

IMPACT OF JANANI SHISHU SURAKSHA KARYAKRAM ON THE OUT-OF-POCKET EXPENDITURE IN EAG STATES OF INDIA

**Presented by
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MBA-HM
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Janani Shishu Suraksha Karyakaram



Communities and
countries, and ultimately
the world, are only as
strong as the health of
their women.

- Michelle Obama

INTRODUCTION

- India bears the burden of 20% of maternal mortality worldwide
- The leading cause of maternal mortality is haemorrhage (27%) followed by eclampsia, obstructed labour, and sepsis.
- According to NFHS-4 the main reason for not delivering at a health institution is the out of pocket expenditure endured by families.
- OOPE accounts for a majority of total health expenditure and it can be a serious constraint in utilising maternity care.
- World bank data states that in 2017 the Out-of-pocket expenditure was 62.4% of the total health expenditure in India.

- EAG states formerly known as the BIMARU states are known for their conspicuous characteristics of high fertility, high IMR, high MMR, high population growth rate and low literacy rate and high literacy gender differential.
- To overcome the dire need to improve maternal health and reduce the out of pocket expenditure, government launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June 2011. The scheme entitles primarily five benefits.
- The institutional deliveries in India were at 38.7% in 2005-06, which gradually increased to 46.9% in 2007-08 and then to 78.9% in 2015-16.

OUT OF POCKET EXPENDITURE

- Out of Pocket Expenditure (OOPE) is the amount spent on health or health related expenditure by the patient. OOPE or health expenditure is the sum total of expenditure on doctor consultation, drugs both from the hospital as well as purchased from the market, diagnostic tests, bed charges, personal medical appliances, transport, food, and boarding expenses of escorts.
- High level of OOPE has led to inequity in utilization of maternal healthcare services.
- OOPE is erratic and unpredictable.

OBJECTIVE

- The objective of this study is to assess the situation of benefits proffered under JSSK in the EAG states.
- To assess which benefits were mainly responsible in adding to the OOPE during delivery.
- To determine which EAG states are progressing in terms of maternal health.



