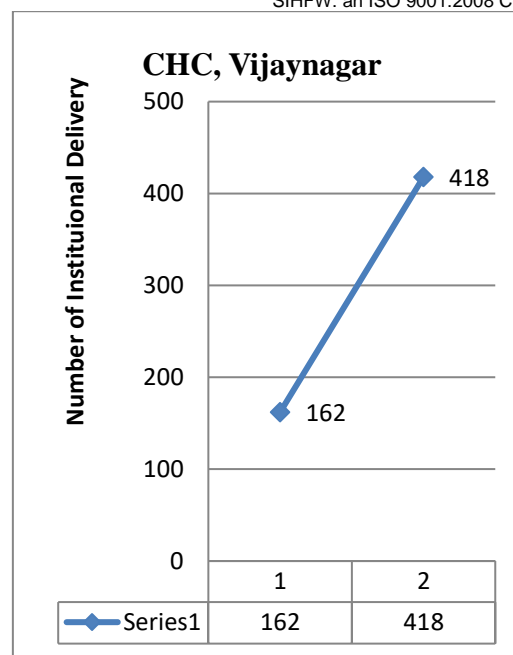


Fig.7.6

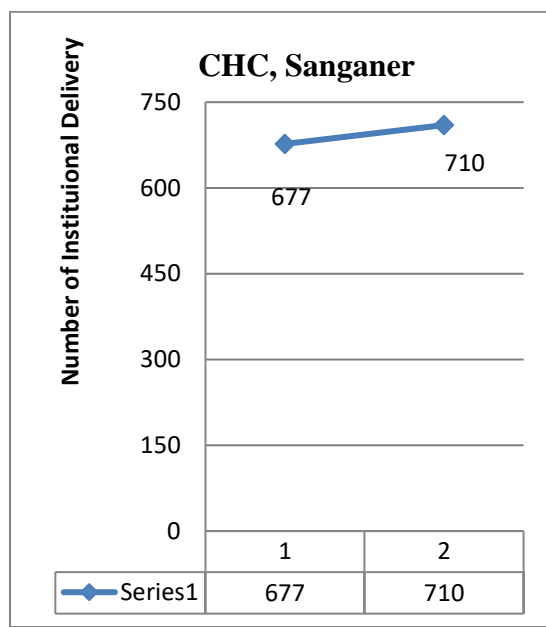


Fig. 7.7

\*(1= before RJSSY no. of institutional delivery, 2= after RJSSY no. of Institutional delivery)

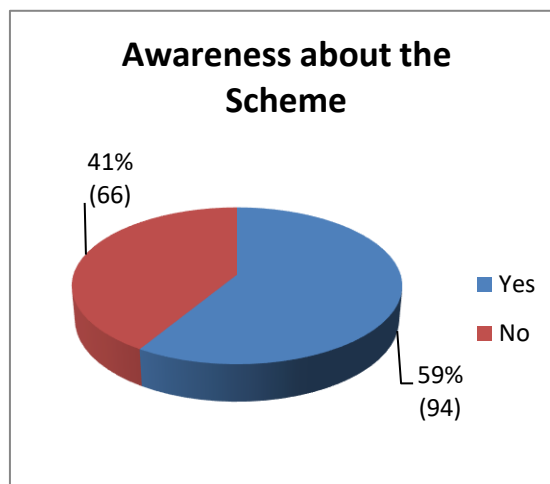
**Fig. 7: No. of Institutional delivery in before and after the RJSSY.**

### C. Observation - Beneficiary category I (Mothers) regarding RJSSY scheme:

A total of 160 mothers were interviewed, and of these 87 (54 %) were those who were available at the health facility and 73 (46 %) had been discharged. 20 (13%) were the referral cases who had been referred to the health facility from some other facility. 141 (88%) had a normal delivery and 19 (12%) had delivery through 'C' section.

#### Awareness about Scheme.

Out of total, 94 (59 %) respondent were aware about the entitlements under this scheme.



**Fig. 8**

#### Transport: Home to health institution.

**Table 2 : Mode of transport from home to health institution for institutional delivery**

Mode of transport	Frequency	Per Cent
Own vehicle	17	10.6
Govt. ambulance/ vehicle.	10	6.2
108 ambulance	36	22.5
Private ambulance/auto/taxi etc.	86	53.8
Vehicle registered under RJSSY	11	6.9
Total	160	100.0

More than half of the cases had used Private ambulance/ auto/ taxi etc (54%) for transportation from home to health institution. 29% cases have used govt. ambulance/ vehicle

and 108 ambulance, 11% cases have used their own vehicle to reach health institution where as only 7% cases used vehicle registered under RJSSY. This indicates the level of birth preparedness amongst community.

**Table 3: Payment made for vehicle registered under RJSSY or Private ambulance/taxi/auto etc.**

Responses	Frequency	Per Cent
Yes	89	91.8
No	8	8.2
Total	97	100.0

The respondents using the private taxi/ ambulance or vehicle registered under RJSSY were asked if they had paid for their transportation. 92% cases affirmed making payments while 8% refused.

**Table 4: Received reimbursement for transportation**

Responses	Frequency	Per Cent
Yes	27	25.5
No	53	50.0
Partially reimbursed	4	3.8
Asked for, but yet not reimbursed	22	20.8
Total	106	100.0

The respondents were further asked if they had received any reimbursements for the payments they made on transportation or in case had used their own vehicle. Only 25 % cases had received the reimbursement and 4% cases reported a partial payment.

But for majority of cases (71%) reimbursement was due. Of these 56% were still admitted in the institution and hence there was a possibility that they would be getting the reimbursement at the time of discharge but the remaining were discharged without any reimbursements.

## **Transport: Health institution to home**

**Table 5: Mode of transport from health institution to home**

Mode of transport	Frequency	Per Cent
Own vehicle	1	1.4
Govt. ambulance/ vehicle	52	71.2
Private ambulance/auto/taxi etc.	14	19.2
Vehicle registered under RJSSY	6	8.2
Total	73	100.0

Only the discharged cases were asked for the transportation from health institution to home. It is to be noted that where 11% had reported coming through their own vehicle only 1% used it to go back. While 61% had used private ambulance/auto/taxi or vehicle registered under RJSSY to come to the health institution but this mode was used for going back by only 27%. 71% of the discharged cases were dropped to their home through government ambulance/ vehicle which suggests that the priority to be given to government vehicles as per the guidelines for drop back facility was being followed.

**Table 6: Payment made for vehicle registered under RJSSY or Private ambulance/taxi/auto etc.**

Responses	Frequency	Per Cent
Yes	14	70.0
No	6	30.0
Total	20	100.0

Out of the total cases using private vehicle or vehicle registered under RJSSY for transportation to home, 70 % cases had made payments from their pockets.

**Table 7: Received reimbursement for transportation**

Responses	Frequency	Per Cent
Yes	7	46.7
No	5	33.3
Partially reimbursed	2	13.3
Asked for but yet not reimbursed	1	6.7
Total	15	100.0

Respondents using own vehicles or making payments for using private ambulance/ taxi or vehicles registered under RJSSY were asked whether they received the reimbursement. 47 % of 15 cases affirmed on receiving reimbursements while 33% said a clear ‘No’ and another 7% were told that their reimbursements would be done but had not yet received. 13 % cases were partially reimbursed.

