

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO.153
TO BE ANSWERED ON THE 27TH JULY, 2018
ASSESSMENT OF JANANI SHISHU SURAKSHA KARYAKRAM**

†*153. SHRI TAMRADHWAJ SAHU:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has reviewed/made any assessment of implementation of Janani Shishu Suraksha Karyakram at various levels in the country;
- (b) if so, the details and the outcome thereof along with the shortcomings noticed during the said review/assessment; and
- (c) the corrective measures taken/being taken by the Government to address and check the shortcomings?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (c) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 153* FOR 27TH JULY, 2018**

a) Janani Shishu Suraksha Karyakram (JSSK) is regularly monitored and assessed through periodic reviews, field visits including Common Review Missions and videoconferences with the States/ UTs. An independent evaluation on JSSK was conducted in select states in 2013 and 2016. National Sample Survey Organization also assesses out of pocket expenditure on child birth in public health facilities during their surveys, which is an indicator of the success of JSSK. Further, NFHS also captures average out of pocket expenditure on delivery in public health facilities.

b) Key findings of the assessments/ reviews of JSSK are outlined below:

As per the report of the 71st Round of the National Sample Survey Organization, average medical expenditure for child birth in rural areas at constant prices has reduced from Rs.1165 in 2004 to Rs.873 in 2014 in public health facilities. In comparison, average medical expenditure has increased in private facilities from Rs.4137 in 2004 to Rs.8128 in 2014.

Field Visits/ assessments have also highlighted that:

- All States visited have implemented the entitlements offered under JSSK as per the national guideline.
- General awareness about scheme entitlements among officials both at the state and district level was found to be complete in most of the states. Also, awareness about the entitlements of pregnant women under the JSSK scheme has improved.
- The procurement system for purchase of drugs and consumables has been streamlined in most of the states.
- Free drugs, diagnostics, diet, assured home to facility transport as well as drop back and availability of blood has improved across all the states.
- OPD and IPD services are provided free of cost to all pregnant beneficiaries in all the states.

The above reviews & field visits have highlighted shortcomings such as low coverage of scheme for sick infants upto one year of age, need for more awareness generation and IEC activities on JSSK, need for strengthening grievance redressal mechanisms for JSSK.

c) Steps taken by Government of India for effective implementation of JSSK are:

- Popularizing the Scheme through Information Education & Communication (IEC) & Behaviour Change Communication (BCC) strategies including mass media and interpersonal communication especially for facilities available for infants.
- National Ambulance Services have been introduced for toll free number based free referral transport for pregnant women, sick neonates and infants.
- MoHFW has set up a Mother and Child Tracking Facilitation Centre (MCTFC) in 2014. Through its Help Desk Agents, the centre contacts the service providers and recipients of mother and child care services to get their feedback on various programmes and initiatives like JSSK, JSY etc. More than 72.48 lakh calls have been made to beneficiaries for data validation, promotion and facilitation in availing maternal and child health services and government schemes.
- JSSK help desks and grievance redressal mechanisms have been introduced to facilitate smooth implementation of scheme.
