Guidelines for Implementation of Arogyakiranam Programme

(Applicable to all health conditions in children from birth to 18 years age, other than the 30 conditions covered under RBSK)

ORDER NO. NRHM/72/ARSH/2014/SPMSU Dated 03/01/2014

Read

1. GO (MS) 178/ 2013/H&FWD dt 20 05 2013
2. GO (MS) 476 / 2013/ H&FWD dt 09 12.2013
3. GO (MS) 3320 / 2013/ H&FWD dt 28 09.2013

1) Entitlement

The Arogyakiranam programme shall be implemented as an **entitlement scheme** in the State. The programme entitles all beneficiaries (excluding dependants of Government servants and income tax payees) from birth to 18 years to free investigation and treatment for all health conditions other than the 30 conditions covered under RBSK Guidelines. Children from birth to 1 year age will continue to receive existing treatment support entitled under JSSK. All the Health care Institutions shall ensure that the full free entitlement (Nil Out-of-Pocket expenditure) for all Arogyakiranam Beneficiaries is provided without fail as detailed in this Guideline.

Corpus funds have already been provided to all districts and instituitions through the DPMs under RBSK programme. It is directed that expenditures under Arogyakiranam for the management of ALL health conditions in children (other than the thirty RBSK conditions) shall also be met from this corpus fund / available funds so that entitlement to all needy patients from 0- 18 years is ensured without fail. Account book shall be maintained for the expenditures thus incurred in the manner as detained later in this document.

1.1) Selection of cases for provision of financial support for treatment under Arogyakiranam shall be done as follows-- (also Refer to the appended algorithm).

1.1.1) Routine health conditions in patients, from birth to 18 years including the 30 RBSK conditions will continue to be managed using the facilities/medicines/investigations available at the health facilities, as is presently being done.

1.1.2) Higher expenditure patients will be primarily classified for eligibility under the existing aid schemes such as RSBY/CHIS/CHIS Plus/Cancer Suraksha / Thalolam /Karunya Benevolent Fund (KBF) / other** schemes.

(**Others refers to any other schemes resently existing/that may be applicable at a later date catering to this age segment, eg RBSK, JSSK, etc)