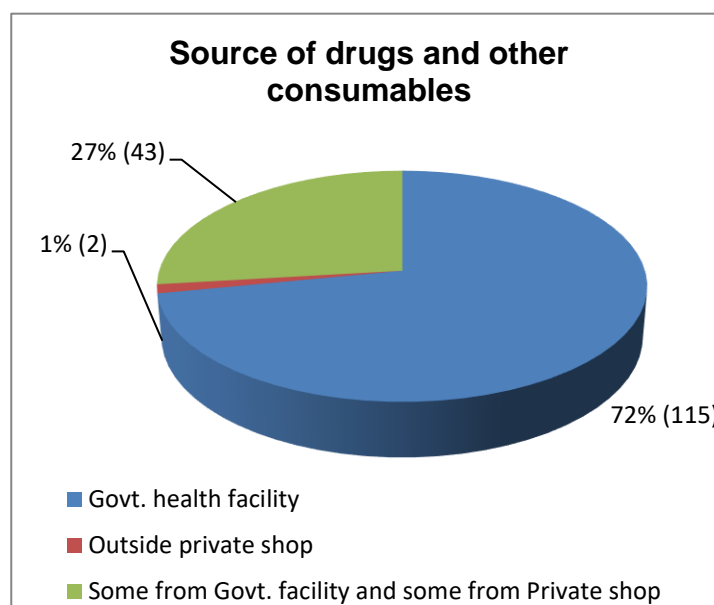
### **Transport: Referral**

In all cases of referral (14), transport was provided through Govt. ambulance/ vehicle so there was no need for reimbursement.

### **Drugs and Other consumables:**

#### **Source of drugs and other consumables before, during and after the delivery**

Out of the total 160 respondents, majority (72 %) mothers received all type of drugs and consumables from the govt. facility. 27 % mothers received some drugs from the health institution but had to purchase others from outside shops. 1% of the respondents even said that no drug was supplied to them and they had to purchase all from outside shops.


**Fig.9**

**Table 8: Reimbursement for tests**

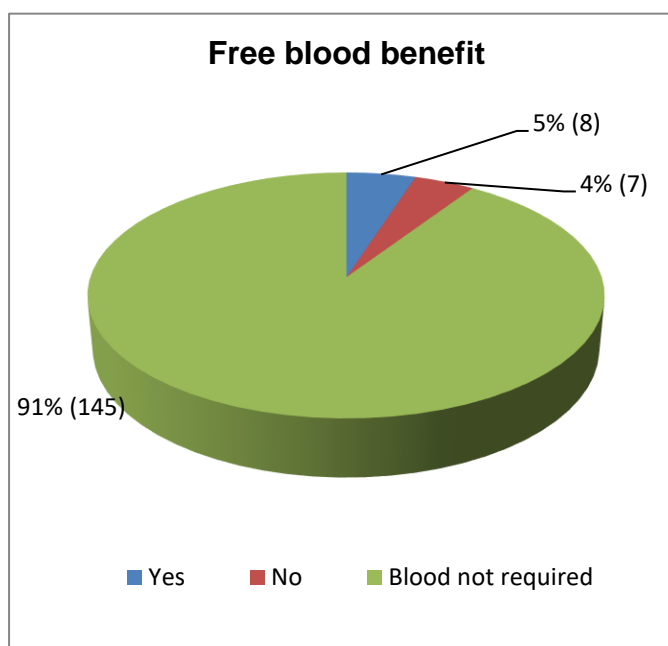
Responses	Frequency	Per Cent
Yes	1	6.7
No	14	93.3
Total	15	100.0

As can be correlated with the responses of providers only one institution could provide all tests and the rest had to ask for tests to be done outside. But still 91% of the respondents said that all tests were done at government facility while 9% reported tests done even outside.

Out of those 9 % (15) cases, only 7 % (1) case the reimbursement was given for test. Other than that, in majority cases (93 %), no reimbursement was given for lab. tests.

### Received free blood benefit from govt. health institution

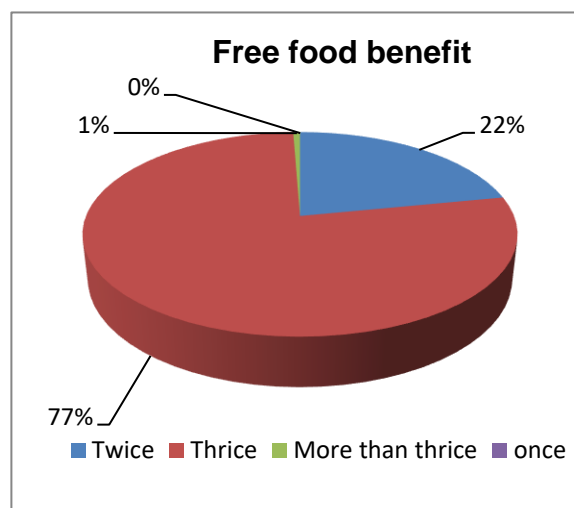
In emergency conditions, blood may be required to save the life of women. But in 91% cases blood was not required and in the 9% where there was a requirement of blood 5% cases received it from govt. health facility or they were reimbursed in case they arranged it from elsewhere. 4% cases had to arrange it from elsewhere but no reimbursement was done to them.


**Fig. 10**

### Free food benefit:

#### **Number of times received food in a day at health institution**

As per the provision under the scheme, food has to be provided thrice in a day. In majority of cases (78%) food was provided as per the norms. 22% even reported that it was given twice in a day.



**Fig. 11**

### Status of Out-of-Pocket expense - beneficiary (mother):

**Table 9: Beneficiaries making out-of-pocket expenditures in case of Institutional delivery**

Responses	Frequency	Per Cent
Yes	90	56.2
No	70	43.8
Total	160	100.0

**Table 9.1: Areas of out-of-pocket expenditures**

	Spent on transport for Institutional delivery		Spent on drug		Spent on lab. Tests		Spent on blood	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
True	54	60.0	44	48.9	13	14.4	6	6.7

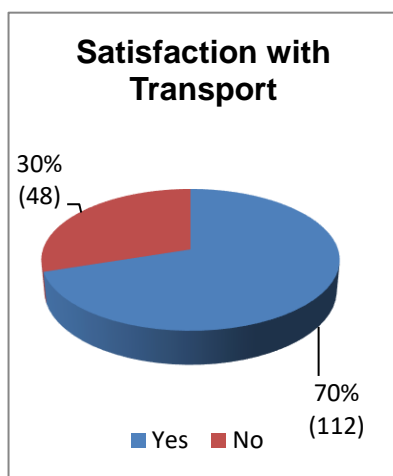
False	36	40.0	46	51.1	77	85.6	84	93.3
Total	90	100.0	90	100.0	90	100.0	90	100.0

\*(Multiple Answers)

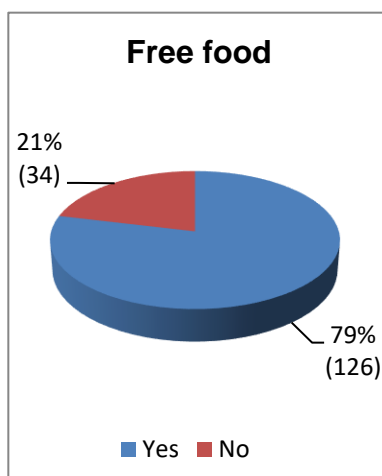
The respondents were given a statement that ‘they did not have to make any out of pocket expenditures’, 44% agreed on it while the rest 56% stated having done out of pocket expenditures.

Out of those who had out of pocket expenses (90) in the process of institutional delivery, 60 % have spent some amount for transport, 49 % have spent some amount for drugs, 14 % have spent some amount on lab. test and 7 % cases have spent some amount for blood.