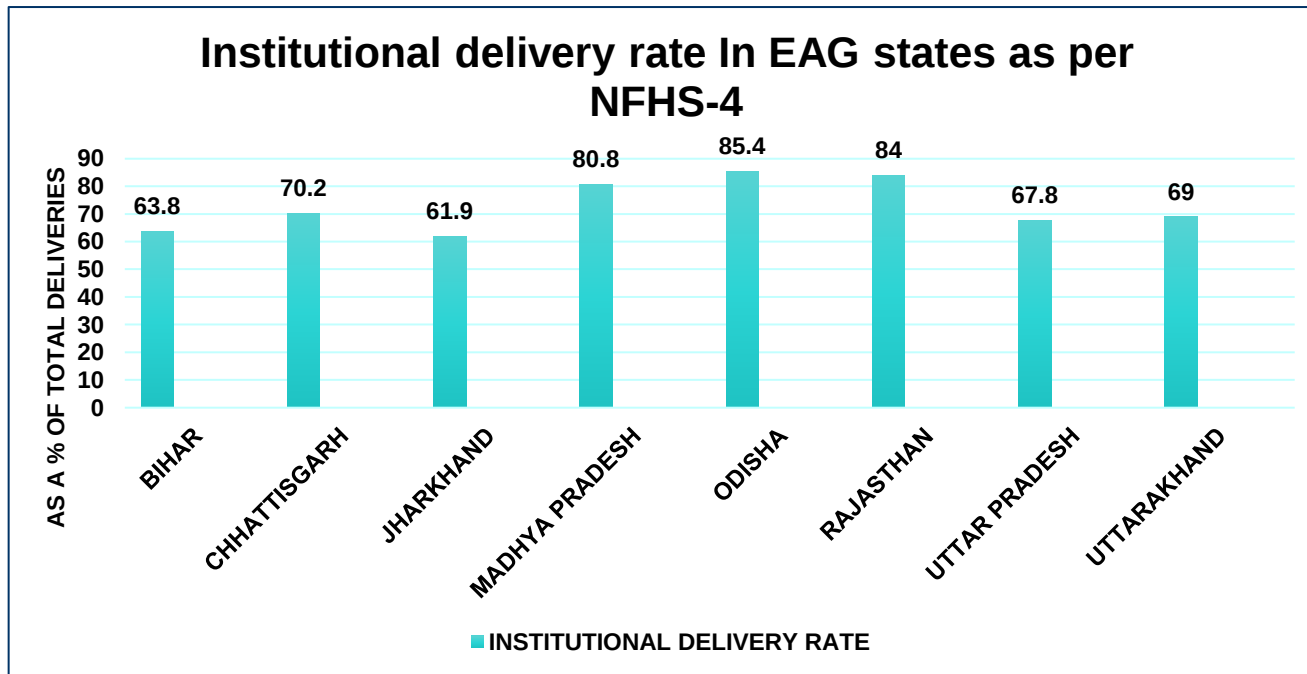
METHODOLOGY

Data was collected through secondary research from contemporary and relevant, peer-reviewed, published literature. Apart from the papers, reports by NITI Aayog like SDG India report 2019-20, Quarterly monitoring report of Janani Shishu Suraksha Karyakram, NFHS-3, NFHS-4, SRS, and status reports from international health organizations were perused.