1.1.3) If the patient ---

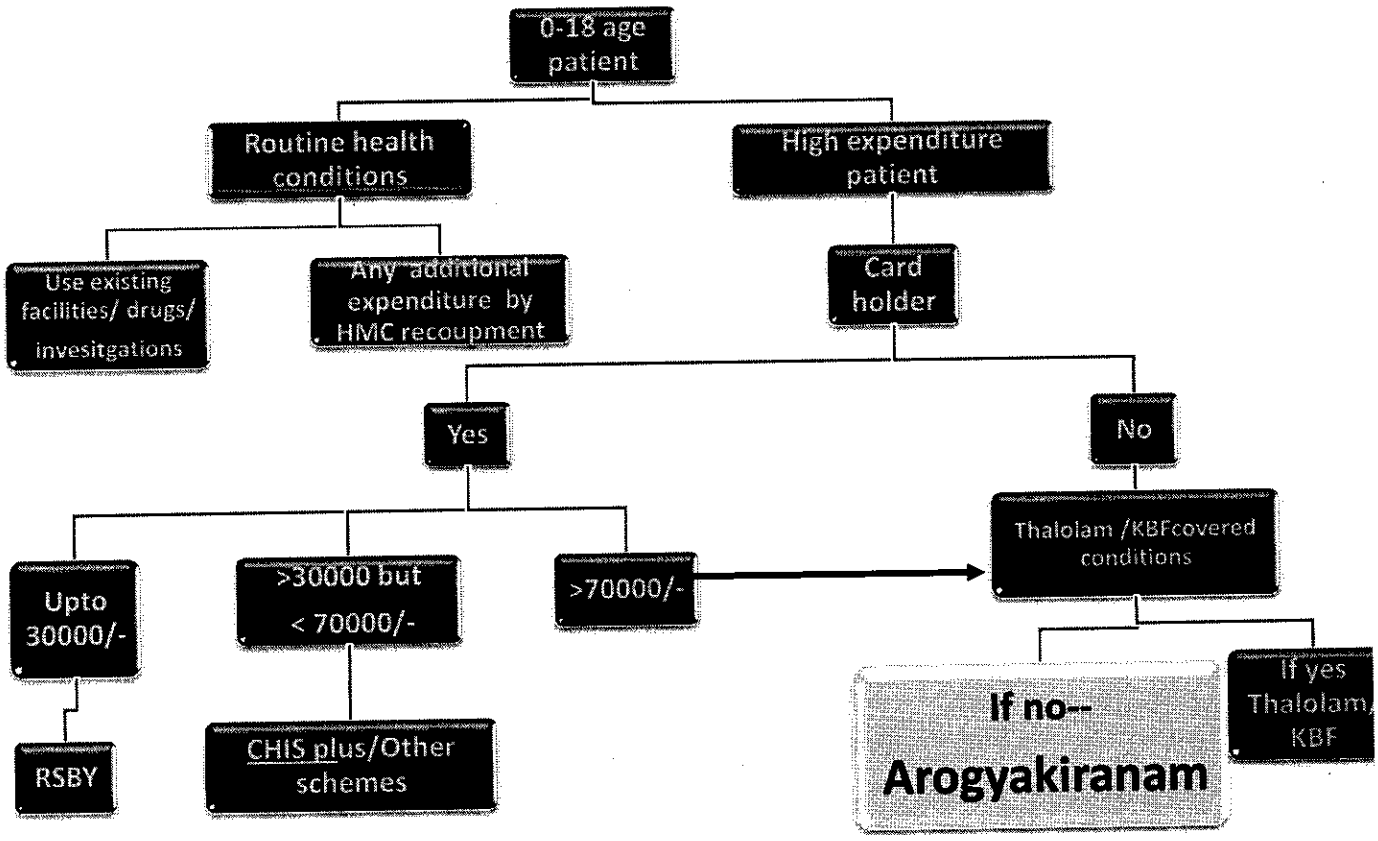
- *has no entitlement card,* ***or,***
- *his/her health condition is not included under the Thalolam/KBF,* ***or***
- *his/her management involves expenditures above the limit of Thalolam/KBF,*

--such patients shall be provided financial aid in the form of Arogyakiranam entitlement.

1.1.4) Any treatment in children upto 1 year age will continue to be provided free of cost under JSSK

Arogyakiranam --*Patient selection for Entitlement --Algorithm*

Contd on p 3



2) Free drugs & consumables

In general the Generic Drug policy of the Govt. is applicable to Arogyakiranam as well. Wherever Arogyakiranam services are being provided, the respective Hospital Superintendents should see that adequate buffer stock of all Medicines & Consumables is ensured through KMSCL. When the hospital superintendents procure the medicines which are not available in the institution, they should follow the existing guidelines for local purchase of medicines and the Store Purchase Rules. Doctors shall be instructed to prescribe the medicines, as per the rational drug prescription guideline. The list of essential medicines not available through KMSCL, but is necessary for the care of the beneficiaries has to be procured from Karunya /Neethi/ Supply-co pharmacies or medical store run by HDC/ HMC after getting the NAC from KMSCL. Purchase register, stock and issue registers of such procurements and purchases shall be

maintained accurately by the institution, duly authenticated by the Head of the institutions from time to time.

If in a specific emergency the life saving medicine for the treatment of a patient is not available in the facility, or is not possible to be made available through KMSCL within 24 hours, then the same may be procured from Karunya / Neethi/ Supply-co pharmacies without waiting for NAC, and later ratified in the Hospital Technical Committee chaired by the Superintendent of the facility with the following members.

