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National Rural Health Mission (NRHM)
(April 22-June 15, 2013)

A Comparative study of villages on Janani Sishu Suraksha Karyakram

By
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Under the guidance of
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Post Graduate Diploma in Rural Management
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CERTIFICATE

This is to certify that **Ms. Daksha Yadav** student of Institute of Health Management Research, Jaipur, has done her summer training on the topic **"A Comparative Study of Villages on Janani Shishu Suraksha Karyakaram"**, Jaipur from April 22 to June 15, 2013. She has carried out the activities related to her summer training alone and her approach to study has been sincere, scientific and analytical.

The summer training project is partial fulfillment of course requirement.

I wish her all success in all her future endeavors.

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CERTIFICATE

This is to certify that, Ms. Daksha Yadav D/o Sh. Ugrasen Yadav student of Post Graduate Diploma in Rural Management (PGDRM) Institute of Health Management Research (IIHMR, Jaipur) has successfully completed her Summer Training Program at NRHM, Rajasthan from 22nd April, 2013 to 15th June 2013. She has worked under the guidance of undersigned and she has completed a study of two villages on JSSK.

I extend her my good wishes for a bright and successful career ahead.

30/10/13

(Dr. Anuradha Aswal)
State Program Manager
NRHM, Rajasthan

Acknowledgement

I would like to express my heartfelt gratitude to National Rural Health Mission for providing me the opportunity to work in such a wonderful organization and for making all the facilities and giving the support in every way for completion of internship.

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I would like to thank my faculty guide Mr. Rahul Ghai, professor, IIHMR, Institute of Health Management and Research for their constant motivation and valuable guidance.

Last but not the least I am highly grateful to my parents and my friends for their constant support and guidance.

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Acronyms

IHMR	Institute of Health Management Research
NRHM	National Rural Health Mission
JSSK	Janani Shishu Surakha Karyakaram
MoHFW	Ministry of health and Family Welfare
AYUSH	Ayurveda, Yoga, Unani, Siddha &Homeopathy
RCH II	Reproductive and Child Health programme

CHAPTER I : Introduction

Reducing the maternal and infant mortality rate is the key goal feature of the Reproductive and Child Health Programme under the National Rural Health Mission. Several initiatives have been launched by the Ministry of Health & Family Welfare under the Mission including Janani Suraksha Yojana, a key intervention that has resulted in phenomenal growth in institutional deliveries with more than one crore women beneficiary annually. JSY was launched to promote institutional deliveries so that skilled attendance at birth is made available and mothers and new born babies can be saved from pregnancy related complications and deaths.

However, even though institutional delivery has increased significantly, out of pocket expenses being incurred by pregnant women and their families remained high. This has acted as a major barrier for the pregnant women to opt for institutional attendance. They still prefer to deliver at home. Due to this, a large number of sick neonates die on account of poor access to health facilities.

To mitigate the problem, the Ministry of Health & Family Welfare launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to provide better health facilities for pregnant women and sick neonates. The scheme emphasizes utmost importance on "Free Entitlements". The idea is to eliminate out-of-pocket expenses for both pregnant women and sick neonates.

India has made considerable progress in reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), but the pace at which these health indicators are declining needs acceleration. The number of institutional deliveries has increased significantly, after the launch

of Janani Suraksha Yojna (JSY) in the year 2005 but many of those who opted for institutional deliveries were not willing to stay for 48 hours, hampering the provision of essential services both to the mother and neonate. Moreover, the first 48 hours after delivery are critical as complications like hemorrhage, infection, high blood pressure, etc are more likely to develop during this period and unsafe deliveries may result in maternal and infant morbidity or mortality.

In brief, institutional deliveries are a key determinant of maternal mortality and quality provision of ante-natal and post-natal services can reduce infant as well as maternal mortality. Janani Shishu Suraksha Karyakram supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick newborns. Besides it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality ratio and Infant mortality rates.

The launch of the Janani Shishu Suraksha Karyakram will encourage all pregnant women to deliver at public health places and fulfill the commitment of achieving cent percent institutional delivery. It will also empower service providers working at the health facilities in providing quality ante-natal, intra-natal and post-natal services at the institutions. Providing free treatment to sick neonates will help in decreasing the neonatal mortality rate. This initiative will help in reducing both maternal and infant mortality and morbidity.

