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RAJASTHAN JANANI SHISHU SURAKSHA YOJANA
(A NEW INITATIVE: TO MITIGATE THE OUT OF POCKET EXPENDITURE OF BENEFICIARIES)

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ABSTRACT

In any community, mothers and children constitute a priority group. In sheer numbers, they comprise approximately 71.14% of the population of the developing countries. In India, women of the reproductive age (15-44 years) constitute 22.2% and children under 15 years of age about 35.3% of the total population. Collectively they comprise nearly 57.5% of the total population. Mothers and children not only constitute a large group, but they are also a 'vulnerable' or special-risk group. After independency Since 1951, the Government of India, Ministry of Health and Family Welfare, has launched different types of many programmes for the improvement of maternal health, child health and family welfareon voluntary basis. In light of the millennium development goals (MDG), National Population Policy (NPP), and National Health Policy (NHP) the Government of India, Ministry of Health and Family Welfare planned and launched National Rural Health Mission (NRHM) in April 2005.

KEYWORDS: *Special-Risk Group, Health and Family Welfare, Maternal Health, MDG, NRHM.*

Introduction

Beholding back, the data reveals that in 2010, India had a MMR of 200/100,000 live births as compared to 21/100,000 live births in USA, 15/100,000 live birth in New Zealand and 8/100,000 live birth in Switzerland. Even neighboring countries like Sri Lanka had MMR of 35/100,000 live birth and Nepal a MMR of 170/100,000 live birth. So, it could be said that MMR had a negative correlation with the development of the country-not only economically but also socially.

The health seeking behavior has been varied all over the world. It has been observed that in countries having high rate of institutional delivery, MMR is less. Health professionals and health facilities are backbone of health care services and in areas with good and strong primary health care facility, home visits by female community health worker has reduced the problem, whereas even in the same country differences in MMR has been observed due to differences in the culture, customs and geographical area.

According to 2011 Census of India, out of 121 crore Indians, 83.3 crore (68.84%) live in rural areas while 37.7 crore (31.16%) live in urban areas. Mother and child health constitute approximately 57.5% of the total population and are a vulnerable group. Maternal and Infant mortality indicate health status of any civilized society. Women inthe child bearing age require special care, since it affects the overall health, specially the reproductive health. Pregnant women mortatality due to combination of various reasons such as poverty, ineffective or expensive health services, place of delivery, unawareness or lack of knowledge of maternal and child health.

The average antenatal visits to the health facility which pregnant woman should make from the period of pregnancy till the infant achieves 2 years of age is four as per WHO guidelines. The first visit between 1-3 months of pregnancy; second between 4 -5 months of pregnancy; third between 6-7 months of pregnancy and forth between 8-9 months of pregnancy. Subsequently, a pregnant mother should visit the health facility for six more times to ensure complete care and assessment of that woman and baby from the time of birth of the baby from the period of delivery till the child attains 2 years of age.

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Mortality rates among mothers continue to be high in spite of massive health programme efforts and provision of technological support is required to bring down mortality in India. MMR estimates based on population-based studies are lacking. Under its flagship National Rural Health Mission and Janani Suraksha Yojna (JSY), or Safe Motherhood Scheme, the Indian government uses cash incentives to encourage women to give birth in health facilities. Indian society is caught in the crossroads; emerging from the traditional methods of child birth, government schemes, awareness, knowledge and empowerment of women.

India is still behind the target. Some studies have been accompanied to assess the awareness of Government maternity benefit schemes. Majority of such studies have only focused on JSY. Delivering at home, is associated with higher risk of maternal deaths, therefore reducing number of home deliveries is important to improve maternal health.India is still behind the target. Very few studies have been conducted to assess the awareness of Government maternity benefit schemes.

According to the needs, experiences and feedbacks, various changes and adaptations have been assimilated from time to time to reduce MMR and IMR. Several new approaches, interventions, and alternatives were initiated by Ministry of Health and Welfare including Janani Suraksha Yojana (JSY) which is one of the key interferences that has resulted in phenomenal growth in institutional deliveries, reduce maternal morbidity, mortality ratio and child mortality rate.

Why Janani Shishu Suraksha Karyakaram (JSSK)?

Institutional deliveries in India increased substantially after launched of JananiSuraksha Yojana (JSY). However 25% women still hesitate to access health facilities for delivery due to out of pocket expenditure during stay at health facilities on drugs, diet, and diagnosis and arrangement blood etc. Building on the progress of this safe motherhood scheme, another major initiative Janani Shishu Suraksha Karyakaram (JSSK) was launched in June 2011 to eliminate out-of-pocket expenses for both pregnant women and sick infants. Essential care is provided to the mother and her neonate within 48 hours. According to the latest figure released by Registrar General of India - Sample Registration System (RGI-SRS) Maternal Mortality Ratio (MMR) for the period 2014-16 is 130maternal deaths per 100,000 live births. With this, India has achieved the Millennium Development Goal (MDG) 5 i.e. India have achieved a reduction in MMR by three quarters in 1990 to 2015. The target was to achieve 139 maternal deaths per 100,000 live births. The average decline in MMR between 2007-09 and 2011-13 had been 11.3 points per year, i.e. compound rate of annual decline was5.8% whereas average compound rate of decline is 8% between 2011-13 and 2014-16.