- Deputy Superintendent/RMO(where ever applicable)
- Head of Departments/Representation from the Dept
- Lay Secretary/HC/UDC/LDC
- Store Superintendent/PSK/Pharmacist
- Nursing Superintendent/Head Nurse/Staff Nurse
- Hospital PRO

Similarly the limits imposed by the financial delegation power to purchase emergency medicines etc also may be waived in such exigency, but such purcases shall be ratified as above

The report on procurement of Drugs & consumables from outside hospital has to be furnished to District Monitoring & Grievance Committees for auditing if required.

3) Free Investigations

- All investigations available in the health facility even through HMC has to be provided free of cost to the beneficiary. A separate register and bill book** has to be maintained in the lab in which details of Arogyakiranam beneficiaries investigated and the charges (as per the actual HMC/HDC rates of the hospital) waived, are entered. Total charges thus waived shall be recouped to the HMC / HDC from Arogyakiranam funds, based on a consolidated statement from the Lab, on a monthly basis.
- If certain investigations essential for the Arogyakiranam beneficiary are not available in the hospitals own lab, the Hospital Superintendent shall outsource the said investigations to the existing RSBY empanelled Laboratories. If such empanelment of labs has not been done, it shall be done immediately.

- The outsourcing of Investigations can be done even in Block CHCs / PHCs (where major interventions are not usually being done routinely) in case of emergency, and for follow up patients,. The expenses incurred for out sourcing shall be met from the HMC/HDC funds which shall be later recouped on a monthly basis from Arogyakiranam fund through DPMSU.
- Printing / procurement of registers and standard accounting books for RBSK/AK entries shall be done at the district level, and expenses for the same shall be booked under the RBSK FMR Head A.4.2.5.8

4) Free interventions / procedures

The actual expenditure incurred from the Institution for the provision of free treatment to the beneficiaries by procuring drugs/implants/consumables that are not available in the facility shall be recouped from the RBSK/Arogyakiranam accounts to the HMC.

In case of exigencies for hiring the services of a extemal specialist for a dire emergency, provisions similar to the existing call allowance circular under NRHM shall be followed. In case Medical Officers of te same institution are called outside duty hours, mobility support not exceeding Rs 300/- per call may be paid as per existing precedents

Free referral transport for Arogyakiranam beneficiary

Free referral transport is applicable only for inter institutional referral. Reference between institutions shall be through the ambulances available in the Facility and should be free of cost. If such transportation is not available, the Hospital Superintendent shall ensure free transportation between institutions utilizing HMC funds for hiring of an Ambulance, expense for which shall be recouped later from Arogyakiranam funds on monthly basis. The rate for such services shall be as per Govt: rules in force.

Since certain interventions are specifically available ***only*** in Tertiary care Institutions like RCC/MCC/SCTIMST/ other tertiary care hospitals which may be empanelled in future, the transportation costs of patients referred to those centers shall be met through the same process with proper documentation. Such expenditure shall be ratified later through the District Monitoring Committee under chairmanship of District Collector. In exceptional exigencies where the patient has to be transported out of state for treatment, the expenditure

may also be met as above subject to such ratification through the District Monitoring Committee.

5) Pay ward facilities

Patients who are eligible for the benefits of Arogyakiranam can apply for the pay ward facilities if they desire but in such cases the ***rent charges/ stoppage charges*** (except ICU charges, OT charges and facility user fees which shall be recouped from AK fund) shall be met by the Patients themselves.

6) Monitoring & grievance redressal mechanism

The State, District & Institutional Committees constituted for the monitoring & redressal of the RBSK programme shall be applicable for monitoring and grievance redressal related to Arogyakiranam also. The monitoring meetings shall be convened once a month at institution level, quarterly at district level, and biannually at State level, The redressal committee shall be convened as per need as per need. RBSK/AK activities shall be an agenda item to be reviewed at block, distrivt nd state level conferences(SMO)

7) BCC/IEC activities

Effective IEC has to be done at all levels for dissemination of the message regarding the Arogyakiranam scheme by utilizing funds available under IEC BCC provisions of CH related FMR heads.

