

**ASSESSMENT OF FREE REFERRAL SERVICES UNDER JSSK IN DISTRICT GANDERBAL, KASHMIR: A CROSS SECTIONAL STUDY**Rifat Jan<sup>1</sup>, Rafiq Mir<sup>2</sup>, Iftikhar Munshi<sup>3</sup>, S. M. Saleem<sup>4</sup>**HOW TO CITE THIS ARTICLE:**

Rifat Jan, Rafiq Mir, Iftikhar Munshi, S. M. Saleem. "Assessment of Free Referral Services under JSSK in District Ganderbal, Kashmir: A cross Sectional Study". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 57, July 16; Page: 9919-9923, DOI: 10.14260/jemds/2015/1435

**ABSTRACT: BACKGROUND:** Several initiatives by Government of India under NRHM have been put forth for better facilities to the pregnant women & sick new born babies in government institutions under the schemes like JSY & JSSK, in which free transport services are being provided. **AIMS & OBJECTIVES:** To assess the utilization of free referral services under JSSK in Ganderbal District of Kashmir (J & K). **METHODOLOGY:** A cross sectional study was conducted for a period of one year in district Ganderbal, in which 50% of the Sub centers were selected. 10 recently delivered mothers were chosen randomly from each sub center & a sample size of 230 beneficiary were chosen, who had delivered in previous six months. Results: 51.7% of recently delivered women were provided free ambulance services from home to the facility, & 68% were provided free service from facility to the home. The money by cheque was provided to 2.8% of the women only, who had hired a vehicle. **RECOMMENDATIONS:** Better fund flow and gaps in knowledge need to be filled for proper utilization of the services by the beneficiaries

**KEYWORDS:** JSSK, Sub centre, NRHM.

**INTRODUCTION:** Antenatal care (ANC) is the care of the woman during pregnancy.<sup>1</sup> Women in reproductive age constitute 22% of total population.<sup>2</sup> Preventing maternal deaths associated with pregnancy and child birth remains the greatest challenges for India. Every 5th woman dying globally due to maternal causes is an Indian and every 10 minutes one woman dies in any part of India due to pregnancy and its related complications.<sup>3</sup> India is moving well in achieving millennium development goals (MDG-5), but the progress is slow. Over the last 10 years there has been a significant decline in maternal mortality rate by 35% from 327 in 2001 to 178 in 2012<sup>2</sup>. Several initiatives were put up by the G.O.I under the ministry of health and family welfare under NRHM including Janani Suraksha Yojna to bring down maternal and infant mortality rates through safe delivery practices. However even though institutional deliveries increased significantly in number, out of pocket expenses as incurred by pregnant woman remained high.<sup>4</sup>

In India, 75.3% of all births in rural areas occur at home. This is mainly due to the fact that expenditure incurred in institutional deliveries is much higher as compared to those in domiciliary deliveries. Even in Government facilities average expenditure incurred is reported to be as high as Rs.882 even for BPL households. Nearly 1/3<sup>rd</sup> of the total income is incurred in buying medicines and diagnostic services from outside and 1/4<sup>th</sup> for transportation.<sup>5</sup>

To mitigate this problem ministry of Health and Family Welfare launched Janani shishu suraksha karyakram on 1st June 2011, to provide better health facilities to pregnant woman and sick newborn. Its main aim is to achieve 100% institutional deliveries. The scheme laid emphasis on the "free entitlements" to eliminate out of pocket expenses for both pregnant woman and sick newborn in government institutions. This scheme is going to benefit 1crore pregnant woman and newborns in both rural and urban areas.<sup>6</sup>

## ORIGINAL ARTICLE

The study aim was to assess the free referral services being utilized.

**MATERIALS AND METHODS:** The study was conducted in district Ganderbal of Kashmir valley.

**Study Design:** Community based cross-sectional study.

**Study Period:** The study was conducted for a period of one year from May 2013 to May 2014.

**Study Participants:** From one randomly selected district, 50% of the sub-centres were selected. Further 10 recently delivered mothers were randomly taken from each sub-enter area.

**Sample Size:** 230 beneficiaries who had delivered 6 months prior to study.

**METHOD OF DATA COLLECTION:** To get complete information about the service utilization, women who delivered in previous six months were interviewed. The women were visited at their home. Data was collected using predesigned and pretested questionnaire after consent.

**Statistical Analysis:** Data was analyzed by calculating rates and proportions. Analysis was done using SPSS v. 11.

Informed consent was taken from the beneficiaries before start of the interview

### RESULTS:

Distance of Place of Delivery	N	%
<5km	30	13
5-10 kms	96	41.7
10-20 kms	48	20.9
>20 kms	56	24.3
<b>Total</b>	<b>230</b>	<b>100</b>

Table 1: Percentage distribution of recently delivered women as per distance covered to reach place of delivery

41.7% women had to travel a distance of 5-10 km, 20.9% between 10-20 km. While more than 20% had to cover > 20 km to reach the institution and 13% a distance of <5kms.