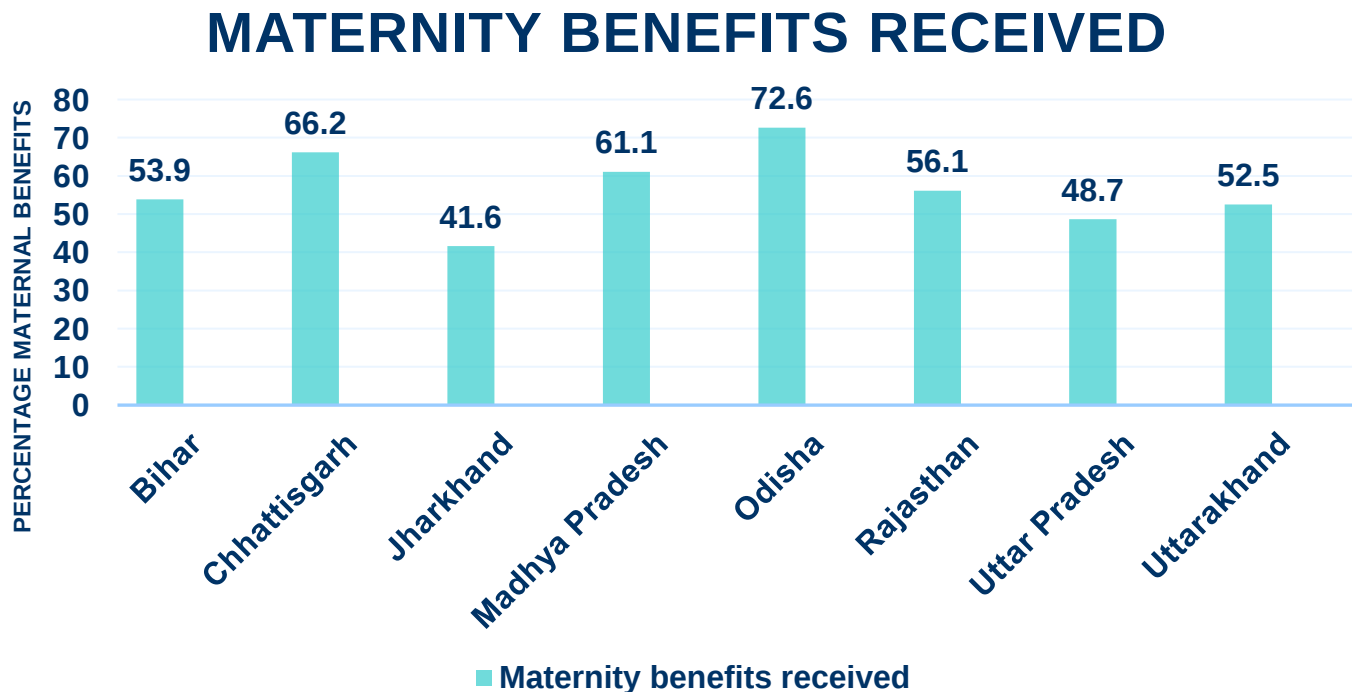
RESULTS

- After extrapolating from various research papers and government reports and data, it is evident that institutional delivery rate has increased in EAG group of states in the past decade.