8) Reporting

Appropriate registers to document the services delivered under Arogyakiranam shall be maintained at all levels. Reports on a monthly basis shall be collated, analyzed and submitted to the DMOs through District Nodal Officer-AK (DPM-NHM) by the Heads of institutions with a copy to implementing officer, (RCHO). From all Districts, regular reports regarding the Arogyakiranam programme shall be submitted to State Nodal Officer-AK. Format for reporting is appended below.

All the Institutional heads should nominate one of the Doctors in the facility, preferably a paediatrician who shall be designated as the Institutional Nodal Officer for the programme. It shall be the duty of the Institutional Nodal Officer/ Hospital PROs to

submit the monthly reports both to District Nodal Officer-AK(DPM-NHM) and the Implementing officer(RCHO).

9) Fund flow

The fund for the implementation of AROGYAKIRANAM shall be routed through the State Programme Management & Support Units to the District Health & FW Societies & the expenditure of the programmes has to be booked in ***FMR Z-"Others"***

Sanction is accorded to all Hospital Superintendents/Medical Officer (I/C) to utilize the already allotted funds under the RBSK for Arogyakiranam as well. It shall be the responsibility of the Hospital Superintendents to maintain separate book of accounts both for RBSK & Arogyakiranam, though te bank account for both schemes is one and the same.

Corpus funds for meeting Arogyakiranam expenditures shall be provided to all health care institutions as per appended list later. This fund shall be maintained in the joint RBSK account operated by Superintendent and LSGD head / District Collector as per existing NRHM guidelines (Ref: GO(Ms) No.256/2012/H&FWD).

In case of CHCs & PHCs, the incurred expenses in connection with the provision of Arogyakiranam services shall be met from the available HMC funds, which shall be recouped later from the DPMSU. A separate cash book has to be maintained in all the institutions implementing Arogyakiranam/RBSK for tracking the Arogyakiranam/RBSK transactions. Monthly SOEs along with reports on the physical achievements has to be submitted to the DPM with copy to DMO through PROs/BPROs.

This guideline shall be followed in all institutions unless and otherwise any corrections / additions / modification are notified through the competent authority

Director of Health Services

State Mission Director- NHM

Annexure 1-- Arogyakiranam Corpus fund distribution to Hospitals

Sl. No.		Institution	Bed strength (rounded to 100)	Corpus Fund to be allotted (Rs)
1	General Hospitals/ Govt Hospitals	Thiruvananthapuram	7	2405500
2		Neyyatinkara	4	1374600
3		Pathanamthitta	4	1374600
4		Adoor	3	1031000
5		Alappuzha	2	687300
6		Palai	3	1031000
7		Changnassery	2	687300
8		Kanjirappally	1	343700
9		Ernakulam	8	2749200
10		Moovattupuzha	3	1031000
11		Trissur	2	687300
12		Panakkad Saied Muhammadali Shihab Thangal Smaraka Governt General Hospital	6	2061900
13		Kozhikode	6	2061900
14		Kalpetta	3	1031000
15		Thalassery	5	1718300
16		Kasaragode	2	687300
		Total	**61**	**20962900**
1	SPECIALITY HOSPITALS	W&C Thyucaud	4	1374600
2		Victoria Hosp. Kollam	3	1031000
3		W&C Alappuzha	3	1031000
4		Mattancherry	1	343700
5		W&C Palakkad	3	1031000
6		Tribal Spl. Hosp. Kottathara, Attappady	1	343700
7		W&C Kozhikode	3	1031000
8		W&C Kannur	1	343700
		Total	**19**	**6529700**
1	District Hospital	Peroorkada	3	1031000
2		Nedumangad	2	687300
3		Kollam	5	1718300
4		Kozhenchery	2	687300
5		Mavelikkara	3	1031000
6		Kottayam	4	1374600