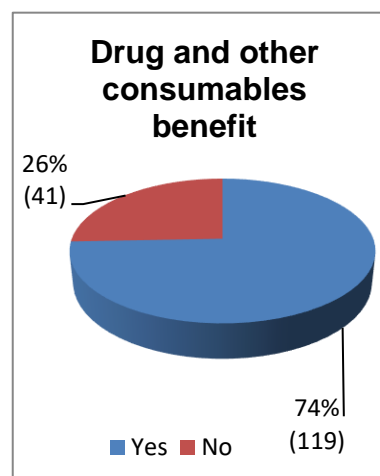
### **Satisfaction of beneficiary (Mother) in terms of benefits provided under this scheme:**



**Fig. 12.1**



**Fig. 12.2**



**Fig. 12.3**

To find out the satisfaction level of the beneficiaries regarding various benefits provided under the scheme, they were asked various questions. The satisfaction level for free food was more (79%) than other benefits as drug and other consumables (74%) and transport (70%).

### Problems faced by beneficiary (mothers):

**Table 10: Problem faced by beneficiary to avail transport benefit**

Responses	Frequency	Per Cent
Yes	49	30.6
No	111	69.4
Total	160	100.0

A large number of respondents (69%) reported facing no problem in availing transport facilities under the scheme while the rest faced some or the other problem which were further probed.

**Table 10.1: Type of problem faced in availing transport facilities**

	unavailability of vehicle on time		Charged for transport		No reimbursement for transport		Only partially amount reimbursed	
	Freque ncy	Percent	Freque ncy	Percent	Freque ncy	Percent	Freque ncy	Percent
True	4	8.2	6	12.2	45	91.8	7	14.3
False	45	91.8	43	87.8	4	8.2	42	85.7
Total	49	100.0	49	100.0	49	100.0	49	100.0

\*(Multiple Answers)

Out of those who had faced problem related to transport facility (49), 8 % of beneficiary have problem with unavailability of vehicle on time, 12 % cases have problem regarding the charged for transport facility, Majority problem was related to no reimbursement that is 92%, and 14 % cases have problem that only partial amount was reimbursed.

**Table 11: Problems faced to avail free drug, lab. tests and other consumables**

Responses	Frequency	Per Cent
Yes	43	26.9
No	117	73.1
Total	160	100.0

On being queried about facing problems regarding free drugs, tests and other consumables, again a large number (73%) were satisfied and said that they faced no problem.

**Table 11.1: Type of problem faced to avail free drug, lab. tests and other consumables**

	drugs and other consumables were not available on time		charged for provide drugs and other consumables, lab tests		Unavailability of all type of drugs.	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
True	9	20.9	3	6.9	42	97.7
False	34	79.1	40	93.1	1	2.3
Total	43	100.0	43	100.0	43	100.0

\*(Multiple Answers)

Those who had faced problems were further asked about the type of problem they had faced. 21 % cases had problem that the drugs and other consumables were not available on time, 7 % had problem that they were charged for drugs and other consumables, lab tests and majority (98%) complained that all type of drugs were not available at the facility.

**Table 12: Problems regarding free food benefit**

Responses	Frequency	Per Cent
Yes	38	23.8
No	122	76.2
Total	160	100.0

As was the case with other problems again a lower number (24%) respondents faced problem regarding free food benefit under the scheme.

**Table 12.1: Type of problem faced regarding free food benefit**

	Not providing food on time		Less quantity of food		Not providing fresh and hot food		Taste of food was not good		Monotonous type of food	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
True	17	44.7	32	84.2	1	2.6	25	65.8	33	86.8
False	21	55.3	6	17.7	37	97.4	13	34.2	5	13.2
Total	38	100.0	38	100.0	38	100.0	38	100.0	38	100.0

\*(Multiple Answers)

Out of those who had faced problems related to free food 45% had problem that food was not provided food on time, 84 % had problem that quantity of food provided was less, 3 % complained that the food was not fresh and/or hot, 66 % had problem with the taste of food and 87 % had problem with monotonous menu of food.

**Table 13: Relation between awareness about the scheme and Out of pocket expenses**

		Out-of-pocket expense		Total
		Yes	No	
Awareness about benefits under this scheme	Yes	38	56	94
	No	52	14	66
Total		90	70	160

A relation between the awareness about the scheme and out of pocket expenditures made shows that 57% of those who were aware about the scheme did not make any out of pocket expenditures while 43% still had to pay some amount from their pockets.

However, in case of low awareness the expenditure was more. Here the number of people paying from their pockets rose to 79%.

**Table 14: Relation between awareness about scheme and reimbursement**

		Money reimbursed				Total
		Yes	No	Partially reimbursed	Asked for, but yet not reimbursed	
Awareness about benefits under this scheme	Yes	22	11	3	18	54
	No	5	42	1	4	52
Total		27	53	4	22	106

Out of the total, who were aware about the scheme and paid for transport (54) 20 % cases (11) did not receive any reimbursement. While on the other hand those who were not aware of the scheme and had paid for the transport 80% did not get any reimbursement.

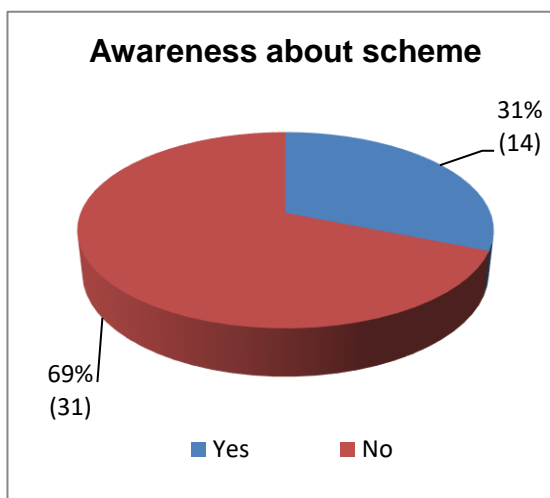
**D. Observation - Beneficiary category II (Sick newborn till 30 days after birth) regarding RJSSY scheme:**

Forty-five sick newborn were covered under the present study. Thirty (66.7%) were seeking services in the OPD and 15 (33.3%) were admitted in the IPD.

**Awareness about the scheme:**

**Awareness about benefits entitles for sick newborn under this scheme**

When the attendants of the sick newborns were asked if they were aware of the benefits under the scheme, only 31% were aware while a majority (69%) expressed unawareness about the scheme itself.



**Fig. 13**

**Transport: Home to health institution**

**Table 15: Mode of transport used to visit govt. health facility**

Mode of transport	Frequency	Per Cent
Own vehicle	20	44.4
108 ambulance	5	11.1
Private ambulance/ auto/taxi etc.	20	44.4
Total	45	100.0

As a large number of respondents were unaware about the free transport facility under the scheme, 44% used their own vehicle to reach the health institution to seek medical services for the sick newborn while only 11% cases utilized 108-ambulance service for transport. Private ambulance/ auto/ taxi were used by 44% of the respondents and when probed further they all had made payments for the transport.

**Table 16: Reimbursement received for payments made against transport**

Responses	Frequency	Per Cent
Yes	8	20.0
No	32	80.0
Total	40	100.0

As the reimbursements were made at the time of discharge and moreover as most of the respondents were unaware that they would be receiving reimbursements for payments made against transport only 20% reported that they received the reimbursement while rest responded in negative.

#### **Transport: Health institution to home**

**Table 17: Mode of transport used**

Mode of transport	Frequency	Per Cent
Own vehicle	23	60.5
Govt. ambulance/ vehicle	6	15.8
Private ambulance/ auto/ taxi etc.	9	23.7
Total	38	100.0

As against 44% who used their own vehicle to come to the health institution, approx. 61% used their vehicle to return back while the number using the private ambulance/auto/taxi to come reduced to 24% and all of them had paid to the private vehicle owner. Government vehicle was used by 16%.

