

Janani Suvidha Yojna

Promoting institutional deliveries in the urban slums initially in eight districts of Haryana

THE BACKGROUND

Harnessing the Strong Private Health Sector to Provide RCH Services for Urban Poor women in Haryana

Rapid urbanization is an accepted phenomenon and Haryana is also witnessing the same. Not only are people migrating from rural areas of the State to urban areas within the State but people from other states are also settling in the urban areas of the State in growing numbers. Many of these new residents settle in urban slums resulting in their mushrooming growth. It is understood that the health status of urban poor is worse than that of those living in rural areas.

The urban poor have poor health seeking practices and resort to medical treatment only when faced with loss of wages due to illness. The concepts of preventive and promotive healthcare are weak in their minds. Furthermore, the opportunity cost and loss of wages associated with long waiting times at government run hospitals, dissuades them from proactively seeking medical care.

Many urban poor land up at the doorsteps of quacks and pay out of pocket for poor quality medical care resulting most often in further complications which then land in government hospitals for treatment. This is very well reflected in the socio-demographic data especially MMR. As per NFHS II data, the MMR for Haryana is 540. The institutional delivery rate of Haryana is only 23 which is even lower than the all India figures (33) and our neighboring State of Punjab (37)

In order to reduce MMR and IMR, Govt. of Haryana has already initiated the following schemes for rural and BPL families namely;

- Provision of Free of Cost Institutional Deliveries
- Establishment of Delivery Huts
- Janani Suraksha Yojana
- Vikalap

However, all the above schemes cater to the needs of rural poor, leaving aside a large portion of urban poor especially the slum dwellers. The available Public Health infrastructure also provides both primary and secondary health services mostly to the rural people. For urban population, the Health Department has medical services available at the District Hospitals only. These district hospitals often are not able to offer adequate outreach services [post partum centers attached with hospitals and the MCH centers], and are meant mainly for secondary level medical care. On the other hand, there is considerable presence of private health care providers (PHPs) in the urban areas of the State.

UNIVERSE FOR THE SCHEME:

The state of Haryana has 17.5 lakh people living in the urban slums, which amounts to almost 30% of the urban population. In light of this ground reality, the State Government does not plan to set-up a new infrastructure for RCH services in urban areas but would harness the available private infrastructure through **Janani Suvidha Yojna** involving the existing private health providers with the objective of improving the accessibility of good quality Antenatal, Natal and Postnatal services to Pregnant mothers of urban slums.

GOAL

To make quality Antenatal, Natal and Postnatal services easily accessible to poor in the urban slums of Haryana

OBJECTIVES

- To make quality mother and child health services accessible to the neediest.
- To provide good quality contraceptives, vaccines and other supplies to the urban poor.

- To provide good quality and low cost diagnostic services to the pregnant mothers in urban slums.
- To optimally utilize the existing resources in health.
- Improving the technical quality of Maternal and Child health services.

ADVANTAGES OF VOUCHERS

- Provides opportunity to cover the out of reach who are most in need
- Utilization of existing infra-structure
- Ensures the utilization of under utilized services
- Empowers the consumers to make choices and hence improves the quality of services
- Increases clients satisfaction

INSTITUTIONAL ARRANGEMENT

The Department of Health, Haryana will be the funding agency for implementation of Janani Suvidha Yojana. **Deputy Director (Family Welfare) will be the State Nodal Officer for ensuring coordination, supportive supervision, regular review and feedback.** A steering committee will be constituted under the chairpersonship of Financial Commissioner cum Principal Secretary, Govt. of Haryana, Department of Health.

The members of the Steering Committee will be:

- Director General Health Services, Haryana
- Project Director (RCH)
- Deputy Director(FW)
- Additional Project Director (RCH)
- Representative of FOGSI
- Representatives of DISTRICT NGOs
- State NGO Coordinator

This committee will be constituted under the State Health Society. Deputy Director (FW) will be the Member Secretary. The will be responsible to lay down policies, approve overall strategies and annual plans as well as budgets and to review progress and sanction mid-course corrections. The Steering Committee will meet at least every 3 months or as and when necessary.

At the district level, the District Health Society will be responsible for day-to-day management and coordination of the project supported by the district Nodal officer. District Programme Manager approved under RCH II Program will be the District Nodal Officers for this scheme. The District Nodal officers will be responsible to provide supportive supervision and to do trouble shooting.

