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A retrospective study of JSY maternal health service of India with special reference to Karnataka

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Abstract:

Women's contribution to economic development is great both in visible and invisible form. From primarily being a vehicle of human reproduction, to a vehicle of social, cultural and economic good, she can create wonders. Women constitute almost 50% of the world's population, their number was 586.5 million as per 2011census report of Government of India. They represent 48.5 % of India's population. Maternal Health is an important aspect for the development of any country, as survival and well-being of mothers is not only important in their own right but are also central to solving large economic, social and developmental challenges of a country.

Government of India has launched various reproductive, Maternal and Child health services, which aims at addressing the major social and health related issues of women and children, which causes mortality and morbidity. Still availability and access to quality health care services in India is not upto the mark. Therefore, to achieve maternal health, in particular, several strategies and programmes have been implemented by the government, which are guided by the central tenets of equity, universal care, entitlement and accountability to provide 'continuum of care' ensuring equal focus at various life stages. The Maternal Health Care facilities are not uniformly developed in the state of Karnataka. The northern parts of Karnataka state lag behind the southern parts of Karnataka State. Koppal District is considered as one of the 5 backward districts of North Karnataka region. The perinatal mortality rate of this district has been either equal to or higher than that of Karnataka State. The perinatal mortality rate, during year 2012 – 2013 was 30.3. Dakshina Kannada District is considered as one of the developed district of South Karnataka Region. The PMR of this district was 12.64 during year 2012-2013, which is far below the perinatal mortality rate of Karnataka State.

Key Words: Maternal Health, Mortality, Morbidity, Women care, Government initiative.

Introduction:

Maternal Mortality Ratio is one of the important indicators of the quality of health services in the country. As per the annual report of 2013-14, prepared by Ministry of Health and Family Welfare, Government of India, the Maternal Mortality Ratio (MMR) in India was very high with 600 women dying during child birth per lakh live births, which meant approximately one and a half lakh women dying every year during 1990's. Globally Maternal Mortality Ratio at that time was 400, which translated into about 5.4 lakh women dying every year and India, contributing to 27 percent of the global maternal deaths. In the year 2010 global Maternal Mortality Ratio was 210. Against this, Maternal Mortality Ratio in India has declined to 178 per lakh live births in 2011. India is now contributing to only 16 percent of the global maternal deaths. Globally, there has been a 47% decline between the years 1990 and 2010. Compared to this, India has registered a decline of 70% between 1990 and 2011. The pace of decline in India has shown an increasing trend from 4.1% annual rate of decline during 2001-03 to 5.5% in 2004-06, to 5.8% in 2007-09 and is maintained at almost the same level of 5.7% in 2010-12. This definitely depicts a healthy and a positive picture. This fleet, the country did not achieve all of a sudden. There has been a consistent effort by the government for decades together, which ultimately resulted in this achievement. This paper attempts to give a bird's eye view of various maternal health programmes initiated by Government of India, with special reference to Karnataka state, from time to time.

Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme, launched on 12th April 2005 by honorable Prime Minister, has been implemented in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women. The scheme focuses on poor pregnant woman with a special dispensation for states that have low institutional delivery rates, namely, the states of Uttar Pradesh, Ut tarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and Kashmir. While these states have been named Low Performing States (LPS), the remaining states have been named High Performing states (HPS). In 2001-02, the central government modified the National Maternity Benefit Scheme (NMBS) from that of a nutrition improving initiative to Janani Suraksha Yojana (JSY) that has the dual objectives of reducing IMR and MMR by promoting institutional delivery.

The steps taken/being taken by the Government under JSY for reduction of infant and maternal mortality rates in the county are as under:

- Exclusion criteria of age of mother as 19 years or above and up to two children only for home and institutional deliveries under the JSY have been removed and eligible mothers are entitled to JSY benefit regardless of any age and any number of children.
- BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of Rs 500 per delivery regardless of age of women and the number of children.
- The Yojana enables the States/UTs to hire the services of a private specialist to conduct Caesarean Section or for the management of Obstetric complications, in the Public Health facilities, where Government specialists are not in place.
- States are encouraged to accredit private health facilities for increasing the choice of delivery care institutions.

Many health problems in pregnant women can be prevented, detected and treated during antenatal care by visits to trained health workers. Antenatal care (ANC) services are considered to be the key element in the primary health care delivery system of a country, which aims for a healthy society. ANC is provided by a doctor, health worker or other health professionals and comprises of physical checkups, checking the condition and giving TT injection at periodic intervals during the time of pregnancy. At least 3 check-ups (one in each trimester), TT injection, regular intake of 100 iron folic acid tablets, periodic measurement of height, weight and blood pressure and basic laboratory test of pregnant women in every trimester are required. Minimum of three antenatal visits are recommended for achieving healthy motherhood and healthy childhood as outcome of pregnancy.