**Table 18: Reimbursement for payments made**

Responses	Frequency	Per Cent
Yes	0	0.0

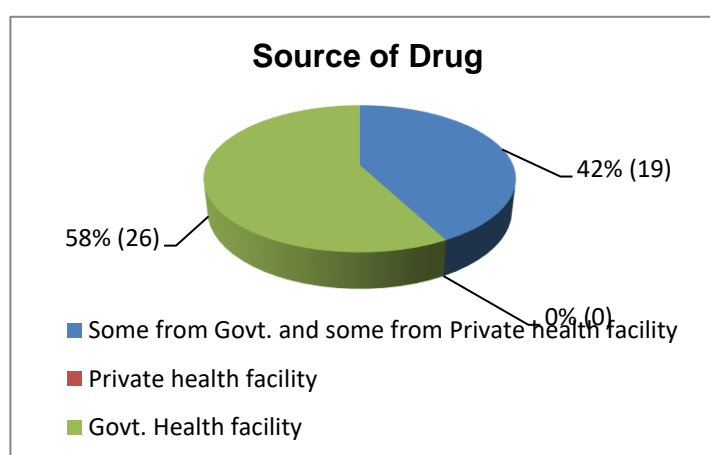
No	32	100.0
Total	32	100.0

When asked further if they had received reimbursements for the payments made to the private vehicle owner or in case they had used their own vehicle, 100% of the cases refused receiving any reimbursement.

### **Drugs and other consumables benefit to sick newborn (till 30 days after birth):**

#### **Source of Drugs and other consumables.**

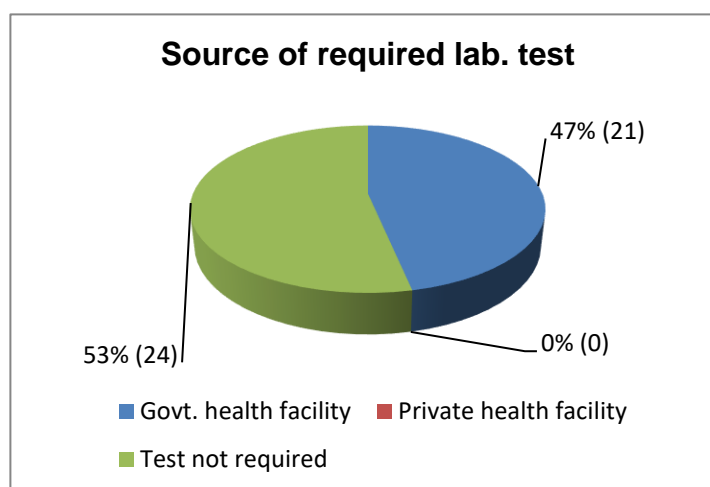
58% of the cases had received the drugs and other consumables from the health institution itself while 42% had to purchase some of the prescribed drugs from outside.



**Fig. 14**

#### **Source of Lab. tests for sick newborn**

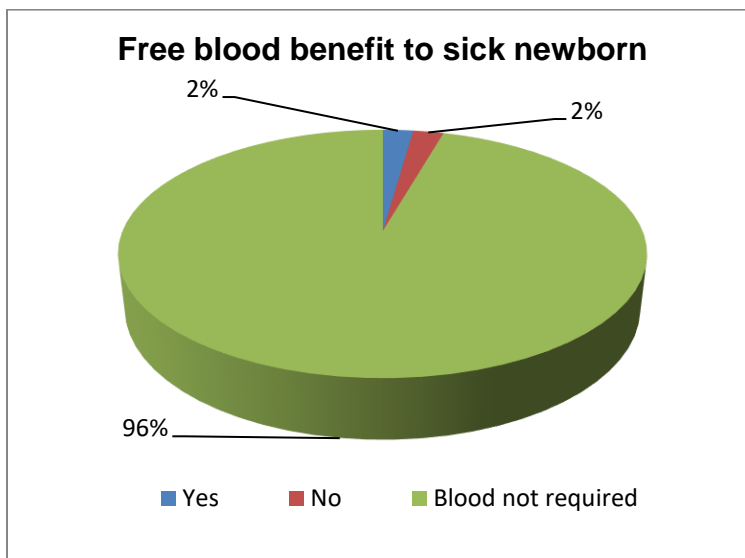
Of the total sick newborns covered under the study 53% did not undergo any lab test, while those who had to go for any test, all the prescribed tests were done at the health institution itself.



**Fig. 15**

### Free blood benefit to sick newborn

96% of the sick newborn did not require blood and out of the two cases which needed blood one received it under free blood benefit of the scheme while the other could not avail it as the blood facility was not available at that particular health institution.



**Fig.16**

### Status of Out-of-pocket expenditure - beneficiary (Sick newborn)

**Table 19: Out-of-pocket expenditure made by beneficiary**

Responses	Frequency	Per Cent
Yes	33	73.3
No	12	26.7
Total	45	100.0

Though free services have been made available under the scheme to cut the out-of-pocket expenditures yet as high as 73% respondents had to spend some amount from their end during the treatment process.

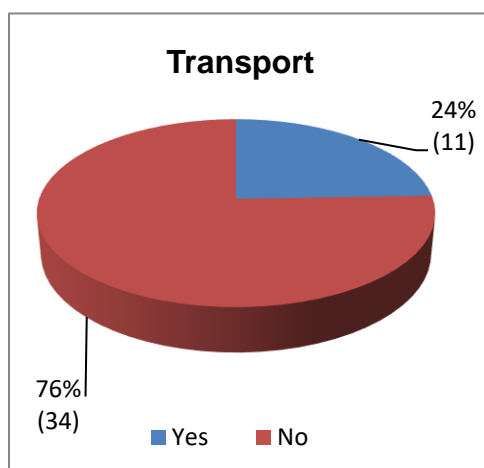
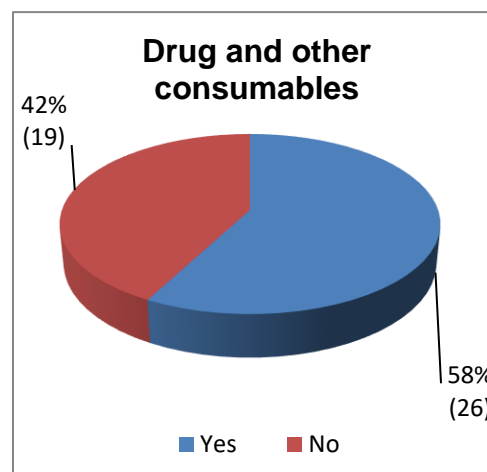
**Table 19.1: Areas of out-of-pocket expenditures**

	Spent on transport		Spent on drug		Spent on lab. tests		Spent on blood		Spent on registration charge	
	Frequ ency	Perc ent	Frequ ency	Perce nt	Frequ ency	Perce nt	Frequ ency	Perce nt	Frequ ency	Perce nt
True	28	84.8	19	57.6	0	0.0	1	3.1	21	63.6
False	5	15.2	14	42.4	33	100.0	32	96.9	12	36.4
Total	33	100.0	33	100.0	33	100.0	33	100.0	33	100.0

\*(Multiple Answers)

Out of those who had out of pocket expense (33), 85% reported spending some amount on transport, 58 % on drugs and 3% had to spent on making arrangements for blood. 64% had paid for their user charges in form of registration fee. However, no one had to spent a single penny on lab. tests.