1.2: OBJECTIVES

1. To understand impact of Janani Sishu Suraksha Karyakram.

2. To find out the performance gaps.

3. To find out the level of awareness about JSSK in the village.

4. To find out the current scenario under JSSK.

1.3: RATIONALE

The need for this exploratory study is to understand and experience the village and to relate all the theoretical knowledge with the field exposure. JSSK came into existence on 1st June 2011, so that through this scheme the difficulty being faced by the pregnant women and parents of sick new- born along-with high out of pocket expenses incurred by them on delivery and treatment of sick- new-born.

With the help of this study actual qualitative and quantitative data regarding action plan of JSSK can be collected and also will help to find out lots of gaps in quality health service in rural areas.

1.4: METHODOLOGY

The study is an exploratory research. For this study neither primary nor secondary sources were

referred. The experiences of the women's were taken in the hospital and about the scheme JSSK under which they delivered their child in government hospitals. The study is completed with the help of a Documentary. In this exploratory research the documentary is been filmed on two villages which are around 12kms from Jaipur district, to know the awareness level and performance gaps of JSSK.

1.4: Source of Data

The required data was collected from primary source. The primary data were collected from direct interaction with the beneficiary women and the ANM and Karyakarta of the village through video clips and informal interviews. Then the documentary was completed with the small video clips which were taken.

CHAPTER II : Organization Profile

2.1: Background

The National Rural Health Mission (NRHM) was launched in April 2005. It is a flagship scheme of them central government to improve the access and provision of basic healthcare facilities in rural India by undertaking an architectural correction in the existing healthcare delivery system and by promoting good health through improvements in nutrition, sanitation, hygiene and safe drinking water. It also seeks to revitalize Indian health traditions of ayurveda, yoga, unani, siddha and homeopathy (AYUSH), and mainstream them in to the healthcare system. NRHM is an umbrella programme subsuming existing health and family welfare programmes, such as the second phase of the Reproductive and Child Health programme (RCH II), National Disease Control Programmes for Malaria, TB, Kala Azar, Filaria, Blindness, Iodine Deficiency (NDCP), and the Integrated Disease Surveillance Programme (IDSP). By integrating these vertical health programmes, NRHM seeks to optimize utilization of funds and infrastructure, thereby strengthening delivery of public healthcare. A task force has been constituted to recommend strategies for expanding the programme to include the urban poor.

NRHM comes in response to a growing healthcare crisis in the country, wherein households' private expenditure on health is more than three times the public expenditure on health. It aims to increase public expenditure on preventive health services while simultaneously making healthcare affordable and accessible for the rural poor. It is operational in the entire country, but

has a special focus on eighteen states that have weak public health indicators and/or weak infrastructure. These include eight Empowered Action Group (EAG) 1states of (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Orissa, Uttarakhand, Jharkhand, Chhattisgarh), eight North Eastern states (Assam, Sikkim, Arunachal Pradesh, Manipur, Mizoram, Nagaland, Meghalaya, Tripura), Himachal Pradesh and Jammu and Kashmir.

2.2: GOALS

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life styles

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CHAPTER III : Janani Shishu Suraksha Karyakram

Background

About 56,000 women in India die every year due to pregnancy related complications. Similarly, every year more than 13 lacs infants die within 1year of the birth and out of these approximately 9 lacs i.e. 2/3rd of the infant deaths take place within the first four weeks of life. Out of these, approximately 7 lacs i.e. 75% of the deaths take place within a week of the birth and a majority of these occur in the first two days after birth.

In order to reduce the maternal and infant mortality, Reproductive and Child Health Programme under the National Rural health Mission (NRHM) is being implemented to promote institutional deliveries so that skilled attendance at birth is available and women and new born can be saved from pregnancy related deaths.

Several initiatives have been launched by the Ministry of health and Family Welfare (MoHFW) including Janani Suraksha Yojana (JSY) a key intervention that has resulted in phenomenal growth in institutional deliveries. More than one corer women are benefitting from the scheme annually and the outlay for JSY has exceeded 1600 corers per year.