Maternal Health Indicators (NFHS3, NFHS4)

Sr. no	Indicators	NFHS-3	NFHS-4
1	Mothers who had antenatal check-up in the first trimester (%)	43.9	58.6
2	Mothers who had at least 4 antenatal care visits (%)	37.0	51.2
3	Mothers who had full Antenatal care(%)	11.6	21
4	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	34.6	62.4
5	Institutional births (%)	38.7	78.9

Rajasthan Janani Shishu Suraksha Yojna (RJSSY)

The Rajasthan state government on 12 September 2011 launched the ambitious Rajasthan Janani Shishu Suraksha Yojna at Dudu near Jaipur in all the 33 districts. The Scheme aims to bring down maternal and child mortality rate in the state. Under the scheme, the government provides free treatment and transport facility to the pregnant women and sick infants. Laterally with this, all the pregnant women would be provided medicines and other consumables before, during and till 6 weeks after the delivery.

Entitlements

The initiative entitles all pregnant women delivering in public health institutionsand similar entitlements have been put in place for all sick newborns and infants (up to one year of age) accessing public health institutions for treatment.

- Absolutely free and no expense delivery, including caesarean section.
- The entitlements includes free drugs and consumables.
- Free diagnostics.
- Free blood wherever required.
- Free diet for 3 days during normal delivery and 7 days for C-section.
- This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home.
- In 2014 these entitlements extended to all antenatal &post-natal complications of pregnancy.

Rajasthan Janani Shishu Suraksha Yojana guidelines provide detailed information about monitoring of scheme at different levels. Sorting out the issues related to transportation primarily, non-availability of medicines, blood, waiting time for patient etc. can be addressed largely through periodic monitoring visits by District Level Programme Managers. It is suggested that appropriate monitoring visits may be drawn out in advance.

Studieswere conducted on JSSK and JSSY at national and state level their facts show that Majority (72.5%) of the women had moderately adequate awareness, whereas 16.3% beneficiaries had adequate and 11.2% beneficiaries had inadequate awareness regarding the healthcare services of the JSSK. This study wascarried out by Mradula Acharia et al on 356 pregnant beneficiaries, Kamla Nehru Hospital, Shimla.Maximum awareness was noticed for the provision of free vaginal delivery whereas awareness for provisions like free caesarean section, free drop back facility to home, free provision of blood was very low.

Another studywas carriedon Assessment of Awareness of Mothers about Janani Shishu Suraksha Karyakram (JSSK) in Urban Vadodara, Gujarat, India.The maximum awareness of mothers was for free and cashless delivery (normal and caesarean) which was 84% and minimum was for free provision of blood for pregnant women (60%). Women who visited public health institutions during earlier pregnancy had (89%) not heard about JSSK.

Similar studyconducted byhemant trivedi et al on janani sishu suraksh yojana"-. The Janani Suraksha Yojana (Janani Suraksha Yojanais results in to timely and safe deliveries under the supervision of able and trained medical professionals thereby reducing MMR and IMR.Finally it can be said that JSSY or RJSSY scheme by giving physical, mental and financial relief to all those women who want to be delivered at medical institutions through proper medical care before, during and after deliveries entirely free of cost, is on its way to achieve Millennium Development Goal.

Likewise a retrospective descriptive study included data from all institutional deliveries that occurred at, SMS Medical CollegeJaipur. Numbers of prenatal outpatient department registrations, institutional deliveries, and maternal deaths per year were compared between the periods using the Mann-Whitney *U* test. Increases in the mean number of prenatal outpatient department registrations (*P*=0.021) and institutional deliveries (*P*=0.021) were recorded following the implementation of JSSY; a non-significant decrease in the maternal mortality ratio was also observed (*P*=0.248). JSSY appeared to be an effective program in improving maternal health; use of prenatal care and institutional deliveries increased following its implementation.

The main objective of JSSK is not only removal out-of-pocket expense burden and cashless delivery alone but also for lessening of maternal mortality and morbidity, which will be achieved when women coming to facilities receive quality delivery and postpartum care services. There is need of Intensive Care Units, additional operation theatre, wards, labor rooms, drugs and other supplies, quality of services, cleanliness and hygiene etc. Later, it has been pro-posed to monitor the quality of facilities as an vital component of JSSK, so that service providers and programme managers also comprehend importance of the quality of services provided and don't see their role only as mere distributors of money.

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