**Satisfaction of beneficiary (Sick newborn) in terms of benefits provided under this scheme:**


**Fig. 17.1**

**Fig. 17.2**

To find out the satisfaction level of the beneficiaries regarding various benefits provided under the scheme, they were asked various questions. The satisfaction level for free drug, blood and other consumables was more (59%) than transport (24%).

**Problems faced by beneficiary (sick newborn) in availing the benefits entitled under this scheme:**

**Table 20: Problem faced to avail free transport benefits for sick newborn (till 30 days after birth)**

Responses	Frequency	Per Cent
Yes	21	46.7
No	24	53.3
Total	45	100.0

A minor difference is seen in the number of people who faced problem (47%) and those who did not have any problem (53%) in availing the free transport benefits under the scheme.

**Table 20.1: Type of problem faced in availing transport facilities**

	unavailability of vehicle on time		Charged for transport		No reimbursement for transport		Only partially amount reimbursed	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
True	4	19.0	3	14.3	21	100.0	1	4.7
False	17	81.0	18	85.7	0	0.0	20	95.3
Total	21	100.0	21	100.0	21	100.0	21	100.0

\*(Multiple Answers)

Out of those who had faced problem related to transport (21), 19 % of beneficiary had problem with unavailability of vehicle on time, 14% had problem regarding the charges for transport facility. All (21 %) respondents stated that no reimbursement were given, while 5% were dissatisfied as only partial amount was reimbursed to them.

**Table 21: Problems faced to avail free drug, lab. tests and other consumables:**

Category	Frequency	Per Cent
Yes	20	44.4
No	25	55.6
Total	45	100.0

The number of respondents who faced problem in availing the free drug, lab. tests and other consumables was a bit less (44%) than those facing problem in availing transport facilities (47%).

**Table 21.1: Type of problem faced to avail free drug, lab. tests and other consumables**

	drugs and other consumables were not available on time		charged for provide drugs and other consumables, lab tests		Unavailability of all type of drugs.	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
True	1	5.0	0	0.0	19	95.0
False	19	95.0	20	100.0	1	5.0
Total	20	100.0	20	100.0	20	100.0

\*(Multiple Answers)

Out of those who had faced problem related to free drug, lab. test and other consumables (20), 5 % cases have problem that drugs and other consumables were not available on time.

As high as 95% cases expressed that not all type of drugs were available at the health institution which compelled them to purchase it from outside thus adding to their out of pocket expenditures. No one was charged for the drugs and other consumables provided by the facility.

**Table 22: Relation between type of case and Source of Drug**

		source of drugs and other consumable for sick newborn		Total
		Govt. health facility	Some from govt. facility and some from private shops	
Case type	OPD	14	16	30
	IPD	12	3	15
Total		26	19	45

An attempt was made to find out the relation between type of case – OPD/IPD and source of drugs and consumables. This table shows that only 47% OPD cases received all type of required drugs from govt. health facility, while in the cases of IPD, 80 % cases received all type of drugs from govt. health facility.

**Table 23: Relation between type of case and Out-of-pocket expense**

		Out-of-pocket expenditure done		Total
		Yes	No	
Case type	OPD	28	2	30
	IPD	5	10	15
Total		33	12	45

This table shows that 93% of OPD case had spent some amount for treatment of sick newborn (till so days after birth) while on the other hand only 33% of IPD cases had spent some amount or in other words they have some out of pocket expense.

**Table 24: Relation between type of case and Satisfaction regarding transport benefit**

		Satisfaction with the free transport facility		Total
		Yes	No	
Case type	OPD	10	20	30
	IPD	14	1	15
Total		24	21	45

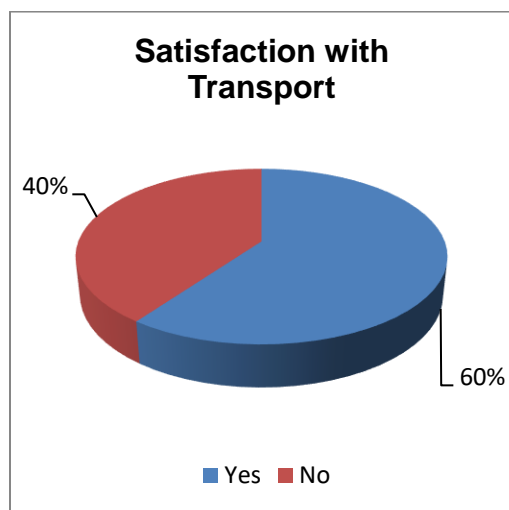
The respondents from IPD were more satisfied (93%) with the free transport facilities than the respondents from OPD (33%).

**Table 25: Relation between type of case and Satisfaction regarding free drug and consumables benefit**

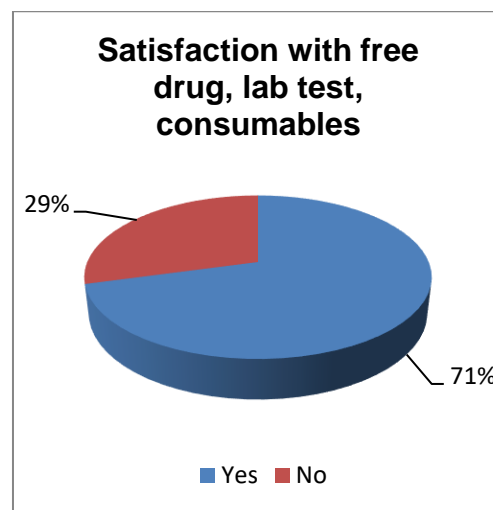
		Satisfaction with free drug, lab. Tests and other consumables		Total
		Yes	No	
Case type	OPD	14	16	30
	IPD	12	3	15
Total		26	19	45

This table shows that 46% of OPD cases were satisfied with free drug, consumables and lab tests benefit, and in case of IPD satisfaction level increased to 80%.

**Satisfaction with transport and drug, lab test and other consumables benefit under the scheme:**



**Fig. 18.1**



**Fig. 18.2**

This chart shows the overall satisfaction of beneficiary (mother and sick newborn), which shows the satisfaction was more with free drug, lab tests and other consumables benefit (71%), compared with transport benefit (60%)

## Chapter 4

### **Findings:**

- Out of 7 health facilities, only 2 have blood storage facility and 2 health facilities provide reimbursement when beneficiary arranged blood from outside, remaining 3 health facility were not providing free blood benefit.
- To provide transport facility, 2 health facilities out of 7, relied on Govt. ambulance with only one driver, sometimes driver was not available at time of emergency.
- The tests were not available as per the guidelines except for one facility.
- For those tests not available at the health facility and the patient had to go to private labs, no reimbursements were given.
- User charges were charged in case of sick newborns.
- For sick newborn coming to OPD no transport facilities were provided.
- Cheque was issued given only on the name of driver of the vehicle. In case the beneficiary forgot the name and vehicle number then no reimbursement was given to beneficiary.
- In case the beneficiary did not claim for reimbursement, it was not paid.
- The complications involved in cheque encashment lead to driver refusing to accept the cheque and instead preferred claiming it directly from the beneficiary.
- The free food was given timely and as per the menu at all the health institutions. But beneficiary has problem with monotonous type of food and less quantity of food.
- Due to shortage of beds and high load, normal delivery cases were discharged before 48 hrs.
- Addresses proofs were not checked at some of the health institutions for provide reimbursement.
- An equal amount (Rs. 250/-) was being paid at one of the health institution to all claiming for reimbursement but not using the govt. ambulance.
- Awareness about the scheme was 59 % in case of beneficiary mother and 31 % in cases of beneficiary sick newborn.