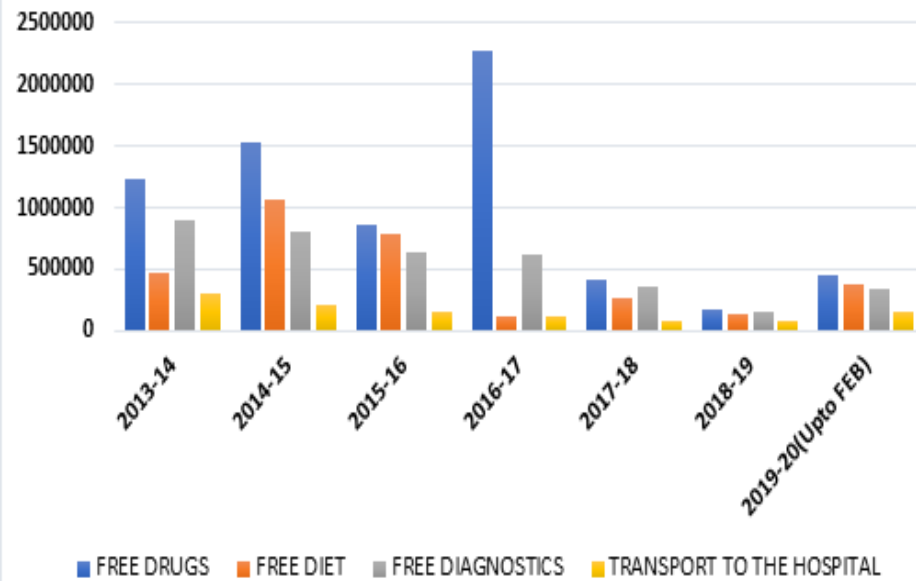


RESULTS

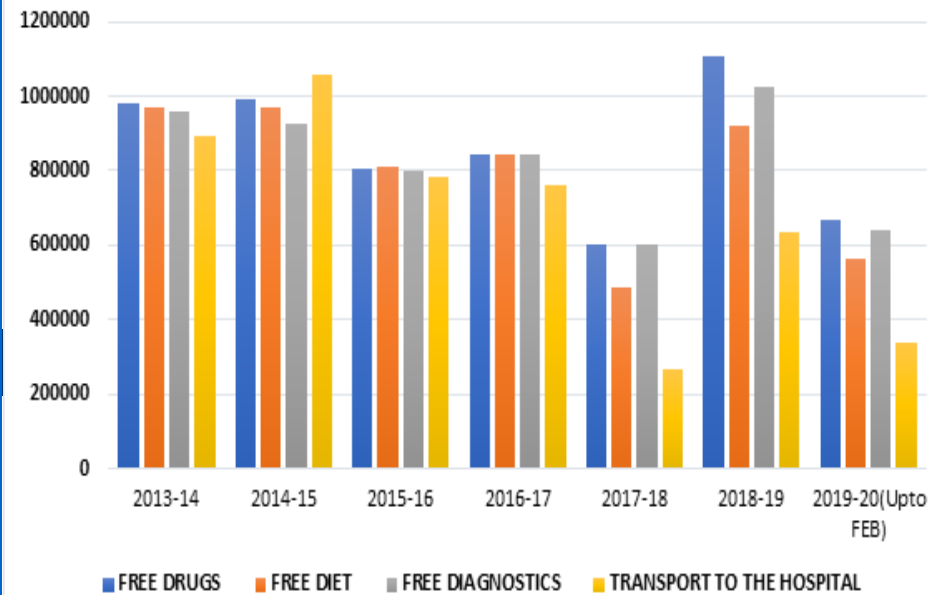
- The proportion of population receiving maternity benefits in the EAG states was as follows:



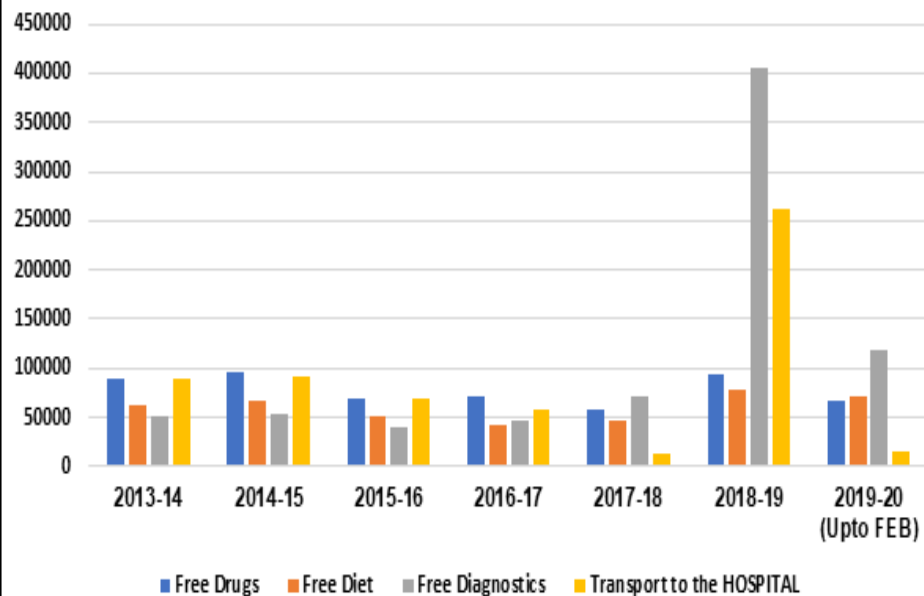
Bihar



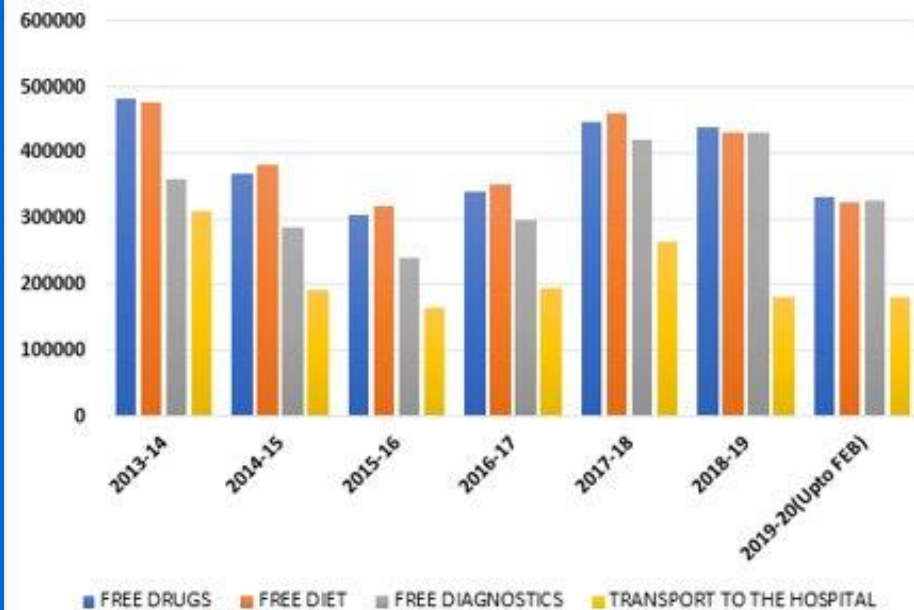
Madhya Pradesh



Uttarakhand



Odisha



RESULTS

- It is evident from the data that there are variations in the benefits availed across states.
- But it is also noticeable that since 2013 there has been no progress in the benefits issued. There is no gradual rise in the trend line, rather it shows a rise and fall pattern in almost all the states.
- The major expenditure incurred by the beneficiaries were on drugs, diagnostic tests, and transport.
- It was found that beneficiaries had to pay half their mandated cash incentive to obtain delivery care services.
- Collectively in all the states it can be noted that free diagnostics and transport to the hospital are two benefits of JSSK which have been underutilized consistently.
- Odisha and Madhya Pradesh have been reasonably steady in proffering benefits. Both the states have improved both in terms of institutional deliveries and maternity benefits received.

DISCUSSION

- It was found that there was a complete lack or very limited awareness about the JSSK scheme, and even if the scheme was known the benefits were confused with that of JSY. In many public health centers (PHCs) there was no IEC (Information Education and Communication) material displayed in the clinics.
- It was found that all the public health institutions were lacking diagnostic machines like USG and trained personnel to operate it. Despite the free services provided under JSSK, there was not suboptimal utilization of those services.
- None of the states except Odisha has shown progress.
- Transport to the hospital from home, was the benefit which lacked the most.



RECOMMENDATIONS

- Along with audits and periodic meetings actual implementation should be the focus to improve the benefit utilization
 - As seen earlier there are variations in benefit entitlement of the EAG states, strategies according to the progress should be revised for each state and executed.
 - The inconsistencies should be taken into consideration and modifications to improve or efficient running of the existing schemes should be undertaken.
 - Mobile health units and E-hospitals should be increased in inaccessible hilly areas as well as rural areas.
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CONCLUSION

- The government has succeeded in planning appropriate measures, but implementation is still below average.
 - Benefits provided under JSSK are very appealing and strategically planned. It can further help reduce the OOPE faced by people if the scheme is executed more aggressively.
 - JSSK has the potential to transform the maternal health situation in India, given it circumvents the obstacles it comes across in each state individually.
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SOCIAL AND TECHNICAL CONTEXT OF HEALTH INFORMATICS