OPERATIONAL PLAN

The implementation agency for this scheme will be the District NGOs working in the respective districts. The Department of Health, Haryana is already working with NGOs for various RCH II and AIDS activities. The State NGO Coordinator will ensure the capacities of NGOs in implementing the scheme. The roles and responsibilities of various Stakeholders proposed in the scheme outline are as follows:

DISTRICT NGO

Selection criteria

- NGO should be registered under the Societies Registration Act/ Inidan Trust Act/ Indian Religion and Charitable Act/ Company Act for more than three years.
- NGO must provide a proof of his savings worth Rs. One Lac in the form of NSC, Postal Deposits, fixed deposits etc.
- The NGO must have 3 years of experience working in the Health/Social sector.
- Each District NGO can be allotted a maximum of two districts.

Roles and Responsibilities

- To perform mapping of the districts to identify the Urban Slums, Private Nursing homes adjoining the slum areas and the Field NGOs working in these areas and submit it to the District authorities.
- Selection of Field NGOs/SHGs.
- Selection of Private Health Providers in consultation with District authorities
- Delineation of area to the NGOs/SHGs and Private Health Providers.

- Distribution of vouchers to Field NGOs/SHGs.
- Redemption of vouchers and payment to PHPs.
- Compilation and collation of routine review reports sent by FNGOs/SHGs and submit to concern Civil Surgeon in the first week of every month.
- In areas, where NGOs could not be found, self help groups will be selected.
- The representative of District NGO will attend the monthly meeting at the District Head Quarter.

FIELD NGOS

One NGO/SHG will look after a population of 10,000.

Selection Criteria

- NGO should be registered under the Societies Registration Act/ Inidan Trust Act/ Indian Religion and Charitable Act/ Company Act for more than three years.
- The NGO must provide a Proof of savings worth Rs. 50,000 in the form of National Savings Certificate, Postal deposits or fixed deposit etc.
- The NGO must have 2 years of experience working in the Health/Social sector.
- In the areas, where eligible NGOs could not be selected, the Self Help Groups (SHGs) working in such areas will be selected by District NGOs in consultation with Civil Surgeon of the respective district. The criteria for the selection of SHGs will be the same as that of NGOs except that the guarantee will be Rs. 25,000 instead of Rs. 50,000.

Roles and Responsibilities

- Undertake House to House survey for identification of the eligible clients
- Select one SAKHI for every 1000 population.
- Orient SAKHI regarding activities of the scheme and their roles/responsibilities.
- Register pregnant mothers with the help of Sakhi, AWW and ANMs.
- Distribute vouchers to the pregnant mothers.
- Collect vouchers from PHPs and submit to DISTRICT NGOs for redemption.

SURVEILLANCE OFFICER FOR JANANI SURAKSHA YOJANA

To facilitate quality control and to prevent financial irregularities, 1 person per district will be selected by Steering Committee as Surveillance Officer. The Surveillance Officer could be a retired doctor, Multipurpose Health Supervisor, Ex Army person etc. The Surveillance Officer will get quarterly honorarium of Rs. 10,000. In addition, the Surveillance Officer will get Rs. 200 for each visit in field subject to a minimum of 4 and maximum of 6 visits per month. The roles and responsibilities of Surveillance Officers will be to

- Ensure quality control of the services being provided by Private Health Providers.
- Facilitate implementation of Standard Treatment Protocols and Standard Operative Procedures by the Private Health Providers.
- To Report any financial irregularity to the District Nodal Officer.
- To ensure that no urban slum area is uncovered.
- To ensure availability of vouchers/reporting forms etc. at all levels.

SAKHI

A resident woman from the urban slum will be selected per 1000 population. She will act as a link between Clients & Private Health Providers. She will be selected by FNGOs/SHGs. She will be responsible for facilitating the clients for availing Antenatal Checkups, institutional delivery, referral transport and immunization of the newborn from the designated Private Provider. Sakhi will give undertaking to District NGO and will get performance based honorarium after completion of a set of activities. The Sakhis will be provided imprest money of Rs.200 as the revolving fund for referral transport of pregnant mothers for delivery purposes, referral of high risk pregnancies and sick newborns. The rate for referral transport will be @ Rs. 5 per km or a maximum of Rs. 200, whichever is less. The Sakhis will get honorarium as follows:

Sr. No.	Activity	Case load per month	Compensation per case	Total compensation
1.	Antenatal registration, 3 Antenatal Checkups, 100 IFA tablets and 2 TT injections	3.0	20	60