- After the implementation of this scheme, increase in institutional delivery has been reported.
- Highest used mode of transport in cases of home to health institution was private vehicle/ auto/ taxi etc. and Govt. vehicle, in case of health institution to home transport.
- In many of the cases, reimbursement was not done as per guidelines.
- Around 30 % of the beneficiaries have to buy at least some drugs from outside private shops.
- The satisfaction level for free food was more (79%) than other benefits as drug and other consumables (74%) and transport (70%) in case of beneficiary mothers and satisfaction level was more in drug and other consumables (58%) than transport (24%) in cases of beneficiary sick newborn.

## **Conclusion:**

The new initiative of JSSK aims to provide completely free and cashless services to pregnant women (including normal deliveries and caesarean operations) and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas, to **mitigate the burden of out of pocket expenses** incurred by the attendants/ families of pregnant women and sick newborns.

More than half cases have some kind of out of pocket expense in the form of expenses in transport, drugs and other consumables, Lab. test, blood etc. Though a network of private vehicles has been established by registering them to health institutions, yet a large number of beneficiaries have spent at least some amount on transport, which was followed by expense on drugs.

However, the scheme has not been fully implemented to provide each entitled benefit to every beneficiary in all the health institutions as per guidelines due to many reasons as unavailability of adequate human resource, no proper directives regarding the provision of entitled benefit, unawareness regarding scheme among beneficiaries etc.

Though, 30% increase in institutional delivery has been reported after the implementation of the scheme but still all type of drugs were not available to the beneficiaries. Resultantly they were forced to buy from private shops which lead to the burden of out of pocket expenses.

The satisfaction amongst the beneficiary (mothers) was highest for food and least for transport while in the case of treatment for sick newborn least satisfaction has been reported with drugs and other consumables benefit under this scheme, the overall satisfaction of beneficiary for transport was 60 % and for drugs, lab. test, other consumables was 71%.

Not all beneficiaries were aware about this new initiative- RJSSY, only 53% were aware about the scheme, and awareness is directly related to chances of reimbursement and Out of pocket expense.

Majority of problems for beneficiaries includes unavailability of all type of drugs, no. reimbursement for transport, monotonous type of food, less quantity of food etc.

The problems faced by providers were no proper directives for provide transport, unavailability of adequate human resource, unavailability of all type of drugs, unavailability of adequate no. of beds etc.

It was observed that many of the private vehicle owners refused to take cheque and demanded for cash, which they collected from beneficiary. Even in case of reimbursements, it was done only in case when beneficiaries claimed for it, which was done by a few as the awareness about the scheme was low.



### **Limitation of Study:**

The study had certain limitations, which may have affected the study results. These limitations were as follows:

- As the sample size is small, it may have affected the study results.
- Some amount of respondent bias and memory or recall bias cannot be ruled out. This may have affected the study results.

## Time Line for Study:

Time Frame										
<b>Project Title-</b> An Assessment on Implementation of Rajasthan Janani Shishu Shuraksha Yojna (RJSSY) at Secondary level health facilities in Ajmer and Jaipur Districts of Rajasthan.										
Days from 8 <sup>th</sup> Feb, 2012 to 23 <sup>th</sup> Apr, 2012										
Task Name	1 <sup>st</sup> wee k	2 <sup>nd</sup> week	3 <sup>rd</sup> week	4 <sup>th</sup> wee k	5 <sup>th</sup> wee k	6 <sup>th</sup> wee k	7 <sup>th</sup> wee k	8 <sup>th</sup> wee k	9 <sup>th</sup> wee k	10 <sup>th</sup> wee k
Finalization of topic and preparation of Synopsis										
Toolkit preparation and finalization										
Data collection / Field work										
Data Entry and Analysis of Data										
Preparation of first draft of report										
Feedback incorporation and submit final report										

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**Annexure (A,B,C):****Annexure : A****An Assessment on Implementation of Rajasthan Janani Shishu Shuraksha Yojna (RJSSY) at Secondary level health facilities in Ajmer and Jaipur District of Rajasthan.****Health Facility Information**

Type of health facility:	DH	<input type="checkbox"/>	CHC	<input type="checkbox"/>
Name of health facility .....		Date of visit.....		

**Questionnaire for Health Officials****Name of respondents:**

1. .... Designation.....

**Inputs provided by:**

1. .... Designation.....

2. .... Designation.....

1. Do you know about RJSSY Scheme? Yes ☐ No ☐

2. What are the benefits provided under RJSSY scheme at this facility?

Benefits provided at facility	Yes/No
<b>For Pregnant women:</b>	
1. Free and Zero expense Delivery and Caesarean Section.	
2. Free Drug and Consumables	
3. Free Essential Diagnostics (Blood Urine Tests and Ultra-sonography etc.)	
4. Free Diet during stay in the health institutions (up to 3 days for normal delivery and 7 days for caesarean section)	
5. Free Provision of Blood.	



6. Free Transport from Home to Health Institutions.	
7. Free Transport between facilities in case of referral.	
8. Drop Back from Institutions to home after 48hrs stay.	
9. Exemption from all kind of User Charges.	
<b>For Sick Newborn till 30 days after birth:</b>	
1. Free and Zero expense treatment.	
2. Free Drugs and Consumables.	
3. Free Diagnostics.	
4. Free Provision of Blood.	
5. Free Transport from Home to Health Institutions.	
6. Free Transport between facilities in case of referral.	
7. Drop Back from Institutions to home.	
8. Exemption from all kind of User Charges.	

3. No. of vehicles registered at the facility under this scheme -

4. Do you prepare daily list for discharged mothers and route chart?

a) Yes ☐ b) No ☐

5. If pregnant women used private transport to reach facility then, when is money reimbursed?

a) Same day ☐ c) at time of discharge ☐  
 b) Within 2-3 days ☐ d) not reimbursed ☐  
 e) Others (specify).....

6. In case of health institution to home transport, if all vehicles are available then, mark the preference order (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>).

a) 108 ambulance   
 b) Govt. ambulance/ Govt. vehicle available at health facility   
 c) Private ambulance, taxi etc

7. In case of referral, if all vehicles are available at health facility then, mark the preference order (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>).

- a) 108 ambulance  
b) Govt. ambulance/ Govt. vehicle available at health facility  
c) Private ambulance, taxi etc


8. What problems do you face in providing free transport facility?

.....

.....

9. For how many days you provide food to mothers-

9a) In case of normal delivery-

- |           |                      |                    |                      |
|-----------|----------------------|--------------------|----------------------|
| a) 1 day  | <input type="text"/> | b) 2 days          | <input type="text"/> |
| c) 3 days | <input type="text"/> | d) till discharged | <input type="text"/> |

9b) In case of cesarean section-

- |           |                      |                    |                      |
|-----------|----------------------|--------------------|----------------------|
| a) 1 day  | <input type="text"/> | e) 5 days          | <input type="text"/> |
| b) 2 days | <input type="text"/> | f) 6 days          | <input type="text"/> |
| c) 3 days | <input type="text"/> | g) 7 days          | <input type="text"/> |
| d) 4 days | <input type="text"/> | h) till discharged | <input type="text"/> |

10. How frequent do you provide food to mothers in a day?

- |          |                      |                     |                      |
|----------|----------------------|---------------------|----------------------|
| a) Once  | <input type="text"/> | c) Thrice           | <input type="text"/> |
| b) Twice | <input type="text"/> | d) More than thrice | <input type="text"/> |

11. Where is the food prepared?

- |                            |                      |
|----------------------------|----------------------|
| a) Health facility kitchen | <input type="text"/> |
| b) Outsourced              | <input type="text"/> |
| c) Other (specify).....    | <input type="text"/> |

12. Who is responsible for preparation of food?



a) SHG members

b) NGO

c) Other (specify).....