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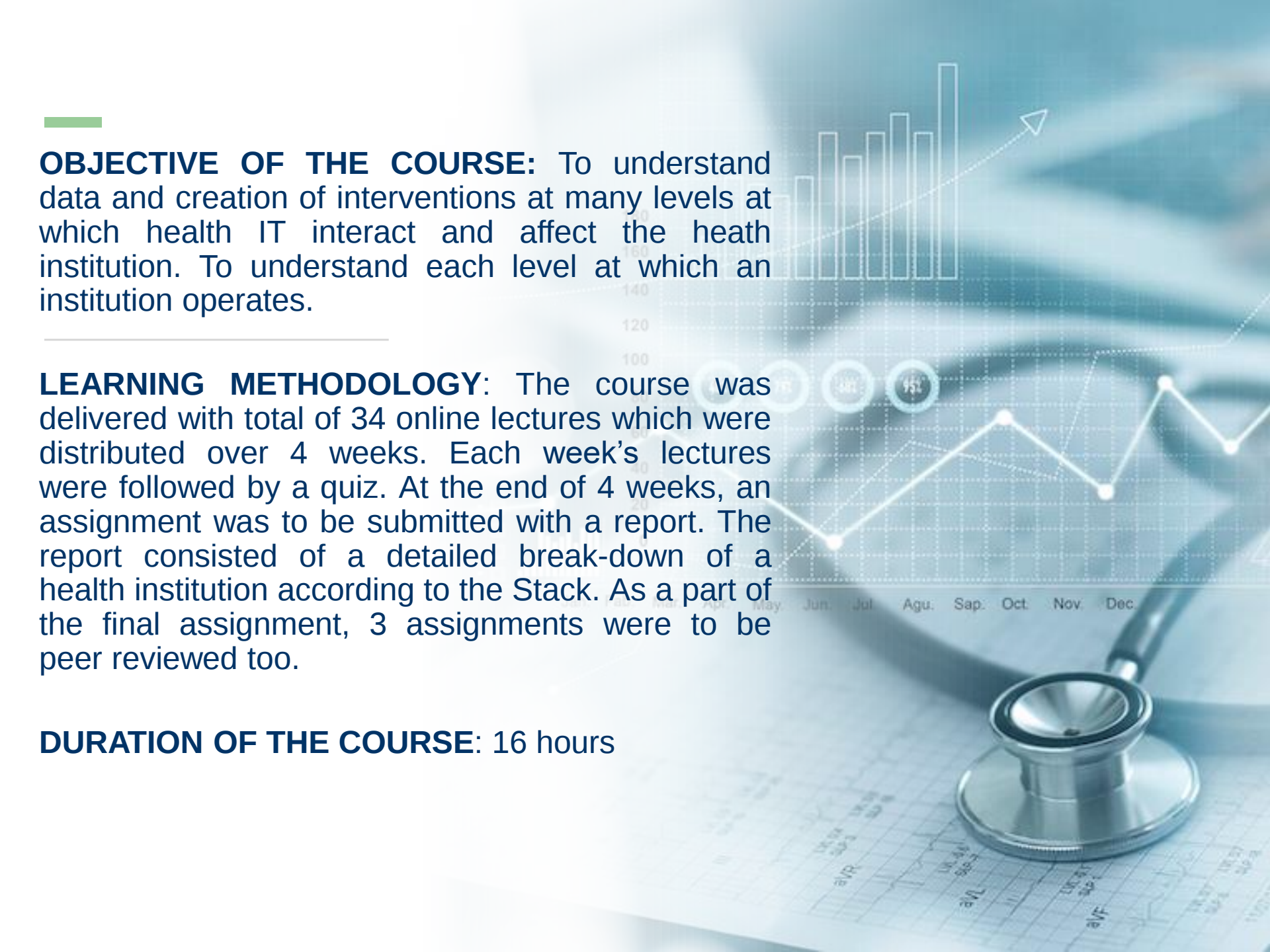


NAME OF THE COURSE: Social and Technical Context of Health Informatics

PLATFORM: Coursera

DESCRIPTION OF THE COURSE: The course starts with an overview of health informatics. The overview includes fundamental concept of health informatics from a patient's, provider's, and population's perspective. Furthermore, it describes in detail the Stack which forms the backbone of this course. In the rest of the course the stack is explored in detail.





OBJECTIVE OF THE COURSE: To understand data and creation of interventions at many levels at which health IT interact and affect the health institution. To understand each level at which an institution operates.