2.	Facilitate mothers for institutional delivery	3.0	75	225
3.	Provide essential newborn care, counselling on exclusive breast feeding	3.0	30	90
4.	Ensure Birth and Death registration	5.0	10	50
5.	Appreciation for completion of all activities	75		
TOTAL				500

SERVICE PACKAGE

- Antenatal registration
- 3 Antenatal Checkups, 2 TT injections, IFA tablets
- Institutional delivery
- 2 Post natal check ups
- Essential Newborn care
- Post delivery IUD insertion/sterilization (if the client wishes so)
- Any pregnancy related complication within 42 days of delivery
- Immunization of child

REFFERAL

Referral cards will be provided to the high risk pregnant mothers. Instruction will be given to all the Civil Surgeons to provide services to such clients on priority basis. No user charges will be taken from clients having referral cards. The referral cards will be used for

- Additional Antenatal Checkups (more than 3) for High Risk Pregnancies
- Delivery of referred cases from the Private Health Providers
- Care of sick newborns

ELIGIBILITY CRITERIA FOR CLIENTS

All the women residing in the urban slums irrespective of age and/or parity will be eligible to get services under Janani Suvidha Yojana

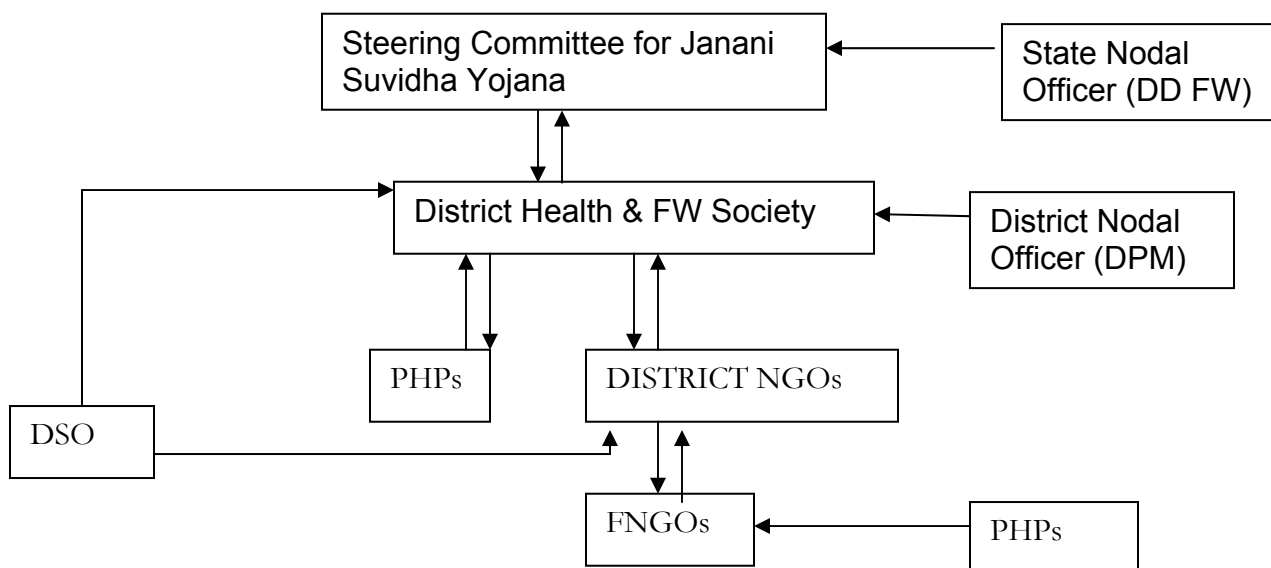
ELIGIBILITY CRITERIA FOR PRIVATE PROVIDERS

Any Private Nursing Home within a distance of 5 Kms will be selected. The other criteria for selection would be:

- Must have a Gynaecologist, Paediatrician and Anaesthetist on Hospital Panel and should be available anytime as and when required.
- Fully equipped Operation Theatre
- 24 hours delivery services
- Well established laboratory with staff and equipments
- The Private provider will ensure the safe and timely referral of the high risk case/sick newborns to the District Hospitals.
- Availability of Telecommunication network

COORDINATION, MONITORING AND SUPERVISION

The State Health Department will be responsible for regular monitoring and supportive supervision.