13. What is the menu of food provided at this facility?

.....

.....

14. What are the problems do you face in providing free food to mothers?

.....

.....

15. No. of Laboratory test available at the facility (under RJSSY)

16. Are all drugs and consumables required in ANC, INC, PNC (till 6 week) provided from the facility?

a) Yes b) No 

17. If no, are the patients asked to purchase from outside?

a) Yes b) No **Status of Institutional Delivery:**

18. Do you think after the implementation of RJSSY scheme, no. of institutional deliveries has increased?

a) Yes b) No 

Months before RJSSY	No. of Institutional Delivery	Months after RJSSY	No. of Institutional Delivery
October,2010		October,2011	
November,2010		November,2011	
December,2010		December,2011	
January,2011		January,2012	



19. Any Suggestion for improvement:

.....

.....

Any comments:

.....

.....

**Annexure : B****iz'ukoyh& ykHkkFkhZ ekrk****fnukad %& -----**

-----

ykHkkFkhZ ekrk dk izdkj &amp;

v- LokLF; dsUnz C/kc- ftZ

LokLF; dsUnz dk izdkj &amp;

v- ftyk vLirky 

c- lkeqnf;d LokLF; dsaUnz

LokLF; dsUnz dk uke %&amp; -----

ftys dk uke &amp; -----

-----

jSQjy ekeyk %&amp;

h

fMLpktZ fnukad %&amp; -----

----------izlo dk izd,

lkekU;

c- lhtsfj;u

izlo dh

fnukad %&amp; -----

-----

1- D;k vkidks jktLFkku tuuh f'k'kq lqj{kk ;kstuk ds vUrxZr Álqrk ,oa fcekj uotkr ¼tUe ds ckn 30 fnu rd ½ dks feyus okyh lqfoèkkv" dh tkudkj gSa\

v- gkWc- ugh

2- laLFkkr izlo ds fy, ?kj ls LokLF; dsUn rd dk ifjogu ek;/e D;k Fkk\

v- futh okgu

c- ljdkjh ,sEcqysal / okgu

l- 108 ,sEcqysal

n- izkbosV ,sEcqysal / VsDIh / vkWV"

;- RJSSY ;"tuk ds vUrxZr jftLVj okgu

3- ;fn] RJSSY ;"tuk ds vUrxZr jftLVj okgu ;k izkbosV ,sEcqysal / VsDIh / vkWV" rks D;k vkils #i;s fy, x;ss\

v- gkWh

4- ;fn gkW ;k futh okgu ds mi;®x ij] D;k vkidks #i;s ykSVk, x;s\



v- gkW   gh  
 l- vkaf'kd fn;s x,   
 n- vÒh rd ugh ykSVk, ysfdu ykSVkus ds fy, dgk x;k

**;fn, ykHkkFkhZ ekrk dk izdkj fMLpktZ gSa rks iz'u ¼5]6]7½ iwNsa &**

5- NqV~Vh nsus ds i'pkr~ iqu% ?kj tkus ds fy, ifjogu dk ek;/e D;k Fkk\

v- futh okgu   
 c- ljdkjh ,sEcqysal / okgu   
 l- 108 ,sEcqysal   
 n- izkbosV ,sEcqysal / VsDIh / vkWV"   
 ;- RJSSY ;"tuk ds vUrZxr jftLVj okgu

6- ;fn] RJSSY ;"tuk ds vUrZxr jftLVj okgu ;k izkbosV ,sEcqysal / VsDIh / vkWV" rks D;k vkils #i;s fy, x;ss\

v- gkW   gh

7- ;fn gk]W ;k futh okgu ds mi;®x ij] D;k vkidks #i;s ykSVk, x;s\

v- gkW   h  
 l- vkaf'kd fn;s x,   
 n- vÒh rd ugh ykSVk, ysfdu ykSVkus ds fy, dgk x;k

**;fn, ykHkkFkhZ ekrk dk ekeyk jSQjy gSa rks iz'u 8 iwNsa &**

8- jSQjy ekeys es ,d vLirky ls nwljs vLirky ds chp dk ifjogu ek;/e D;k Fkk\

v- futh okgu   
 c- ljdkjh ,sEcqysal / okgu   
 l- 108 ,sEcqysal   
 n- izkbosV ,sEcqysal / VsDIh / vkWV"   
 ;- RJSSY ;"tuk ds vUrZxr jftLVj okgu

9- D;k vki ljdkj jkjk RJSSY ;kstuk ds vUrZxr nh tk jgh eq¶r ifjogu lqfo/kk ls larq"V gSa\

v- gkV  c- ugh



10- vkidks bl ;kstuk ds vUrZxr eq¶r ifjogu lqfo/kk ysus esa D;k ijs'kkuh gqbZa\  $\frac{1}{4}$  ,d ls  
vf/kd mÙkj gks ldrs gSaA  $\frac{1}{2}$   $\frac{1}{4}$  True/False  $\frac{1}{2}$

- |   |                          |
|---|--------------------------|
| 1- ijs'kkuh ugh gqbZ                        | <input type="checkbox"/> |
| 2- le; ij ifjogu lqfo/kk miyC/k uk gksuka   | <input type="checkbox"/> |
| 3- ifjogu ds fy, #i;sa olwy djuka           | <input type="checkbox"/> |
| 4- ifjogu ij [kpZ fd;s #i;sa okil uk feyuka | <input type="checkbox"/> |

11- izlo ds le; ,oa izlo ds i'pkr~ nokbZ;ka ,oa vU; mi;ksxh lkexzh vkidks dgka ls feyh\

- |   |                          |
|---|--------------------------|
| v- ljdkjh LokLF; dsUnz ls                     | <input type="checkbox"/> |
| c- ckgj futh nqdku ls                         | <input type="checkbox"/> |
| l- dqN ljdkjh LokLF; dsUnz ,oa dqN ckgjh nqdk | <input type="checkbox"/> |

12- izloiwoZ, izlo ds le; ,oa izlo ds i'pkr~ gksus okyh tkap vkus dgka ls djokbZ sa\

- |   |                          |
|---|--------------------------|
| v- ljdkjh LokLF; dsUnz ls                                 | <input type="checkbox"/> |
| c- ckgjh futh LokLF; dsUnz ls                             | <input type="checkbox"/> |
| l- dqN ljdkjh LokLF; dsUnz ,oa ckgjh futh LokLF; dsUnz ls | <input type="checkbox"/> |

13- ;fn] ckgjh futh LokLF; dsUnz r" D;k tkap ij [kpZ jkf'k vkidks iqu% ykSVkbZ xbZ \

- |                                 |                                 |
|---------------------------------|---------------------------------|
| v- gkW <input type="checkbox"/> | c- ugh <input type="checkbox"/> |
|---------------------------------|---------------------------------|

14- izlo ds le;] D;k vkidks jDr lqfoEkk ljdkjh LokLF; dsUnz ls fu'kqYd feyh \

- |                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| v- gkW <input type="checkbox"/> | c- ugh <input type="checkbox"/> | l- jDr dh vko';drk ugh <input type="checkbox"/> |
|---------------------------------|---------------------------------|---|
- gqbZ

15- D;k vki ljdkj jkjk bl ;kstuk ds vUrZxr eq¶r nokbZ;ksa] tkap ,oa vU; mi;ksxh lkexzh nsus  
dh lqfo/kk ls larq"V gSa\