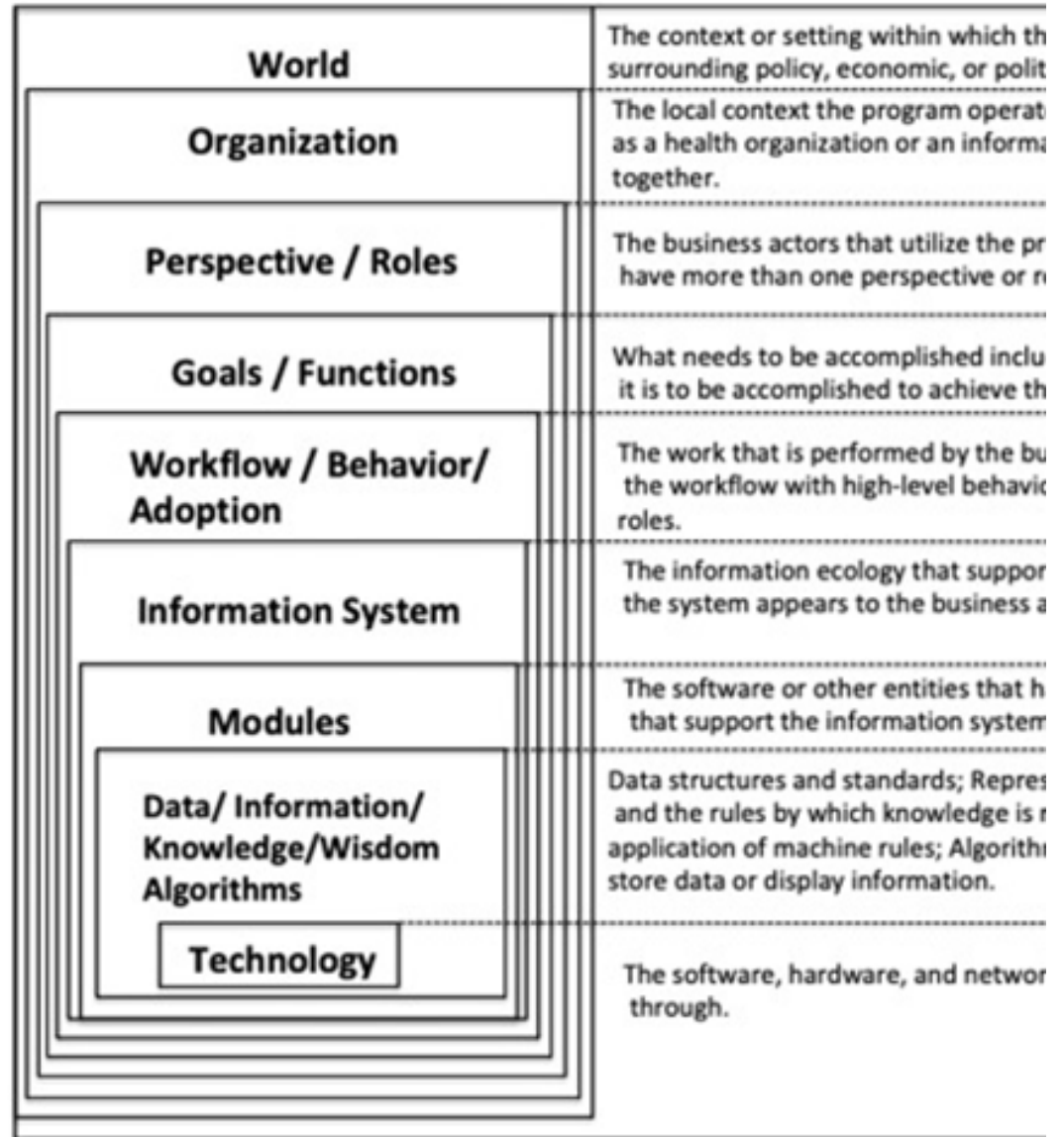
LEARNING METHODOLOGY: The course was delivered with total of 34 online lectures which were distributed over 4 weeks. Each week's lectures were followed by a quiz. At the end of 4 weeks, an assignment was to be submitted with a report. The report consisted of a detailed break-down of a health institution according to the Stack. As a part of the final assignment, 3 assignments were to be peer reviewed too.

DURATION OF THE COURSE: 16 hours

COURSE CONTENT

- THE STACK

The Stack is a tool in informatics which helps in learning about the role of informatics from the health IT perspective. The Stack consists of nine components as shown in the figure.