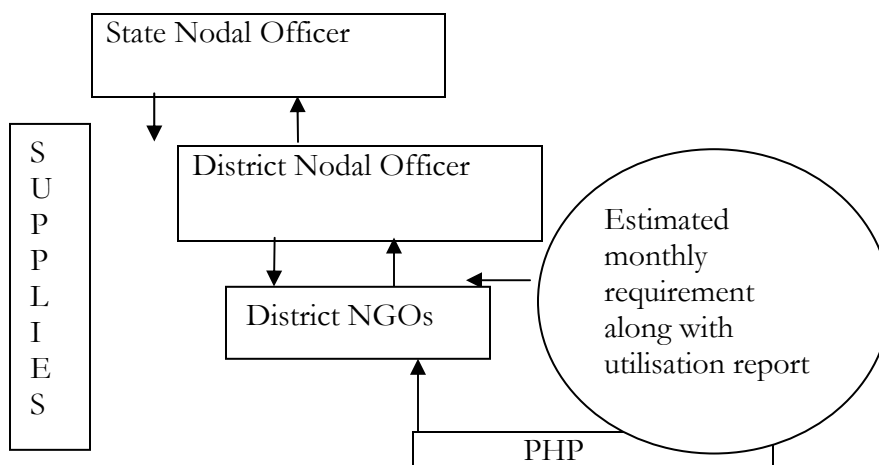


The Field NGOs will send the monthly reports covering various activities under the scheme to the DISTRICT NGO by 3rd of every month. The report will be collated by the District NGO

and a cumulative report of the whole district will be sent by DISTRICT NGO to District Nodal Officer by 5th of every month. The District Nodal Officer will send the Monthly Review reports to the State Nodal Officer by 7th of every month. The representative of DISTRICT NGO will attend the monthly meetings at O/o Civil Surgeon to provide feedback. The representatives of NGOs/SHGs will attend the monthly meetings at the Block level.

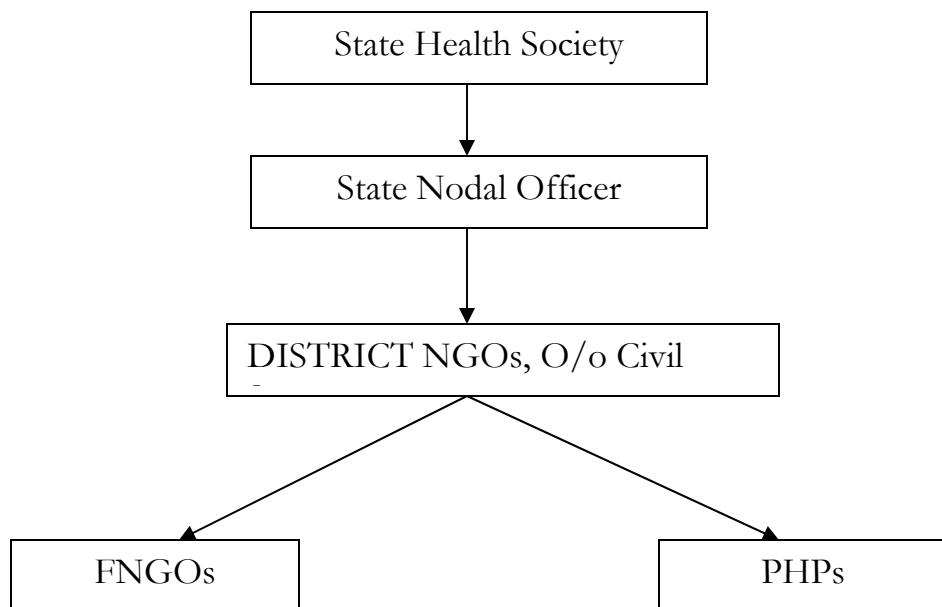
SUPPLY CHAIN & LOGISTICS

Regular supply of contraceptives and vaccines available with the State Health Department will be provided free of cost to the private health providers. The State Nodal Officer will ensure smooth and continuous supply of contraceptives, vaccines, auto disposable syringes etc. These supplies will be provided to the Private Health provider, through DISTRICT NGOs based on the monthly demand submitted by the PHP to the DISTRICT NGOs and then DISTRICT NGOs to District Nodal Officer. The DISTRICT NGOs will submit the utilization status for the contraceptives and vaccines after collecting from Private Health Providers.



FINANCIAL ARRANGEMENTS

The funds for the scheme will be transferred from State Health Society to State Nodal Officer.
The proposed framework for financial arrangements is as below:



Progress of Janani Suvidha Yojana running in eight districts of Haryana upto 30-4-07

The scheme has been started in eight districts namely Panchkula, Yamunanagar, Kurukshetra, Sonapat, Gurgaon, Rewari, MGarh (Narnaul) and Bhiwani of the State.