- |                                 |                                 |
|---------------------------------|---------------------------------|
| v- gkW <input type="checkbox"/> | c- ugh <input type="checkbox"/> |
|---------------------------------|---------------------------------|

16- vkidks ljdkjh LokLF; dsUnz ls eq¶r nokbZ;ka ,oa vU; mi;ksxh lkexzh ysus esa D;k

ijs'kkuh gqbZ\  $\frac{1}{4}$ ,d ls vf/kd mÙkj gks ldrsa gSaA  $\frac{1}{2}$   $\frac{1}{4}$  True/False  $\frac{1}{2}$

- |  |                          |
|--|--------------------------|
| 1- ijs'kkuh ugh gqbZ                                       | <input type="checkbox"/> |
| 2- le; ij nokbZ;ka ,oa vU; mi;ksxh lkexzh miyC/k uk gksuka | <input type="checkbox"/> |
|  | <input type="checkbox"/> |



3- nokbZ;ka ,oa vU; mi;ksxh lkexzh ds fy, #i;s olwy djuka

4- IHkh izdkj dh nokbZ;ka miyC/k uk gksuka

17- vkids laLFkkxr izlo (lkekU; ;k lhtsfj;u) es fuEu es ls fdlh Ádkj dk [kPkZ (Out of pocket expense) gqvk \

- nokbZ;ka v- gkW  h
- ifjogu v- gkW  h
- tkap v- gkW  h
- jDr v- gkW  h

18- fdh Ádkj dk [kPkZ (Out of pocket expense) ugh gqvk \ ¼True/False½

19- LokLF; dsUnz esa izokl ds nkSjku vkidk Hkkstu dk L=ksr D;k Fkk\ ¼,d ls vf/kd mÙkj gks ldrsa gSaA½

- v- ?kj
- c- ljdkjh LokLF; dsUnz
- l- ckgjh nqdku

20- ;fn] ljdkjh LokLF; dsUnz] rks D;k vkidks fn;k x;k Hkkstu rktk ,oa xeZ Fkk\

- v- gkW  c- ugh

21- vkidks fn;s x;s Hkkstu dk menu D;k Fkk \

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22- D;k ljdkjh LokLF; dsUn ls feyus okys Hkkstu ds fy, vkils #i;s fy, x;sa\

- v- gkW  c- ugh

23- D;k vki feyus okys Hkkstu ds menu ,oa Lokn ls larq"V gSa\

- v- gkW  c- ugh

24- vkidks ,d fnu esa fdruh ckj Hkkstu feyk\

- v- ,d ckj  c- nks ckj
-



l- rhu ckj      n- rhu ls vf/kd ckj

25- D;k vki bl ;kstuk ds vUrZxr feyus okys eq¶r Hkkstu lqfo/kk ls larq"V gSa\

v- gkV ☐      c- ugh ☐

26- vkidks eq¶r Hkkstu lqfo/kk ysus esa D;k ijs'kkuh gqbZ\ ¼,d ls vf/kd mÙkj gks ldrs

gSaA½ ¼True/False½

- |                                   |                          |
|-----------------------------------|--------------------------|
| 1- ijs'kkuh ugh gqbZ              | <input type="checkbox"/> |
| 2- Hkkstu le; ij miyC/k ugh gqvka | <input type="checkbox"/> |
| 3- Hkkstu dh de ek=kA             | <input type="checkbox"/> |
| 4- Hkkstu dk xeZ u gksuka         | <input type="checkbox"/> |
| 5- Hkkstu dk Lokn vPNk uk gksuka  | <input type="checkbox"/> |

Any Comments: -----  
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### Annexure : C

iz'ukoyh& ykHkkFkhZ (chekj uotkr)      fnukad %& -----  
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LokLF; dsUnz dk izdkj &    v- ftyk vLirky    ☐ qnkf;d LokLF; dsaUnz    ☐



Ekkeyk %&amp;

v- OPD c- IPD 

LokLF; dsUnz dk uke %&amp; ----- ftys dk uke %&amp; ---

mÙkjnkrrk dk uke %&amp; ----- uotkr ls fj'rk %&amp;

uotkr dh vk;q %&amp; -----¼fnol esa½ tUe dh fnukad %&amp;

1- D;k vkidks jktLFkku tuuh f'k'kq lqj{kk ;kstuk ds vUrxZr fcekj uotkr ¼tUe ds ckn 30 fnu rd ½ dks feyus okyh lqfoèkkv" dh tkudkj gSa\

v- gkW c- ugh 

2- uotkr ds tUe ds ckn 30 fnu ds vUnj fcekj g"us ij mls Äj lç ljdkjh LokLF; dsUnz ykus dk ifjogu ek;/e D;k Fkk\

v- futh okgu

c- ljdkjh ,sEcqysal / okgu

l- 108 ,sEcqysal

n- izkbosV ,sEcqysal / VsDIh / vkWV"

;- RJSSY ;"tuk ds vUrxZr jftLVj okgu

3- ;fn RJSSY ;"tuk ds vUrxZr jftLVj okgu ;k izkbosV ,sEcqysal / VsDIh / vkWV" rks D;k vkils #i;s fy, x;ss\

v- gkW 

4- ;fn gk]W ;k futh okgu ds mi;®x ij] D;k vkidks #i;s ykSVk, x;s\

v- gkW 

l- vkaf'kd fn;s x,

n- vÒh rd ugh ykSVk, ysfdy ykSVkus ds fy, dgk x;k g 

5- chekj uotkr ds fy, nokbZ;ka ,oa vU; mi;ksxh lkexzh dgka ls feyh\

v- ljdkjh LokLF; dsUnz





- nokbZ;ka v- gkW  h
- ifjogu v- gkW  h
- tkap v- gkW  h
- jDr v- gkW  h
- iaftdj.k 'kqYd W h

13- fdlh Ádkj dk [kPkZ (Out of pocket expense) ugh gqvk \ ¼True/False½

14- D;k vki ljdkj jkjk bl ;kstuk ds vUrxZr chekj uotkr dks nh tkus okyh ifjogu lqfo/kk ls larq"V gSa\

v- gkW  h

15- vkidks bl ;kstuk ds vUrxZr eq¶r ifjogu lqfo/kk ysus esa D;k ijs'kkuh gqbZa\ ¼, d ls vf/kd mÚkj gks ldrs gSaA½ ¼True/False½

- 5- ijs'kkuh ugh gqbZ
- 6- le; ij ifjogu lqfo/kk miyC/k uk gksuka
- 7- ifjogu ds fy, #i;sa olwy djuka
- 8- ifjogu ij [kpZ fd;s #i;sa okil uk feyuka
- 9- vkaf'kd #i;sa okil djuka

16- D;k vki ljdkj jkjk bl ;kstuk ds vUrxZr chekj uotkr ds eq¶r bykt ,oa eq¶r nokbZ;ksa ,oa vU; mi;ksxh lkexzh nsus dh lqfo/kk ls larq"V gSa\

v- gkW  h

17- vkidks ljdkj LokLF; dsUnz ls eq¶r nokbZ;ka ,oa vU; mi;ksxh lkexzh ysus esa D;k ijs'kkuh gqbZa\ ¼, d ls vf/kd mÚkj gks ldrsa gSaA½ ¼True/False½

- 18- ijs'kkuh ugh gqbZ
- 19- le; ij nokbZ;ka ,oa vU; mi;ksxh lkexzh miyC/k uk gksuka
- 20- nokbZ;ka ,oa vU; mi;ksxh lkexzh ds fy, #i;s olwy djuka
- 21- lHkh izdkj dh nokbZ;ka miyC/k uk gksuka



Any Comments: -----  
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