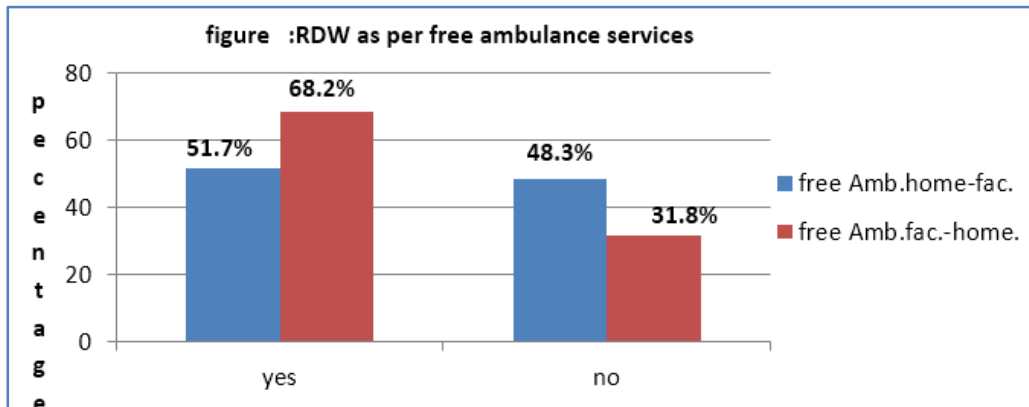
Particulars n= 230		n	%
Free ambulance from home to facility	Yes	119	51.7
	No	111	48.3
	<b>Total</b>	<b>230</b>	<b>100</b>
Free service from facility to home	Yes	157	68.2
	No	73	31.8
	<b>Total</b>	<b>230</b>	<b>100</b>

Table 2: Distribution of recently delivered women as per free ambulance services

The above table indicates that 51.7% of the RDW were provided free ambulance services from home to facility while 48.3% had to use either their own vehicle

## ORIGINAL ARTICLE

Free ambulance service from facility to home was provided to 68.2% of RDW from facility to home and 31.8% were not provided the service. The non-provision of the ambulance from facility to home was seen mostly among those who had delivered in a tertiary care hospital.



Money reimbursed	n(184)	%
Yes	5	2.8
No	178	77.2
<b>Total</b>	<b>184</b>	<b>100</b>

**Table 3: Distribution of recently delivered women as per reimbursement for transportation**

Regarding distribution of RDW as per reimbursement for transportation, out of the 184 women who hired vehicle to / from health institution, money (cheque) was reimbursed to only 2.8% women.

Particulars		n(19)	%
<b>Free ambulance</b>	Yes	17	89.5
	No	2	10.5
	<b>Total</b>	<b>19</b>	<b>100</b>

**Table 4: Distribution of infants of recently delivered women as per free services provided**

Regarding the ambulance services, 89.5% infants were provided the service free while as 10.5% used private vehicles to either ferry the infant to the facility or back home.

**DISCUSSION:** Regarding distance covered to reach the facility, nearly half of the women had to travel a distance of 5-10 km and about 1/4<sup>th</sup> between 10- 20 km from residence to the place of delivery. While the rest had to cover >20km to reach the institution. It was observed that many of the studied women went to district and tertiary care hospital at their own will or were referred from peripheral hospital(PHCs/CHCs) due to lack of Basic EmOC Services. The findings are in accordance with concurrent assessment of JSY where 20-40% of women had to cover 5-10 km at the time of delivery.<sup>7</sup>

## ORIGINAL ARTICLE

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Providing free ambulance services to the pregnant women is the norm of JSSK. As per the guidelines, pregnant women is entitled to free ambulance services from home to facility and back. In the present study only a half were provided the service from home to facility. The probable reason could be non-availability of an ambulance at the time of labour or that the family arranged a vehicle on its own. In contrast more than a 2/3<sup>rd</sup> received the service from facility to home. Those who were not provided the facility were the ones who had delivered at a tertiary care hospital, where such a service was not provided at the time of the study/were not having any guidelines for such service and also because most of the women belonged to faraway places. Even those who had delivered at a private hospital were not provided free ambulance services.

As per the guidelines for JSSK private vehicle can be utilized for the same purpose through PPP. But no such scheme was found to exist in my study. Public Private Partnership (PPP) such as Janani Express Yojna (JEY) is existent in Madhya Pradesh which provides 24 hours transport facility at field level for obstetrics emergency<sup>8</sup>. Among the beneficiaries who had to hire a vehicle from home to facility or back only 2% received reimbursement (Checque) for the same while a majority did not receive any reimbursement. The most probable reason was non-availability of funds for the same and lack of co-ordination between the disbursing authorities and the programme managers.

17 of the 19 newborns who were referred for free specialized treatment were provided free ambulance services from facility to a referral institution. But such a service was not provided from facility to home. The main referral facility was the tertiary care institution. The probable reason for not providing a vehicle at the time of discharge was non-availability of an ambulance at that time, and non-utilization of private vehicles (Under PPP as recommended).

**RECOMMENDATIONS:** Fund flow mechanism need to be streamlined and beneficiary knowledge level needs to be enhanced through sustained IEC activities.

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### **FINANCIAL OR OTHER**

**COMPETING INTERESTS:** None

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Date of Submission: 26/06/2015.

Date of Peer Review: 27/06/2015.

Date of Acceptance: 10/07/2015.

Date of Publishing: 14/07/2015.