

## **SHORT DISCUSS ON KCR KIT**

### **NOTE ON IMPLEMENTATION OF KCR KIT AND PMMVY**

Telangana government has come up with an innovated scheme called "KCRKIT." The objectives of KCRKIT are as follows:

- i. To increase the institutional deliveries in public health facilities
- ii. To compensation of wage loss
- iii. To provide quality antenatal and postnatal care
- iv. To deliver with dignity
- v. To avoid the unwarranted C-Sections
- vi. To immunize every child with all mandatory vaccines

As a part of preparatory activity before the launch of the KCR KIT, the Government has taken several steps to improve infrastructure and manpower. The details are as follows:

#### **Infrastructure:**

- (i) procurement of labour tables and other equipment,
- (ii) renovation of labour rooms
- (iii) Nine 150 bedded MCH blocks are constructed
- (iv) 02 services for transport of pregnant women

#### **Manpower:**

Obstetrics, Anesthesia and Pediatrics specialists have been hired, doctors and staff nurses have been trained in latest labour room protocols .

Hon'ble Chief Minister has launched the KCR KIT scheme on 3rd June 2017.

Major highlights of KCR KIT :

- KCRKIT is an end-to-end solution to deliver hassle free institutional care for poor women.
- It incentivizes availing antenatal care, deliveries in government hospitals, postnatal care and immunization for the child.
- It envisages a cash component and a kind component. Cash component will be released in four installments starting from 2<sup>nd</sup> ANC to full immunization when the child attains 9 months age. Kind component will be handed over to the mother immediately after the delivery.
- Only deliveries in Government hospitals will be incentivized.
- The implementation is supported by an IT enabled system and all the payments are done through Aadhar linked DBT. Dash boards are available for easy monitoring by the Medical Officers and DM&HOs. The IT system is integrated with 102 services for transportation of pregnant women.

Installment	Amount	Milestone
1 <sup>st</sup>	Rs. 3000/-	<ul style="list-style-type: none"> <li>Registration of pregnancy at public health facility.</li> <li>At least 2 ANC checkups by the Medical Officer with IFA tablets &amp; Inj.TT.</li> </ul>
2 <sup>nd</sup>	Rs. 5000/- (For Female child) Rs. 4000/- (For male child)	<ul style="list-style-type: none"> <li>Delivery in public health institution</li> <li>The child has to receive BCG, OPV 0 dose and birth dose of Hep.B. <b>(KCR Kit (mother and baby kit with 15 items) is also given)</b></li> </ul>
3 <sup>rd</sup>	Rs. 2000/-	<ul style="list-style-type: none"> <li>Child has to receive OPV 1, 2 &amp; 3 and IPV 1 &amp; 2 doses</li> <li>Child has to receive Pentavalent 1, 2 &amp; 3 doses at the age of 3 ½ months.</li> </ul>
4 <sup>th</sup>	Rs.3000/-	<ul style="list-style-type: none"> <li>Child has to receive Measles vaccine, Vit.A and JE 1<sup>st</sup> dose at the age of 9 months.</li> </ul>

Payment details as on 20.3.2018 are as follows:

Tranche	No of Beneficiaries	Amount (in Cr.)
ANC	232725	69.81
Delivery	176433	78.88
Immunizations @ 3½ months	149865	29.97
Immunizations @ 9 months	83407	25.02
Total	643420	203.68

#### **IMPACT OF KCR KIT :**

- a. **Increase in institutional deliveries in public hospitals:** With the implementation of KCR KIT scheme, the number of deliveries in public facilities has increased steeply. From 41.47% deliveries in the month of June 2017, the public health institutional deliveries rose to 52% % during the month of October 2017. The overall percentage of deliveries in public facilities after the launch of KCR KIT is 48.7%.

Month & Year	No of Deliveries	Percentage of deliveries in Govt facilities against estimated deliveries
Jan-17	17543	32.8
Feb-17	16158	30.3
Mar-17	18582	34.8
Apr-17	20895	39.1
May-17	21549	40.4
Jun-17	22074	41.3
Jul-17	26698	50.0
Aug-17	26837	50.3
Sep-17	26558	49.8

Oct-17	27780	52.0
Nov-17	26841	50.3
Dec-17	26089	48.9
Jan-2018	25204	47.2

- b. Reduction of Out-of-pocket expenditure for poor: KCR KIT has considerably reduced the out-of-pocket expenditure incurred by the poor on Deliveries.

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