Mapping of districts to locate urban slums by NGOs has been completed. NGOs and private health providers (PHPs) have been identified and MOUs have been signed with all the NGOs and PHPs by the respective 8 Civil Surgeons in all the 8 districts. The areas have been delineated to various NGOs.

The selection of all 8 District surveillance officers (DSO) and Sakhis was completed in all districts before Dec 2006.

The 50% amount for Survey had been given for house to house survey to NGOs in advance. The balance 50% ie 4,48,400 out of total was released on completion of survey in March 2007. The details of funds released upto date is Annexed at Page 14. Amount calculated for FNGOs, Sakhis, expected deliveries and caesarean sections for 1st Quarter of 2007 was also released in March 2007. The detail of total amount of Rs. 86,88,895/- released to 8 MNGOs is annexed at page 14.

Vouchers for antenatal checkups, delivery, postnatal check-up, various referral cards along with various monitoring performas, reporting performas and tour diary of DSO were printed at Headquarter, distributed to districts and are being put to active use in all the 8 districts.

IEC (mass media) activity including distribution of Publicity Material, issue of Press notes, Orientation workshops etc. are being held regularly.

The status of target population and manpower involved is as below.

Sr. No.	Name of Distt.	Total Slum Population	Total ANC identified	No. of FNGO	No. Of Sakhis
1	Panchkula	44753	488	4	30
2	Ymuna Nagar	113191	1264	10	96
3	Gurgaon	1,14840	615	5	97
4	Sonapat	1,62264	916	10	123
5	Bhiwani	1,25,223	1875	14	127
6	Narnaul	22086	342	3	28
7	Kurukshetra	70389	745	7	65

8	Rewari	31437	300	3	28
	Total	684183	6545	56	594

Sr. No	Name of the District.	Name of DNGO with Address	Name of MD	Contact No. Official Mobile	Phone No. Of DSO
1	Panchkula	Swach Near Sanatan Dharam Mandir, Sector 16, Panchkula (Haryana)	Mr. Kala	0172567770	Miss Gita Rani 093563-71237
2	Y. Nagar	-do-	-do-	-do-	Miss Manju Rani 09355361395
3	Bhiwani	Haryana Nav Yuvak Kala Sangam 46, Sector-1, Rohtak - 124001	Mr. Jasphool Singh	09896250683 01262-272347	Sh. Sanjay Vashisht
4	Rewari	SNS 88-89, Industrial Development Colony Mehrauli Road, Gurgaon – 122001(Haryana)	Mr. S.K. Tripathi	01242333851	SH. Dinesh Kumar 9896279450
5	Narnaul	-do	-do-	01242333851	Sh.Rajnish Kumar 09416964669
6	Sonepat	Ist Floor, Community Centre Hari Nagar Asharam Near Mathura Road Fire Station New Delhi	Sh. K.K Suchdev	01126345178	Mr. Jitender 09813092400
7	Gurgaon	SOSVA	-do-	-do-	Mr. Gajender 09813058515
8	Kurukshetra	Utthan Institute of Development & Studies 106, Lal Dwara Colony, Yamunanagar-135001	Dr. Anju Bajpai	01732229796 01732-233796	Smt. Rakhi Devi 09896485964

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District wise achievements are as below.

Progress Report J Suvi Y (JSY)- upto March 2007						
Name of Distt.	Population in Project Areas	No. of Pregnancies Listed	No. of deliveries Conducted			No. of Sakhi funct
			Normal	C/s	Total	
Panchkula	44753	451	56	6	62	36
Y-nagar	113191	1533	234	53	287	102
Kuruksh	70389	1188	229	19	248	71
Sonepat	162264	916	15	0	15	160
Gurgaon	114840	615	2	0	2	114
Rewari	31437	282	25	-	25	28
Narnaul	22086	290	83 (T)	1(T)	83	28
Bhiwari	125223	424	133	-	133	127
Total	684183	5699	777	79	735	666
			DDSS (FW) 0172 25681346, 92169 56187			36

The progress of some of the districts particularly of Sonipat, Gurgaon and Narnaul was poor and Civil Surgeon were requested/instructed to take necessary actions in CS Conference on 26-04-2007 which included ensuring supplies and identification of more dedicated PHPs and better coordination in NGOS and PHPs at district level.

The reports of April 07 will be available in 1st week and the innovative Scheme seems to be picking well and will prove to be a real benefit to target Slum Population. More districts may be added in due course of time