INTEROPERABILITY

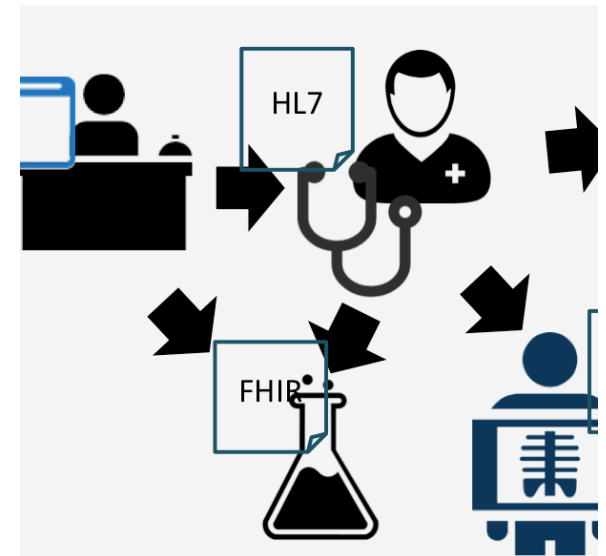


- Interoperability means the ability of health information systems to work together within and across organizational boundaries in order to provide the effective delivery of healthcare

HL7

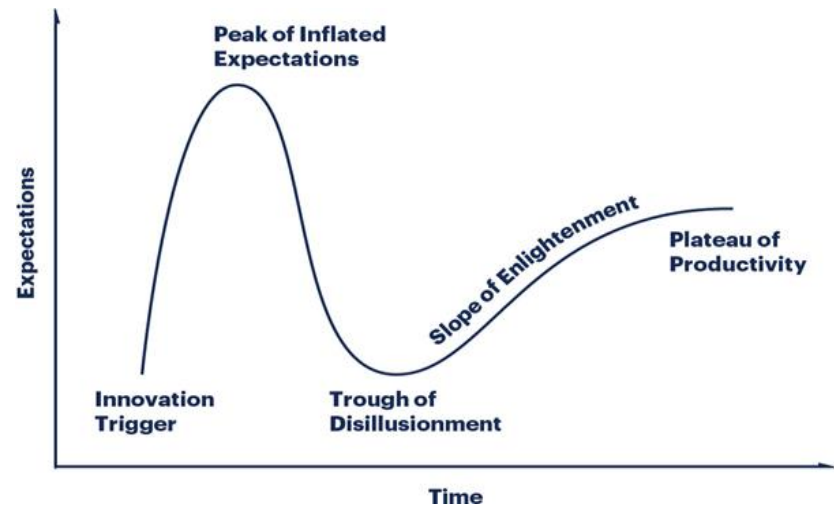
Also called as Health Level 7 are a set of international standards used to transfer and share data between healthcare providers. More specifically, HL7 helps bridge the gap between health IT applications and makes sharing healthcare data easier and more efficient when compared to older methods.

- The data transfer has 7 levels
- Application
- Presentation
- Session
- Transport
- Network
- Data link
- Physical
- The first 3 levels are the Host layers and the remaining are Media layers
- It defines and provides formats for messaging and data exchange, decision support, rules syntax and common health data definitions in clinical documents and EHR and personal health record (PHR) claims attachments, quality reporting, product labels for prescription medications and clinical genomics.



HYPE CYCLE

- The hype cycle is a graphical representation of the life cycle stages a technology goes through from conception to maturity and widespread adoption.



KEY LEARNINGS

- Improving health and healthcare institutions requires understanding of data and creation of interventions at the many levels at which health IT interact and affect the institution.
- This course deconstructed the whole process to the fundamental level and gave a better idea of informatics used in healthcare.
- It introduced various technical aspects involved in Health Informatics like SDLC, HL7, etc.

COURSE CERTIFICATE



JOHNS HOPKINS
UNIVERSITY

04/16/2020

Shweta Shastri

has successfully completed

**The Social and Technical Context of Health
Informatics**

an online non-credit course authorized by Johns Hopkins University and offered
through Coursera

A handwritten signature in black ink, reading "Harold P. Lehmann".

Harold P. Lehmann, MD PhD
Professor and Director
Division of Health Sciences Informatics
Johns Hopkins School of Medicine

COURSE
CERTIFICATE



Verify at coursera.org/verify/J3E5QZY8C58H

Coursera has confirmed the identity of this individual and
their participation in the course.