Institutional deliveries or facility-based births are often promoted for reducing maternal and neo-natal mortality. Children born at a health facility are more likely to be vaccinated and breastfed, which are the predominant factors contributing to the adequate growth and development of children in physical, mental, social and academic domains. Therefore, investment on institutional delivery can be thought as an human capital and can play an important contributory role in the development process of the economy. Realizing the fact that promotion of institutional deliveries can act as a stepping stone towards achieving Millennium development goals for both mother and child health, Government of India has brought about Janani Suraksha Yojana (JSY) under National Rural Health Mission (NRHM). Various studies across the country have documented significant impact of JSY on percentage of institutional deliveries and has acted as one of the most important factor in bringing down maternal and infant mortality.

Cash assistance for institutional delivery (in Rs).

Category	Rural Areas		Urban Areas	
	Mother's Package	ASHA'S package	Mother's Package	ASHA'S package
Low Performing States	1400	600	1000	400
High Performing States	700	600	600	400

Source: Press Information Bureau, https://pib.gov.in/newsite/printrelease.aspx?relid=123992

Analysis:

Amount paid to pregnant women living in both low performing and high performing states. Pregnant women delivering in rural area were given Rs.1400 and Rs.700 in low and high performing states respectively. As per the guidelines, ASHA is to be paid Rs. 600 per delivery in both types of states. In urban areas mothers' package was Rs.1000 in low performing states and Rs.600 in high performing states with ASHA's package was Rs.400 in both types of states. Though there is variation in cash assistance to mother in rural and urban areas; and also in low and high performing sates, there is variation in ASHA worker at remuneration only in the case of rural and urban areas.

BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of Rs. 500 per delivery regardless of the age of pregnant women and number of children. Direct Benefit Transfer (DBT) mode of payment has been rolled out in 43 districts with effect from 1.1.2013 and in 78 districts from 1.7.2013. Recently, instructions have been issued to all States/UTs regarding extension of DBT mode of payment throughout the country in all districts. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts.

Besides maternal health care, the JSY scheme provides cash assistance to all eligible mothers for post natal care. The scheme has introduced new cadre of community health workers i.e. Accredited Social Health Activist (ASHA). They are trained female community health activists who would work as an effective link between the community and the public health system. They are selected from the village itself and accountable to it ASHA plays an important role in promoting maternal and child health.

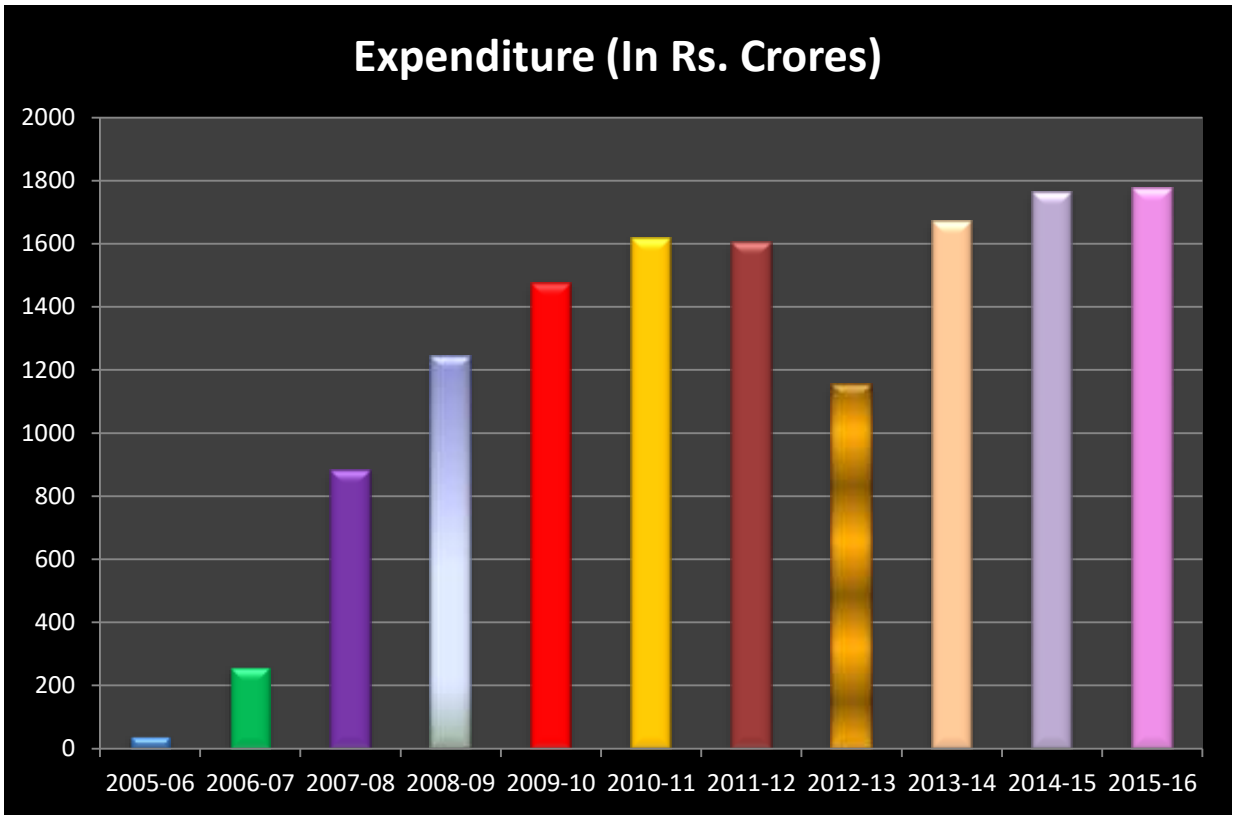
Expenditure on JSY from 2005-06 to 2015-16