Situation

High out of pocket expenses being incurred by pregnant women and their families in the case of institutional deliveries in form of drugs, User charges, diagnostic tests, diet, for C –sections.

The New Initiative

In view of the difficulty being faced by the pregnant women and parents of sick new- born along-with high out of pocket expenses incurred by them on delivery and treatment of sick- new-born, Ministry of health and Family Welfare (MoHFW) has taken a major initiative to evolve a consensus on the part of all States to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born(up to 30 days after birth) in Government health institutions in both rural & urban areas.

Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011.

The following are the Free Entitlements for pregnant women:

- Free and cashless delivery
- Free C-Section
- Free drugs and consumables
- Free diagnostics
- Free diet during stay in the health institutions
- Free provision of blood

- Exemption from user charges
- Free transport from home to health institutions
- Free transport between facilities in case of referral
- Free drop back from Institutions to home after 48hrs stay

The following are the Free Entitlements for Sick newborns till 30 days after birth:

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Free drop Back from Institutions to home

States were requested to ask for the requisite budgetary support under the NRHM in their project implementation plans (PIPs). More than Rs 1437 corers have been allocated to the States for the year 2011-12 for providing the free entitlements under JSSK and Rs 2107 crores allocated in 2012-13.

Key features of the scheme:

- The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section.

- The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.
- The scheme aims to eliminate out of pocket expenses incurred by the pregnant women and sick newborns while accessing services at Government health facilities.
- The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries.
- All the States and UTs have initiated implementation of the scheme.

Findings from the field

This part deals with the analysis of documentary that has been made for the current Internship report on JSSK. This part solely gives a jest of the documentary and whole study on JSSK. The documentary has been made at the respective villages i.e. Keshyawala and Jagannath pura which were chosen as a study area, near Jaipur District of Rajasthan.

Documentary Analysis

JSY came as a first scheme from NRHM for pregnant women health than in year 2011, NRHM came with another scheme for pregnant women along with free entitlements for sick new born till 30 days.

This documentary is a small initiative to know how successful JSSK is in villages among the needy, and is beneficiary aware of schemes like JSSK which reduces high out of pocket expenses. From the conversations in the video clip, the first thing that came out is 'DAI' is preferably in demand than doctors in hospital. The reason behind is DAI every time delivered a boy.

India is still clutched with rigidness in its roots of myths and superstitions. JSSK's entitlement fails here when people prefer boy over girl.

The scheme JSSK is not known among the beneficiary but some of them still prefer institutional delivery over Dai. In conversation with a lady who never went hospital for her delivery, says, there were no such services earlier nor schemes of which they are aware of, her children were

never immunized after the birth. She never had any medicine during her pregnancy and after delivery, but now there are facilities in hospital which she never availed are now availed by her daughter-in-laws. She's is quite satisfied that all the immunization had done at the time of delivery and there is less risk.

These days lifestyle has changed and women face more complications than before. In village keshyawala, women of age 30 delivered her first and second child at home but her third child died after birth. She says, I understand the importance of institutional deliveries.

Another reason came out was women are not in touch with the ANM and the Karyakarta of villages i.e. keshyawala and Jagannathpura so unaware of the schemes like JSSK. In case one is not aware of the schemes and still goes to government hospital they were ill-treated by the staff and they went to private hospital. The objective to reduce high out of pocket expenses of JSSK, found to be failed. The first harsh experience they got from the government hospitals forced others to prefer home deliveries and private hospitals.

No doubt JSSK as a scheme is a virtuous attempt but the question arises that how deep its roots are, is it reaching to those who are in real need of schemes like JSSK.

When talking about the comparison between these two generation where one never delivered her child at hospital as resources were fewer to reach hospital on time and the generation who has all resources to reach to reach hospital on time but also ambulance reaches to their door-steps are not aware of such schemes.

Conclusion

Based on the documentary prepared, it can be concluded that JSSK came with much improved entitlements. When it comes to access of JSSK by beneficiary i.e. mother and new born, it was found that most of women are not aware of schemes and fails to take advantage of schemes like JSSK and they have to incur high out of pocket expenses. The reach of JSSK in villages is not as was assumed.

Learning experience

In this two months tenure of summer internship in NRHM, have learnt many things regarding the study selected on JSSK. It was a different experience