

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

STARRED QUESTION NO:296  
ANSWERED ON:30.08.2013  
JANANI SHISHU SURAKSHA KARYAKRAM  
Bhagat Shri Sudarshan

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

- (a) the key features of Janani Shishu Suraksha Karyakram (JSSK) run by the Government including the free entitlement under the Scheme;
- (b) whether the National Health Systems Resource Centre, in its recent report, has pointed out several gaps in the implementation of JSSK and if so, the details thereof;
- (c) whether the awareness of free entitlements under the programme is still low among its intended beneficiaries and a large segment of pregnant women in the rural areas has not been covered under the JSSK so far; and
- (d) if so, the corrective steps taken by the Government for effective implementation of JSSK?

**Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) to (d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 296 FOR 30TH AUGUST, 2013

(a) Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 under the overall umbrella of NRHM which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet up to 3 days for normal delivery and up to 7 days for C-section, free diagnostics and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for sick neonates accessing public health institutions for treatment. The benefits under the scheme have now been expanded to ante natal and post natal complications during pregnancy and also sick infants.

(b) The National Health Systems Resource Centre (NHSRC) in its latest quarterly report based on field visits to select health facilities in 24 districts in 21 States including 7 North-Eastern states has made the following observations:

# No user fee is being charged for OPD and IPD from pregnant women and sick newborns in most of the States.

# Availability of drugs in the health facilities has improved significantly. However, the inventory management and display of essential drugs list needs improvement.

# Availability of diagnostic facilities for routine tests is better at the level of District Hospitals and at Community Health Centres (CHCs) and are being provided free of cost.

# Availability of routine diagnostics in Primary Health Centres particularly in high focus states needs improvement.

# Provision of diet for pregnant women admitted to the hospitals exists in almost all states at the District Hospitals and CHC level.

# There are some gaps in availability of emergency diagnostic facilities below District hospital level and also in Ultrasonography facilities at First Referral Units below District Hospital.

# Certain gaps exist in the availability of referral transport, particularly drop back.

# Grievance redressal needs improvement in some of the States.

(c) The same NHSRC report has reported varying levels of awareness in different States.

The entitlements cover all pregnant women who access public health institutions for delivery and sick infants including those in rural areas.

(d) Steps taken by Government of India for effective implementation of JSSK are : # Regular Regional and State level review meetings

# Communication through different channels with State Governments including letters, videoconferencing, etc

# Field visits by central levels teams to monitor the progress of implementation.

# Popularization of the scheme through Information Education & Communication (IEC) & Behaviour Change Communication (BCC) strategies including mass media eg. Satellite channels, FM channels as well as digital cinema theatres throughout the country at National and Regional levels.