Year	Expenditure (In Rs. Crores)	Annual Percentage Growth Rate
2005-06	38.29	
2006-07	258.22	574.3
2007-08	880.17	240.8
2008-09	1,243.3	41.2
2009-10	1,473.76	18.5
2010-11	1,618.39	9.8
2011-12	1,606.18	-0.7
2012-13	1,155.00	-28.0
2013-14	1,672.00	44.76
2014-15	1,764.33	5.50
2015-16	1,777.04	0.73

Source: Physical and Financial Performance of JSY. PIB. Ministry of Health Family Welfare.

Analysis:

The above table shows the amount spent by government of India on JSY scheme from 2005-06 to 2015-16. It shows that the government is very much concerned about well being of women living below poverty line. In the year 2005-06, expenditure under JSY was Rs. 38.29 crores. In the succeeding year 2006-07, JSY expenditure has increased from Rs. 258.22 crores and raised to Rs.1777.00 crores in 2015-16. The increasing allocation amount indicates the expansion of the scheme and inclusion of more women under this scheme.



Details of the amount of money allotted and utilized (in crores) by Government of Karnataka during various years for Janani Suraksha Yojana is as follows:

	Approved under SPIP	Utilization	Number of Beneficiaries
2012-13	42.45	41.37	4,17,611
2013-14	66.20	54.15	3,83,251
2014-15	65.85	55.00	4,11,423

Source: Press Information Bureau, Government of India. (2017)

Institutional Delivery Rate in Karnataka from 2001-2013

Before Implementation of JSY	
Year	Institutional Delivery
2001	47.2
2002	50.6
2003	52.3
2004	56.1
2005	60
After Implementation of JSY	
2006	63
2007	68
2008	73
2009	79
2010	91.3
2011	93.3
2012	97
2013	98.2

Source: NRHM Programme Implementation Plan for 2010-2011, Vidhana Soudha http://stg2.kar.nic.in/healthnew/nrhm/PDF/PIP%20 2010-11. pdf 2011, 2012 and 2013 data got from Health family and Welfare department, Government of Karnataka. DLHS 2007-08.

Analysis:

Before the implementation of JSY institutional delivery rate was 60 percent in 2005 but after the implementation of JSY it increased from 63 percent to 98.2 percent between 2005 and 2013.

Conclusion:

In India, states like Kerala, Goa, Tamil Nadu, Karnataka and all UTs are performing well. The performance of JSY in Karnataka reflects that there is a variation in utilization and performance. Few districts are performing better like Dakshina Kannada, Bangalore Urban, Udupi, Uttar Kannada and Mandya. On the contrary, the performance of districts like Koppal, Raichur, Bijapura, Gulbarga and Bellary are poor in terms of pre natal, institutional delivery and post natal care.

After introduction of JSY program under the Ministry of Health and Family Welfare, there is increase in the percentage of institutional delivery, and improvement in pre natal and post natal health care facilities in India and the state of Karnataka. Thus the introduction of JSY program has proved to be beneficial and productive in India and Karnataka in particular. The importance of JSY calls for intensive study on awareness and utilization at gross root level.

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