Sl. No.		Institution	Bed strength (rounded to 100)	Corpus Fund to be allotted
7		Aluva	2	687300
8		DH Idukki at Painvu	1	343700
9		Vadakkancery	1	343700
10		DH Palakkad	5	1718300
11		Thirur	2	687300
12		Vadakara	2	687300
13		Mananthavady	3	1031000
14		District Hospital, Knr	6	2061900
15		Kanhangad	4	1374600
		Total	**45**	**15464600**
1	TALUK &TALUK HEADQUARTERS HOSPITALS	Chirayinkil	2	687300
2		Kundara	2	687300
3		Karunagapally	2	687300
4		Thiruvalla	2	687300
5		Cherthala	2	687300
6		Haripad	2	687300
7		Vaikkom	3	1031000
8		Kochi	2	687300
9		Perumbavoor	2	687300
10		North Paravur	2	687300
11		Kothamangalam	2	687300
12		Karivelpadi	2	687300
13		Kodungalloor	2	687300
14		Irinjalakkuda	2	687300
15		Alathoor	2	687300
16		Ottappalam	2	687300
17		Perinthalmanna	2	687300
18		Thirurangadi	2	687300
19		Koilandy	2	687300
20		Thaliparamba	2	687300
21		Koothuparamba	2	687300
22		Payyannur	2	687300
23		Fort	1	343700
24		Parassala	1	343700
25		Sasthamcotta	1	343700
26		Punalur	1	343700
27		Kadakkal	1	343700

Sl. No.		Institution	Bed strength (rounded to 100)	Corpus Fund to be allotted
28		Ranni	1	343700
29		Mallappally	1	343700
30		Pulinkunnu	1	343700
31		Chenganoor	1	343700
32		Kayamkulam	1	343700
33		Pampady	1	343700
34		Thrippunithura	1	343700
35		Piravom	1	343700
36		Chavakkad	1	343700
37		Puthukkad	1	343700
38		Chalakkudy	1	343700
39		Kunnamkulam	1	343700
40		Chittur	1	343700
41		Mannarkad	1	343700
42		Pattambi	1	343700
43		Ponnani	1	343700
44		Nilambur	1	343700
45		Malappuram	1	343700
46		Nadapuram	1	343700
47		Sultan Bathery	1	343700
48		Vythiry	1	343700
		Total	**71**	**24400500**
GRAND TOTAL Health Services			**196**	**67357700**

Medical colleges allotment--

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Sl. No.		Institution	Bed strength (rounded to 100)	Corpus Fund to be allotted
1		**THIRUVANANTHAPURAM**		
a)		MCH	19	6529300
b)		SAT	10	3436500
2	MEDICAL COLLEGE	**MCH ALAPPUZHA**	10	3436500
3		**KOTTAYAM**		
a)		MCH	14	4811000
b)		ICH	2	687300
4		**MCH THRISSUR**	7	2405500
5		**KOZHIKODE**		
a)		MCH	22	7560200
b)		IMCH	11	3780100
GRAND TOTAL Govt MCHs			**95**	**32646400**
TOTAL NO		**INSTITUTIONS**	**BEDS (x100)**	**Disbursals rounded Amount(Health service + MCHs)**
		92	**291**	**Rs 10,00,04,100**

Annexure 2 Lab register format

Name of child	age	sex	OP no	IP no	Investigation done	Charges waived	Scheme-AK/RBSK

Annexure 3 -register for AK/RBSK beneficiaries (for use at RBSK/AK/JSSK Hospital kiosk/ helpdesk

Sl. No	Name of child	Age	Sex	Name of father & Address with pin code and phone/mobile no	RSBY Card no(if avlbl)	OP No	IP No	Diagnosis	Expenditure/claim			
									Investigations	Medicines	Procedures	others

Annexure-4 Arogyakiranam Algorithm